



PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International

PATH Intl. Faculty Training Manual

Equine Specialist in Mental Health and Learning

Onsite Workshop and Horsemanship Skills Test

Acknowledgements

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PATH ESMHL Workshop Schedule

This schedule is subject to change at any time per the faculty's discretion.

Day 1

8:00-9:50am	Welcome
9:50-10:00am	Break
10:00-11:30am	Lesson 1.1 PATH Intl. and EFMHA history
11:30-12:30pm	Lesson 1.2 ESMHL Team
12:30-1:00pm	Lesson 1.3 & 1.4 HIPAA and Confidentiality
1:00-1:30pm	LUNCH
1:30-3:00pm	Lesson 2.1 & 2.2 Relationship
3:00-4:00pm	Lesson 2.3 Relationship Exercise (in ring with horses)
4:00-4:10pm	Break
4:10-5:00	Lesson 3.1 Equine Behavior and Management in EFMHL
5:00-5:30pm	Lesson 3.2 & 3.3 Death & Abuse
5:30pm	Closing

Day 2

8:00-9:30am	Lesson 3.4 & 3.5 Equine Partners and Therapeutic Goals
9:30-10:50am	Lesson 3.6 Ethical Treatment of Equines
10:50-11:00am	Break
11:00-12:15pm	Lesson 3.7 Exercises (in ring with horses)
12:15-12:30pm	Design Activities Homework
12:30-1:30pm	LUNCH
1:30-2:15pm	Lesson 4.1 Design Activities
2:15-3:45pm	Group Work (at large)
3:45-5:00pm	Reporting and Discussion
5:00-5:30pm	Closing

Day 3

8:00-10:30am	Lesson 5.1 Define Partnership
10:30-10:40pm	Break
10:40-11:00am	Lesson 5.2 Collaboration Exercise Assign Roles/ Team Collaboration
11:00-12:00pm	Collaboration Exercise (at large)
12:00	Pick up lunch and return to classroom (eat while processing)
12:00-2:15pm	Lunch and Process Collaboration Exercise
2:15-3:45pm	Role Plays (in ring with horses)
3:45-4:00pm	Break
4:00-5:00pm	Final Reflections/Evaluations/Certificates
5:00-5:30pm	Horsemanship Skills Test and ESMHL Certification Questions

Curriculum Goals

Note: The faculty will read over this the night before for clarification. How it is taught is as important as what is taught.

Overall Course Goals:

1. To model the “Relationship”:

- *The faculty will consist of an equine professional and a mental health professional or educator; both with appropriate experience in the EFMH&L field and prior training as Equine Specialist in Mental Health and Learning (ESMHL) faculty.*
- *During the facilitation of the course, the faculty will interact with each other as the therapeutic team, representing both the views and actions of the therapeutic process and responsibility for the equine, client and volunteer.*
- *The faculty will model appropriate communication, negotiation and conflict resolution.*
- *The faculty must have the ability to encourage the participants to engage and contribute to discussion and exercises to enhance their growth and development.*
- *The faculty must have the ability to interact with the participants in a way that engages, encourages and enhances their active learning.*

2. To build a sequential, building block course where each Unit builds on previous Units to become the whole.

- *The students will be allowed to synthesize the parts in order to create a personal model that will work for her/his program.*

Note: This course is not intended to be a “how to” recipe book for a cookie cutter program.

3. To adequately challenge the students throughout the course to have the self assurance and knowledge to be able to think on their feet and flow with what each day will bring.

- *The units will not stand-alone and it will not be obvious where the course is leading in order to meet the goal of developing an independent thinker.*

4. To create exercises fostering student self-awareness so that the students will take a critical look at themselves and evaluate if they have the temperament, knowledge and ability to do this work.

- *Students will constantly be evaluated by self, peers and faculty during processing sessions.*
- *Students will evaluate situations and come up with their own answers; in some cases there will be no exact answers, only questions which they must answer depending on their own partnership, clients or students and the individual situation.*
- *Students will observe and experience the extreme limits of the work in order to be able to make decisions about setting parameters for accepting clients.*

5. To create experiential exercises which allow the student to feel what it is like to be in the role of client/student and equine as well as the ES or mental health professional or educator.

- *Students will be put in the position of role playing the student/client, the Equine Specialist in Mental Health and Learning, and the equine and/or evaluating the success of others in these roles.*
- *Students will process exercises in the same way processing takes place in the therapeutic situation.*
- *During the role plays and exercises the students will live and breathe the model which will enhance their growth and development as an Equine Specialist in Mental Health and Learning.*

6. To educate students regarding the PATH Intl. belief of the equine partnership, the ethics of equine care, and communication and simplicity of the equine as a therapeutic partner.

Welcome-PPT slide 1-2

Presented by the ES

PPT SLIDE 1: Welcome

Thank you for joining us for the workshop for the PATH Intl. Equine Specialist in Mental Health and Learning for Mental Health and Learning. *[Introduce selves here]* We would also like to thank and introduce the host site representatives. *[Introduce the representatives from the host site – director, staff, etc. Host site also discusses site rules, logistics, facility’s layout, etc...]*

Here is your manual to follow along. Please see the schedule for this workshop. This manual does have a copyright. Please refer to it as it may not be duplicated.

During lunch and break the faculty will do their best to be available to you however we have workshop activities to prepare for.

Please remember this workshop focuses on the Equine Specialist in Mental Health and Learning not the MHP/ED. If you have questions concerning the MHP/ED please address these outside the classroom.

PPT SLIDE 2: Introduction

Logistics

- Name badges, Schedule, Breaks, Food, Facility (Restrooms, classroom, ring, map if available).
- This curriculum is an interactive, building-block curriculum, each piece builds on the previous piece, and it is important for us to take it in order. We want to answer all of your questions but there may be times when you ask a question that will be covered in a later section. We may ask you to hold your question until the next day. Write your questions down on the stickies, post on the wall, and we will check each day to make sure your questions are answered. *[Host site provides packets of stickies.]*
- You will be asked to participate in exercises and role plays to foster self-awareness and initiate discussion. These are to be supportive and not critical; please be constructive when commenting. We are here to learn, but keep yourself safe. Let us know if you are not comfortable participating.
- You have all made a lot of effort to come, please be cognizant of the fact that others want to listen and limit cross-talk. If you have something to say please say it to the group because that is how we learn. If you are continuously disruptive you will be asked to take it outside. Please turn cell phones off or on vibrate.

History

Development of this curriculum has been a long and thorough process. We have taken information from the work of the original committee of many individuals involved in various aspects of the field and input from the board of directors and developed this course outline.

Certification

In November 2010 PATH Intl. launched the Equine Specialist in Mental Health and Learning in Mental Health and Learning certification. This certification qualifies an individual to act as the horse professional in a PATH Intl. unmounted mental health or education session. If you also have a PATH Intl. certification in riding, vaulting and/or driving or have a PATH Intl. certified instructor present you can perform mounted mental health and/or learning sessions in the discipline for which you possess a certification. Please see the certification booklet for complete details regarding certification, including criteria and requirements. This workshop will count towards your certification requirements.

PATH Intl. Continuing Education

You will receive a certificate upon completion of this course. This can count for 20 hours of continuing education (**2 hours of core related specifically to ESMHL certification (CR)/6 hours of disability education (DE)/12 hours of general continuing education (CE) for your annual instructor compliance. The workshop counts for all 20 required hours of continuing education for your first year as a certified ESMHL. We in turn ask you to fill out an evaluation form.

PPT SLIDE 3 (presented by ESMHL Instructor): What should you expect to learn in this workshop?; Student Manual pgs 5 and 6

What should you expect to learn in this workshop?

This workshop is not intended to present a “must follow” model or a how-to manual, but rather presents a framework supported by PATH Intl.

Note for faculty: it is helpful to write these on a flipchart page for reference throughout the workshop.

Our goal is to prepare you to be able to:

- Create a therapeutic environment
- Understand equine care and management and the ethical treatment of the EFMH equine
- Understand how to maintain PATH Intl. ethics and standards including the ethical treatment of the equine
- Design appropriate exercises based on the IEP or mental health treatment plan
- Collaborate with the other members of the team (Mental health professional or Educator, Volunteers, Equine) to meet treatment or the individual education plan goals

In the years we have worked on this project, the members of this committee have learned an incredible amount about this field. We hope that this is an interesting and educational experience for you also. Thank you for joining us on this journey.

INTRODUCTIONS (MHP directs and ESMHL assists by writing notes) Duration: 1 hour

Note to Faculty- Purpose: This is a time to increase a sense of community and ability to work together. This is a time for faculty to assess the participants. Take note of their backgrounds and experience with Education and MH, as well as any equine skills or TRI training. Assess

self esteem and communication skills. Be very inclusive as well as positive and supportive. Make note of any safety concerns, i.e. do they wear glasses? This information is used throughout the training, especially when assigning roles for role plays.

Let's talk about you, WHO ARE YOU?

Walk among the participants and ask:

- Who is participating? Let's each take a minute or two and go around and say what brings us here today. Please state if you are A PATH Intl. TRI, MHP, Educator, level of experience with equines or do you have any experience with EFMHL. Let's also include, if we have one, an example of a time when you have experienced a horse offering, or an important lesson from our equine friends.
- Let's start here (*Faculty note: go around the room in order/ start at the end, it will be easier to keep track of the participants.*) Have participants go around and introduce themselves and say why they are here. As they each finish doing this, look each participant in the eye and welcome them personally in warm manner. After everyone has introduced themselves, say to the group: *Everyone should feel personally seen and welcomed.*

Note: keep track of timing on this so you do not go overtime

(The MHP presenting must have good people skills and must be attentive to the time, as well as each individual. Each participant must have limited time for the self introduction.)

Tell the participants:

- Sometimes I get anxious if I am learning something, or bored, or frustrated...watch your responses today, see what you can learn about yourself, can we suspend our need to be in charge and have people do things OUR way, and just take a journey of experience?
- Watch your response to either new information, or in revisiting known knowledge in a different way. Suspend what you know and see how this time it is different or the same. We invite you to try this!! EFP is all about relationship...and the first relationship is being aware of who we are and what we are feeling.

Acknowledge out loud:

- Look at the expertise we have in this room. We are all experts in something. We know something about animal behavior, or people or both. Maybe we know how to teach, or have other skills.
- Often as adults, we don't get to be learners anymore, and today we would like to invite all of you, all of ourselves too, to be learners again. Maybe as we work on an exercise together, you have a different or even better way to do it, or when we lecture, you already have knowledge of that topic. GOOD!!!!,.....And,.....see if during this workshop you can you can revisit something that you know in a new and free way....
- It's hard for us as adults to let ourselves BE learners; let us lay that aside and see how

we do it this weekend

Note: Take a brief break before practical role play

Faculty Note: The following is an exercise that should be played out to help reinforce what the role of the ES is, and follows the introductions:

- *Based on the introductions the roles will be assigned by the faculty.*
- *The Faculty should be playing the roles of ES and MHP. The role play should be short and make sure that faculty is modeling the appropriate touch by asking for permission. .*
- *Client and equine will have to be played by participants.*

SCRIPT FOR “NAN” - The scene should be played by center staff or workshop faculty, and requires an ES, a MHP, a client and a “horse”. The “horse” should have a lead of some kind on, and the ES should have the end of the lead, but be instructing Nan on grooming. As the scene plays out, outlining the ES role is helpful. The scene takes less than 5 minutes.

Tell participants: ‘This is a picture for you of what this work is about. This example takes place in an EFP session at a barn, with Nan, an adult woman with a history of major depression.’

The Equine Specialist in Mental Health and Learning and Nan are in the stall, grooming an older sedate horse: the therapist is standing by the stall door. ES and Client are grooming the horse. ES suggests moving him over to make a little more room. Client appears a little hesitant; ES suggests pushing on his shoulder to move him; Client barely touched him, and withdraws her hand quickly. Horse, of course, doesn’t budge.

ES suggests pushing a little harder, like she means it. Client pushes a little harder, and begins to get upset.

ES supports client, calls MHP into the stall [**ES role: calling in MHP**]

MHP: “Hi, it’s ok, but what’s happening here?” [**MHP role, not ES role**]

ES: “Nan is having a little trouble with moving the horse over.” [**ES provides info to MHP**]

MHP: “How about if I help Nan with this?” [**ES steps out of position, supports horse: not teaching horsemanship skill**] Says to Nan: “So this appears to be difficult for you...”

Nan: gets more upset, “I’m afraid.”

MHP: “What are you afraid of?”

Nan: “I’m afraid he’ll get angry at me and may try to hurt me back.”

MHP: “What makes you think that?”

Nan: begins to tell the story of being beaten up by brother, learned never to push anyone...

Scene Ends; MHP continues to lead the discussion and process feelings/experiences:

PPT SLIDE 4; Student manual p6

“Let’s return to the concept of being learners. We are here to experience. I am going to read you a passage from the book, FULL CATASTROPHE LIVING, Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness by JON KABAT-ZINN, PhD. It seems to sum up what it is we are here to do:”

BEGINNER’S MIND: The richness of the present-moment experience is the richness of life itself. Too often, we let our thinking and our beliefs about what we “know” prevent us from seeing things as they really are. We tend to take the ordinary for granted and fail to grasp the extraordinariness of the ordinary. To see the richness of the present moment we need to cultivate what has been called “beginners mind”, a mind that is willing to see everything as if for the first time.

...An open, “beginner’s mind” allows us to be receptive to new possibilities and prevents us from getting stuck in the rut of our own expertise, which often thinks it knows more than it does. No moment is the same as any other. Each is unique and contains possibilities. Beginner’s mind reminds us of this simple truth.

Tell participants:

- This workshop often elicits strong feelings. Sometimes old feelings get triggered and sometimes we have a strong over-reaction.
- Pay attention to your self and we can talk about it. Also, we never know what our equines may bring. They may go the range of alert or “full of beans” to absolutely shut down and we will include that in our processing.
- You may be very tired at the end of 3 days, maybe a bit overwhelmed with the intensity of the subject matter and finding yourself quite vulnerable. Be aware of this.

Are there any questions?

Prepare to move onto Unit I, PATH Intl. Standards and Ethical treatment of equines

PPT SLIDE 5 [pic]

Unit 1

LESSON 1.1: PATH Intl. and EFMHA history

Presented By: Equine Specialist in Mental Health and Learning directs, MHP assists as needed.

Duration: 1 ½ hrs

Faculty Goals:

This presentation will be an interactive discussion of the PATH Intl. principles presented by the Equine Specialist in Mental Health and Learning. It will introduce the PATH Intl. Standards and highlight those sections of the manual with which we should be most familiar.

The Equine Specialist in Mental Health and Learning for Mental Health and Learning Workshop Instructor Manual should be one that we as professionals involved in Equine Facilitated Mental Health and Learning (EFMHL) should be most familiar. As each section is noted, the most important concepts will be discussed in terms of their relevance to a program. In each case, the ES will ask questions to encourage the discussion and make sure that the accompanying points, at least, are highlighted on the flip chart.

Specifics about the PATH Intl. philosophy concerning mental health and learning: ethical concerns and the educational vs. mental health aspects of a program will be discussed. Special emphasis will be given to the importance of professionalism and setting standards to validate the work being done by PATH Intl.. Participants should have a very clear understanding of what Equine Facilitated Mental Health and Learning (EFMHL) programs have to offer and the importance of the Equine Specialist in Mental Health and Learning training being developed to strengthen this field.

Lesson Objectives Met from the Vocational Profile:

- 1.1 Ensure adherence to accepted service delivery standards*
- 1.2 Ensure that interactions with equines meet highest ethical standards.*
- 1.3 Ensure that all equine handling and management practices meet humane standards.*
- 1.4 Maintain membership in appropriate organizations*
- 1.5 Participate in continuing education in both human and equine topics*
- 2.9 Maintain harm reduction policies and procedures*
- 2.12 Utilize appropriate and approved crisis intervention procedures*
- 3.2 Ensure safe environment for all equines and people*
- 5.0 Provide written documentation of client progress related to identified goals, including unusual incidents/interactions*

Student Learner Objectives for Lesson 1.1:

Students will:

- 1) Demonstrate a working knowledge of relevant standards, precautions and contraindications within PATH Intl., HIPAA, and ADA.*

- 2) *Apply ethical standards to interactions w/ equines and people. They will demonstrate a working knowledge of PATH Intl. Integrated Code of Ethics, especially in regard to ethical treatment of the participating animals, and human participants.*
- 3) *Demonstrate an awareness of equines as sentient partners in the education and therapy process. (Students are expected to enter the program with a working knowledge of humane equine handling and management standards and practices).*
- 4) *Demonstrate a working knowledge of PATH Intl. and their contributions to the field of equine facilitated mental health and learning.*
- 5) *Students will describe the need for continuing education and will know how to access continuing education resources.*

Materials Required:

- *Flip chart and markers.*

Handout/Reference Material:

- *PATH Intl. Code of Ethics, [p9 in student manual](#)*
- *ESMHL Roles Chart, [p40 in student manual](#)*
- *EFP Precautions and Contraindications, [p31 in student manual](#)*
- *PATH Intl. Standards and Accreditation Manual (especially sections: D, E, G, and I that are specific to EFMH concerns)*
 - *Section D: Specialty Standards: Equine Facilitated Psychotherapy, [p13 student manual](#)*
 - *Section E: EFP Precautions & Contraindications to [p35 student manual](#)*
 - *Section G: Specialty Forms specific to [p21 student manual](#)*
 - *Section I: Guidelines- “Psychosocial Safety Guidelines”, [p27 student manual](#)*

PATH Intl.- Lesson 1.1 presented by the ES, 1 ½ hours

PPT SLIDES 7 and 8: What is PATH Intl; Student Manual p7 (MHP will assist)

- **What is Professional Association of Therapeutic Horsemanship International? (ES will ask the question, listen and respond to the responses of the participants, then make two clarifying statements)**
 - **The association vision is that PATH Intl. is a global authority, resource and advocate for equine-assisted activities and therapies and the equines in this work that inspire and enrich the human spirit.**
 - **The mission of PATH Intl. is to promote safety and optimal outcomes in equine-assisted activities and therapies for individuals with special needs.**
- **What does PATH Intl. do? (Ask the question and write the responses on the flip chart)**

- Advances the status and professionalism of PATH Intl. and the industry
 - Sets standards for the industry
 - Maintains code of ethics
 - Offers instructor certification and center accreditation
 - Promotes professionalism
 - Provides educational opportunities
 - Provides opportunities for marketing, PR and group insurance
 - PATH Intl. has a code of ethics for centers, instructors and site visitors- each signed annually.
 - Refer to PATH Intl. Code of Ethics in Student Manual, p9
- At the present time EFP, Driving and Interactive Vaulting specialty standards are accepted and in place.

Discussion:

PPT SLIDE 9: Why is it so important for PATH Intl. to have industry standards?
(Can use a flip chart here to emphasize key points)

Reference:

- *EFP Precautions and Contraindications, p31 in student manual*
- *PATH Intl. Standards and Accreditation Manual (especially sections: D, E, G, and I that are specific to EFMH concerns)*
 - *Section D: Specialty Standards: Equine Facilitated Psychotherapy, p13 student manual*
 - *Section E: EFP Precautions & Contraindications to p35 student manual*
 - *Section G: Specialty Forms specific to p21 student manual*
 - *Section I: Guidelines- “Psychosocial Safety Guidelines”, p27 student manual*

Note: All Standards are reasonable and protect you

- Validates the benefits of therapeutic riding and equine assisted activities and therapies
- Promotes and ensures the safety of all participants- human and equine
- Promotes education to ensure growth and highest standard of care
- Validates the professionalism of the PATH Intl. Equine Specialist in Mental Health and Learning
- Validates the importance of PATH Intl. policy and procedure to protect: clients, equines, volunteers, staff, facilities and programs

PPT SLIDES 10: Are you familiar with the PATH Intl. Standards and Accreditation Manual? Are you bringing it here today for the first time? Do you know what core standards address?

(no writing here)

Core Standards:

- Administrative and Business
- Facilities

- Equine Welfare and Management

Activity Standards:

- Mounted Standards
- Driving Standards
- Interactive Vaulting Standards
- Ground Standards

Service Standards:

- Equestrian Skills Standards
- Medical/Mental Health Standards

PPT SLIDE 11: Standards Cont.

Review Information on Standards

All standards can be found on the PATH Intl. website at www.pathintl.org under the member's only section. A description of the standards process is on page 14-15 in 2016 Standards Manual.

PATH Intl.'s focus began with more emphasis on Physical and Cognitive Disabilities. As the industry has become recognized and now scrutinized by the health and education community there is more demand and desire to provide better quality service. From this need, special interest areas have developed. *(no writing here)*

At the present time EFP, Hippotherapy, Interactive Vaulting and Driving Standards are accepted and in place. Other specialties for core standards can be Proposed Field Test Standards that will be in field test for a minimum of two years, usually much longer, and then will be re-evaluated and rewritten or accepted.

PATH Intl. is a membership organization that fosters safe, professional and ethical equine activities. This is accomplished through education, communication, and standards of practice and research for people with and without disabilities.

STANDARDS AND FORMS THAT WILL SUPPORT YOUR WORK

Within the PATH Intl. Standards and Accreditation Manual are essential documents (some specialized) that support those involved in the EFMHL programs and with which you all should be familiar.

(Instructor will show and discuss the standards and forms to the group.)

(These are found in Student Manual ****need pages for where located in Student Manual***)

Section F: Most of the former EFP Standards are now in

- Service Standards, Section F: Medical/Mental Health Standards
- Core Standards, Section D: Administrative and Business, Facilities

- Activity Standards, Section E: Ground Standards

Section H: General Sample Forms that are most applicable (pages in the 2016 Standards Manual)

- Participant’s Application and Health History p 118,119
- Initial Letter to Physician p 121, 122
- Participant’s Medical History and Physician’s Statement p 123
- Volunteer/Staff Information Form and Health History p 125, 126
- Elements of Confidentiality Policy p 129, 130
- Center Occurrence Report p 131, 132

Section I: Service Forms

- Medical Record Maintenance Compliance Form p 139
- Equine Facilitated Psychotherapy Consent for Release of Confidential Information p 140
- Equine Facilitated Psychotherapy Referral Form p 141
- Mental Health Data Form p 142, 143
- Consent for Treatment and Release of Liability p 144
- [see also in Student Manual Appendix: Sample Consent for Treatment and Release of Liability specific for Equine Facilitated Psychotherapy]

Section L: Precautions and Contraindications

- Index to Mental Health Precautions & Contraindications L-54 p232

How might these help you?

There are standards within the Medical/Mental Health standards which are specific to equine facilitated psychotherapy where you’ll be working with a licensed, credentialed mental health professional. These standards are specific to maintaining professionalism by addressing: proper credentialing of the MHP, insurance issues, and documentation of sessions, ethical treatment of the equines, training of volunteers, confidentiality and other topics of concern in the EFP setting.

Section H: Sample Forms

These forms include Participant’s Health History and Application form which also contains a “consent for photo release”. There are numerous other forms in this section as well.

Section I: Service Forms

The service forms specific to EFP sessions are designed for the Mental Health Professional to use in the EFMHL setting.

PPT SLIDE 12: Precautions and Contraindications, Section L

Section L: Knowledge of Current Precautions and Contraindications is essential.

Precautions and Contraindications to therapeutic riding (Standards Manual L-1 through L-53) will give you specific information about some of the diagnoses and will guide you in terms of your responsibilities to your student. Under each subject heading is the precaution and contraindication for that condition. It is important for you to refer to the standards manual.

Standards Manual (2016) Section L-54, p 232, are the Mental Health Precautions and Contraindications.

Instructor can wind-up here or can sight more examples, depending on timing and need.

PPT SLIDE 13: So why do we have standards and ethics?

(Flip back to the page on the flip chart that has the list of all the reasons why we have standards in this field.)

Safety—to protect the client or student, the equine, the instructors, the volunteers, and the facility

We want to be taken seriously in our profession.

*FACULTY NOTE: Be sure to mention **APPROPRIATE ATTIRE** for an ESMHL. eg.: Not to wear tank tops when dealing with clients with sexual issues.*

- Helmets
- Appropriate shoes
- No dangling jewelry
- Professionalism

Bathroom break if necessary.

Exercise: Awakening the senses- 10 minutes

Stand up, stretch, and reach your hands up and down. Twist side to side; turn your neck to look behind you. Continue with further body moving exercises that you determined previously.

NOTE: When it's time for an energy shift (as opposed to bathroom and snack break), use a stretching or other exercise designed to energize and get the body moving. It is best to use a technique you are familiar with and may use regularly in your work. Decide the night before: who leads this exercise and what you will do.

PPT SLIDE 14: EFMHA history; Student Manual p38

EFMHA is no longer an association and officially integrated with PATH Intl. in November 2010.

Equine Facilitated Mental Health Association History

EFMHA Vision Statement:

A world in which the wisdom of equus moves us to develop and deepen our greatest potential.

EFMHA Mission Statement:

EFMHA's purpose is to advance the field for individuals who partner with equines to promote human growth and development so that our members, clients and equines can succeed and flourish.

EFMHA Beliefs:

- Equines are sentient beings with feelings, thoughts, emotions, memories, and empathetic abilities.
- Equines can be active facilitators, evoking emotions in those who work with and around them.
- Equines function as partners in EFMHL sessions and as such all sessions must be conducted to be mutually beneficial for all participants (includes equine).
- EFMHA believes that equines are NOT to be manipulated, scared or teased or used as a tool or props.

EFMHA Integration with PATH Intl.:

The Equine Facilitated Mental Health Association (EFMHA) was formed as a section of PATH Intl. in the spring of 1996. The mission of EFMHA was to advance the field for individuals who partner with equines to promote human growth and development. Over its fourteen year history, EFMHA helped develop the standards for Equine Facilitated Psychotherapy, the Psychosocial Safety Guidelines for PATH Intl. Centers, an EFMHA Bibliography which is updated every two years, an instructional product for how to start an EFP/EAL program, an EFMHA list serve group which now serves over 1,200 members and the Equine Specialist in Mental Health and Learning Workshop that you are participating in now.

In an effort to more fully embrace the PATH Intl. and EFMHA missions, to more efficiently steward EFMHA and PATH Intl. resources and to ensure inclusion, the Boards of EFMHA and PATH Intl. decided to integrate in May of 2009. The full integration EFMHA and PATH Intl. was accomplished at the PATH Intl. National Conference in Denver November 4, 2010 with both the EFMHA Board and the PATH Intl. Board participating in lighting a "Unity Candle" and the respective Presidents signing the Integration Agreement. The completed integration has seen the acceptance of the Certification of Equine Specialists in Mental Health and Learning, and the resurgence of the Committee for Equine Welfare. The integration process required that the EFMHA tenets of "partnering with the horse to help others" and "viewing people holistically," were included in PATH Intl. philosophy and practice. The resulting Mission Statement, Vision Statement, Core Values, and Code of Ethics include these tenets:

Student manual page 8-12

PPT SLIDE 15: Roles in an EAL or EFP Session; Student Manual p39

Vocational Profile of an Equine Specialist in Mental Health and Learning

The Equine Specialist in Mental Health and Learning ensures the safety and well-being of the PATH Intl. center equine participating in equine facilitated mental health and education sessions. She/he (the ESMHL) serves as the equine expert during equine/human interaction. The mental health or education sessions may be mounted or unmounted. In accordance with PATH Intl. if the session is mounted the ESMHL should be assisted by a PATH Intl. certified therapeutic instructor or also hold a PATH Intl. certification in the equine activity being used.

The ESMHL works with mental health or education providers delivering services within the scope of their profession incorporating equines in their practice. The ESMHL has a general knowledge of mental health process. EAL guidelines, and definitions are being created; the ESMHL should update themselves on PATH Intl. standards and guidelines yearly.

The ESMHL has a thorough understanding of the ways equine behavior effects human responses and evaluates the role of the equine during mental health or education sessions she/he supervises. The ESMHL maintains responsibility for the equine, assesses the equine's response to any interactions, and prohibits or stops any activity that compromises the well-being of the equine. She/he ensures that equine interactions are safe and appropriate for the goals of the mental health or education session.

ES emphasizes the following:

It is important that you recognize that you, as the ESMHL, are empowered as the equine expert in this work.

You speak for the horse in the partnership

You are responsible for keeping the horse safe

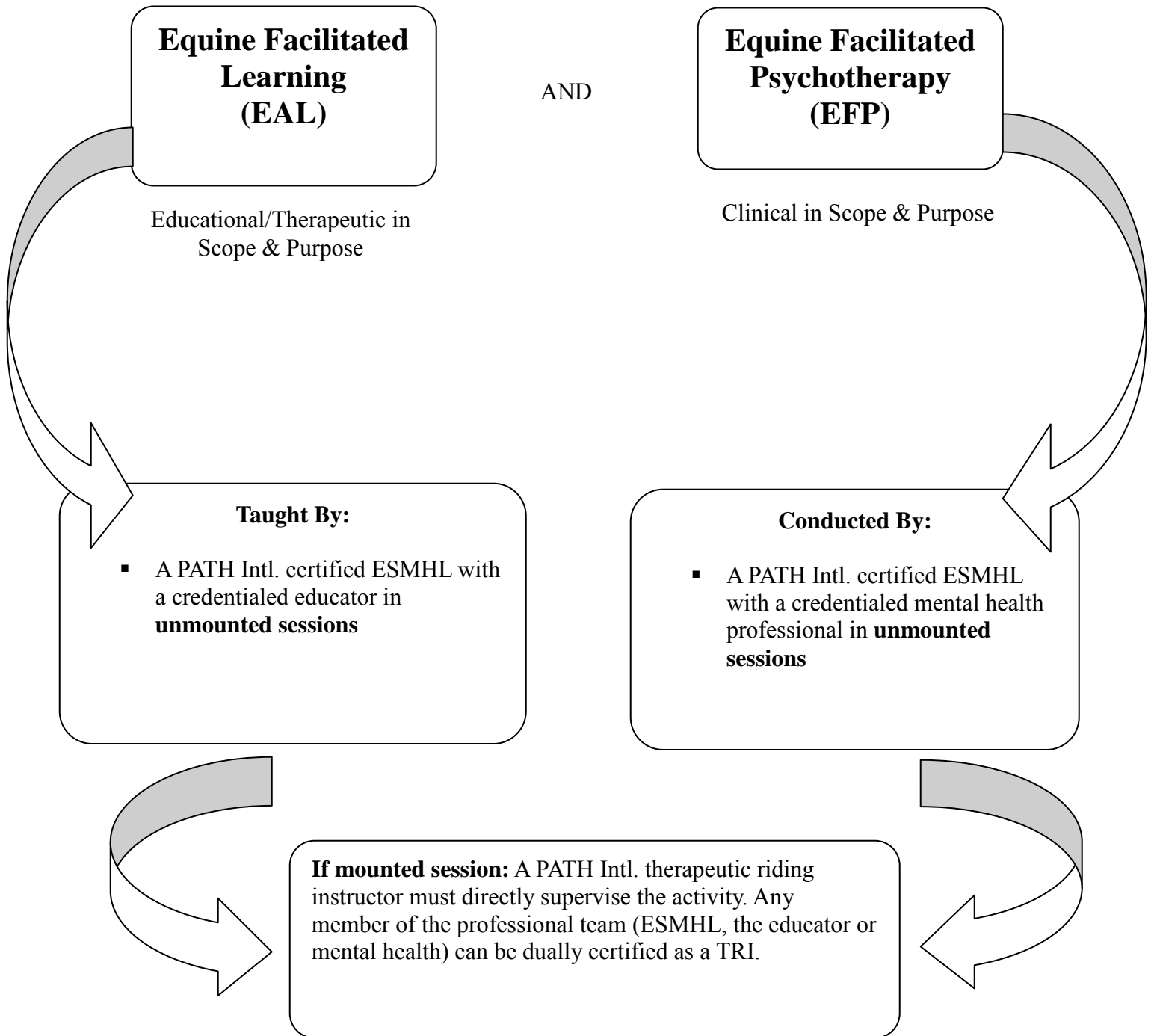
Unless your partner is dually-trained, you design the exercise/activities

You decide what horses will be in the program and what horses will be used in the exercises

It is your responsibility to stop any activity that compromises the well-being of the equine

PPT SLIDE 17: Roles Chart; Student Manual p40

Roles within Mental Health & Learning for Equine Assisted Activities & Therapies (EAAT)



Dually Trained Educator or Mental Health Professional should work alone only on a “case by case” basis, and one on one only, for safety.

Definition of Terms Used: Taught by MHP, Student Manual p41

THERAPEUTIC: Of or relating to the promotion of health. In all EFMHL work, whether activity or therapy based, the work with horses and humans is therapeutic. What that means is that our comments to the clients and people coming into our barns should be therapeutic in nature. This means that we as staff have the person's needs in the forefront and not our own. A therapeutic relationship is not about us. It is about the other. Example: A therapeutic moment for ourselves might be a hot bubble bath with a glass of cognac, for another, in our barns, it might be: not responding back in a hostile manner if the client does so to us.

THERAPY: Therapy is an instrument used to relieve or heal a disorder. Only licensed professionals can conduct therapy. That might be an: OT, Speech Therapist or Physical Therapist. These individuals must be certified to conduct therapy and often have to update their training by attending additional trainings each year.

PSYCHOTHERAPY: This is the treatment of mental disorders by psychological means. Professionals calling themselves psychotherapists must have specific training that enables them to become licensed in their fields. Only licensed mental health professionals can conduct psychotherapy.

Every state requires different credentialing for their mental health license. Practicing as a psychotherapist demands that you continue to learn and grow as a clinician working in this field.

As an ES you will be involved in Equine Assisted Activities which may involve Equine Assisted Learning (EAL) and/or Equine Facilitated Psychotherapy (EFP).

EAA activities encompass many different activities involving the equine as a partner in the learning process. It can include: EAL, which promotes personal exploration of feelings and behaviors in an educational format. EAL falls under the heading of Equine Assisted Activities and may be designed and taught by a PATH Intl. Instructor and an Educator. The sessions may be mounted or unmounted. In real life, educators are often not on the premises for a lesson and so, communication with the educator takes place at another time.

EFP promotes personal exploration of feelings and behaviors and allows for the clinical interpretation of such. This requires an appropriately licensed and credentialed mental health professional who is currently practicing psychotherapy. In EFP, the session will have clearly defined goals and objectives set by the MHP in the individual's Treatment Plan, while the lessons will be designed and taught by an Equine Specialist in Mental Health and Learning in collaboration with the MHP; or a dually trained ESMHL who is also a licensed therapist. The sessions may be mounted or unmounted. If mounted sessions are occurring a PATH Intl. TRI must be directly supervising the activity.

To further clarify the difference between EFP and EAL:

In EAL, as an ESMHL you would design lesson activities that would support specific educational goals for the individual. You would probably do this planning with an educator, but if they have little or no horse experience, then you would definitely have the major responsibility here. Notice that the activities listed here may not look like your typical riding lesson.

If you are providing EFP, then a psychotherapist must be in the session. The therapist might possibly stop the activity the ESMHL is conducting in order to conduct a psychotherapeutic reflection, or he/she might gather the client(s) at the end for the same. The MHP and ESMHL are in continuous dialogue regarding the session.

With an Educator, such as a special education teacher, you might be working on your own, with the educator back in the classroom and not on the premises. In this case you might send the educator notes on the lesson or talk by phone.

Let's define more what the team looks like.

Unit 1

LESSON 1.2: The ESMHL teaching team

Presented By: Equine Specialist in Mental Health and Learning Faculty, Duration: ½ hour

Lesson Overview: this is for faculty only

This lesson will begin to define the ESMHL team and why PATH Intl. recommends that the ESMHL should work in partnership with a mental health professional or educator when trying to meet therapy or educational goals. This lesson shows several ways this could work.

The Equine Specialist in Mental Health and Learning faculty leads this discussion and begins with the statement- "The team consists of at least the equine, the Equine Specialist in Mental Health and Learning and the mental health professional or educator and can take many forms." The ES begins asking the students questions and either a faculty member or student writes examples on the flip chart. Then the faculty members generates a discussion about how the relationship can work, how processing takes place and why PATH Intl. recommends that one person not try to play both roles.

Lesson Objectives Met from Vocational Profile:

1.1 Ensure adherence to accepted service delivery standards.

1.2. *Ensure that interactions with equines meet highest ethical standards.*

3.3 *Ensure that all equine handling and management practices meet humane standards.*

2.2 *Ensure safe environment for all equines and people.*

Student Learner Objectives for Lesson 1.2:

Students will:

- 1) *Describe the roles of the mental health/education team members and the advantages for a team approach in doing EFMHL work.*

Materials Required:

- *PPT*
- *Flip Chart and markers*

PPT SLIDE 18: The teaching team

The teaching team consists of at least the equine, an Equine Specialist in Mental Health and Learning and a mental health professional or an educator.

The partnership can take many forms. The ESMHL will work with a mental health professional or an educator that may be of various specialties (ask them to name some and write the list on a flip chart):

Some examples include: this is not a comprehensive list!

- Psychiatrist
- Psychologist
- Social Worker
- Mental Health Counselor
- Marriage and Family Counselor
- Occupational Therapist—depends on the setting, depends on the state
- Mental Health Nurse Practitioner
- Rehabilitation counselor—depends on setting, depends on the state
- Guidance counselor—depends on credentials and licensure, depends on the state
- Educator
- Teacher of Special Education
- Speech Therapist
- May be dually trained as a horse professional
- Other

(Have the rest of this piece already on a flip chart for discussion)

PPT SLIDE 19: The teaching team (cont'd)

The Equine:

PATH Intl. believes that equines are sentient beings that provide feedback to humans and function as a partner in the sessions. ESMHL sessions are mutually beneficial/respectful and equines are NOT manipulated, scared or teased or used as tools or props.

The working relationship with the mental health professional or educator can vary. For example:

- Equine Specialist in Mental Health and Learning and mental health professional, or educator, are working together with the client/student in equine assisted activities and therapies.
- Equine Specialist in Mental Health and Learning sits in on sessions along with the MHP/educator to understand what the client/student is working on.
- Equine Specialist in Mental Health and Learning works in conjunction with MHP to achieve treatment goals.
- Educator sends students to lesson with IEP or Education Goals.
- Please note that in EFP the participant is a “client” and in EAL sessions, the participant is known as a “student”.

For people who are dually trained, why do we recommend that there be an Equine Specialist in Mental Health and Learning on the team, separate to the MHP or the Educator?

- To allow greater perspective: MHP/Educator’s eyes or the Equine Specialist in Mental Health and Learning eyes: two different ways of seeing the same situation. (Ask what this means. Talk about the different field of experience of equine professional, riding instructor, educator and MHP and what they particularly focus on).
- To ensure safety of all members of the team in the event of a crisis. (Discuss the difference between working one-on-one and working in a group situation).

Unit 1

LESSON 1.3 & 1.4: Confidentiality and HIPAA *Student Manual pgs 43, 44*

Presented By: Mental Health Faculty directs, ESMHL assists. Duration: ¼ hour

Lesson Overview: (this is for faculty only)

Regarding Confidentiality- To understand that confidentiality is a basic building block for safety in the barn environment. If the client can not feel that what they say will be held in the utmost confidence then this will undermine any attempt at building and maintaining a therapeutic relationship. Stress the importance of confidentiality: what that looks like in the barn setting, and how to ensure that confidentiality will be maintained. It is important to give specific examples for the students to understand. Examples such as not befriending a client, not speaking the name of any clients coming to the barn for EFP, how to facilitate a therapeutic relationship with the client in this setting, and the importance of being mindful when going out to dinner and talking about your work with others. That the student understands that without confidentiality no work can continue, and everyone will be liable for a law suit. When working in psychotherapy there can only be professional and therapeutic relationships with clients. This will be discussed again in Unit 2, when therapeutic relationships are discussed. Discuss mandated reporting and how it may impact the barn setting. Discuss dual relationships and what that means for the ES. Discuss the importance of documentation and where the files should be kept with privileged information.

Regarding HIPAA- To teach that certain standards of practice are in effect during EFP sessions and that these standards will be expected to be followed. Failure to follow HIPAA guidelines could mean licensure problems for the MHP and /or the discontinuation of EFP services for the facility.

Basic HIPAA practices associated with confidentiality- filing and case notes, informed consent and privacy.

Lesson Objectives Met From Vocational Profile:

1.1 Ensure adherence to accepted service delivery standards.

2.1 Assess total environment and adjust sessions accordingly to ensure safe environment.

9.9 Maintain harm reduction policies and procedures.

Student learner Objectives:

Students will:

- *Describe the importance of confidentiality in providing a sense of emotional safety.*

- *Describe the ethical implications of confidentiality as an issue. Which team members need to know what?*
- *Describe the practical implications of maintaining confidentiality such as the lack of security in communicating via cell phone and email, confidential use of faxes, and secure maintenance of records.*
- *Demonstrate a working knowledge of relevant standards within HIPAA, ADA.*
- *Demonstrate an awareness of the importance of avoiding dual relationships and protecting participants from harm.*

Handout/Reference Material:

- “Confidentiality” *Student Manual page 43*
- “HIPAA Compliance” *Student Manual page 44*

It is the responsibility of the workshop leader to be up to date on the current confidentiality requirements and the ability to translate this into a barn milieu.

PPT SLIDE 20: Confidentiality and HIPAA

Confidentiality

The underpinning of all work with people and animals is discretion in all interactions with people who come for our help and confidentiality. If there is no confidentiality, there is no safety for the client, and you set yourself up for a law suit. Let’s look at this together for a few minutes and discuss what we mean by confidentiality. Be aware that cell phones, emails and in some cases faxes do not protect confidentiality.

Confidentiality is maintaining privileged information between client and therapist. This does include the client’s feelings and thoughts as well as disclosures of past misdeeds, sexual orientation, affairs, and drug use. It also includes names and any personal identifying information. In the case of children under the age of 18 who disclose physical, sexual, emotional abuse, therapists are mandated reporters and must call Child Protective Services regarding the situation. It is the therapist’s and educator’s responsibility to check on your state guidelines on reporting such cases. Additionally, in most states abuse of the disabled and infirmed elderly are also mandated to be reporting. In most states everyone is a mandated reporter. As an ESMHL, if you receive information about child or elder abuse, it is your responsibility to check with your state board regarding mandated reporting; if you are a mandated reporter, you must report directly to the social service agency or ensure that the mental health or educational professional has done so. An occurrence report should be done indicating who made the report, when it was made, and who received it. While “reasonable suspicion” is mandated reportable, if you have questions check with your mental health professional.

Records case notes are to be kept separate from other files and viewing is limited to the therapist and whomever the client wishes to see them. A Release of Information form is required for this to occur.

Each state has a required amount of years for the files to be kept before they might be disposed.

Records must be kept in compliance with the above law.

Confidentiality does not mean that if the Equine Specialist in Mental Health and Learning is given private information by a client, who does not want it repeated to the therapist, that you can keep this from the therapist. All information must be shared with the MHP/educator. The mental health professional/educator sets the therapeutic standards in the barn. There can be no secrets. To do otherwise invites what is called splitting – where the client seeks to separate important individuals in his life so as to gain favor with whomever he believes is most likely to give what is asked. Splitting is counter-therapeutic and is frequently at the root of a great many family difficulties.

EFMHL programs afford a unique situation that might stretch the rules of confidentiality. The Equine Specialist in Mental Health and Learning in an EFP session may be given private information by a client who does not want it repeated to the therapist. Any information given to the ES must be shared with the mental health professional or educator.

And particularly, therapeutic guidelines are spelled out the first day of treatment, that is, anything suicidal, homicidal, or illegal must be reported and discussed. Should the ES receive such information it is his/her job to remind the client of these guidelines. A minor child may have his parents involved and so must know this and be told it is for his protection. Therapist - ES discussion of client issues needs to be addressed (with client, parent, group home, etc.) as necessary for continuity of care and to plan the most appropriate intervention.

While the mental health professional may have legal liability to maintain the highest level of confidentiality, it is everyone's ethical responsibility. It is part of the Code of Ethics as well **[Student Manual p 9, Section 1.5]** It is wise to inform participants in advance that due to the nature of therapist/ educator- ES- client relationship as well as the open barn atmosphere, consistent, strict confidentiality cannot be presumed and not be expected. We must be sensitive and diligent to do so. For example: if you live in a small town and the “hay man” is making a delivery, make sure that the client is notified ahead of time.

DISCUSSION:

Share experiences that were of concern or might help educate others about the concept. “Use the dining out at a restaurant, when conversation is overheard by a relative to client.”

Confidentiality and Dual Relationships (*MHP PRESENTS*) [*Student Manual p 43, Section 1.6*]

It is important to be mindful of dual relationships that do sometimes exist. A dual or multiple-relationship occurs when a service provider relates to a client in more than one relationship whether it is professional, social or business. These relationships can occur simultaneously or consecutively.

Thus, the ES avoids dual relationships with EFMHL participants in which there is a risk of exploitation or potential harm to the participant. In situations where dual relationships are unavoidable, the ES is responsible for setting clear, appropriate and sensitive boundaries.

Lesson 1.4: HIPAA Presented by MHP: ¼ hour [*Student Manual p 44, Section 1.6*]

The ESMHL is not regulated by HIPAA compliance; that is exclusive to the mental health professional. However, the ESMHL does need to be aware that their mental health professional has a set of specific requirements they must comply with. Also, the regulations provide for client safety. If an individual is going to work in a mental health oriented operation, he/she will need to know that there are standards for protocol that go beyond PATH Intl. operations standards. These specifically address issues such as confidentiality, placement of files and the client's right to know what these files contain, fair billing practices, the right for privacy, the right to know about the type of treatment offered and so forth. ES personnel will need to understand that while they may not be directly involved with much of this, the practices are to be upheld.

The long-standing "homey" style of interacting with clients/riders, while part of the charm and appeal of EAAT must now be oriented around certain parameters of practice that demand professionalism from all center participants. Liability burdens, once mostly the concern of executive directors, must now be shared in various degrees with all participating personnel.

Perhaps the most important reason for teaching about HIPAA surrounds confidentiality. The open atmosphere of the barn setting and inclusion of others besides the therapist in an EFP session can be easily misinterpreted. ES personnel must be aware that while they may be included in sessions and conversations, that these are still private and may not be discussed with others outside the immediate discussion.

HIPAA- The American Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a set of rules to be followed by health plans, doctors, hospitals and other health care providers. HIPAA took effect on April 14, 2003. In the health care and medical profession, the great challenge that HIPAA has created is the assurance that all patient account handling, billing, and medical records are HIPAA compliant.

Some provisions of HIPAA involve patient hospital interaction. For example, patients must be able to access their record and correct errors and must be informed of how their personal information will be used. Other provisions involve confidentiality of patient information and

documentation of privacy procedures. Is it these provisions that have led to regulation-specific software updates, specialist consulting and in some cases complete overhauls of medical billing and records systems. (<http://www.tech-encyclopedia.com/hipaa-compliance.htm>).

Within your barn environment, it is the MHP who sets and maintains these standards. Likewise, the MHP is responsible for staff and volunteer compliance. The ESMHL's job is to role model therapeutic relationships where confidentiality is primary and thus not engage in relationships with clients outside the barn setting.

PPT SLIDE 21 [pic]

Lunch- Faculty Note: *Set up for the relationship exercise, choose participants and notify center a head of time that horses and equipment need to be ready at time you designate*

Unit 2

LESSON 2.1, 2.2, 2.3: Relationships

Presented By: MHP Faculty, Duration: ½ hour

Faculty note: this is most successful as an interactive session.

Lesson Overview: (for faculty only)

Here we will address the concept of relationship and discuss the differences between the therapeutic relationship, personal relationship and a collegial relationship. We will stress how a “therapeutic” environment is different from a “regular” barn environment. We also begin to model the therapeutic team of mental health professional or educator and ES as we present the material. This will be done as each represents the therapeutic process and demonstrates to the participants how the team communicates, negotiates and works with conflict while presenting the material.

FACULTY GOALS:

- *To increase the understanding that the relationship between ES, MHP, educator, barn workers, volunteers and equines must be on a therapeutic level for the work of EFP or EAL to begin.*
- *To understand that all therapeutic relationships begin with each individual person and how they think and act towards others.*
- *What we role model at all times is vital to the confidentiality and safe running of an EFP/EAL program.*

Lesson Objectives met from the Vocational Profile:

- 1.1 Ensure adherence to accepted service delivery standards.*
- 2.2 Utilize interactions with equines to assist clients in building and enhancing positive human relationships.*
- 2.3 Utilize interactions with equines to assist clients in building and enhancing learning skills.*
- 2.4 Ensure safety of client with equines by evaluating equine mental/physical status and communicating these to mental health professional or educator.*
- 2.5 Maintain awareness of personal stress levels and the ways these can affect performance.*
- 2.6 Maintain understanding of others and the ways in which their presence may effect client/horse interactions.*
- 2.8 Evaluate client status-mentally, physically -and respond to individual needs.*
- 3.4 Communicate the health and well-being status of all equines to appropriate staff on a regular basis.*
- 5.8 Interact with mental health professional or educator and be able to function as support person when necessary while still maintaining safe setting.*

Learner Objectives for Lesson 2.1

Students will:

- 1) Describe the impact of each member of the team on the interaction and participant. Describe how the dynamics of the team members influence the outcomes, to include:
 - a. The need to assess the likely impact of the participant's mental & physical status on the reactions of the equine, and make adjustments to keep the interaction safe for all, (to include crisis prevention and management).*
 - b. Demonstrate an awareness of the impact of their personal responses and stress levels on their performance as an Equine Specialist in Mental Health and Learning.*
 - c. Demonstrate knowledge about the roles they play and how they work with other team members.**
- 2) Describe the importance of confidentiality in providing a sense of emotional safety. Describe the ethical and practical implications of confidentiality, to include confidential communication w/ team members.*

Materials Required:

- Chalkboard and chalk or flip chart and markers
- Small area to role play

Additional requirement:

The workshop leaders need to possess the ability to engage the participants in an active discussion, while at the same time role modeling the appropriate therapeutic responses.

When discussing the difference between a personal, collegial and therapeutic relationship, add the following as a way to help highlight the point:

SAY: In a personal relationship we bring more of our sense of self in terms of what we share about the intimate details of our lives. In a collegial relationship, there are boundaries on what we share, personally. In a therapeutic relationship, we do not share any personal information about ourselves, because the therapeutic relationship is not about us.

LESSON 2.1 Relationship Duration: ½ hour

Introduction:

The foundation of all work within the Human – Animal Bond is the concept of relationship. At work, we have a relationship with animals, the people we work with; we relate to the people who come to learn something from us or who come for help in changing something about themselves. Not only do we relate to our clients, students and co-workers, as well as the animals, but the students, co-workers, etc., relate to the animal, and the animals relate to everyone in our work place... That's a lot of relationships!!

The human-animal bond as an area of therapeutic value has been observed, written about, and continues to be investigated. Therapy dogs, therapy dolphins, therapy chickens, etc are all realities. In Equine Facilitated Mental Health and Learning, the Human-Animal Bond is with the horse, because the horse is a highly relational animal, as are we humans.

READ: "Horses and Humans in Therapeutic Partnership" Sokolof, Voices, 2013

Here is what we're going to focus on for a while today:

PPT SLIDE 22: Relationships Overview

- What is a relationship...
- What is the difference between.....
- What do you think a therapeutic relationship...
- As an Equine Specialist....
- What do you bring.....

PPT SLIDE 23: Relationships Cont.

BULLET: What is a relationship? *[Show bullet, discuss then add all]*

- Bond between people, between horses, between people and horses
- Interactions
- All participants bring something to the table

BULLET: How do you build a relationship? *[Show bullet, discuss then add]*

- Have to be there in the same space, at the same time
- Have to be a willing participant
- Have to communicate in some fashion

PPT SLIDE 24: Relationships Cont.

BULLET: What are the elements of a positive and healthy relationship?

- Respect
- Genuineness
- Empathy
- Compassion
- Trust
- Effective communication
- Understanding
- Safety

PPT SLIDE 25: Empathy [pic]

PPT SLIDE 26: Relationships Concepts *[Add by bullet]*

Personal

- Share more from our personal lives
- Fewer Boundaries
- Relationship itself is the purpose
- Not time-limited

Collegial

- Share less from our personal lives
- More boundaries
- Task is usually the purpose
- May be time limited

Professionally Therapeutic

- Don't share personal information
- Very clear boundaries
- Purpose is for the client/student's well being
- Time-limited
- It's not about us!!!

PPT SLIDE 27: Relationships Cont. [Show bullet, discuss, then add all]

BULLET: What is a therapeutic relationship and how does the therapeutic differ from the personal?

Therapeutic relationships require all of the positive qualities of any relationship (Respect, etc.) and differ in the following ways:

- Not mutual, not reciprocal -- it's about the client/student
- Formed for an agreed-upon purpose, to attain a defined goal
- Time bound – ends when the task is complete, goals attained or deemed unattainable
- Has authority – controls some resource the client wants or needs; there is a power discrepancy

PPT SLIDE 28: Relationships Cont.

BULLET: As an Equine Specialist in Mental Health and Learning what kind of a relationship will you have? [personal, collegial, professional]

- With your educator or mental health professional?
- With your horse?
- With your client/student?

PPT SLIDE 29: Relationships Cont. [Show bullet, discuss then add all]

BULLET: What specific positive and negative qualities about yourself would you bring to the therapeutic relationships?

Others have answered:

- Motivation
- Self-Reflection
- Awareness
- Patience
- Persistence
- Good Boundaries
- Responsibility
- Prejudice
- Assumptions
- Humor

PPT SLIDE 30 and 31: Congruence/Incongruence

Another relationship concept particularly relevant to EFP/L: Congruent/Incongruent Response

Incongruent responses- *Incongruent: saying something with your body language and something else with your words. Tone of voice, body position, eye contact, etc have more meaning to an animal than the words being spoken. Aware of it or not, this is true for humans as well. Like horses, abuse victims tend to respond strongly to this--they are hyper-vigilant.*

ACTIVITY – Incongruent Response

Activity/Role-play:

MHP & ES will role-play different interactions as ones we have all experienced and are ones to watch in ourselves.

- A. *Angry ES who doesn't know she's angry and gets defensive when gently confronted.*
- B. *Intrusive ES who isn't sensitive to communication in an EFP / EAL session and keeps interrupting the mental health professional or educator as she is talking, to re-adjust the saddle.*
- C. *Mixed signals: saying yes when you mean no, "passive-aggressive." Says yes to helping with something but says it sarcastically and in a belittling manner*

What you put out there, the way you say and do things, makes a big difference (both ES & MHP & horse).

PPT SLIDE 32: Therapeutic Environment; Student Manual p45

Creating and ensuring a therapeutic environment in your barn requires an awareness of a variety of physical, social and cultural attributes. Ingredients of a therapeutic environment to be attended to can be listed:

- **Social structure** – Who does what? What are the roles? Who is responsible for what? Is it a collaborative or authoritarian environment? What are the roles and responsibilities? ES, MHP, Educator, Volunteer, client, student, etc. How are the roles different, the same?
- **The Staff and Volunteers:** their value system, attitudes and feelings, energy, appearance, trustworthiness - Is the focus on client/student growth or on showmanship? How well do the staff and volunteers reinforce a culture of safety, nurturing, and helping? Are all involved role models for appropriate social behavior?
- **Routines, rituals, behavioral regulations** – Are things organized? Are there easily understood procedures: check-in, helmet procurement, tack check, etc. Structure and organization are especially helpful when dealing with clients coming from chaos or with students who are distracted and distractible.
- **Activity structure and the nature of basic activities** - ranges from herd observation to ground exercises, and mounted activities. What activities inherently spark fear, raise anxiety, create frustration, or bring about relaxation? Can a psychosocial goal be attached to and taught through the use of the activity?
- **Space, time, equipment, and props – The actual barn itself.** How neat, clean, and organized is it? What equipment will clients be exposed to and what will be their responsibility for it? A more open space will be used for active, fun session while a smaller space will be helpful for a more intimate interview. Ground poles and cones might be used to keep a distracted client focused.
- **The group process:** group dynamics, roles, and culture. Is there a helpful tone or a competitive tone? Does everyone want to be there, to participate in all the activities? Is there a scapegoat, a hero, a mascot?
- **A thermostat for regulating clinical resilience.** - Knowing when to challenge and when to back off and relax. Examples: teaching a student with low frustration tolerance how a lead a horse in a grass pasture, cleaning rear hooves, etc.

- **Behavior ‘received’** – At the end of the day, what did the client/student take home with them? You know what you intended but how was it interpreted? Example: you have been trying to teach a student responsibility but the new volunteer gets talked into grooming the horse for the student. Or, you have been emphasizing conflict resolution but the client sees you pop the horse on the nose after it bites you.

Unit 2

LESSON 2.2: Relationship Building

Presented By: MHP Faculty directs, ES assists as needed, Duration: 1½ hour

Note: Alert the barn personnel that horses for the relationship role-play will be needed in about an hour and ½.

Lesson Overview: (for faculty only)

In this session, we continue to role model and “feed” the participants by increasing their self esteem as they volunteer to share, or in any way they risk asking questions or making comments. In this way the group slowly becomes a more cohesive unit and a certain feeling of togetherness begins to emerge.

We will address a structure that develops and maintains the building of therapeutic relationships in the barn environment. Using the Dr. Susan Brook’s model for teaching relationship with humans and animals, we demonstrate that every participant in an EFP session or an EAL activity can enhance or hinder the “therapeutic moment” in the work.

Faculty Goals:

- *To understand that every member of the team can enhance or hinder the well being of all in an EFP or EAL session.*
- *To understand that every person in these sessions must take personal responsibility to maintain a therapeutic environment.*

Learner objectives for Lesson 2.2

Students will

- 1) *Understand the need to maintain a high level of professional communication with other team members related to participant progress and needs both during and outside of sessions.*
- 2) *Demonstrate an awareness of the impact of the ESMHL’s personal feelings and stress levels on participants and their performance as an Equine Specialist in Mental Health*

and Learning.

- 3) *Understand the equine's behavior and its impact on the ESMHL and participants.*
- 4) *Understand the importance of: being focused, maintaining boundaries, understanding concepts and the implications of: transference, counter-transference, projection, rescuing, enabling, reactivity, etc... as a component of participant safety.*

Materials Required:

- *Flip chart*

Reference Material:

- *Diamond Model [page 46 of student manual](#)*
- *Triangle Model [page 47 of student manual](#)*

Note: Horses need to be ready in an hour or hour and a half for the relationship role play and volunteers need to be aware of this.

Inherent in the understanding of teaching people how to learn and grow from partnering with equines is to understand the nuances of the behavior of the animals that you are asking to assist in this work. It is impossible to conduct the work of EFP and EAL without both a thorough understanding of behavior for both the humans and equine you are partnering with. Without this information the work can not proceed safely. Key to developing this understanding of how to build a safe and therapeutic barn environment is to understand how each being that is working, whether the ES, the client, or the equine is impacting each other.

Two models have been developed by Dr. Susan Brooks from Green Chimneys and Dr. Leslie Moreau McCullough from Legends Equestrian, to help educate professionals in building a safe and therapeutic environment for working with humans and animals. These models act as a structure to develop and maintain this understanding- that all members contribute to the relationship and are affected by it. Understanding this becomes vitally important when we are working in a therapeutic relationship. What the therapist brings, the behavior and energy and smell of the equine, and the behavior and energy of the client and ES, all impact each other at any given moment. The information from this creates a safe and therapeutic milieu from which to work.

Note: Have copies of these available for Learners

[Go to page 123 and 124 of faculty manual for a copy of the diamond and triangle model](#)

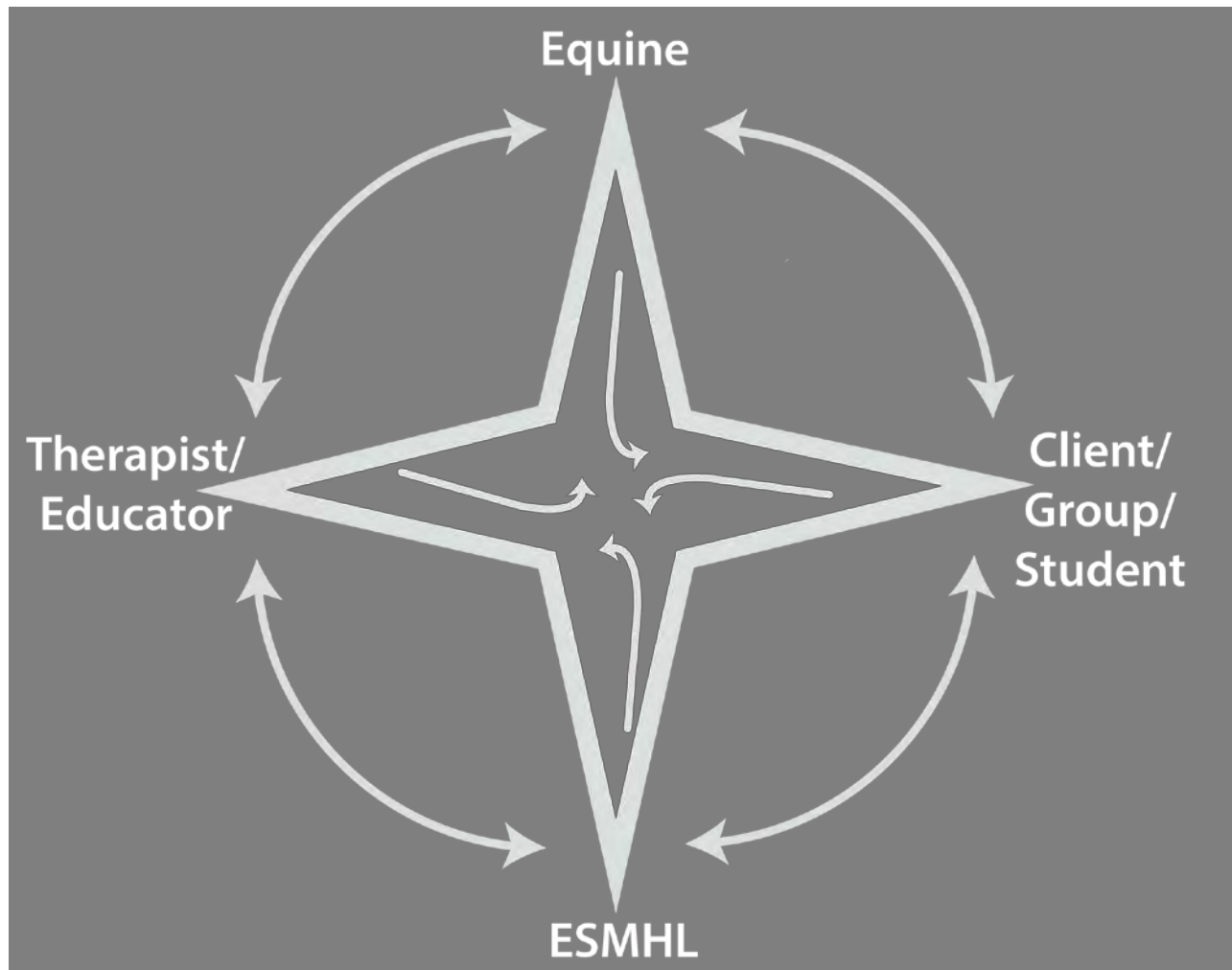
LESSON 2.2 –Models of EFP or EAL: Duration 1 ½ hours

Understanding the behavior of both the humans and equines you are working with and understanding how each is impacting each other are the keys to doing this work. 2 Models developed at Green Chimneys: these models act as a structure to develop this understanding: all members contribute to the relationship and are affected by it. This is a basic “systems” perspective. All members impact each other at any given moment. It's dynamic. Any change in any one subsystem has an impact on all the others.

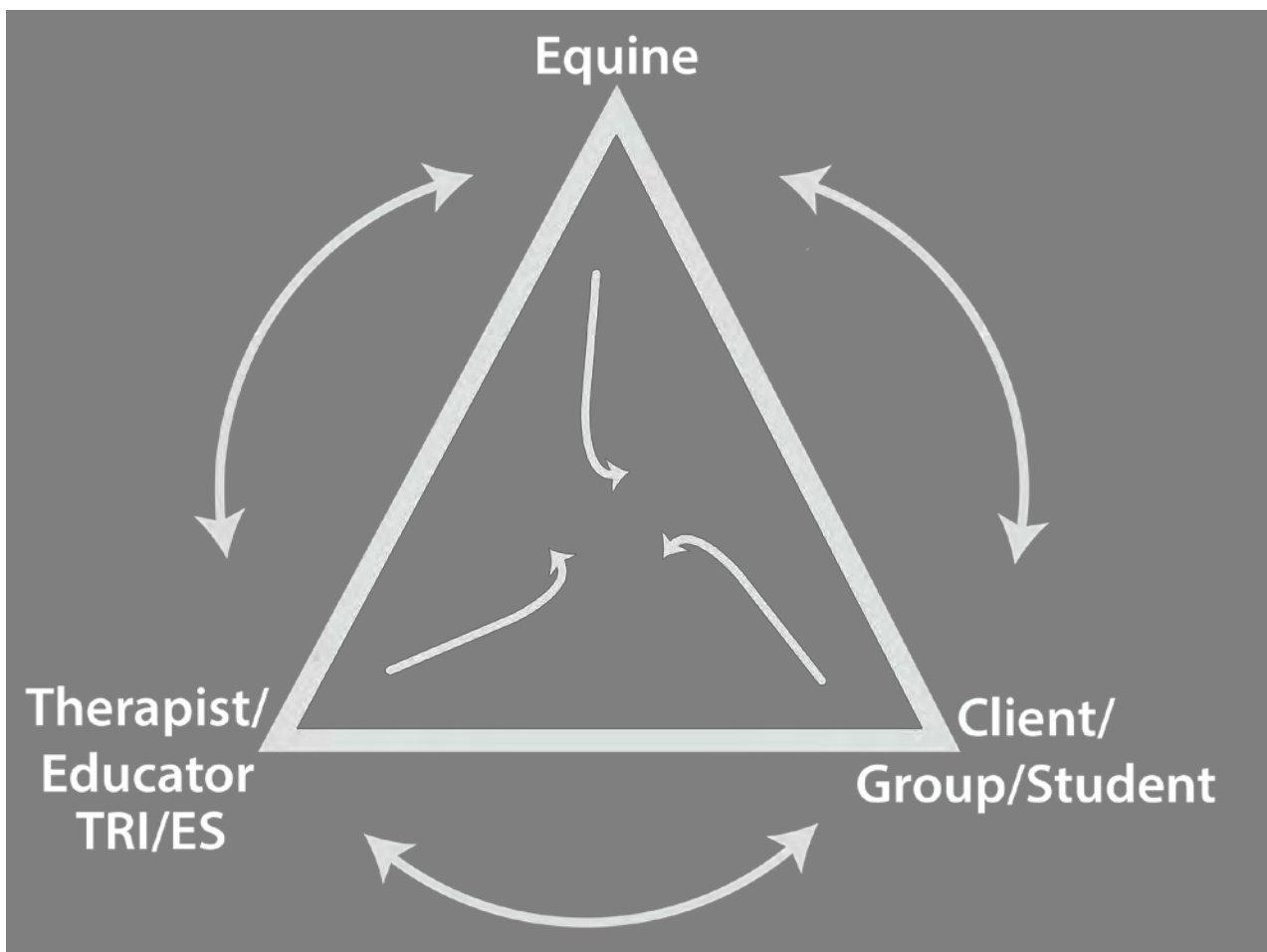
PPT SLIDE 35: Diamond-horse, client, ES, MHP; Student Manual p46

– We will focus on Diamond:

- *What therapist brings/How the therapist responds*
- *What the equine brings/How the equine responds*
 - *ES understands equine behavior and can feedback or interpret for benefit of others*
- *What the client brings/How the client responds*
- *What does the ES bring/How the ES responds (their own energy and presence)*



PPT SLIDE 36: Triangle—TRI, horse, client Student Manual p47 (can be used in a one on one ground work session when the therapist/educator is dually trained).



More Important Concepts in Therapeutic Interactions

- *“Being With”--a way of bringing our self to another, without merging, without a purpose external to the relationship. We are there in an aware, relaxed and congruent way. Necessary so that you can be with the horse, and help the client to be with the horse. Takes away the superficial, and goes to the core.*
- *Looking vs. Seeing –“hard eyes” vs. “soft eyes”— Seeing nuances, and small subtle changes. Not predicting what we will see but being open to what is actually there, aware of what’s happening. Get examples from the group.*

Discussion:

An exercise you might do with students that involves these relationship concepts and provides an opportunity for awareness:

You take some students to the pasture where 4 horses are eating grass. Ask the students what is going on here? Some may say there are 4 horses eating grass. Some will say: I see 4 horses eating grass and shifting around, others might say I see this equine standing off by itself and these 3 standing together. Some may say: That horse feels left out. The more they can continue to see, more subtleties, no matter how small, you can give them positive feedback, then you can give some information about this equine group. Such as one is a new mare to this group, the other 3 are geldings who have lived together a long time, and again from that info, what do you see? In this way you both help them see and increase their

knowledge of equine behavior as you teach.

If the students were to interact with the horses [in a safe manner], we might ask them how the equines' behavior is being impacted by them, or how they are impacting each other; or we may feedback the information to the students. We, the staff, need to be aware of what we are bringing to the interaction at every given moment... again we must be present to what is occurring. What the ES is bringing, the student or client, or the equine and how they are all impacting each other, as well as the MHP/ED, is the work.

What the ES needs to know to assist in keeping a therapeutic environment:

The synthesis of all concerned in the EF/LP session creates a therapeutic and/or educational moment.

- *Relationship: basis for EFP/EAL. There will be collegial, therapeutic, and perhaps personal relationships between [Triad Model], or [Diamond Model]*
- *Therapeutic Environment includes everyone in the environment and their attitude, energy, body language, voice tone.*
- *Role modeling – caring, congruence, boundaries*
- *Competence--we cannot do this work unless we understand equine behavior and be a continuous student of human and equine behavior*
- *Confidentiality – critical for safety*
- *Leave your ego by the door--We also leave our egos and personal needs at the door of the therapeutic or clinical session; these sessions are not about us, although we must keep tabs on our awareness of ourselves*
- *Communicating through body language--Our body language can generate confidence or fearfulness, as can our tone of voice.*

DEMO: Stand with arms across chest, head down and eagle eye a person, and then this: stand with legs a part, hands at side or loosely about you and not glaring intently.

- Which do you feel more accepted by?
- How do some people present themselves? What is unwelcoming? What pushes you away?
- So, how welcoming can we be non-verbally?

Assessment is crucial

- ***Self Assessment***
What is coming from me right now that might be impacting the session? Listen with the “third ear”. What is the impact on you? What is the impact of you on others? Am I congruent?
- ***Assess others***
What is coming from the client/student or MHP/ED right now?
- ***Assess equines***
What is the behavior of the equine telling us right now?

- **Assess, assess, assess.** *Awareness. Have to train yourself to watch, look & hear. What am I saying? What is the client hearing? How is the horse reacting to the client? How is the horse reacting to you? Ask yourself:*
 - What is coming from me right now that may be impacting the session?
 - Am I congruent?
 - What is coming from the client/student or MHP/ED right now?
 - What is the behavior of the equine telling us now?

So again, each piece of the system impacts on all the others. Each piece can change the dynamic—whether it's good or bad. The partnerships are critical. System can become dysfunctional if the responsible members are not partnering well. Each effects and is affected by the others. Watch yourself, listen to yourself. Try to be a positive part of the system.

Discussion:

Example: The child on the horse becomes frightened. The horse balks or stops. What we bring to that equation will enhance or hinder a therapeutic moment. Look inside yourself as the Equine Specialist in Mental Health and Learning. See what you are aware of in that moment of the situation.

- Are you frustrated?
- The session just needs to continue no matter what is occurring?
- So, just move everyone on rather aggressively?
- Are you a little anxious, focused on things not having to do with the session today, but which you have to deal with later?

There may be several good responses to this situation that would enhance this simple moment, and several that would not.

Observe how you enhance or diminish such moments.

- Is your body language at odds with what you are saying? This may make a client more fearful.
- We are not acting congruently; the client may not know what to listen to.
- What does the equine need at that moment to feel comfortable and to enhance the therapeutic moment?

Example: the above equine balks, flattens his ears, swishes his tail and tries to bite the side walker, or ES.

- Was the equine asked to participate in one too many sessions over the last several weeks?
- Was the horse acting out of boredom?
- Is the equine uncomfortable for some reason?
- Has the ES too heavy a hand, as she drifts into some place that is not present to the situation, and unconsciously is pulling the horse head down with the lead rope?
- Was the horse responding to the child's fear and reacting to it?

Remember, we must know equine behavior to do this work. We must know our animals and what their personalities, strengths and limitations are to provide a safe and therapeutic environment.

At any given moment the dynamics will shift back and forth between you, the child, the MHP/ED and the animal.

Ask yourself, can I, as the ES, just be present to the sessions, open and not harsh? Can I communicate necessary adjustments for the equine in a therapeutic activity session (or in an EFP session) in a way that is therapeutic, non-invasive, and not creating anxiety to the client or student?

What are people's experiences with this? Have you had situations that were similar to the above? What were they, what did you see?

Discussion:

We will do an exercise that includes some of these relationship concepts this afternoon. Without words we must rely on all parts of ourselves to be heard and understood by those who may have difficulties in understanding others. How are we able to let someone know that we are safe people to be around if we cannot say it?

We are on a journey here to learn how to truly BE with another... Accept the challenge, push yourselves these few days, and see what you can learn about yourself and then give back in a new and elevated manner.

PPT SLIDE 37: [pic]

Unit 2

LESSON 2.3: Relationship Exercise

Presented By: MHP Faculty directs, ES assists, Duration: 1½ hour

Learner Objectives for Lesson: (for faculty only)

Students will:

- 1) Recognize that a therapeutic or educational relationship is about participant needs. It is not about "us".*
- 2) Have an awareness of the need to assess the likely impact of the participant's mental & physical status on the reactions of the equine, and make adjustments to keep the interaction safe for all, (to include crisis prevention and management).*

Materials:

(Based on the number of participants)

- 3 horses (accustomed to being turned out together)
- Halters
- Lead ropes
- Brush boxes
- 3 participants to be Equine Specialists in Mental Health and Learning
- 6 participants to be students in an EAL session
- Remaining participants to be observers

Note: Faculty should read through the whole exercise ahead to better understand the purpose and set up of the exercise.

Purpose of Exercise:

Faculty note: Observers should be reminded not to talk so they can actively observe!

Explore new ways of building and observing a relationship with the equine and the client/student. This is an exercise of “being with” and non-verbal engagement from the perspective of the Equine Specialist in Mental Health and Learning. It will be the participant’s first bonding with the equine (as an Equine Specialist in Mental Health and Learning) and ‘asking’ 2 students to join them as if an EAL session. THIS EXERCISE IS COMPLETELY NON-VERBAL.

This exercise should follow the lecture/verbal interactive relationship piece. It is conducted in the turnout area. We will need horses (see below), no halters on, lead ropes, and brush boxes. This exercise takes place in an enclosure such as an indoor arena or an outdoor ring.

Important Note: Discuss importance of safety in working around equines during the role-playing. If anyone sees something they feel is unsafe, call a time-out using a hand signal. (Watch out for kneeling, etc.)

SETUP OF EXERCISE:

For Faculty only: Carefully choose the participants to engage in the role play, specifically those in the leader/ES position. Make sure that you tell the participants that they will be observed and processed around the exercise and they will need to be able to speak about their own observations and experiences. **SAY THIS AS YOU ARE CHOOSING THE PARTICIPANTS** and let them opt out if need be. In processing the exercise, you make a statement about what great risk takers we have and give them much support for the learning. Faculty must take advantage and learn from the experience as it plays out. Make sure that you do not manipulate the exercise.

Script for the students role-playing students: Students may go through an emotional reaction to this experience and ask them if they are prepared to go through this.

In a large enclosure such as an indoor ring, a certain number of equines, proportionate to the number of people attending, will be worked with. The number of equines to be worked with is determined by the number of people engaging in the exercise. 3 people work with an equine and 3-6 people are observers. For example, if there are 12 workshop participants attending, 3 horses would be selected with 3 participants starting the process. Next, 3 participants would

join as students which leaves the remaining 6 people to actively observe. The equines being worked with in this exercise should be accustomed to each other during turn-out.

EXPLANATION OF THE EXERCISE: TAUGHT BY MHP (with a lot of help from ESMHL faculty)

Workshop Participants: This is a role play for your learning. DO NOT do this exercise with students/clients.

Note: Before giving directions, discuss the non-manipulation of the horses; they will do what they will do. Allow the process.

- 1) Group stands in the corner of the indoor ring, listening to the faculty explain how the participants will engage in this exercise. The role of those not role-playing is that of an active observer, practicing what we just talked about with being with and seeing. Observers must remain quiet, respecting the fact that, like the audience in a play, audience has an active and important effect on the activity. **Students should be told to leave the horses alone. Do not pet or otherwise engage with the horses as it might compromise the role-play.**
- 2) Center staff/volunteers will bring in the equines and tack boxes of each equine. Halters should be taken off and put with the lead ropes and brush boxes along the edge of the ring (nearby).
- 3) Equines will be able to walk around the ring, play, whatever they will do as the Faculty discusses the exercise.
- 4) **Tell all participants and observers, including center staff/volunteers, that the exercise is to be conducted non-verbally. As equines do not speak English, today we are also not going to communicate in this manner. This allows us to experience ourselves communicating and connecting with others in different ways.**
- 5) Faculty will choose one person to be the Equine Specialist in Mental Health and Learning for each equine. Tell them: You will be experiencing being chosen by the equine. You will go into the ring and have 10 minutes to allow the equines to connect with you or not. You will have 10 minutes to be with the equine and build a relationship. When you and the faculty feel that you are ready, you will be signaled by the faculty to bring in your students, you have worked with these students, but they have not worked with the equine. The ES will find a way to invite participants into the ring and incorporating grooming tools or an exercise, you will try to help them make a bond. Ask them: Are they up to it or would they prefer to pass on it? Keep your self, students and your horse safe.
- 6) Tell those who are role playing students: You are students that are coming to an EAL program and you are going to work with an Equine Specialist in Mental Health and Learning. Please follow the non verbal directions of the Equine Specialist in Mental

Health and Learning. You have worked with the ES but have not worked with the horse. DO not get carried away with this role play. Keep yourself safe.

- 7) Faculty asks the ES to approach the equine and halter it. How this occurs is grist for the process mill.
- 8) Once the equines have chosen their partners, OR NOT, observe the ES's attempts to build a relationship with their horse (10 min).
- 9) Ask the ES to find a way to bring their students in. It will be the Equine Specialist in Mental Health and Learning's responsibility to facilitate connections with their equines and students, all non-verbally.
- 10) There is a lot going on now. You have 3 groups to observe both subtle and overt interactions. The MHP and ES Faculty should be observing for dynamics and issues such as power over, looking at how and if the ES is inviting the students in. (*Faculty needs to have good group processing skills*)
- 11) The OBSERVERS should write down their observations regarding how these connections are going and whether or not any have come to "being with." Stress the importance of their role and what they need to do as "audience" and their effect on the process. Silence is important, too. There is no talking during this exercise.

FACULTY NOTE: The Equine Specialist in Mental Health and Learning should be prepared to discuss "shut down" equines and its impact on building a bond, should this occur.

The order of discussion should be:

1. Equine Specialist
2. Students
3. Observers
4. Faculty

Discussion Topics to Include:

- How was this for you
- Did you experience or see a moment of real connection
- Was there a relationship with the horse
- Did you feel like the ESMHL helped you build a relationship with the horse
- Did you feel the ESMHL kept you safe

Further Discussion Points could be:

- Do we always want to be associated with the best and the brightest equine or situation?
- Do we always need a constant challenge (maybe to prove ourselves?)
- Can we be patient with equines who do not reflect our skills back to us?

Also look for predator/prey behavior in the participants and point this out noting the equine's behavior.

Exercise Wrap Up:

MHP Faculty states: The goal was to build a relationship with non verbal skills and to facilitate the student's ability to do the same. Success was not getting the horse to do what you want: it is discerning the relationship that you are capable of having, so the horse is a willing voluntary participant in the relationship too.

When the exercise has been well explored, have someone take the horses out.

NOTE: Giving feedback to the participants in this exercise should follow the format previously stated where each participant is made to feel "held", for taking risks, and for putting themselves in a learning situation where it may not always be something pleasant to learn about themselves. The MHP and ES are always role modeling this.

Unit 3

LESSON 3.1: Equine Management and the Treatment of Equines

Presented By: Equine Specialist in Mental Health and Learning Faculty, Duration: ½ hour

Lesson Overview: (for faculty only)

This section asks the participants to listen to a scenario and discuss the condition of a particular horse based on certain facts. The exercises will ask for participants to evaluate equine behavior, discuss safety issues and problem solve. The scenario will be designed to facilitate discussion about the particular equine. Participants will be encouraged to draw conclusions based on the facts that they are given, with hopes of developing their powers of observation and developing their ability to share ideas and work together towards a solution to the question. One scenario will focus on the mental health of the equine and the other on the physical health. Most important is the ability of the participants to make observations and then make educated judgments about the suitability of the equine to work in an EFMH&L setting. Understanding equine behavior and good sound equine management practices will be encouraged.

SCENARIOS:

#1 Drew exercise-mental health of the equine

#2 Pirate exercise-physical health of the equine

LESSON OBJECTIVES FROM VOCATIONAL PROFILE:

1.2, 1.3, 2.4, 2.9, 3.1, 3.2, 3.4, 3.5

Learner Objectives for Lesson 3.1:

Students will:

- 1) *Apply ethical standards to interactions w/ equines and people. They will demonstrate a working knowledge of PATH Intl. Code of Ethics, especially in regard to ethical treatment of participating animals and human participants.*
- 2) *Demonstrate knowledge of the importance of evaluating equine mental/physical status, documenting it and discussing it with the team as well.*
- 3) *Demonstrate knowledge of the importance of communicating the health and well-being status of equines to appropriate staff and team members on a regular basis.*

Materials Needed:

- *Written scenario #1 –Drew Exercise*
- *Written scenario #2- Pirate Exercise*

Introduction:

We have just had the opportunity to observe and discuss the dynamics between members of a herd of equines. We then were able to watch their interactions with humans, see how this changed the dynamics of the herd relationship and then see what relationships were formed successfully- or not. How many of you picked up the cues from the body language and expression of the equines? What is the importance of this ability when one is dealing in an EFMHL session? (***Brief discussion***)

In terms of equine health, PATH Intl. has its standards and recommendations that address the everyday care and maintenance of our equine partners. We as equine professionals know the importance of constantly monitoring their physical health. We can look at their overall physical condition and monitor their level of exercise, the amount of turnout with or without buddies, feed rations, shoeing, shots and de-worming. There are specific standards that address the condition of the stabling and turnout areas specific to the needs of the equine and to maintain a healthy environment. These are details that should never be overlooked.

What about the equine's mental health? Imagine being a "school horse" that is involved in grooming, tacking and riding classes on a daily basis. The equine may have to deal with several sessions in a day, perhaps once with a sensitive person and then a session with a student who is insensitive and too tough. How long will it take for this equine to become sour or start to object to being in this kind of relationship? What are the signs to look for? What can you do to make sure you are keeping your eyes open to these kinds of signs?

This is where the responsibility of the Equine Specialist in Mental Health and Learning lies. You are the person who:

- Continuously monitors the equine for both the physical and mental condition.
- Must have a sense of the horse's personality and his individual needs.
- Must be able to monitor the behavior before, during and after the EFMHL session.
- Must be able to communicate in an appropriate manner when you feel something in a

- session is too much or the situation is becoming unsafe.
- Must be the advocate for the horse, maintaining responsibility for the equine, assessing the equine's response to any interactions, and prohibiting or stopping any activity that compromises the well-being of the equine
- Must ensure that equine interactions are safe and appropriate for the goals of the mental health/educational session
- **Conducts the activities**

“Now having discussed the models, what would the responsibility be for the ES in the diamond model? (Discuss and confirm that the participants understand the model and their roles in the model)

As a group, I would like you to discuss two very different scenarios and see if you can come to any conclusion as to what is going on:

SCENARIO #1: (MHP reads) PPT Slides 43 and 44

Drew is a 10 year old bay quarter horse gelding. He has been in the program for less than 1 year. He was bought as a 4 year old by the donor and was shown in the hunter division until he was 8 years old. The owner's own health disabled her to a point that she was unable to ride and the horse was worked sporadically for the 2 years before he came to the program. After a very careful long-lining and conditioning program, some massage therapy and a careful checkup from the vet, Drew was initiated into the program. He is currently in the regular and therapeutic programs. He is gregarious in the stall, quiet and gentle when handled and ridden, and beautifully schooled. He is the social butterfly! He loves to hang out of the stall door and talk to anyone who goes by. Recently, in an effort to make turnout and feeding a little easier,

Drew has been shifted into a different barn and the turnout situation has changed. Because he regularly stands near the fence line to be close to other equines, he has been put out with two horses- a mare and a gelding-both of whom are non-aggressive. He has been introduced slowly. After a few days, Drew is overly eager to come in out of the paddock-much more so than usual. In fact the third day he nearly runs the handler over. In addition, the barn staff notices that his stall is a mess. He has always been a tidy horse.

ES Discusses:

- Should the ESMHL be concerned? What might the ESMHL be concerned about?
- Should the equine be given more time to adapt?
- Could this situation do damage to this equine? How so?
- Will this affect his comfort level or ability to be a part of an EFMHL session?
- What might be bothering him? What are the many possible factors?
- What might this develop into? Are there safety concerns?
- What suggestions might be considered to change the situation for Drew?
- Would this horse be a willing partner or be able to relate in a therapy setting?

MHP Reads:

Drew had been changed from the big barn with open stalls to the little barn with stalls that have solid bars over the stall doors and high partitions. He could no longer hang out and socialize or see his buddies. In addition the two horses that he got turned out with, although non-aggressive, are both very nervous at turn-in time. It was noticed that Drew played the first two days with the other gelding and then when the gelding no longer wanted to play, Drew became a loner and stood off in a corner of the paddock and then began to feel threatened by the two other equines' unsettled behavior at turn-in time. The fourth day, Drew was brought in looking stressed and we were concerned about colic. He was then immediately moved back into the more open barn and put in a turnout situation with 2 young geldings, who are extremely gentle, and all behavior is back to normal. Drew is no longer stall-walking is comfortable in turnout and is working well in class. So by watching the equine over a few days and being cognizant of his "normal behavior" the matter could be attended to, reducing the stress level for Drew.

The next situation is a little different. Let's discuss this:

SCENARIO #2 PPT Slides 45 and 46

MHP Reads:

Pirate is a 14 year-old chestnut paint gelding. He has been working in the recreational and therapeutic programs for about 4 years. He is a very steady horse in classes. He is athletic and will walk, trot, canter and jump quietly and steadily for most riders. He is agreeable to leaders and side walkers. He loves trail riding and would not consider bucking or running away with a rider. Pirate is quite aggressive in turnout and is turned out alone by day and in a stall at night. Pirate has no special dietary needs and is a voracious eater. A year ago Pirate developed a wind-puff on the outside of his right knee and at the same time his stride up front appeared to shorten, so special attention was given to his shoeing needs to prevent more stress in the area. This seemed to work well and Pirate was returned to normal work and has appeared sound and happy in class. Although Pirate appears to be sound, recently Pirate has started cribbing in the stall. Pirate is not a cribber. In addition he does not want to stand still for grooming and is starting to threaten the horses in adjacent stalls.

ES discusses:

- Should the Equine Specialist in Mental Health and Learning be concerned? (The questions should be thought provoking not always guiding.)
- What kinds of questions would the ES ask of self or other that might know this equine?
- How would the ES go about evaluating the situation?
- What are all the possible variables that might cause a change in Pirate's behavior?
- Would this equine be suitable to take part in an EFP/EAL session?

MHP reads: Pirate in fact has been x-rayed and although the x-rays are negative for navicular changes, sidebone, and other arthritic changes, he must be uncomfortable in some way. He has had some massage therapy and is undergoing some shoeing changes. He has only started cribbing recently which prompted us to look deeper into the origin of his discomfort. He is comfortable for grooming and leading exercises and with changing the shoeing angles and adding a wedge on the inside of the right fore to level the hoof, he appears to be doing much better. He still seems to enjoy the program again. In fact he is back and happily performing all

his regular lessons after a fairly intensive conditioning program.

ES discusses:

- What can we learn from this? There are subtleties of equine behavior that should not be overlooked.
- If we know that the equine reflects our behaviors, then what will happen if the equine is not “up to par”?
- It is crucial to be sensitive to the mental and physical condition of your equines.

Just to rock the boat a little: is it ever appropriate to utilize an equine that is stressed or unhealthy (not chronic) for a therapy session?

“What about: when the vet visits, the farrier is at the barn, or in the case of a mare and foal?” (Absolutely! - for building empathy, teaching how to care for someone other than self...)
Also note that the two equines have very different personalities. “Drew” only showed visible signs in the stall and in turnout. His stress was never evident while he was working in class. He is stoic. “Pirate” became cranky in work and during leisure time. He is more sensitive and easier to read.

Unit 3

LESSON 3.2: Animal Cruelty

Presented By: MHP Faculty directs and ES assists, Duration: 30-45 minutes

The MHP will address the issues of animal abuse and client aggression in the EFMH setting. Discussion will include how to keep all participants safe in the EFMH setting. Workshop participants will be taught:

- *To understand the importance of assessment for those coming into your barn as clients, staff and volunteers, and to assist in understanding the importance of keeping your animals safe.*
- *To understand that animal cruelty including torture has been associated with the anti-social behavior in children, adolescents and adults.*
- *To understand that abuse may consist of rough handling and inconsiderate care to the extremes of torture, mutilation and death, as well as sexual assault.*
- *To understand that this behavior is often hidden at first and the importance of good supervision in your barn of all involved. (Give example of the nail in the boot which happened in NYS around 8 years ago).*
- *To understand that children often act out their anger, sadness, and rage on others more*

vulnerable than themselves, which for many are animals.

- *The importance of what to look for as potential red flags: over vigorous, grooming, treating the barn dogs, too fast movements around the animals, treating the animal as an object in tone, deed, and observing the reaction of the animal toward the person where there is a negative response of some kind.*
- *To understand the importance of stepping in and confronting the situation to diffuse or educate.*
- *To understand that anyone can be abusive to an animal. That abusive behavior cuts across all strata's of society.*

That the highly skilled equestrian, taught to treat the equine as a tool may also need help in becoming aware of empathic touch and “being with” behaviors.

All workshop participants will be encouraged to be actively involved in this discussion.

Learner Objectives for Lesson 3.2:

Students will:

- 1) *Demonstrate a knowledge of strategies for risk management in the barn as described in the PATH Intl. Standards, to include carefully supervising participants with a history of animal abuse, and confrontation and diffusing indications of abuse in the barn.*
- 2) *Demonstrate knowledge that animal abuse and cruelty is associated with anti-social behavior.*
- 3) *Demonstrate an awareness of the need to assess the likely impact of the participant's mental & physical status on the reactions of the equine, and make adjustments to keep the interaction safe for all, (to include crisis prevention and management).*
- 4) *Recognize and report dynamics of the horse-human interactions and situations that might affect the session and/or jeopardize safety.*
- 5) *Recognize and report ways participant's emotional status may impact equine(s) including fear, touch, tone of voice, connection, relationship building, assertiveness and other relevant variables.*

PPT SLIDES 47 and 48: Animal Cruelty

Animal cruelty including torture has been associated with antisocial behavior in older children, adolescents and later, in adult criminals. It cuts across all cultural and financial strata. Abuse may consist of rough handling and inconsiderate care to the extreme of torture, mutilation or sexual assault. Frequently, clients will not enter therapy with this distinction. There are a

number of reasons why this occurs. Parents are often unaware of their children's abusive activities. While they may have reprimanded their son or daughter for mishandling the family pet, they have not seen the behavior that they would describe as abusive (e.g. kicking, beating, setting on fire). There also remains naïve and closed-minded views of animals as property. People in this category do not see/understand/care that animals have feelings; they exist to serve mankind on whatever level the owner/master desires. Children reared in this mindset are oftentimes inconsiderate or cruel as much because of the role modeling as impulsive or angry behavior.

Because the concern for safety is paramount, anyone participating in an EAL/EFP session needs one on one supervision at all times. There are simply too many potential disasters to leave anyone unattended. Children, especially those coming for anger and conduct problems (including sexual assault) need to be monitored for any sort of animal mistreatment. This behavior may begin with over vigorous grooming or teasing the barn dogs, things that if not confronted might escalate into out-right torture or abuse. No adult in authority should hesitate to say something to a client who exhibits mistreatment or inconsideration to one of the animals.

Youngsters who have violated against humans have often experimented or practiced first on animals. Depending on the extent of this behavior, these kids may be immune to the suffering of others and exist for the excitement and power-over feeling that terrorizing can create. Any participant who consistently shows inconsiderate treatment toward a horse or another barn animal should be re-assessed for suitability in the program. This is not to say that an individual who has hurt an animal cannot change or that EFMH is not appropriate. It does mean that awareness and vigilance are necessary and that empathy building be made a critical component of treatment and horsemanship lessons.

Ask the leading question: "Have you ever observed a situation that you would consider abusive, aggressive or inappropriate in your barn?"

A note of awareness: Sometimes relatively skilled riders will come for EFP sessions. These individuals may have learned to ride at stables that view horses as tools and assume the power-over position as a matter of course when interacting with and riding their horses. Starting at the beginning with these individuals such as grooming empathically and building on the relationship is critical if change is going to occur. Do not assume that just because a person knows how to ride that they are caring and considerate horse-people.

For more information see: Frank Ascione, "Animal Abuse and Youth Violence", 2003 Purdue Press; [page 107 in Student Manual](#).

Reference Material:

Suggested reading: 2003, Ascione, F; Lockwood, R. "Cruelty to Animals and Interpersonal Violence", Purdue Press

Unit 3

LESSON 3.3: Death of a Program Animal

Presented By: MHP Faculty directs and ES assists, Duration: 15 minutes

Lesson Overview: (for faculty only)

Mental health professional or educator will address some key issues related to dealing with the death of a program animal. The importance of dealing with the issue appropriately and in a professional but compassionate manner is stressed. This is a lecture and interactive discussion

LESSON OBJECTIVES:

2.10

Learner Objectives for Lesson 3.3:

Students will:

- 1) *Demonstrate an awareness of grief and loss and its impact on participants and staff.*

Materials Needed:

PPT slides honoring lost animals etc.

Handout/Reference Material: “Death of a Program Animal”

PPT SLIDE 49: Death of a program animal

When people who have emotional or behavioral issues interact with equines for educational or clinical purposes on an ongoing basis, it is important that your facility have a policy for talking to clients about the death of an animal.

While this issue around death and dying will not be addressed in depth during this workshop, the following points need to be made and discussed:

- A plan must be in place to address this issue before you begin working with people and animals, and people who have emotional difficulties.
- Included in this plan should be how to tell the referring therapists, parents or referring resources that you will be addressing this topic if the need arises, asking them to participate in the telling if necessary. The referral resources will need to be told first before the client, so that they can support your client after he leaves the farm.
- A therapist or someone the client is close to should give information regarding prior losses for the client or any other information that would be important to know in talking to the client about the death.
- The therapist and Equine Specialist in Mental Health and Learning can tell the client

together if it is appropriate.

- The therapist should be comfortable with talking about death and be able to do so in a clinically appropriate manner.

NOTE: During the assessment of all incoming clients there should be a question pertaining to prior losses for that person. Importance is given to maintaining the health and well-being of the client in the EFMH setting by setting appropriate policy that covers each of these topics and includes the participation of the whole EFMH team in some cases.

Activity: If participants need additional processing, they may write a note about a beloved animal that they have lost and share this after the class.

END OF DAY 1

PPT SLIDE 50: REVIEW OF DAY 1: Presented and discussed by the ES. Write on Flip Chart or Board.

Today you learned about:

- PATH Intl. Standards and Ethics
- Confidentiality in a mental health and learning environment
- Role of the Equine Specialist in Mental Health and Learning
- Relationship Building
- Diamond & Triangle relationships
- Beginning of Equine Behavior & Management
- Dealing with Grief
- Animal Abuse
- Creating a therapeutic environment by attending to all of the above

DAY 2 WILL INCLUDE:

- Equine as partner vs. tool
- Horsemanship lesson vs. Meeting therapeutic Goals
- Equine behavior & Ethical treatment of equines
- Designing Therapeutic Activities

PPT SLIDE 51: Homework

Read the following in your student manuals:

- PATH Code of Ethics
- PATH Precautions and Contraindications (Medication)
- EFMHA History
- EFP Fact Sheet
- Vocational Profile
- Declaration of Consciousness
- Emotional Congruency

Please leave your name badges here.

Unit 3

LESSON 3.4: Partner vs. Tool

Presented By: ES faculty directs, MHP assists, Duration: ½ hour

Lesson Overview: (for faculty only)

This lesson addresses the idea of the equine as a member of the therapeutic team rather than just a tool to be “used” without thought to its physical and mental health. We will discuss ways for ethically partnering with equines in the EFMH program.

This is meant to be a discussion led by the Equine Specialist in Mental Health and Learning faculty. The PATH Intl. (previously EFMHA’s) Equine Belief Statement and the Relationship Models may be posted as a reminder during the workshop.

The lesson begins with an introduction that addresses the “Partnership versus Tool” aspect of equine involvement in EFMHL sessions. The faculty will then present some questions to make the students begin to think about the way we set up exercises to include the equine in the team and how this may have a positive outcome or negative outcome for the equine.

Then the faculty asks the question “What are some ways we can treat the equine as our Partner rather than a Tool?” and presents some ideas with questions to begin the discussion. The examples (bullets) are merely to provoke thought and help the faculty in case the group is reticent and are not meant to be comprehensive. Each idea should be covered. A flip chart could be used to display examples presented by the students.

LESSON OBJECTIVES MET FROM THE VOCATIONAL PROFILE:

1.2, 2.1, 2.2, 2.4, 2.6, 2.9, 3.1, 3.2, 3.4, 5.3

Learner Objectives:

Students will:

- 1) *Demonstrate the ability to work with equines as sentient partners in the education and therapy process. (Students are expected to enter the program with a working knowledge of humane equine handling and management standards and practices).*
- 2) *Demonstrate knowledge that interactions with equines can assist participants in building and enhancing positive human relationships. They will choose activities that will facilitate those helpful interactions.*
- 3) *Demonstrate a knowledge of the need to assess the likely impact of the participant’s mental & physical status on the reactions of the equine, and make adjustments to keep the interaction safe for all, (to include crisis prevention and management.*
- 4) *Demonstrate knowledge of an equine’s emotional and physical needs, particularly after a stressful session.*

Materials Required:

- Flip chart

Reference Material:

- *Partnership Principles, Fredrickson; Student manual p 120*
- *Triangle & Diamond Relationship Models Student manual p 46, 47*

Opening Statement:

We think of the equine as our co-therapist, or our partner, rather than a tool to be used. As herd animals and prey animals, they read behavior louder than words and we can learn from their assessment of the client and reaction to the client if we are observant.

REFERENCE: Article: Partnership Principles, Fredrickson, M, STRIDES, v.9, #3, fall 2003

Have you ever observed exercises in which the horse is used as a tool? Give Examples

- How is this a negative exercise for the equine?
- How could it be changed to be positive for the equine as a partner?

PPT SLIDE 53: What are some ways we can treat the equine as a partner rather than a tool?; Student Manual p48

Treat equine partners with respect

(What are some examples?)

- Treat them with respect as a sentient being.
- This can be a model for how clients/students should treat equine and each other.
- Sometimes the equine may say “NO.”

Awareness of emotional needs—as much as than good physical care

(Ask for examples)

- Turn-out with buddies
- Allow them to have equine friends as a support system
- De-stress after hard session (how)

Equines often reflect our behavior. (How can this work for or against us in a session?)

- ADHD student approaching certain types of horses (What might this trigger?)

PPT SLIDE 54

Be aware of incongruency (What does this mean? Inharmonious, inconsistent)

- Often the client is incongruent, acting one way, feeling or thinking another way. Because our equines are readers of the non-verbal, incongruency is confusing for them. (How might an equine react to incongruency?)
- Allow them to develop a connection or relationship (What does this mean?)

Build a Connection or Relationship

- As prey animals, they depend on connection to herd for survival. We become part of their safety net
- Safety (Physical, Emotional & Spiritual)

We must take responsibility for keep them safe in this setting. (In what way?)

Unit 3

LESSON 3.5: Horsemanship Lesson vs. Meeting Therapeutic Goals
Presented By: ES faculty directs, MHP assists, Duration: 15 minutes

Lesson Overview: (for faculty only)

Remember that as an Equine Specialist in Mental Health and Learning it is crucial to practice and teach good horsemanship, however, the goal is not necessarily a riding or horsemanship lesson. This lesson will address the idea that the goal of the EFMHL session is to meet a therapeutic goal or education plan. “The participants should be reminded that the goal of the session is not necessarily a leading, vaulting, driving or grooming lesson, but could have very specific educational goals.”

The ES faculty will present an example of where the two might diverge and ask the students to describe other examples.

Lesson Objectives Met from Vocational Profile:

3.1, 3.2, 2.4, 5.3

Learner Objectives:

Students will:

- 1) *Demonstrate knowledge that interactions with equines can assist participants in building and enhancing positive human relationships. They will choose activities that will facilitate those helpful interactions.*
- 2) *Demonstrate knowledge that interactions with equines can assist participants in building and enhancing learning and living skills. They will choose activities that will facilitate those helpful interactions.*
- 3) *Demonstrate an ability to recognize the difference between the equine giving feedback, the equine needing correction, or the situation needing adjustment.*

Materials Needed:

- *Flip chart and markers for displaying notes of student discussion*

PPT SLIDE 58: Horsemanship Lesson vs Meeting Therapeutic Goals

Remember that as an ES, it is crucial to practice and teach good horsemanship. However, the goal is not necessarily a riding or horsemanship lesson. The team may set up the goal as learning a certain task, but the issues raised may change the lesson completely. Just as we have seen with the models, an equine may act up because of the client's energy, feelings and thoughts. Use your instincts as a horseman. They are valuable and can provide good information for the Mental Health Professional or Educator.

- Example: A normally docile, well-schooled and trusted therapy horse acts out during mounting. In this instance, mounting brings up issues of sexual abuse for the client. What is more important in the therapeutic setting, dealing with the client's feelings/needs or learning to mount? Remember, the client/ student may enjoy the riding/horse time but they are paying for therapy/ education; they can get riding lessons at a lesson barn. You must remain flexible and take off your instructor's hat, let go of YOUR goal in lieu of the client's/student's needs and goals. Constantly assess the situation and pay attention to any changes in the equine or the client/student.
- Can you think of some other examples? Note: If none are offered offer a second example with an educator.

Remember that you must **assess, assess, assess**. The equine may be reacting to the client. This may be the therapeutic/educational moment. Use your instincts. They are valuable and can provide information for the mental health professional or educator.

Now we are going to look at some therapeutic interactions to try to see how the horse becomes a partner in the therapeutic team and as such, is treated in an ethical manner.

Unit 3

LESSON 3.6, 3.7: Ethical Treatment of an Equine

Presented By: ES faculty directs, MHP faculty assists, Duration: 1½ hours

PPT SLIDES 59-69: Ethical Treatment of an Equine

Lesson Overview: (for faculty only)

These exercises are meant to help the student to begin to think about how the interaction between the equine and client can be set up and processed in a way that demonstrates:

- *Safety and respect for the equine*
- *Equine as a partner*
- *Deviates from standard horsemanship lesson format*
- *Provokes issues or meets treatment or educational goals*

The exercises should demonstrate adherence to highest ethical standards and handling and management practice with equines. The exercises should begin to synthesize Lessons 3.1 and 3.2, focusing on the mental and physical health of the equine with Lesson 3.3. and Lesson 3.4, equine as partner and deviating from a regular riding lesson. It also begins to introduce collaboration with other members of the therapeutic team, including volunteers although the emphasis is still on the equine at this point.

The ES faculty will read two basic scenarios and then ask questions to provoke discussion. The first scenario will illustrate the triangular model and the second will illustrate the diamond model. The students will not have the scenarios, as it would ruin the exercise for them to read ahead. A flip chart could be used to write student ideas for display. The scenarios will be partially revealed and then discussed in turns until the entire scene is revealed. The discussion should encourage the participants to draw examples from their own experience.

After the exercises, the group will discuss what happened and some conclusions.

LESSON OBJECTIVES MET FROM THE VOCATIONAL PROFILE:

2.2, 2.3, 2.4, 2.6, 3.1, 3.2, 3.4, 4.2, 4.5, 5.1, 5.2, 5.3, 5.9, 5.12.

Learner objectives:

Students will:

- 1) Demonstrate an awareness of the importance of evaluating equine mental/physical status and discussing it with the team to include:
 - a. Safety and ethical concerns around the equine's mental and physical well being and their likely impact on the participants.*
 - b. The impact of the participant's emotional status on the equine and the safety implications.**
- 2) Demonstrate a working knowledge of how a barn environment impacts the education/therapy process and the importance of the barn as a therapeutic environment. They will be able to assess their particular setting and adjust to provide the physical and emotional safety for humans and equines needed for education and therapy.*

Materials Required:

This exercise is meant to take place in a classroom or bleacher setting. PPT- Sunny and Chief

Faculty Note: Set Up:

This exercise is to be done in a classroom or bleachers setting. The students will have visual in the PPT of this. A student or faculty member may write notes on flip chart. Faculty will read the scenario and then ask the questions of the whole group, allowing them to call out answers. There may be light discussion. Then, the faculty will read the next regular print paragraph and again the faculty will ask questions etc.

Purpose of Exercise:

These exercises are meant to help you begin to think about how these lessons are different to a standard horsemanship lesson by demonstrating: safety & respect, meeting treatment/education goals with equine as partner. This is an EFP session.

MHP faculty reads: This took place in an EFP session

Sunny is a Clydesdale mare that has been a part of a therapeutic riding program for 7 years. She is personable, gentle and kind although somewhat of a loner in the herd. She is a driving horse and riding horse and works with the mentally and physically challenged clients as well as participates in an equine facilitated mental health program. On this day you are working with a 31 year old client named Mary with a history of abuse. She has worked in the stall with Sunny twice and Sunny has been quite friendly. A volunteer is in the stall with Sunny and Mary. Today Mary goes in the stall and Sunny continues to munch her hay and doesn't look at Mary or acknowledge her in any way. You tell Mary to move up next to Sunny and groom her. Mary stands very close and tends to want to mainly pet Sunny's face. Another horse moves up next to the adjoining wall of the stall next door. After a few minutes of Mary's brushing, Sunny seems very relaxed. As you watch, Sunny's ears flick back for a second and she quickly moves away from Mary. You can see that Sunny is somewhat tense.

ES discusses:

- What do you do?
- What do you say to Mary?
- Why do you think Sunny is doing this?
- Should you hold Sunny's lead so that she doesn't move away?
- Should you continue to work with Sunny and this client?
- If so, how can you keep this a safe situation for the client?
- Is this a safe situation for Sunny?
- Should you let the MHP know that something is happening?

MHP faculty reads:

Now Sunny is standing next to a solid inside wall of the stall. You go in the stall with Mary and send the volunteer out and as soon as you put your hands on Sunny she sighs and relaxes again and Mary is able to resume grooming her.

ES discusses:

- What do you deduce from this?
- Would you take any action?
- Do you think the other horse caused this? Or the other volunteer?

Would this be something that you would tell the MHP with whom you are working? If so, now, or after the session when you process?

MHP faculty reads:

The next week, Mary is working with Sunny who has her head down low and is very relaxed. Mary is petting Sunny and they seem very close and in concert. Because you are unsure about what transpired last week, you are in the stall with them without the volunteer. Suddenly Sunny's ears flick back, her head goes up and she moves away from Mary.

ES discusses:

- What do you do?
- Is this a safe situation?
- Is this a therapeutic moment? (yes)
- Should you talk to the client about what she thinks is happening? (You may get in over your head and not be able to deal with the results)
- Should you go and get the mental health professional? (probably)

MHP faculty reads:

Mary stands her ground and doesn't try to approach Sunny. She waits in place. Moments later Sunny returns to her side and puts her head near Mary, sighs, relaxes and drops her head. Mary laughs and says that she and the mental health therapist have been talking about what happened in the last session and that Sunny is just trying to set some boundaries. Mary has always had trouble setting boundaries and tends to let others disregard her needs. Because Sunny is a horse who is very clear and consistent, with help from the therapist, Mary also sees Sunny model boundary-setting, and realizes that it is not about her but rather Sunny's need for some space.

ES discusses: Have how you will discuss this prepared in advance.

PPT SLIDE 63: Ethical Treatment of an Equine

- **Because you did not interfere**, Sunny and Mary were able to play out an interspecies communication.
- If given a chance to express themselves, **most horses are very clear and consistent about their needs**, likes and dislikes.
- **Horses are non-judgmental.**
- **Horses do not usually hold a mistake against us.**
- Because **you informed the mental health therapist** that this was happening, she was able to explore the experience with the client and relate it to the client's issues.
- **Your being in the stall, near or touching Sunny allowed both Sunny and Mary to feel safe** in what might have otherwise felt like a threatening situation for either or both of them.
- Staying near Mary helped her to trust Sunny and herself.

In Summary:

PPT SLIDE 64: Ethical Treatment of an Equine (cont'd)

- Know your horses well.
- **Pay attention to all interactions and equine communications for clues as to what is happening between the horse and client.**
- When you tell the therapist about this, try to be objective. Don't try to interpret.
- The therapist may not know as much as you about equine behavior and will need to know what these behaviors mean. Tell the therapist/educator that it might be about the other horse and then it might not be.

- Explain to the therapist the oddity of the horse seeming to be so relaxed and then so tense.

PPT SLIDE 65: Ethical Treatment of an Equine (cont'd)

- Even if the therapist is an experienced horsewoman, she is seeing this situation through a therapist's eyes and may miss important information; don't assume she saw everything you did.
- Will you recognize the therapeutic moment? Do you as the ES need to?
- What if you miss it? (Talk about going back to it the next week or just letting the therapist know so she can decide the correct action.)
- This may not have had any resolution; you may never have known what happened but everything has possibilities.
- Do you believe Sunny was setting boundaries? Does it matter? Why?

SECOND EXERCISE:

HORSE BEHAVIOR EXERCISE- CHIEF

This is an EAL or EFP exercise depending on whether you discuss or process it.

MHP faculty reads:

Chief is a 19 year old Morgan gelding who has been a part of a therapeutic riding program for 4 years. He is an albino and came to the center from a roping career. When he arrived, his face was severely sunburned around his mouth, nose and eyes and he didn't particularly like to have it doctored. The staff at the center took care of his sunburn and once it healed, they made sure he had shade and sunscreen on sunny days. He was very wary at first but has settled into his new career as a reliable steed for multiple types of therapeutic activities.

Today you have a group of 4 girls between the ages of 13 and 15. Rebecca is a 13 year old girl who has bounced from foster home to foster home for most of her life. She longs for a family and home to call her own. Although she makes good grades, she has poor self esteem, trust issues and needs to build self-confidence.

One day you have her groom Chief with a volunteer to help. His eyes tend to run and today is no exception. He has about 3 inches of crusty tears stuck below his right eye. Usually after gaining his trust by a thorough grooming, Rebecca can take a warm wet cloth and clean his face. Today you see that she and the volunteer are trying to hold his head down to clean his face and he is resisting.

ES discusses:

- What do you do?
- Do you stay close and wait to see what happens?
- Do you intervene and if so what then?
- What do you say to the client?
- Is this the therapeutic/teachable moment?
- Should you call the MHP?
- EFP session of the educator in EAL?
- Should you let the MHP or educator know what is going on?

MHP faculty reads:

You decide to intervene and talk to Rebecca. You ask her how she thinks Chief feels. She says that Chief doesn't want his face cleaned today.

ES discusses:

- How important is it that Chief's face is clean?
- Is this germane for the client goal today?
- How does it mesh with the ethical treatment of equines?
- Is there any way you can meet your treatment goal without washing his face?
- Therapeutic moment?
- Should you let the MHP or educator know what is going on?

MHP faculty reads:

You tell Rebecca that it's OK to decide to honor Chief's wishes if he feels that strongly and ask her what she wants to do. She gives you the biggest smile you have seen from her to date and says she wants to let Chief choose not to have his face cleaned today.

The group has a successful ride and now Rebecca is standing in the ring having just dismounted Chief. She is beaming as she talks about how she felt about the ride when the volunteer reaches over and grabs Chief's halter and forcibly but gently wipes Chief's eye. You see Rebecca cringe and then recover.

ES discusses:

- What do you do?
- Therapeutic moment?
- Do you say anything to Rebecca or volunteer?
- Should you let the MHP or educator know what is going on?

MHP Faculty Reads:

You decide to let it go for today as the foster parents are arriving and Rebecca seems to be OK as she gives Chief his treats and coos over him one last time before leaving. When the clients are gone, you talk with the volunteers and address the eye cleaning issue. The volunteer apologizes and states that she did it unconsciously and did not see Rebecca cringe. You remind the volunteer that although we are teaching good horsemanship practices, the client goals are more important than getting the horse properly groomed, it can be taken care of after the client leaves. You communicate the whole incident to the mental health professional or educator so that it can be discussed with the client if necessary.

In this case, a client with very poor self esteem was allowed to make a decision. Because she has very little control in her life, she is empathetic with Chief. Allowing her to respect Chief's wishes might help to give her more trust in you and self confidence about her own judgment.

MHP and ES Discuss:

- What happened?
- Did you demonstrate respect for the equine?
- Do you feel ok about letting the equine say no?
- What would you do about the volunteer?

- Therapists say: “Nothing Never Happens.”

Make a reference to the article called “Volunteer Training” page 105 in student manual

AT BREAK TIME: REMIND CENTER STAFF TO HAVE EQUINES READY FOR EXERCISE

Unit 3

LESSON 3.7: Ethical Parameters for Equines **Presented By: ES Faculty, Duration: 2 hours**

Lesson Overview: (for faculty only)

This lesson will explore some of the challenges in having a productive session with students who are unaware or disconnected from their feelings while also honoring the well-being of the horse.

Set Up for Exercises:

Faculty will assign participants to role play choosing each other for their suitability and comfort level. The students who role will play the ES should be experienced horse professionals, if possible, to insure the success of the exercises. Participants are asked if they are willing to play the role and given their assignments. Faculty should brief participants in the role play to prepare them for the activity. This information should not be shared with the rest of the group so that they may make their own observations.

EXERCISE #1: EAL

Sensitive-sided horse with a halter and lead and brush box in barn or arena.

- *MH Faculty role play an insensitive student who will be grooming a sensitive horse.*
- *Participant will role play the ES who is teaching grooming and sensitivity. ES Faculty tells role playing ES that this is an EAL lesson with an insensitive student. The ES has chosen a sensitive horse in order to teach the student awareness of others’ feelings and sensitivity.*
- *Participant playing ES will have 5 minutes to get to know the horse and 10 minutes to play out the exercise*

EXERCISE #2: EAL

Second horse should be in the arena, with halter and lead if leading.

- *Participant role-plays a “volunteer” horse leader*
- *Participant will be the ES to teach an inattentive and unfocused student who is working*

- *toward leading independently.*
- *MH Faculty will play role of student*
- *ES Faculty tells role playing participants that this is an EAL exercise with an inattentive and unfocussed student. The goal of today's lesson is to have the student lead independently. You have worked with this student and horse frequently enough to know that this is a safe and appropriate lesson plan. After an introduction and comfort groom, the student is allowed to lead the horse independently out on the rail.*
- *Participant playing ES will have 5 minutes to get to know the horse and 10 minutes to play out the exercise*

**Note to MH faculty role-playing student: Do not overdo the role. The horses can react strongly to strong increases in energy shifts. Pay attention to the role incongruence plays – your “role” as troubled client being incongruent with who you actually are confusing the horse. Make sure the horse is de-stressed after each role-play. This can be a leading exercise.*

Instructions to Observers:

The rest of you will now be silently observing the exercise from the perspective of the ES. Keep in mind the role of the ES and all we have discussed. Do not discuss this until the end of the exercise, when we will process this together. (Faculty repeat about “Safety” as noted on page 57).

Everyone Proceeds to Arena:

Faculty ES and MHP will be commenting and asking questions of the observers.

Introduction by the ES:

We have just seen in the last exercise how two students were able to make wonderful connections with the equines that they were involved with. What about those students who are unaware of their feelings or are disconnected? Can these sessions be productive and what about the equine partner? Where does the line get drawn on what is productive for the student and what might be harmful to the equine?

EXERCISE # 1: EAL EXERCISE

Tell the students:

The MH Faculty will role-play as an insensitive student who will be grooming a sensitive horse. As the horse communicates discomfort, the ES faculty will ask participants to comment on what they see. Engage everyone in the conversation! Make sure that the student role playing the ES allows the horse to react at some point and then later intervenes and protects the equine, so there is a noticeable change in behavior with the equine's change in comfort level.

PPT SLIDE 70: Role Play Exercise – an insensitive student

What do you see going on here?

- Discuss the body language of the horse and the lack of sensitivity of the student.

What would you as the ES be concerned about?

- Possible injury to the student
- Monitoring the stress level of the equine
- Is it dangerous for such a student to be working with a sensitive equine?

How might the ES intervene to keep the situation safe to protect both human and equine?

- Problem solve here. What groundwork was done to prepare? Safety rules? Point out the behaviors and why. Look at signals. How do you feel? Should you demonstrate the correct way?
- How quickly do you need to intervene to prevent undue stress in the equine?

How can this be made into a positive experience and one that teaches awareness and sensitivity?

- Get input from the participants.

When does the situation become abusive?

- Think stoic equine vs. sensitive equine-who is the better teacher in a given situation?

What is the responsibility of the ES that is not directly involved in teaching such a lesson?

Think training of volunteer or mental health professional or educator.

- Having observed this exercise, how do you feel about this?
- How would you want the lesson to be taught and the situation monitored?

Let's continue on to another scenario that may look familiar to you:

***EXERCISE # 2: EAL exercise-** will be a leading exercise. MHP will role-play a student who is inattentive and unfocused. Student will start with a volunteer horse handler assisting during the grooming and initial leading and will be working towards leading independently. After an introduction and some grooming, the student is asked to lead the horse around the arena to encourage independence. The student remains unfocused and cannot keep the equine out on the rail.*

PPT SLIDE 70: Role Play-inattentive and unfocused student

What may be going on here?

- Is the equine misbehaving or is the student not focused? Do you know for sure?

How might the ESMHL know where the problem lies?

- By schooling all equines regularly.
- By monitoring their mental health.
- By knowing the personalities, idiosyncrasies and needs of the individual equines-their likes and dislikes!
- By communicating with the MHP or Educator about student needs.
- How can this situation be dealt with to allow this lesson to be a success?
- What suggestions do you have to help this rider and equine?
- How do you help without placing blame?
- Aren't we trying to empower students and create success?
- Discuss the situation. Try to refocus.
- Put a leader back in place to guide the horse.
- Set cones to give the rider perspective.
- Use a lead horse to help the focus.
- Will there always be success?

What happens if the student shuts down?

- Discuss this possibility.

- What happens if the student gets frustrated and abusive?
- How do you deal with the student? Is offering a different activity an option/necessity? What reasoning do you give for your decision? Safety?

What is the fine line between healing/teaching a student and damaging/protecting the equine partner?

What is the responsibility of the ES in terms of communication to any and all participants in the session?

Were these horses appropriate for their students?

This exercise is an example that typical horsemanship activities can be the basis for EFP or EAL sessions.

Discussion:

Let's wind-down and care for our friend. Review each of the equine's coping skills and the responsibility of the ES to recognize these behaviors and relieve the equine's stress level.

PPT SLIDE 71 and 72 [pics]

Final Statement:

Equines can be the barometer for monitoring student behaviors and needs. They are remarkable creatures and are invaluable to aid in the healing and learning process. The ES must be vigilant: constantly monitoring the state of the equine in the dynamic relationship with the student. We want the equine to be comfortable in the relationship that is being facilitated by the diamond model.

At this point the faculty should thank all volunteers for their risk taking and give everyone a big hand. Everyone claps.

FACULTY tells the students to read the following pages in their [student manual](#) during lunch:

- Sample lesson plan [page 49](#)
- Sample lesson plan blank [page 50](#)
- The IEP [page 53](#)
- Sample treatment plans 1 and 2 [page 58-59](#)
- Dominant Diagnoses found in EFMHL Programs [page 64](#)
- Learning styles [page 71](#)

Let's eat lunch. When we return we will be talking about designing therapeutic activities.

Unit 4

LESSON 4.1: Design Activities: *Slide 73*

Presented By: ES & MHP Faculty, Duration: 3 hours

Lesson Overview: (for faculty only)

In order to maintain safety and to provide a viable mental health intervention, the ES will need to know how to turn treatment plans/IEPs into lesson plans. Participants will learn how to extrapolate the information regarding client goals & objectives into ground, mounted and round pen exercises. Real life treatment plans and IEPs will be given to the participants in order that they learn the contents as well as learn the multi-faceted and variable nature of mental health interventions. Creative application will be emphasized. Within the discussion will be evaluating the available equines in terms of temperament so that the appropriate horse will be matched with the rider. Exercises may include introducing an equine that is new to the client in order to better serve the individual's needs at the time. Participants will break down lessons to include a gradual development of skill deemed necessary for the targeted problem/issue as well as work with therapists to create metaphors that are translatable into the client's life. ES staff will continually role-model appropriate equine-human intervention including (but not limited to) touch, boundaries, prey animal awareness, etc. Discussion will alert participants as to the necessity to inform/ train/ supervise volunteers regarding proper interactions with MH clients.

Safety will be emphasized – without safety, there is no intervention.

Lesson Objectives Met from Vocational Profile:

4.1-4.3, 4.5-4.8

- *Learn how to design clinically sound therapeutic equine activities.*
- *Have a working knowledge of the most common diagnoses seen in EFMH programs.*
- *Learn what a treatment plan/IEP consists of and be able to extrapolate from this viable intervention.*
- *Understand that certain equines will elicit certain behaviors; learn how to use the equine behavior to better illustrate the lesson to be learned; learn to pair a client with an appropriate equine in order to build and maintain a relationship.*
- *Learn how to role-model appropriate horsemanship for clients.*
- *When applicable, learn how to teach/train/supervise volunteers.*

Learner Objectives for Lesson 4.1:

Students will learn:

- 1) *How to create a therapeutically viable activity that is in keeping with the client's treatment plan or IEP. The ES candidate will also learn that frequently the client will present problems that deviate from the treatment plan/IEP and to be able to "think on her feet" in order to re-structure the plan to meet the client's immediate needs.*

Assess, assess, assess will be emphasized and expected to be assimilated, in conjunction with MHP or Educator's goals.

- 2) *The choice of equine can make or break an intervention. Knowing the herd with whom one works, their idiosyncrasies, talents, preferences and habits can drive home a point to a client; otherwise it may simply be an exercise in patience or a "free ride".*
- 3) *That they set the stage for the lesson. That is, they demonstrate and role-model appropriate equine management, in particular those interactions that directly affect clients (grooming, leading, tacking up, etc.).*
- 4) *Participants will learn that the treatment plans/IEPs are clinically or educationally driven and that there exists a need to show client improvement of the presenting problem. Participants will be expected to show creative thinking with respect to lesson planning as well as an ability to work with others by being a part of a group process.*
- 5) *Participants will be able to articulate the difference between the skills needed in TR lessons compared to those required for EFMH interventions. They will also be able to show some rudimentary understanding of MH diagnoses/conditions including appropriate interventions/interactions. This will help delineate the difference between the Equine Specialist in Mental Health and Learning in Mental Health and Learning and the PATH Intl. Therapeutic Riding Instructor.*

Learner Objectives:

Students will:

- 1) *Development of an appropriate activity or therapy session with an Educator or MHP respectively*
- 2) *Assist MHP/Educator to turn treatment plans/IEP's into session*
 - a. *plans/activities based on:*
 - b. *participant goals*
- 3) *Selection of appropriate horse based on participant's goals, weight, stability, past experience, level of training of the equine, and other relevant variables.*
- 4) *Selection of equine activities to provide experiences that will help participant(s) reach pre-defined goals.*
- 5) *Assess participant motivation, interest, and physical appropriateness.*
- 6) *Describe the characteristics and concerns of their chosen population. Students will be familiar with common mental health/education terminology.*

- 7) *Describe different learning styles and considerations for working with them.*
- 8) *An awareness of the need to know about common medications and their potential side effects*
 - a. *Assist with documentation of participant progress related to*
- 9) *Identified goals, including unusual incidents/interactions*
 - a. *Note horse-human interactions*
 - b. *Monitor mental and physical status of horse during sessions/activities*
- 10) *Document*
 - a. *Participant progress related to identified goals, including unusual incidents/interactions.*
 - b. *Horse human interactions*
 - c. *Mental and physical status of the horse during sessions/lessons*

Reference Material: *p49-70 in student manual*

- *MHP definitions of diagnoses appropriate to IEP/Treatment Plans*
- *Lesson Plans [2 pages]*
- *Lesson Plan from IEP*
- *Sample Treatment Plan from Legends Equestrian Therapy [3 pages]*
- *Sample Individualized Education Plan [4 pages]*
- *Sample Lesson Plan [from IEP or Treatment Plan]*
- *Blank lesson Plan*
- *Lesson Plan [from Treatment Plan-Nan]*
- *Dominant Diagnoses Found in EFMH/EAL programs*
- *Learning Styles*

Lesson Set-Up: *(1 hour and 15 minutes)*

Faculty uses the student assessments from the introduction to assign teams. Assign appropriate individuals to fill out the professional roles (MHP,Ed,ES) of the team when possible. Try to balance each group with varied learning styles and experience. Each group will have one hour to complete the exercise. During the hour, MHP circulates among the groups to watch their process and answer questions. During this hour the ES will look at available obstacle materials and design the obstacle course on paper. If you decide the course on paper this makes it easier to set up with the host site volunteers at the end of the day.

Note: MHP should have copies of the scenarios to pass out to each member of each group so that all can read the scene and not have to rely on memory from a verbal reading. Think “learning styles” for learners! (e.g. 4 members of a group = 4 copies of only this groups’ scenario; groups do not need copies of scenes that are not working on so pages should be cut appropriately.

IEP SCENARIO #1 (EAL session) In a nine year old male child's IEP, it stated this young man should be a part of a 10 week group experience of therapeutic equine assisted activities in a barn setting. This is to address his social issues and to help him possibly bond with an equine and hopefully his peers in the group. The hope is that this experience will then role over into this child's daily life. What would a lesson plan look like for the first 3 lessons? The other boys in the group have similar issues and they came from another school.

IEP SCENARIO #2 (EAL session) A school bus overturns on the way to school. Three of one classes' classmates of 10 to 13 year olds (class of 10) are killed. The IEP suggests for the children of this particular class that therapeutic equine assisted activities might be helpful to assist the students in their depression and grief. This is 6 months after the crisis teams came into the school. What would these lesson plans look like overall? What might the issues be for those children? Plan the first 3 lessons and state the overall goals of the group for these 5 classmates who comprise the group.

TREATMENT PLAN #1 (EFP session) A 14 year old girl, who likes horses, but does not know horses, and has never taken lessons, is referred to your EFP program. She is referred to assist this girl in decreasing her anxiety and to increase her self-confidence. She has recently gotten into trouble with some peers because she is a follower and desperately wants friends. The hope is that these sessions will enable her to feel sturdier internally and to build a boundary. Plan the first 3 sessions.

TREATMENT PLAN #2 (EFP session) A 32-year old woman has been referred by her general practitioner to your EFP divorce-recovery group of 5 women. Her husband had repeated affairs, and she found about them. The general practitioner is new to the benefits of EFP and feels this woman can gain some self-esteem and confidence. He has put her on anti-depressant medication and will follow her for medications. You and the therapist in your program will interact with him around this woman's treatment. This woman knows nothing about horses, but loves animals. Plan the first 3 sessions.

PPT SLIDE 74 [pic]

PPT SLIDE 75: Design Activities

Introduction to Therapeutic Activity Piece:

This afternoon we will begin to look at how the psychotherapist in conjunction with the ES can design a treatment plan, and how an ES in conjunction with an Educator might design an activity based on an individualized education plan. First lets take a look at how the psychotherapist might design a treatment goal based on what the referral information was and what the goals of each session might be.

(Show an example of a treatment plan from the student manual and describe it, include in the discussion any medications the client being referred might be taking and how that will impact the session or in working with equines, or around the barn in terms of client safety).

Based on the referral information (i.e.: why is the client being referred for EFP), the equines you have, how your barn is set up, and what the structures you have available to work with for the session i.e.: round pen, outdoor ring, etc, as well as your own theoretical formulations clinically, we develop a plan for the client in the treatment. This plan will include interventions, and activities based on sound clinical thinking to enhance and bring about what the client will be learning. Included in our thinking will be both the triangle and diamond models. So though the activity will be to enhance learning in the client, we know from yesterday morning that to be successful in this, we need to be aware of how the equine is impacting the session and what we bring at any given moment that will enhance or hinder the learning for that client.

We also want you to use this same process to design activities for a child from a special education class who might have therapeutic riding or working with horses as part of their IEP.

(Faculty Show an IEP and describe it- p 53 student manual)

Looking at IEPs is important because if the school district decides that therapeutic equine assisted activities and therapies is important for a child with special needs, they will be referred by IEP, TEAA will be written into the plan. Looking at this IEP helps

- 1) To see how the child is referred.
- 2) How complex a child with special needs in a learning program is.
- 3) So you can see how you might put together a learning plan for this child who comes to see you for TEAAs and the language that is used between teacher and perhaps you as you communicate to him or her about how the child is doing in your sessions.

As we saw in designing a treatment goal, in order to design a therapeutic activity that meets an educational goal for a child, you will have to look at personalities, strengths and challenges of each of your equines and determine which equine would be appropriate for the child and the goal they are working on. As happens so often, you may have an activity planned, but the client comes with their own agenda. Specifically, perhaps he is very angry, and so rather than teaching, your time together is spent on immediate, de-escalation interventions to calm the

child down. Or the students come particularly sad or frustrated or unmotivated; the Equine Specialist in Mental Health and Learning will have to be able to change focus quickly and work with what is given from the client at THAT moment.

***NOTE:** Describe and refer to learning styles as described in the student manual. Discuss the elements in the simple lesson plan so that the small groups do not take up all their time with deciding what a basic plan is.*

***NOTE:** REFERENCE Dominant Diagnoses Found in ESMHL Programs*

So let's work together on this and we will all come back to share and discuss it as a group so we can all hear the different ways we have put these together. We will need a recorder to report back to the larger group.

EXERCISE

Faculty Notes:

Divide the learners into 4 groups and give each group either a treatment plan or an IEP to work on. Each group is to come up with 3 to 4 sessions if it is an EFP session or 3 to 4 activities if it is an IEP for EAL. Each group chooses a person to report back to the whole group and to be the scribe.

Here are the scenarios: Following up from our discussion of IEPs and Treatment plans, let's work together on some of each. We will divide the group into 4 sections (if fewer participants use fewer groups and fewer IEPs or Treatment plans). Each group will work together and appoint a spokesperson to relate what you came up with as a group.

IEP SCENARIO #1 (EAL session) In a nine year old male child's IEP, it stated this young man should be a part of a 10 week group experience of therapeutic equine assisted activities in a barn setting. This is to address his social issues and to help him possibly bond with an equine and hopefully his peers in the group. The hope is that this experience will then role over into this child's daily life. What would a lesson plan look like for the first 3 lessons? The other boys in the group have similar issues and they came from another school.

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TREATMENT PLAN #2) (EFP session) A 32-year old woman has been referred by her general practitioner to your EFP divorce-recovery group of 5 women. Her husband had repeated affairs, and she found about them. The general practitioner is new to the benefits of EFP and feels this woman can gain some self-esteem and confidence. He has put her on anti-depressant medication and will follow her for medications. You and the therapist in your program will interact with him around this woman's treatment. This woman knows nothing about horses, but loves animals. Plan the first 3 sessions.

You have 1 hour and 15 minutes to complete this work

***NOTE:** Have the groups scatter about the barn and surrounding area in order not to disturb one another with animated chatter!*

Discussion

***NOTE:** Bring Groups back together. Allow the individual groups to report their work and outline the lesson plan on the flipchart or board. Then invite input from the rest of the participants. Discuss the various aspects of the lesson presented, looking at how the lessons match the stated goals. Use the format group report discussion.*

***NOTE:** May need to remind participants throughout the process that this is not a riding or horsemanship lesson it should be based on the needs and goals of the individual's IEP or treatment plan. Remind them to allow for the therapeutic or learning moment. Be sure you give them feedback during the group discussion and acknowledge whether their lesson plans were set up to accomplish these goals within a reasonable timeline. (Most novices tend to design a too elaborate plan that does not allow for a successful outcome.)*

Use this as a way to teach the difference between IEP and Treatment plans.

SUMMARY

What did you learn?

Open up to discussion:

- Discuss how they collaborated.
- Examine the different perspectives
- What information did you want? How would you get the information?

PPT SLIDE 76

End of Second Day: ES presents and leads the discussion.

Today we talked about Equine Behavior and Ethics and Designing Therapeutic Activities based on treatment or educational goals.

- Equine as partner vs. tool
- Horsemanship lesson vs. Meeting therapeutic goals
- Equine behavior & Ethical treatment of equines
- Designing Therapeutic Activities

What did you learn?

What will stay with you?

Does anything in particular stand out for you?

Will this influence how you look at and treat the equines in your program?

Yesterday you learned about:

- PATH Intl. Standards and Ethics
- Confidentiality in a mental health and learning environment
- Role of the Equine Specialist in Mental Health and Learning
- Relationship Building
- Triangle and Diamond Models
- Beginning of Equine Behavior & Management
- Dealing with Grief Over Loss of Program Animal
- Animal Abuse
- Creating a therapeutic environment in the barn

Third Day:

Tomorrow focuses on collaboration with therapeutic team where you learn to synthesize all the parts. Tomorrow we will be outside for most of the day, so dress appropriately. Just as a reminder that everyone is deeply engaged in the workshop, which is fun and great to see. The intensity of taking in so much new information and processing it often leave us feeling overwhelmed and exhausted. Know that this can happen and often it is a good time to let it go and nurture yourself. Please leave your name badges here. Enjoy your evening.

PPT SLIDE 77 [pic]

Unit 5

LESSON 5.1: Building Collaboration: [Slides 78-83](#)

Presented By: ES Faculty directs, MHP assists, Duration: 2-2½ hours

This unit should synthesize the entire course, bringing together the previous 4 Units:

- *Maintaining PATH Intl. ethics and standards.*
- *Creating and maintaining a therapeutic environment.*
- *Equine behavior and management and the ethical treatment of equines.*
- *Designing therapeutic activities with the MHP or Educator.*
- *Show the student how to combine it all into a collaborative piece.*
- *In this unit the student will actually experience the collaboration through an exercise and role plays.*

Lesson Overview:

This section will define the partnership between the mental health professional and educator and the Equine Specialist in Mental Health and Learning.

Lesson Objectives:

5.1, 5.2, 5.4, 5.3, 5.5, 5.7, 5.8, 2.5, 2.4.

Learner Objectives For Lesson:

This lesson will help the students to define the type of role they wish to have in an ESMHL partnership. We will discuss roles, parameters, goals, variables and issues and various ways the collaboration can or should be set up. Throughout the discussion we will emphasize the importance of a solid relationship to ensure close communication and a clear understanding of roles to provide the best quality service to the client.

Material Required:

- *“Mental Health Professional + Horse professional = Value Greater than the Sum of It’s Parts.” Sokolof and Stuart, STRIDES Fall 2004.*
- *Display at front of class: Relationship Models and Equine Ethics Statement*
- *Flipchart and markers needed.*

Reference:

- *“Mental Health Professional + Horse professional = Value Greater than the Sum of It’s Parts,” Sokolof and Stuart, STRIDES, Fall 2000, [Student Manual p 118](#)*
- *Volunteer Training [Student Manual p 105](#)*
- *Crisis Intervention by Susanne Haseman [Student Manual p 83](#)*

ES: Introduction:

- *Today you will synthesize all the parts of the Equine Specialist in Mental Health and Learning.*

- You have learned how to:
 1. Create a therapeutic environment.
 2. Understand how equine behavior provokes client issues.
 3. Understand how to maintain PATH Intl. ethics and standards including the ethical treatment of the equine.
 4. Design appropriate exercises based on the IEP or mental health treatment plan.
- Today you put all that together with the other members of the team to meet therapeutic goals.

Building collaboration between the ESMHL and the MHP or Educator

Partnership

No Matter what kind of partnership setup you have, there are some common threads. What are they?

PPT SLIDE 78: Building Collaboration

You Must Define Your Roles Prior to Working With Your Students:

- Who is in charge of what? (Ask who would be in charge of the following and why?)
- Horse safety, physical and emotional
- Student physical safety
- Student emotional safety
- Volunteer training
- Volunteer physical safety
- Volunteer emotional safety
- Therapist/Educator safety
- Facility safety
- When are the roles reversed?
- Therapist's eyes may intuit when equine is in an unsafe situation with the student/client before Equine Specialist in Mental Health and Learning knows. It is important to be able to leave your ego at the door and trust your partners.

Who Evaluates Students for Intake Into Your Program?

- Do you do this together or does one of you interview and discuss with the other or are students and paperwork just sent?
- Should you set parameters ahead of time such as no fire setters in the barn, no students with history of animal abuse, what about weight limits?
- How does the team work together to turn the treatment goal or IEP into the lesson plan? Do you have a pre-session discussion? Who explains the metaphor to the student?

PPT SLIDE 79: Building Collaboration (cont'd)

How Do You Deal With a Crisis?

- Student. Will the mental health professional or educator take one client/student aside and leave the ESMHL to continue with the rest of the group? Is this ever appropriate/not appropriate? Will all students be removed from equines, stalls, and barn? Why?

- Equine. What happens if an equine needs to be removed from the situation? Who does it and what happens to the rest of the group? (Depends on the equine experience of the mental health professional or educator and volunteers)
- How do you resolve differences of opinion when in session without creating a negative experience for the student?
- How do you handle when the horse is not at risk but the ESMHL wants to change something and the mental health professional feels it is better left alone? i.e. horse walking too slow.
- Can the mental health professional/ESMHL relationship model a functional relationship to the students?
- Are there times when you discuss disagreements right on the spot and times when you wait for processing? (Examples)

PPT SLIDE 80: Building Collaboration (cont)

Who Takes Care of the Documentation?

- Do you both make notes or just one of you?

Who Trains the Volunteers?

- What are the volunteers allowed to do? i.e. remain quiet, interact with students, when to alert the Equine Specialist in Mental Health and Learning or mental health professional or educator to unusual behavior or comments, questions.
- Who defines the boundaries?

How Does the Team Process After Sessions?

- Sit together and discuss
- Talk on the phone
- Will the volunteers be present
- Are there confidentiality issues

PPT SLIDE 81: Building Collaboration (cont)

How Do You Keep Yourself Emotionally Safe and Healthy?

- Massage, acupuncture etc.
- Ride, take lessons, trail ride with buddies etc.
- Yoga, Meditation etc.
- Traditional mental health therapy
 - Are you able to set good boundaries and help the volunteers do the same?
- Can you call the mental health professional if there are disturbing sessions?
 - Are you willing to let the mental health professional know if you are upset by the sessions?
- Would you be willing to seek counseling if your own issues bubble up?
- Talk about boundaries within the team. The ESMHL cannot use the MHP as a personal therapist. She can be a support person but not you counselor.
- Can you keep your personal issues from coloring the outcome of the session?

- Compassion fatigue
- Vicarious trauma

Reference articles from [pages 120-124 in student manual](#)

PPT SLIDE 82: Building Collaboration Cont. (Note: expose just one concept at a time)

In order to function as the ESMHL and as part of the team you must:

- 1) Be an advocate for the equine partner and keep him safe.
- 2) Keep MHP, Educator, volunteers, and clients safe.
- 3) Be flexible. Work with what you have on hand. Some days the environment may not be conducive to an activity due to an excited horse, bad weather, or the condition of the student or self. Even the most well thought out therapeutic activity must regularly be adjusted when you work with mental health clients and horses. This should be a familiar concept to any equine professional.
- 4) Be able to give and take control with the therapist/educator when appropriate, while still keeping the situation safe.
- 5) Remember that while we wish to use good horsemanship practices and teach proper horsemanship skills, the primary goal might not be the horsemanship lesson.
- 6) Remember that no matter how much you learn by doing, you are not a therapist or an educator and must not practice as such.
- 7) Interpret and communicate the meaning of equine behavior to the therapist/educator in order for the equine to be a full partner.
- 8) Communicate nuances of student/client behavior while in session to educator/therapist.
- 9) Respect and trust your partners, therapist/educator, equine and volunteers.
- 10) Recognize the therapeutic/teachable moment.
- 11) Utilize techniques to relax and decompress an equine after a difficult therapy session.
- 12) You must take care of yourself as well

Unit 5

LESSON 5.2: Collaboration Exercise & Role Play

Presented By: ES Faculty presents, MHP assists, Duration: 2 hours

Lesson Overview :(for faculty only)

This exercise is designed to give the students a feel for collaborating with the equine facilitated mental health or learning team. Students will have an opportunity to experience the team without worrying about a real client or student. Students will also observe other teams interacting in collaboration. After all students have participated, the whole group will process the exercise and experience the processing part of the partnership.

Lesson Objectives:

5.1, 5.2, 5.3, 5.5, 5.6, 5.7, 5.8, 5.12.

Materials Required:

- *ES needs to bring glasses and blindfolds with them to workshop. As well as a lead rope in case the student does not want to be touched.*
- *Small riding ring or part of large ring*
- *6 blindfolds (neckerchiefs) and 3-4 pairs of Fit over sunglasses with bottom and middle of viewing area taped so that wearer cannot see directly in front or down without turning head.*
- *Obstacle Course (4 cavaletti, 12 jump poles, 4-6 barrels or cones, bridge or enough boards to create at least a 4' x 6' deck on the ground). Or a variety of other items to make an obstacle course as long as it is safe and consists of 5 obstacles.*

Lesson Overview:

This exercise is led by the ES. The MHP aids in setting up as needed by the ES and assists in processing the experience.

This exercise/role play has assigned roles for all students. Each 4 person team consists of:

- *1 blindfolded client*
- *1 equine w/altered glasses*
- *1 ES*
- *1 mental health professional or educator.*

The team must navigate through a course of obstacles. The client and the equine are each given an assignment that will create a dilemma. This exercise encourages dialogue and some real soul searching. Discussion and processing takes time and is very effective for defining roles, relationships and responsibility. Note that the processing will be done first in the teams. Then each of the members will be asked to process their particular role. It is important to model each of the roles in this example of the diamond model.

The lesson starts at the gate, not before. Participants should not discuss this and must not overdo their roles.

Set-Up:

Ahead of time

- 1) *On the day before the workshop starts, ask to see the item choices for the obstacle course. Also, look at the choice of rings, indoor and outdoor to decide which area lends itself to this exercise. There should be a room or area where the students/clients can wait to be picked up for their session/lesson without observing the other sessions. It is preferable that they cannot hear the exercise either but that is not always possible. There needs to be a separate area for the horses to wait. It is preferable that they cannot see the obstacle course. Both of these areas should be as close as possible or the exercise tends to take too long. Remember, by the end of the*

exercise, all but 4 of the students will need a large enough area to observe the exercise without interfering.

- 2) On the second day of the workshop ask if anyone gets migraine headaches and note which students are wearing glasses inside. Students who tend to have migraine headaches should NOT be assigned the role of the horse due to the altered glasses. Students wearing glasses might not be able to wear the altered glasses if their glasses are large and will not fit under them. During Lesson 4.1, while the teams are designing the Lesson Plan, the ES Faculty should go to the ring and design the obstacle course using the list of obstacle choices from the day before the workshop begins.*
- 3) Arrange to have the center volunteers to help set up the obstacle course at the end of the second day. If possible, set it up after the students have left so they will not see it or know it is to be part of their exercise.*
- 4) At the end of the second day, the faculty should meet and assign roles, dividing the students into teams of 4 (ES, Equine, Client or Student, and MHP or Educator) using the information from the student assessment during the introductions to ascertain how many Educators and MHPs are available as you will need one or the other for each team. By this time, it should be apparent that some students need to experience the client/student role, the ES role or the equine role and some need to practice collaboration skills and experience how difficult it can be. If the number of students is not divisible by 4, workshop or center volunteers may be solicited. They should play the role of the horse or possibly the client.*
- 5) There are three sets of EAL issues and three sets of EFP diagnoses for a total of six choices for teams. Decide which team will deal with which issue or diagnosis and the accompanying equine reaction.*
- 6) Cut up the strips with the issues, diagnosis, equine reactions and client actions. The MHP Faculty should take the pile for the therapeutic team, and the Equine Specialist in Mental Health and Learning Faculty should take the pile for the Equines and Clients.*
- 7) The ES should draw a map of the obstacle course and make a copy for each team and one each for the faculty. Each member of the faculty should have a list of the teams, including the equine and client and the issue or diagnosis as they tend to forget.*

To Set Up the Exercise with the Students:

- 1) Ask if any of the students would have trouble physically navigating an obstacle course. If so, see if they can play the role of ES.*
- 2) Tell each participant the number of their team and whether they are the equine, client, ES or ED/MHP.*

- 3) *Read the introduction and purpose to the students.*
- 4) *Send the equines and client/students off to their respective waiting “rooms.”*
- 5) *Keep the Equine Specialist in Mental Health and Learnings and MHP/ educators in the classroom.*
- 6) *The MHP Faculty will give the ES and MHP/Ed the slip with their client’s issue or diagnosis and read the appropriate “Notes” to them and answer questions. When this is done, the teams can be directed to the obstacle course to study it and form a collaborative team for at least 5 minutes.*
- 7) *The ES will go to the Equine and Client/Student groups and give them the slips with their their roles and answer questions. If needed, the MHP might visit the clients to clarify roles but they should not be told their diagnosis.*
- 8) *When the ES and partner teams have had at least 5 minutes and the equines and client/student groups are prepped the exercise can begin. Tell Group 1 they can retrieve their client and equine.*

During the Exercise:

- 1) *Faculty should observe behavior and listen to what is being said. You should especially watch how they interact as a team and note if the equine gets enough attention. Make notes for processing afterwards. Make sure that everyone is proceeding in a safe manner and help to expedite the “passing” option. Once a team is past the first obstacle another team can be sent onto the course. If a team takes more than a few minutes to get their client onto the course, ask them to step away from the immediate path (track of the course) and continue with their session so that another team can begin. Occasionally there will be several teams trying to convince their client and horse to approach an obstacle. Depending on how many teams there are, it should not take more than an hour to complete the actual exercise.*
- 2) *Immediately after the last obstacle a Faculty member should stop the team, collect the glasses and neckerchief for the next team. Remind them to make notes about the session but not to talk amongst themselves about it or process it as we will do that together. Remind them to silently observe the other teams and make notes about what they see for follow-up processing.*
- 3) *The therapeutic teams are limited to 20 minutes on the obstacle course from the time the team is allowed on the course. The participants do not know there is a time limit. The faculty should be out on the obstacle course, observing behavior and listening to what is being said. You should especially watch how they interact as a team and note if equine gets enough appropriate attention. After all teams have each had 20 minutes on the course, you should go back to the classroom to discuss the exercise. Ask teams to sit together in the classroom. Although there is a time limit of 20 minutes on course, the teams are not penalized for not completing the course.*

Notes for the MHP Faculty to Read to the Equine Specialist in Mental Health and Learning and MHP or Educator teams:

You have a client or student that you have worked with before. You know their diagnosis or issue but they do not and should not be told. They have worked with their horse before today. They have never done an obstacle course. **They are to lead, NOT RIDE, their horse.**

They will use the arm as a lead. They will not have a lead. The obstacle course is to help them work on some aspect of their treatment plan or IEP. They will be wearing a blindfold to simulate the insecurity and vulnerability that clients or students feel when they come to the barn to work with a horse for therapy or learning. They are NOT BLIND clients. The equines are typical PATH Intl. therapeutic riding program horses. They are reliable, well behaved and kind but may react when the client/ student acts out as any therapy horse might. The equines will be wearing altered glasses to simulate the way an equine sees. The session starts at the entrance to the obstacle course (inside the gate if there is one) and not before. The therapeutic goal is to help the client to understand how to communicate with the horse to get cooperation. The objective is to have the student to lead the equine through the obstacle course. If your group is slow moving, please move off of the track of the course so that other groups may pass. As soon as the exercise is complete, you should make notes about the experience. DO NOT DISCUSS THE EXERCISE WITH THE TEAM. WE WILL ALL PROCESS TOGETHER. After that, SILENTLY, observe the other teams and make notes for processing afterwards.

Notes for the Equine Specialist in Mental Health and Learning Faculty to Read to the Equines:

You are typical PATH Intl. therapeutic riding horse. Normally you are reliable, well trained and predictable but sometimes you might be disturbed by the client/student behavior or by the session in general and you may react as any therapy horse might. You have worked with this client before and may or may not have connected with them. You have been at this center for several years and trust the Equine Specialist in Mental Health and Learning. You will be wearing altered glasses to simulate the way an equine sees. You must stay in this room until your Equine Specialist in Mental Health and Learning comes to take you to the ring. The session starts at the entrance to the obstacle course (inside the gate if there is one) and not before. **Keep it safe** but real. Try and get into the role and give yourself a chance to experience how our equine partners feel in this situation. As soon as the exercise is complete, you should make notes about the experience. DO NOT DISCUSS THE EXERCISE WITH THE TEAM. WE WILL ALL PROCESS TOGETHER. After that, SILENTLY, observe the other teams and make notes for processing afterwards.

For the Equine Specialist in Mental Health and Learning Faculty to Read to the Clients/Students:

You will work with an ES and MHP or educator that you have worked with before in the riding center setting. You have also worked with the same equine and you may or may not have established a connection with any of them. The equine is a reliable, well behaved and kind therapeutic riding horse. You will be wearing a blindfold to simulate the uncertainty of participating in an equine facilitated mental health or learning program. This is a metaphor for the client or student who doesn't know what to expect when coming to a barn for therapy or learning help and has to learn to trust the mental health professional or educator, Equine Specialist in Mental Health and Learning and equine in a strange setting. You are NOT blind. You must stay in this room until your mental health professional/educator comes to take you to the ring. The session starts at the entrance to the obstacle course (inside the gate if there is one) and not before. **Keep it safe** but real. Try and get into the role and give yourself a chance to experience how our clients or students feel in this situation. As soon as the exercise is

completed, you should make notes about the experience. DO NOT DISCUSS THE EXERCISE WITH THE TEAM. WE WILL ALL PROCESS TOGETHER. After that, SILENTLY, observe the other teams and make notes for processing afterwards.

NOTE: Have the teams sit together when they return to the classroom. Process in teams by role starting with the MHP/ED, ES, client/student, then equine.

Collaboration Exercise

SAMPLE OBSTACLE COURSE:

- 4 RAILS
- 5 UPRIGHT POLES/ JUMP STANDARDS/ CONES
- 2 CONES
- BRIDGE
- 4 CAVALETTI

Students are given the handkerchief to use as a blindfold and are not allowed to see the course before attempting it:

- *The Equine Specialist in Mental Health and Learning and the mental health professional or educator are introduced and told that they are to lead their team through an Obstacle Course. They should be told that they have a client or student and a reliable therapy equine who might respond as any equine might when the student/client acts out. They have worked with the client and equine previously but never in an obstacle course. They may take 5 minutes to look at the obstacle course.*

The therapeutic goal is to help the client understand how to communicate with the horse to get cooperation. The objective of the session is to get the student to lead the equine through the obstacle course.

Lesson 5.2: Collaboration Exercise

PPT SLIDE 84: Collaboration Exercises and Role Plays

ES FACULTY READS: INTRODUCTION AND PURPOSE

Carefully explain: This exercise is designed to give you a feel for collaborating with the equine facilitated mental health or learning team. It is designed to be accomplished, without the actual equine partner because it is likely to be confusing and possibly unsafe to the equine. Although there is a time limit of 20 minutes on course, the teams are not penalized for not completing the course.

You will have an opportunity to experience what it feels like to be a horse, a client, the ES or the mental health professional or educator by role-playing one of them. When you finish role-playing, be sure to make notes about your experience. Please do not discuss this amongst yourselves, yet.

When you are not role-playing, you will be observing others in challenging situations. Pay careful attention to what it means to be an ES in these situations of challenge. When you come off the course, please do not discuss this with your groups. This will be discussed later.

Exercise:

Teams proceed through a short obstacle course, a reasonable distance apart. Instruct teams to pull over for over-passing teams.

Note: The teams who have finished individual team members make notes on their own experience, and then observe other teams and make notes for feedback during processing. They will need a pencil and paper to write on.

The therapeutic teams are limited to 20 minutes on the obstacle course from the time the team is allowed on the course. The faculty should be out on the obstacle course, observing behavior and listening to what is being said. You should especially watch how they interact as a team and note if equine gets enough appropriate attention. After all teams have had 20 minutes on the course, you can go back to the classroom to discuss the exercise if needed.

Ask teams to sit together in the classroom. Process one team at a time in order of: ED/MHP, ES, client/student, horse, observers, faculty. Tell the whole class that they will be allowed to speak in that order and also **please** do not describe step by step, but focus on the following questions. Faculty must figure much time each group/person is allowed based on time allotted and number of groups.

Discussion:

In brief:

- WHAT DO YOU REMEMBER FROM THIS EXPERIENCE?
- WHAT WAS IT LIKE TO BE THE MHP OR EDUCATOR?
- WHAT WAS IT LIKE TO BE THE EQUINE SPECIALIST?
- WHAT WAS IT LIKE TO BE THE CLIENT/STUDENT?
- WHAT WAS IT LIKE TO BE THE HORSE?
- WERE YOU INSPIRED TO TRUST THE ES, MENTAL HEALTH PROFESSIONAL OR EDUCATOR, CLIENT?
- HOW DO YOU THINK YOU DID IN PREPARING FOR YOUR EXERCISE AS A TEAM?
- HOW WELL DO YOU THINK YOU EXECUTED/COLLABORATED YOUR EXERCISE AS A TEAM?
- DID YOU FEEL YOU HAD A CONNECTION WITH THE HORSE?
- WHAT WAS YOUR THERAPEUTIC OBJECTIVE?
- HOW DO THE REST OF YOU (the rest of the class) FEEL THIS TEAM WORKED TOGETHER?

NOTE: OTHER QUESTIONS OR DISCUSSION AS TIME ALLOWS

ADD: THIS EXERCISE IS NOT APPROPRIATE FOR CLIENTS OR STUDENTS. THIS EXERCISE IS COPYRIGHTED BY HORSEPOWER, INC AND MAY NOT BE USED FOR FINANCIAL GAIN.

ES AND MHP CAN MAKE A SHORT ASSESSMENT OF EACH TEAM AS YOU GO AROUND THE ROOM.

Lesson 5.3 Role Play for Practicing Collaboration: (duration 1 ½ hrs)
Lesson Overview: (for faculty only)

1. 5.1: Who's in charge; collaboration in the EFP/EAL environment.
2. 5.2: Changes in participant behavior and risk assessment
3. 5.3: Knowing which questions to ask
4. 5.4: Documentation for EFP/EAL sessions

Materials:

Helmets for those in role play scenarios if policy of host site

NOTE: *to be addressed after collaboration exercise and before lunch:*

When setting up the role plays for Sally and Jose before lunch: Ask each of the participants if they can role play, get commented on, and also observe and state their experience. Remind them that these exercises can trigger very strong emotional responses and each person should be very aware of their feelings. Faculty must be very sensitive to the emotional state of the participants.

For the role of Sally, ask if they can role play and keep a boundary within the role. Tell them that this is an intense role to play out - that it can bring out a lot of feelings. Read through the role play. They must fully understand what the role play will be. If the participants feel it is too much for them to get into the role, the MHP should play the role of Sally.

NOTE FOR FACULTY ONLY: *The participants may be tired and emotionally drained. Safety, Safety, Safety! Make sure they are kept safe. During and after the role play, both ES and MHP should speak to the group about what wonderful risk takers they are. Load on the positives.*

Lesson 5.3 Directed and processed by MHP with ES assisting

ROLE-PLAYS FOR DAY 3

PPT SLIDE 86: SALLY : Example of EFP session in Diamond Model

FACULTY NOTES: Be sure to revisit the learning objectives before setting up this role play.

MHP needs to take Sally aside and make sure the participant is willing to play this role and tell her she needs to stay in role but do not get out of control.

After the scenario is over make sure that Sally apologizes to the horse and make sure that the horse is okay or the center staff should de-stress the horse.

Be sure to remove horses before processing the exercise.

This is an EFP session in the Diamond model and a group facilitated session. This scenario is more difficult. This situation did happen to one of our colleagues. It shows how important it is to assess and to work within the limits of the training that you have.

SET UP: Make sure that the observers are quiet and do not distract the participants

IMPORTANT NOTE: When Sally throws the chair, this must not be overdone. All participants must be kept safe in this role play.

LEARNING OBJECTIVES FOR SALLY ROLE-PLAY:

- 1) Roles are clearly defined in this role-play. The MHP orchestrates people and horses around settling Sally while the ES takes charge of other students, engaging them at a safe distance from the fracas. The ES has the important task of keeping 2 other students and horses occupied and safe while an unpredictable situation ensues around them. The MHP must rely on clinical know-how and strategy as well as holding techniques to quiet a potentially dangerous situation. For the most part however, it is the MHP who directs the intervention, calling suggestions/orders to the ES and then allowing this individual to do her job. There is liability associated in dealing with a volatile population and in using physical restraints and while the ES is responsible for the safety of the equines and students, ultimately it is the MHP who must contain the client and reduce the risk of bodily harm to any participant.
- 2) Assess, assess, assess! Sally's initial opposition did not necessarily indicate her subsequent acting out. The changes were noted by the MHP, who related to the ES the need to take over the other students and horses in order to devote all energies on Sally. The fact that the child was contained and no one got hurt has to do with on-going risk assessment that is de rigueur with any clinical intervention and is of particular importance with EFL.
- 3) Questions are not asked so much as specific and vital information exchanged. Quick, direct and in many ways, abbreviated verbalizations between ES and MHP are indicative

of seasoned professionals who also have worked as a team for some time. Information exchange is critical in EFP/EFL sessions and must occur as the situation changes, with indications that a plan has been discussed previously and that each individual is secure in her role and knows what to do. Questions asked to Sally in order to help calm her tantrum are clinical interventions that indicate basic de-escalation strategies which can be used with a variety of students in a variety of situations.

- 4) Documentation for such a situation will include clinical case notes as well as rider notes. An incident report needs included since there was a physical restraint. These sorts of documentation will have been discussed previously and will be restated during processing.
- 5) Participants process this scenario.

SALLY 12 yr old, issues associated with Bi-polar and Oppositional-defiant Disorder

Scene: Sally comes to therapy disinterested, preoccupied and oppositional. She has not attended school very often recently and when she does, she causes problems for herself and others. Sally usually is eager to groom and tack up Smokey, but today is lackadaisical about grooming and less eager over tacking up. Smokey reacts to her touch, which is less comforting than usual. Sally becomes agitated when this is brought to her attention and she is asked to breathe and slow her movements. Her agitation reaches a critical point when Smokey refuses to open his mouth for the bit and the instructor shows Sally how to use her finger in the empty space to open it. Although Sally has done this before, today she balks and makes a big deal out of it. The therapist suggests a time-out, which Sally refuses. She is asked again to open the horse's mouth and this time says "O gross" and backs up. The therapist escorts Sally to some chairs about 15 feet away and asked her to take a time out. Therapist and ES confer via body language. Sally remains seated for a moment then jumps up and runs off. Sally's mom chases after her while the therapist walks and talks to Sally about self-control. Sally jumps on the horse trailer and climbs up the side. She is told to come down and given reminders to breathe. Sally's having fun flustering the adults. She then jumps off the trailer, goes back to the chairs and begins to turn them over. Sally starts to yell and escalate. The therapist asks one of the ESs to move the horses and other students away from the situation and to continue their lesson. Sally screams; the therapist comes from behind her to hold her arms. Sally tries to bite the therapist, who then puts her on the ground in a restraint. This continues for as long as it takes for the "mom" to do her part. Sally's mom, who is a nurse, calls the doctor who prescribes an IM injection to calm Sally down. Sally's mom, who must regularly deal with this behavior, had this medication in her purse.

While the above is occurring, the 2 TRI with ES training are herding 2 other riders and 2 other horses away. The riders have watched the whole thing, have questions and want to know what's going on. The instructors have been told to teach, maintain order and safety and to re-direct questions. One instructor touches base with the therapist on a couple of occasions to see if she needs help. Two other parents are watching.

Needs:

- 7 Actors- Sally, 2 TRI w/ ES training, therapist w/ training in crisis therapeutic intervention, Sally's mom who is an RN, 2 other students
- 2 – 3 horses with halters and leads
- Saddle on Sally's horse and 1 bridle
- Grooming bucket & tack for the other 2 horses
- Grooming bucket for other horses
- Plastic chairs (for time out)
- Something designated as the trailer

FACULTY NOTE: This exercise can bring up a lot of feeling and staff needs to support all participants. Offer a supportive statement after the exercise is over to lighten things up.

Questions to consider for Sally Scenario:

- What was it like to watch?
- Let's look at this from the perspective of past, present and future. Or, prevention, response, remediation.

What do you think could have been done to prevent this?

- Separation from parent
- Screening
- Session check-in
- Eligibility parameters for entrance to your program
- Additional ES, staff and/or volunteers

What was the quality of the response

- How well were the horses cared for
- How well were the other clients attended to
- How was the quality of the de-escalation by the MHP
- How well did the ES and MHP maintain their roles

Now that the situation has occurred, what should be done now

- Resolve the restraint, MHP apologizes to Sally, had to
- Problem-solve for the future
- Decide whether to continue with EFP at all, with EFP in group, or individual
- Check in with other clients re Sally returning to the group; if so have Sally apologize to the group
- Decide policy regarding parents on site
- Support staff and debrief
- Care-take your horse, staff, volunteers, each other
- This is a worst-case scenario. What training do you need to have to ensure safety for an EFP program or during therapeutic equine activities for “at-risk” clients in your barn?
- What kinds of questions would you ask MHPs that you are interviewing to work with in your EFP/EFL program, knowing this sort of thing could happen?

WHEN WORKSHOP PARTICIPANTS WANT TO KNOW.....

The ‘Sally’ role play is powerful and frequently elicits potent, sometimes upsetting feelings in participants. Some want to know the outcome, since it is based on a real-case situation. They can be told that the restraint was long and in the end, while Sally was groggy with the IM injection and exhausted from the struggle she did manage to say “I’m sorry”. The therapist acknowledged this as well. Sally was also told that she would not be allowed to hurt herself or anyone else while at the facility and that the therapist and staff would do everything possible to keep her and others safe. Sally was told that she is cared for and that when she thinks she can maintain better control, she is welcome to return. Sally did return the following week, more positive and able to process.

PPT SLIDE 87: JOSE: Example of the diamond model – Jose, ES, horse, Educator

FACULTY NOTES: Be sure to revisit the learning objectives before setting up this role play.

LEARNING OBJECTIVES FOR JOSE ROLE-PLAY:

1. The instructor with ES training is often in charge with the educator off premises. This individual takes the IEP from the school/group home and designs interventions to facilitate the changes. While a scenario such as this might not be planned (see 5.2), it can fit nicely into the education goals. For Jose this meant self-control, respect for others and paying attention to his surroundings. Collaboration is implied (and discussed beforehand when introducing the models and in previous role-plays and discussions) with regard to following an IEP that is translated into an EFL lesson plan. Collaboration is further indicated in the ES’s awareness of the equine’s needs and her/his acceptance of its behavior; there is no force or demand to comply, but cooperation with regard to the equine’s need to feel safe and confident in who approaches.
2. In a novel situation such as this, the ES must determine if the student is capable of the patience necessary to meet the equine on its terms. Risk assessment comes into play with respect to knowing the student’s frustration tolerance level as well as the equine’s likely response to being pursued. This is certainly a case where on-going assessment of student, environment and equine is crucial in order to maintain both safety and a therapeutic intervention. Assess. Assess. Assess!
3. The ES asks Jose about what the equine may be experiencing as well as his own thoughts (any mind-chatter?) and behavior, on-going. Since Jose needs to learn about self-control and respect, this is critical. Jose’s frustration, anger and sense of futility in catching Frank can be addressed in terms of how the other students in his classroom experience Jose when his frustration turns into disruptive behavior. How to ask the questions should also be examined, for example open and closed question that can be answered with a yes or no

vs. an open-ended question that invites thought and discussion. The student (Jose, for example) is encouraged to ask questions as well in order to clarify his experience and to better strategize his goal.

WHEN WORKSHOP PARTICIPANTS WANT TO KNOW.....

In the actual situation, Jose's predatory act of low-motion chase of Frank over a wooded 7-acre field was like watching a cat stalk a bird. He would get close, only to repel the horse with his simmering anger. This went on for over an hour. Jose's goal was to learn self and other awareness, how his feelings influence those around him and create an environment either conducive for cooperation or one of fear. Jose often repelled others with his anger and so this was an "in your face" encounter that without words or judgment, gave the youth abundant information regarding his poor internal control and lack of awareness, and how he pushes others away and loses connections with his negative energy.

The ES will have an established relationship with Jose as well as a working knowledge of his IEP.

NEEDS:

- 3 Actors- Jose, instructor w/ ES training, Educator
- 1 horse that could be difficult to catch
- Halter and lead

JOSE: Age 16. ADHD and Anxiety Disorder Diagnoses. Jose is a junior in high school

Jose can be disruptive in class – talking with peers, leaving his seat, calling out random questions to the teacher without raising his hand and at times, threatening a fellow student he finds annoying. Jose's IEP specifically identifies his disruptive behavior with goals associated with learning self-control and respect for others.

Scene: Jose comes to his lesson today, with his Educator, agitated over school, living in a group home and life in general. He is animated, cussing, frustrated and needs several reminders by both Educator and ES to breathe and calm down. Jose talks with both individuals about having self-control and respecting them and his horse by calming down and paying attention to his breathing and his surroundings. After a few moments Jose has calmed down considerably. Taking a couple more deep breaths, Jose tells his ES that he is ready to retrieve his horse. Jose has been working with his horse, Frank, for a few months and so is aware of the equine's tendency to shy from strong emotions. Jose believes he has quieted himself enough to be able to halter Frank, his horse. The ES and Jose proceed into the field to find Frank. Jose is given periodic instruction to breathe, slow his movement and clear his mind.

In the actual situation, Jose never caught Frank; he stayed in his head (had an agenda/mind chatter), which prohibited creating a connection. The instructor supervising the session was given the directive not to help Jose catch Frank, but to maintain safety. Possible outcomes:

1. Jose doesn't really settle down and so is not able to catch Frank. The ES then invites the parallels between this encounter and what often occurs at school.
2. Jose is able to remain calm, listen and attend to his horse's needs and put the halter on Frank and lead him to the barn. The ES then gives positive feedback and encouragement. The ES further suggests parallels between the self-control Jose exercised to get his horse and how this could be taken into the classroom.

Either of these scenarios could be appropriate to meet the goal for the Diamond Model role play. Things to consider:

- As the Equine Specialist in Mental Health and Learning you need to be able to determine the horse's mood and have some idea how Jose is doing in order to advise on the most appropriate course of action.
- The horse's behavior during the role-play will set the stage for how things play out.
- Safety first. If the Jose actor is "too good" the horse participating in the role play may be triggered by the abrupt emotion. There is also the issue of incongruence, that being a quiet person playing Jose and the "faking it" presented to the horse inviting incongruence the equine could find unsettling. Be aware of the horse's body language and at all times, checking for cues of distress.

QUESTIONS TO CONSIDER FOR JOSE SCENARIO

- SHOULD THE ESMHL HAVE INTERVENED AND HELPED JOSE CATCH THE HORSE?
- SHOULD THE ESMHL HAVE GONE UP TO FRANK AND PET HIM, OR OTHERWISE ENGAGE HIM (IF SO, FOR WHAT REASON?)
- HOW MUCH TALKING TO JOSE SHOULD THE ESMHL HAVE DONE? SHOULD THE ESMHL GIVE JOSE TIPS? SHOULD S/HE GIVE A LOT OF REMINDERS ABOUT FRANK'S ANXIOUS NATURE? SHOULD S/HE COACH JOSE ON HOW TO CATCH HIS HORSE?
- HOW WOULD YOU ASSURE SAFETY IN THIS LESSON?

Be sure the role plays are adequately processed before moving on.

Lesson 5.4: Processing - MHP will process

This section should address the importance of processing lessons with the team: equine, ES, mental health professional or educator, client/student and volunteers. Time must be set aside for this after each lesson, or at least at the end of a day of lessons.

Helping the ES Process:

The MHP goes over how to deal with staff following a difficult interaction with a client. Emphasis is that while the occasional serious incident occurs, it is not the norm. Important changes occur in more subtle ways.

For example:

EFP interventions are clinically driven, the goal being helping the client change unproductive thoughts, feelings and behaviors into ones that are satisfying and beneficial. Clearly, Sally's behaviors and the thinking behind them are not productive; they hurt Sally and everyone around her as well as inhibit positive personal growth. When an individual such as Sally allows herself to become so agitated as to become a danger to self and others, it is the job of the psychotherapist to contain and redirect this behavior. Allies in this action are the staff, especially the ES, instructor and other supporting equine handlers. While the therapist needs to take charge of the out-of-control client, the ES/instructor must take charge of the horses and any other clients. SAFETY! SAFETY! SAFETY!

More the norm are subtle changes such as moving from talkative to quiet; animated to shut-down or the reverse, withdrawn to engaged. The equine's behavior will instantly reflect the energy shifts these mood changes create, offering immediate feedback as to how the client/student is affecting his environment and the individuals in it. It is the therapist's job to use the information from the equine and relate it to the client's life. It is the job of the ES to be sure the therapist 1. saw the equine's behavior and energy shift; 2. understands what the change in energy does to the equine's sense of security 3. keeps the client safe if the horse reacts strongly to the changes in energy by moving the horse or otherwise altering the situation as she/he sees fit.

Ask the participants for other examples.

Faculty Notes for Workshop Debriefing:

Note: Have the flip chart overviews available to review as you discuss the workshop's components in order to remind the participants of all they have been exposed to.

ES leads:

Ask the students to participate in this discussion and ask the following questions: Share the participant's feelings, and then continue discussion.

- What stands out for you from this workshop?
 - How will the information from this workshop translate into your program?
 - Will this affect how you see, and/or work with, the equines in your program?
- 1) *Processing will occur at the end of each day. It is a time to encapsulate the day's discussions/role plays/learner objectives. It is an opportunity for the participants to ask questions, make observations and request clarification. It is also a time to prepare learners for the following day by giving assignments or a brief description of what lies ahead. The instructors with ES trainings will give an overview and explanation so that learners begin to see the "bigger picture" and start to think like an Equine Specialist in Mental Health and Learning. This is an opportunity to gauge the class, their motivation, preparedness and ability to understand the presented concepts and make necessary adjustments to accommodate difficulties in any of these areas. It is also an opportunity for instructors to receive feedback (spoken and not) about their presentation and the quality of information and again, make necessary adjustments before the next class. Individual learners may be singled out or seek the instructors with ES training out for specific information or guidance. Meetings are scheduled as needed and as possible.*
 - 2) *Processing at the end of the training will involve addressing the "bigger picture". That is, how will the information garnered from this workshop translate into your practice? A broad overview of the three days will bring together all elements of the training with emphasis on the human-equine relationship (triangle and diamond) and the collaboration among participating workers.*
 - 3) *Support, encouragement, acknowledgment of participation and an invitation to seek further training will be offered. Important in this processing will be to attend to those who have discovered that this is not the area they wish to pursue; that their talents, interests and needs lie in other equine pursuits. It will be of great importance not to alienate these individuals, but acknowledge their honesty, insight and courage to go through the training. Problem solving and networking may help these individuals get better grounded in their decisions.*
 - 4) *Feedback from the learners to the instructors with ES training will be encouraged with an evaluation form completed by each participant. Emails and phone numbers will be compiled and exchanged in order for participants to follow through and receive mentoring as needed, when needed. It is a matter of keeping an open door.*
 - 5) *All participants will be encouraged to join PATH Intl., if not already members, and to attend the various conferences.*

PPT SLIDES 88 and 89

Debriefing and Final Comment:

(Faculty Note- This is not a cookbook!)

This course was designed to keep you hungry to learn. You constantly had to listen to and observe all that was going on around you. You learned how to be more sensitive to those around you and more observant of how all behavior effects the behavior of the equines when we are interacting with them. This course was designed to develop the ESMHL's powers of observation of both equine and human behaviors and learn the management of creating and maintaining the therapeutic environment. You should have a clear understanding of standards and ethics in the EFMHL setting and understand the importance of maintaining them. We hope that you are leaving here as the ESMHL knowing that you are the key to the horse, responsible for keeping the horse safe, and are empowered to be an essential partner in this work.

PPT SLIDE 89[pic]: Thank you for participating!

Faculty Note:

Hand out: Evaluation Forms, Certificates, Copies of PowerPoint

Appendix

Equine Specialist in Mental Health and Learning for Mental Health and Learning Workshop Detailed Schedule for Host Site:

The EFMHL Workshops are scheduled over a three-day period. The day starts at 8 AM and ends at 5 PM each day. There will be mid-morning breaks for 15 minutes and lunch in the middle of the day, about noon. The schedule with the basic needs is as follows:

Day 1:

- *8 AM start in classroom- Introduction, etc. Material needs: overhead projector, flip charts, paper, nametags, markers, student manuals, additional handouts, etc...*
 - *Break mid morning: water, tea, coffee /snacks available*
 - *Classroom continues*
 - *Lunch around noon*
- *1 PM in classroom*
- *2:30PM outside in an arena or paddock- “Relationship Exercise”. Needs: 3 horses (preferably who have been turned out together in the past) and halters, leads and brush boxes/groom kits. Horses returned to barn/paddock*
 - *Break*
- *5 PM finish after processing and wind-up*

Day 2:

- *8 AM start in classroom- overhead projector, flip charts, markers and handouts.*
 - *Break*
- *10:30 AM out to the barn/ arena- “Ethical boundaries/treatment for Equines”. Need: 2 horses (1 needs to be sensitive to grooming if possible) each with halter and lead and brush boxes. There will be 2 exercise/role-plays: #1- 1 sensitive horse to be groomed and #2-1 horse to be led or ridden.*
 - *Lunch around noon*
- *1 PM back in classroom for the afternoon.*
 - *Break*
- *5:30 PM finish after processing and wind-up.*

Day 3:

- *8 AM start in classroom- same materials*
 - *Break*
- *10:30 AM arena for “Collaboration Exercise” this will be role-play with human participants only. Needs: open area or arena with cones, rails or other obstacles to challenge those participating in the exercise.*
 - *Lunch*
- *1 PM out to the arena for implementation of assigned role-plays. Needs: 3 horses with:*

halters, leads, brush boxes, saddle, bridle and pads and helmets for participants.

- *Break after role plays and putting horses away*
- *Back to classroom: Session processing and windup*
- *5:30 PM Finish*
- *NOTE: Volunteer needs: 2 individuals/ day. One (or two) at a time to assist with: 1st day registration, locating and retrieving horses and equipment to help keep pilot on schedule, getting food out for lunch, possibly making copies of handouts, should we need more.*

1991

Dear Crackers,

How are you? I'm doing pretty well. I haven't gotten to go riding at all since I left Sierra Tucson. I hope your getting along O.K. I miss you a lot & I love you. I really wish we could be together & go running around in the forests up in the mountains. Or maybe just hang out riding around playing together in the field of dreams. But I suppose we aren't supposed to be together right now.... I need this time to work through & figure out my life. I want to thank you though. I feel that you helped me out a great deal with my early recovery. You showed me a great reason to want to be sober. If I was still using today I would probably be shot dead. I met you & you were so good to me. You taught me that there are so many things that I really love to do that I can't do when I'm using. I think one of the reasons that we were so comfortable together is that we are part of the same universal mind. We often think & especially feel alike. You have such a peaceful and pure spirit. I used to be very much like that just a few years ago. I just didn't realize that the hard times were learning experiences of life. I love you for showing me how to set my true spirit free.

Until we meet again

I love you

D. C.

EXERCISE: AWAKENING THE SENSES - 10 MINUTES - Either HP or MHP
by Trish Broersma, MA, LMT

Purpose/Introduction:

In our work this weekend, you will find that we repeatedly ask you to pay attention to details in the teaching environment that you may not have previously noticed. This requires that your senses be finely tuned to your horses, your students or clients, your coworkers, and the general environment. You are going to need ways to refresh yourself during the demands of your day, ways to awaken and refresh your senses. We'll begin now with an exercise that you can add to your toolbox for that purpose. After listening to this dry material about policies and standards and paperwork, it's a good time to refresh ourselves.

Exercise:

Stand up for a moment and stretch, reaching high to the sky, and down to your toes. Gently twist side to side, turning your neck to look behind you. Then gently slap one arm up and down arm, moving up to your shoulder, allowing your sense of touch to awaken. Slap the other arm, then each shoulder. Slap your hips and move down the outside of your legs down to your feet and then back up again on the inside of your legs. Slap your belly and chest. Pause a moment and just shake your whole body gently. You may notice a kind of tingling as your muscles gain more circulation. With your fingertips, tap gently at the two points in the little indentation at the top and to the side of your sternum, just where it joins the collar bone. Then tap a little lower down on your sternum. Then the point on your ribs that is in a straight line down from your nipples. Then reach around with one hand and then the other to tap the point under your armpit that is just in line where most of you are wearing a bra. Shake out your arms.

Then let's awaken and cleanse some of the other senses. Close your eyes and let your fingers tap lightly around your eyes on the bones and then let them rest lightly on your eyelids. Imagine that they are reaching deeply into your eyes and soothing any tiredness or burning you may have experienced from all the reading we've done this morning. At the same time you are sharpening your eyes for our work later with the horses and out of doors so that your eyes pick up the many details that will be coming your way.

Then move your hands to gently cup around your ears and gently stroke your earlobes and outer ear if that feels good to you. Imagine that those fingers are reaching into your ears and clearing out anything stopping up your hearing. The middle ear and inner ear perhaps feel a kind of clearing breeze blow through, moving away the cobwebs of fatigue.

Then move your fingers to the bridge of your nose and lightly tap for a moment and then let your fingertips just rest there a moment while you imagine the air you breathe in right now bringing refreshment and cleansing to your sinuses. You begin to notice the rich variety of

fragrances all around us, in their subtle detail.

Then gently open your mouth and with your fingers lightly tapping your lips, imagine that your tongue and mouth are experiencing a cool drink of sweet spring water and that the next snack you have, the next meal you enjoy will be enhanced by your being aware of the subtle sweet and sour, salty and hot tastes that the food offers your palate.

If you haven't already done so, open your eyes and see if things look a bit brighter or more intense as you have heightened your awareness through your sense. Gently shake each arm and leg and your whole body. And let's get back to work (after you've had a bathroom break, if needed.)

SCRIPT FOR NAN: FACULTY COPY

The Equine Specialist in Mental Health and Learning and Nan are in the stall, grooming an older sedate horse: the therapist is standing by the stall door. ES and Client are grooming the horse. ES suggests moving him over to make a little more room. Client appears a little hesitant; ES suggests pushing on his shoulder to move him; Client barely touched him, and withdraws her hand quickly. Horse, of course, doesn't budge.

ES suggests pushing a little harder, like she means it. Client pushes a little harder, and begins to get upset.

ES supports client, calls MHP into the stall [ES role: calling in MHP]

MHP: "Hi, it's ok, but what's happening here?" [MHP role, not ES role]

ES: "Nan is having a little trouble with moving the horse over." [ES provides info to MHP]

MHP: "How about if I help Nan with this?" [ES steps out of position, supports horse: not teaching horsemanship skill] Says to Nan: "So this appears to be difficult for you..."

Nan: gets more upset, "I'm afraid."

MHP: "What are you afraid of?"

Nan: "I'm afraid he'll get angry at me and may try to hurt me back."

MHP: "What makes you think that?"

*Nan: begins to tell the story of being beaten up by brother, learned never to push anyone...
End*

Lesson Plans enable the instructor to state exactly what is to be taught and how. Instructors can use a variety of lesson plan formats according to needs and personal preferences.

Lesson Plan

Operating Center:

Class ID#:

Instructor/Therapist/Educator:

Goals: Broad therapeutic or educational goals that the client/student has been working on.

Objective of the Lesson: What are you going to teach in this lesson? The objectives should be consistent with the goals. Each rider can have individual goals and objectives that can be different from, but supported by, the objective of the lesson. The objective of the lesson is what is to be achieved in this specific lesson.

Teacher Preparation/Equipment Needs: What is needed for this lesson? Does the lesson call for an obstacle course? If so, what specifically is needed? The instructor can make sure the necessary equipment is at the ring prior to the lesson. If some piece of equipment is not available, the instructor can then make a substitution or change the lesson BEFORE the riders are in the ring.

Lesson Content/Procedure: What will be happening in this lesson? This should be detailed enough that if the instructor is sick, a replacement instructor could pick up the lesson plan and teach the lesson. The procedure should be outlined in the sequence that it will be presented in the class. The content and procedure can be in paragraph form, outline form, or steps written in brief phrases or sentences.

Summary and Evaluation: How did this lesson turn out? What are the strong and weak points? Were the objectives achieved? Did any problems occur that would necessitate that the lesson be modified in the future? Are there any recommendations for individual riders for the future? This is the only section that is completed after the lesson.

Lesson Plan

Instructor/Therapist/Educator:

Goals: (Broad goals from the therapist's Treatment Plan or from the educator's IEP)

Objective of Lesson: (What are you going to teach in this lesson? Objectives must be written in terms that describe observable behavior that can be measured)

Teacher Preparation/Equipment Needed:

Lesson Content/Procedure: (Include sequence of lesson. How will you conduct the lesson? What will be included?)

Summary and Evaluation: (How do you feel the lesson went? Strong points? Weak points? Did you meet the objectives? Suggestions for future.)

Lesson Plan from IEP

Date: April 18, 1995
Class Time: Midnight – 1:30 am

Educational Goal:

1. Staying focused and following directions
2. Maintaining psychomotor control

Riders:

1. Paul Revere
2. Lady Godiva
3. General Patton
4. Alexander the Great

Horses:

1. Sterling
2. Lucky
3. Favory Africa
4. Bucephalus

Objective:

1. The Rider will maintain the sitting trot from Boston to Concord, two times both directions
2. The Rider will walk over ground poles in the 2-point position without losing balance 2 out of 3 times

Teacher Preparation:

1. Water arena
2. Braid yarn in one braid in horse's mane for reference point to indicate placements of the hands during the two-point position
3. Four poles in center of arena 3 feet apart
4. Two cones set up, one at the end of the arena, the other $\frac{3}{4}$ the way around the arena. One labeled Boston, the other labeled Concord

Procedure:

1. Riders will groom and tack with one on one volunteer assistance
2. Mounting order: Alexander, Lady Godiva, Paul Revere, General Patton
3. Warm-up exercises at the walk:
 - a. Shoulder rotations 10 each direction
 - b. Six count leg lift 5 times
 - c. Two-point sit ups 10 times
4. Review of skills:
 - a. Walk 15 circles both directions
 - b. Walk to halt transitions, at least 12
 - c. Sitting trot one by one down long side of arena
5. New skills:
 - a. Reverse by turning down the center line and walking over poles in the two point position
 - b. Trot from Boston to Concord, first individually, then as a group, both directions
6. Wrap up activity:
 - a. Relay: 2 teams of 2
Team 1: Paul and Gen. Patton
Team 2: Lady Godiva and Alexander
Sitting trot to barrel, walk around barrel, and over 2 ground poles in the 2 point position

Assessment:

1. Hardly a man is now alive who remembers that famous day and year!
2. Actually, all the riders need more emphasis on looking up over the poles
3. Yarn helped hand positions

Sample Lesson Plan **[from IEP or Treatment Plan]**

Instructors Name: Mary

Class: Time: 1:00 pm **Date:** 10/15/03

Participants: Joe Student, Jim Scholar

Therapy/Education Goals:

- 1) Increase appropriate interpersonal peer relationship skills.
- 2) Improve ability to follow directions from adults.
- 3) Increase ability to focus on the task at hand.

Lesson Objective:

- 1) Participants will describe and respond to communication from the horse and each other.
- 2) Participants will share the task of grooming by discussing and deciding who will do which task.
- 3) Participants will recognize and decode 70% of horse behavior that indicates his opinions about their actions (swishing tail, ears back vs. relaxed body, leaning into itches he likes, etc.

Preparation/Equipment needed:

Jerry (horse) is clearly swishing his tail and moves away from touch he does not like and leans in to touch he does.

Grooming box with curry comb, hoof pick, soft brush, and mane brush.

Other People Needed? Sam Counselor, MSW

Lesson Content/Procedure (include sequence of activities, etc.)

- 1) Observe horse herd. Talk about how horses indicate annoyance, comfort, etc. Discuss how horses have itchy places that they like scratched and other places that they don't like touched. Observe horses' response to flies, etc.
- 2) Introduce grooming tools and process. Allow students to curry and brush their own skin to figure out what feels good and what doesn't. (5 minutes)
- 3) Introduce participants to Jerry. Talk about how they can figure out what Jerry likes and does not like. (5 minutes)
- 4) Help participants decide how they will accomplish the task of grooming. They will decide whether to do one tool at a time, one student on one side, or any other safe way of organizing the task. Divide up hoof cleaning. Focus will be on Jerry's responses rather than getting the horse clean.
- 5) Groom Jerry. Ask them to observe and comment on his responses to their efforts
- 6) Participants decide which grooming activity Jerry liked best. Do that for him again for 5 minutes at the end.
- 7) Process sharing the task, working together, horses' response to their work.

Summary and Evaluation:

Joe and Jim were impatient with the herd observations so we cut them short. They liked the

grooming tools, and had trouble waiting for direction in the grooming task. They disagreed over who would brush and who would curry, but solved it by having each one do one side of the horse. Joe actually liked cleaning hooves and showed Jim how to pick up and put down the hoof. Jerry moved away from attempts to brush his ears, but made great faces while having his belly curried. Both boys were able to interpret his responses with assistance. They agreed that he liked the belly scratching best, and took turns doing that for him at the end of the session.

In processing they decided that they liked grooming Jerry, and trying to read his behavior. Sam suggested that they practice reading behavior by meeting him to watch students in the cafeteria.

Plans for Next Lesson: Have the boys give Jerry a bath. Continue to work on cooperative efforts and sensitivity to horse responses.

Lesson Plan

Subject:	Grade:
Lesson topic:	Class:
Teacher:	
Learning or therapy goals:	
Objectives:	
Procedures:	
Resources:	
Assessment Plan:	
Student Work:	
Plan for Next Session:	

Lesson Plan
[from Treatment Plan]

Subject: NAN	Grade:
Lesson topic:	Class:
Teacher:	
Learning or therapy goals: To encourage empowerment	
Objectives: To have Nan practice assertiveness with a horse	
Procedures: --Check in with Nan --Teach Nan to move horse over in stall --Teach Nan to pick up and clean horse's hoof --Processing time for Nan	
Resources: --Casino [therapy horse], in stall with halter on, no lead --Hoof pick --Personnel: Equine Specialist and Mental Health Professional --Box of Kleenex	
Assessment Plan: --Activities accomplished? --Interview Nan on self-satisfaction	
Student Work: Practice Assertiveness with her dog	
Plan for Next Session: Teach Leading	

Dominant Diagnoses Found in EFMH/EFP Programs

By: Leslie McCullough, LCSW, LSOTP*
Legends Equestrian Therapy

Outline

Topic 1: Learning Disabilities Part I & II- Areas to focus on when working with individuals.

- Processing Information
- Academic
- Social/Emotional
- Life Skills

Topic 2: ADD-vs.-ADHD

- How they are defined
- Differences
- Similarities
- Oppositional Defiant Disorder
- Conduct Disorder

Topic 3: Mood Disorders

- Depression
- Dysthymic Disorder
- Bi-Polar Disorder
- Anxiety Disorders
- PTSD
- OCD
- Personality Disorders
- Borderline Personality Disorder
- Narcissistic Behavior

TOPIC #1: Learning Disabilities Part I-Areas to focus on when working with individuals.

Processing Information:

General areas of processing deficiency include:

- Language/Memory
- Visual/Perceptual
- Motor Skills

Most common problem areas include:

Academic Examples:

- Difficulty recalling events
- Oral expression below same age peers
- Difficulty memorizing information
- Doesn't recognize letters/words
- Difficulty interpreting words
- Poor penmanship or difficulty writing
- Needs to concentrate on tasks that are usually automatic

Social/Emotional Examples:

- Misinterpreting oral communication
- Misreads nonverbal cues such as facial expression or voice intonations
- Violates personal space and may not make eye contact
- Misunderstands figurative language or jokes; may not know when being kidded or scolded
- Multiple meanings of words
- Trouble following game rules
- Strategizing, trouble seeing another's point of view
- Socially immature; may respond like a younger child overall
- May not get along with peers who are the same age
- Handles changes in routines poorly
- Resiliency becomes lower when sick, tired or stressed.

Life Skills:

- Poor listening
- Comprehension
- Difficulty with oral directions and sequencing events
- Poor at self advocacy skills such as requesting help or seeking clarification
- Organizational problems – Loses things and has difficulty sorting out problems
- Difficulty problem solving, lacking the knowledge to break down a situation/task into specific steps
- Gets lost easily, has trouble reading maps or following pictorial information
- Delayed sense of time
- Poor estimating skills; can not judge how long a task may take
- Trouble dressing self-buckling, zipping and tying
- Poor table manners
- Physical exercise can be difficult and disliked

TOPIC #2: ADD-vs.-ADHD

Definition of **ADD/ADHD**: A persistent pattern of inattention and/or hyperactivity more frequent and more severe than is typically observed in individuals at a comparable level of development.

Comparisons of **ADD** and **ADHD**:

ADD (Inattentive)	ADHD (Impulsive)
Difficulty following directions	Is fidgety
Has difficulty keeping attention on tasks or play activity	Leaves when they shouldn't
Loses things necessary for tasks and activities	Runs or climbs inappropriately
Doesn't listen	Talks excessively
Fails to give close attention to details	Has difficulty playing quietly
Seems disorganized	Is always on the go
Has trouble with tasks requiring long term mental effort	Has trouble waiting his/her turn
Is forgetful and easily distracted	Interrupts

Low frustration tolerance
Temper outbursts
Bossiness
Stubbornness
Excessive and frequent insistence that requests be met
Mood ability (abnormal variability)
Easily demoralized
Sadness, anxiety and irritability
Poor self esteem
Often rejected by peers
Impaired academic achievements/devalues school

Behavioral Disabilities Part II

Oppositional Defiant Disorder: (DSM-IV Classification) Essential features are a recurrent pattern of negativistic, defiant, disobedient and hostile behavior toward authority figures.

Indicators of this disorder include:

Losing temper
Arguing with adults
Actively defying or refusing to comply with the requests of rules for adults
Deliberately doing things that will annoy other people
Being easily annoyed by others
Being angry and resentful
Being spiteful and vindictive

Conduct Disorder: (DSM-IV Classification) The Essential feature is a repetitive and persistent

pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated.

Indicators of this disorder include:

Aggression to people and animals
Bullies, threatens or intimidates others
Initiates physical fights
Has used a weapon that can cause serious physical harm to others
Has been physically cruel to people
Has been physically cruel to animals
Has stolen while confronting a victim (mugging, etc.)
Has forced someone into a sexual activity
Destruction of property, includes setting a fire
Deceitfulness or theft, burglary, car theft, lies, cons and shoplifting
Serious violation of rules, runaways, truancy, curfew violations

*The continuum often looks like this:

ADD/ADHD→OPPOSITIONAL DEFIANT→CONDUCT DISORDER→DELINQUENCY?

TOPIC #3: Mood Disorders

Major Depression: (DSM-IV Classification) A medical disorder that, day after day, affects a person's feelings, physical health and behaviors. Major depression is not just feeling "The Blues" or "Down in the Dumps". It is pervasive and can occur even when life is going well.

Common Symptoms Include:

Significant weight loss or gain
Trouble sleeping or sleeping too much
Fatigue and loss of energy; lack of enthusiasm
Feeling of worthlessness; hopelessness and/or sadness
Psychomotor agitation or retardation
Poor concentration
Overreaction to criticism
Poor self esteem
Anger or rage
Suicidal ideation/plans

Dysthymic Disorder: (DSM-IV Classification) Dysthymia describes a chronically depressed mood that occurs for most of the day, more days than not for at least 2 years.

Common Symptoms Include:

Poor appetite or overeating
Insomnia or hypersomnia
Low energy
Poor concentration or ability to make decisions
Feelings of hopelessness

Bi-Polar Disorder: (DSM-IV Classification) Also known as manic-depression, Bi-Polar is a disorder of the brain. There are mood swings with some degree of depression alternating with periods of mania or elation.

Adult Symptoms	Child/Adolescent Symptoms
Manic Phase	Chronic behaviors, mixed irritability
Hyperactivity	Outbursts of destructive rage
Explosive Anger	Distractibility
Impaired judgment	Impulsivity
Increased spending	Hyperactivity
Increased sex drive	Dissociative symptoms
Aggressive behavior	Racing thoughts
Grandiose notions	High energy
Delusions	Aggression
Increased energy	Grandiosity
Exaggerated sociability	Egocentricity
Risky behavior	Loss of reality testing
Depressed Phase	Tells "Tall Tales"
Physical Debilitation	
Loss of interest in usual activities	
Eating and Sleep disturbances	
Decreased appetite	
Poor Concentration	
Hopelessness	
Suicidal Ideation	

Anxiety Disorders: Types

- Generalized Anxiety Disorder
- Panic Disorder
- Specific Phobias
- Obsessive-Compulsive Disorder (OCD)
- Post Traumatic Stress Disorder (PTSD)

Symptoms common to all:

- Difficulty concentrating
- Muscle Tension
- Sweating or hot flashes
- Irritability
- Sleep disturbances
- Trembling or shaking
- Heart palpitations
- Nausea or abdominal distress
- Shortness of breath
- Chest pain
- Feeling dizzy, unsteady or light headed
- Fear of losing control or going crazy

Numbness or tingling
Depersonalization and derealization

OCD:

Repeated rituals (Hand washing, counting)
Preoccupation with symmetry
Persistent thought of sexual thought or thoughts that go against the person's belief system
Aggressive impulses such as hurting one's child
Repeated doubts (Left door unlocked or iron on)

PTSD: Posttraumatic Stress Disorder

[from DSM-5 American Psychiatric Association]

Intrusive Symptoms:

1. Recurrent, involuntary, intrusive distressing memories of the traumatic event
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event
3. Dissociative reactions (eg flashbacks) in which the individual feels or acts as if the traumatic event were recurring. In most extreme expression a complete loss of awareness of present surroundings
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event

Persistent avoidance of stimuli (memories, thoughts, feelings; external reminders) associated with the traumatic event

Negative alternations in cognitions and mood associated with the traumatic event (inability to remember an important aspect of the traumatic event--dissociative amnesia not due to head injury, etc

Marked alternations in arousal and reactivity

1. Irritable behavior and angry outbursts
2. Reckless or self-destructive behavior
3. Hypervigilance
4. Exaggerated startle response
5. Problems with concentration
6. Sleep disturbance

Personality Disorders: (DSM-IV Classification) An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture.

Borderline: There is a pervasive instability of interpersonal relationships, self-image and mood. Abrupt mood changes, stormy relationships, unstable and fluctuating self image, unpredictable and self-destructive actions are common. "Splitting", where a person or thing is all good or all bad or good today and bad tomorrow speaks to the borderline's difficulty with object constancy. Self

mutilation in response to internal distress occurs frequently.

Narcissistic: There is a pervasive pattern of grandiosity, a need for admiration and lack of empathy. These individuals have a grandiose sense of self-importance, and routinely overestimate their abilities and inflate their accomplishments, often appearing boastful and pretentious. They need constant attention and have a fragile self-esteem.

References

American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th Ed. Revised). Washington D.C.: Author.

American Psychiatric Association (2013) Diagnostic and statistical manual of mental disorders (5th edition), Washington D.C.

Moreau, L. & McDaniel, B. (2002). Equine facilitated mental health: A field guide for practice (2nd Ed.) Boerne, TX: Author.

***For a more complete discussion on these diagnoses including EFMH/EFP related interventions, contact Leslie McCullough Moreau to inquire about purchasing her book.**



[Therapist Name]
**Equine Facilitated Psychotherapy
INFORMED CONSENT TO TREAT**

In order to provide you with the best possible care, the following policies have been outlined for you. Read them carefully, and feel free to make a copy for yourself. Please sign below indicating your acknowledgment of the information and acceptance of the terms for treatment.

CONFIDENTIALITY

Any information that you provide, or records that we maintain, are kept strictly confidential, and comply with HIPAA regulations (see Notice of Privacy Practices, including extenuating circumstances). *[Therapist will include Extenuating Circumstances from her/his “Consent to Treat”]*

Exclusions that specifically apply to the equine program:

- Any other therapeutic riding instructors, volunteers, interns or staff may need limited client information in order to provide for therapeutic effectiveness and/or safety. Any staff or volunteers are trained and supervised regarding confidentiality.
- The physical facility is not enclosed, and participants may be viewed from the road or surrounding environments
- Other staff or volunteers from the facility and/or program (or unaware visitors) may come to the facility during our appointment times; although every effort is made to prevent this from happening, there is no way to guarantee absolute privacy, especially in case of emergency

PAYMENT OF FEES

[Therapist will describe her/his policy]

SAFETY

Safety for clients, staff, horses, volunteers, and anyone is of primary concern, and *[Therapist]* is committed to operating in a manner consistent with that concern. Consequently, the programs, facility, horses, equipment, etc., meet industry standards, and *[Therapist]* either is, or is assisted by, a PATH Intl Equine Specialist in Mental Health and Learning. Nonetheless, there are limits inherent in any animal-assisted program. Florida statute reads:

Warning: Under Florida Law an equine activity sponsor, or equine professional, is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

EMERGENCIES

Physical emergencies will be handled according to information on the Authorization for Emergency Medical Treatment form. Psychological emergencies should be handled through *[Therapist will describe her/his policy]*

Consent for Treatment and Release of Liability

**This is NOT a complete form and may not be photocopied. Each provider of therapy services must create their own form after obtaining legal counsel in order to include appropriate wording and content for particular state regulation and different treatment situations. Refer to page 150 of the 2016 PATH Intl. Standards for Certification & Accreditation.*

Samples of wording that may be included:

“No child can be accepted for therapy until all forms have been completed by the parent/guardian. If the patient is of legal age and mentally competent, he/she may complete the forms without parent’s or guardian’s signature.”

“Although every effort will be made to avoid accident or injury, NO LIABILITY can be accepted by any of the organizations concerned, including (*name of center or therapy practice/provider*), its officers, trustees, agents, employees, each and every one of its members and associates, and the property owners upon whose land the therapy sessions are conducted.”

“I request and consent to treatment that may include therapy, and I have discussed this with my child’s doctor. I understand that no liability can be accepted by any of the organizations concerned with this therapy, including (*name of center or therapy practice/provider*).”

NOTE: Dated signatures of parent/guardian or client of legal age MUST be included.

EXAMPLE:

LIABILITY RELEASE AGREEMENT AND CONSENT TO TREATMENT

Mental Health Professional Name or Business Name
Address and Phone Number

_____ (CLIENT NAME) would like to participate in equine-facilitated psychotherapy. I acknowledge the risks and potential for risks of equine assisted activities. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against [**Therapist**] and/or leasing facility owners, staff, volunteers, instructors, or Board of Directors, for any and all injuries and/or losses I/my child/my ward may sustain while participating in equine assisted activities or therapies at the program.

******Signature of legally responsible party must be witnessed******

CLIENT SIGNATURE _____

PARENT OR GUARDIAN SIGNATURE _____

Learning Styles

Characteristics of the Auditory Learner

- Remember what they hear better than what they see.
- Has limited attention to visual tasks.
- May have poor handwriting.
- Respond better in class when hearing, rather than reading.
- Love to have stories read to them with a lot of expression.
- Tend to memorize well and remember spoken words and ideas.
- Often surprise their friends by knowing all the words to songs. They also enjoy rhythmic and musical activities.
- Are talkative. They may share jokes, amuse peers with tall tales and drive parents to distraction with incessant chatter.
- Might have poor visual memory, reversing letters p and q, b and d, n and v.

Auditory Learners Learn Best When They.....

- Talk through the steps of a task, and learn how to think, spell and say syllables out loud.
- Choose oral over written reports.
- Listen to books on tape.
- Ask you or their teacher to tape book or chapters of books.
- Hear information in the classroom first, then read the related material and, finally make up their own story about the material.
- Make sure the teacher knows they need to hear the assignment as well as see it on the blackboard.
- Use travel games to give their memory a workout. One simple but effective game is, "I'm going on a trip and on my trip I will take..." Each person repeats the preceding items and adds one more. Car rides are also perfect times for auditory learners to recite multiplication facts.

Characteristics of the Visual Learners

- Retain what they see better than what they hear.
- Respond better when you show them things rather than tell them.
- May seem to ignore verbal directions.
- May say "What?" or "Huh?" often.
- Seem to misunderstand often.
- Asks for questions or instructions to be repeated, frequently in different words.
- May frequently have a "blank" expression on face, or may seem to daydream during classes that are primarily verbal.
- May have poor speech, in terms of either low vocabulary, poor flexibility of vocal patterns or articulation.
- Loves books, pictures and puzzles, and are attracted to colors.
- Have very good visual recall, and can remember where they placed a toy days earlier.
- Are noticeably quiet in class.
- May watch the expression on your face when you speak or read to them.
- Are detail oriented and generally keep their rooms tidy.
- Have a hard time remembering the order of the alphabet unless they recite it from the beginning.

Visual Learners Learn Best When They....

- Use many visual aids - color coding, charts, maps, graphs, flashcards, highlight markers, photos.
- Take advantage of visual gifts. During museum visits, for example, they can build critical thinking skills by comparing and contrasting paintings and objects.
- Watch the facial expressions of people who are reading to them.
- Have plenty of books and magazines around the house.
- Read materials first, and then attend a classroom lecture.
- Play educational computer games and other games that encourage strategy and critical thinking, such as chess, *Scrabble* and *Concentration*.

Characteristics of Kinesthetic Learners

- Tend to be well coordinated.
- Like to touch things.
- Thrive with hands-on activities such as arts and crafts, science, and building projects.
- Enjoy taking objects apart and putting them back together.
- Learn best by experiencing their environment, they love field trips.
- Don't mind taking notes.
- Learn concepts well through manipulating- anything that they can hold and change, such as Legos or three-dimensional plastic numbers.
- May become frustrated when learning abstract symbols. They might have a tough time understanding a teacher who says "two plus two equals four." But they'll grasp the concept easily if the teacher shows them four marbles.
- Need movement; can't sit still long.

Kinesthetic Learners Learn Best When They....

- Tap out syllables and numbers.
- Draw letters or numbers with crayons on a washable vinyl place mat. Then, they can trace the letters or numbers with raisins or macaroni.
- Review facts in combination with a physical activity. For example, might ask them to recite the names of the presidents while bouncing a ball or riding a stationary bike.
- Color-code vowels and consonants in spelling words, write facts in the air.
- Use a lot of three-dimensional learning aids, such as flashcards. Might spell out words on the refrigerator using magnetic letters. Then ask the children to scramble and unscramble the letters.
- Turn theory into practice, instead of memorizing $2 + 3 = 5$, can learn the concept by using five marbles or five popsicle sticks.
- Play movement-orientated games such as "Where in the World is Carmen San Diego?" and board games with movement. Twister, for example, helps young children learn colors.
- A well-executed riding lesson will teach to all three learning styles.
- The horse teaches to the kinesthetic learner.
- The instructor teaches to the auditory learner.

The Cambridge Declaration on Consciousness*

On this day of July 7, 2012, a prominent international group of cognitive neuroscientists, neuropharmacologists, neurophysiologists, neuroanatomists and computational neuroscientists gathered at The University of Cambridge to reassess the neurobiological substrates of conscious experience and related behaviors in human and non-human animals. While comparative research on this topic is naturally hampered by the inability of non-human animals, and often humans, to clearly and readily communicate about their internal states, the following observations can be stated unequivocally:

- The field of Consciousness research is rapidly evolving. Abundant new techniques and strategies for human and non-human animal research have been developed. Consequently, more data is becoming readily available, and this calls for a periodic reevaluation of previously held preconceptions in this field. Studies of non-human animals have shown that homologous brain circuits correlated with conscious experience and perception can be selectively facilitated and disrupted to assess whether they are in fact necessary for those experiences. Moreover, in humans, new non-invasive techniques are readily available to survey the correlates of consciousness.
- The neural substrates of emotions do not appear to be confined to cortical structures. In fact, subcortical neural networks aroused during affective states in humans are also critically important for generating emotional behaviors in animals. Artificial arousal of the same brain regions generates corresponding behavior and feeling states in both humans and non-human animals. Wherever in the brain one evokes instinctual emotional behaviors in non-human animals, many of the ensuing behaviors are consistent with experienced feeling states, including those internal states that are rewarding and punishing. Deep brain stimulation of these systems in humans can also generate similar affective states. Systems associated with affect are concentrated in subcortical regions where neural homologies abound. Young human and non-human animals without neocortices retain these brain-mind functions. Furthermore, neural circuits supporting behavioral/electrophysiological states of attentiveness, sleep and decision making appear to have arisen in evolution as early as the invertebrate radiation, being evident in insects and cephalopod mollusks (e.g., octopus).
- Birds appear to offer, in their behavior, neurophysiology, and neuroanatomy a striking case of parallel evolution of consciousness. Evidence of near human-like levels of consciousness has been most dramatically observed in African grey parrots. Mammalian and avian emotional networks and cognitive microcircuitries appear to be far more homologous than previously thought. Moreover, certain species of birds have been found to exhibit neural sleep patterns similar to those of mammals, including REM sleep and, as was demonstrated in zebra finches, neurophysiological patterns, previously thought to require a mammalian neocortex. Magpies in particular have been shown to

exhibit striking similarities to humans, great apes, dolphins, and elephants in studies of mirror self-recognition.

- In humans, the effect of certain hallucinogens appears to be associated with a disruption in cortical feedforward and feedback processing. Pharmacological interventions in non-human animals with compounds known to affect conscious behavior in humans can lead to similar perturbations in behavior in non-human animals. In humans, there is evidence to suggest that awareness is correlated with cortical activity, which does not exclude possible contributions by subcortical or early cortical processing, as in visual awareness. Evidence that human and non-human animal emotional feelings arise from homologous subcortical brain networks provide compelling evidence for evolutionarily shared primal affective qualia.

We declare the following: “*The absence of a neocortex does not appear to preclude an organism from experiencing affective states. Convergent evidence indicates that non-human animals have the neuroanatomical, neurochemical, and neurophysiological substrates of conscious states along with the capacity to exhibit intentional behaviors. Consequently, the weight of evidence indicates that humans are not unique in possessing the neurological substrates that generate consciousness. Non-human animals, including all mammals and birds, and many other creatures, including octopuses, also possess these neurological substrates.*”

* The Cambridge Declaration on Consciousness was written by Philip Low and edited by Jaak Panksepp, Diana Reiss, David Edelman, Bruno Van Swinderen, Philip Low and Christof Koch. The Declaration was publicly proclaimed in Cambridge, UK, on July 7, 2012, at the Francis Crick Memorial Conference on Consciousness in Human and non-Human Animals, at Churchill College, University of Cambridge, by Low, Edelman and Koch. The Declaration was signed by the conference participants that very evening, in the presence of Stephen Hawking, in the Balfour Room at the Hotel du Vin in Cambridge, UK. The signing ceremony was memorialized by CBS 60 Minutes.

Scientists Conclude Nonhuman Animals are Conscious Beings

Marc Bekoff Ph.D.

Aug 10, 2012

Every now and again I receive an email message I ignore after reading the subject line. I know I'm not alone in following this rule of thumb, but today I broke down and opened a message the subject line of which read "Scientists Declare: Nonhuman Animals Are Conscious". I honestly thought it was a joke, likely from one of my favorite newspapers, The Onion. However, it wasn't.

My colleague Michael Mountain published a summary of a recent meeting held in Cambridge, England at which "Science leaders have reached a critical consensus: Humans are not the only conscious beings; other animals, specifically mammals and birds, are indeed conscious, too." At this gathering, called The Francis Crick Memorial Conference, a number of scientists presented evidence that led to this self-obvious conclusion. It's difficult to believe that those who have shared their homes with companion animals didn't already know this. And, of course, many renowned and award-winning field researchers had reached the same conclusion years ago (see also).

Michael Mountain was as incredulous as I and many others about something we already knew. It's interesting to note that of the 15 notables who spoke at this conference only one has actually done studies of wild animals. It would have been nice to hear from researchers who have conducted long-term studies of wild animals, including great apes, other nonhuman primates, social carnivores, cetaceans, rodents, and birds, for example, to add to the database. Be that as it may, I applaud their not so surprising conclusion and now I hope it will be used to protect animals from being treated abusively and inhumanely.

Some might say we didn't *really* know that other animals were conscious but this is an incredibly naive view given what we know about the neurobiology and cognitive and emotional lives of other animals. *Indeed, it was appeals to these very data that led to the conclusions of this group of scientists.* But did we really need a group of internationally recognized scientists to tell us that the data are really okay? Yes and no, but let's thank them for doing this.

I agree with Michael Mountain that "It's a really important statement that will be used as evidence by those who are pushing for scientists to develop a more humane relationship with animals. It's harder, for example, to justify experiments on nonhumans when you know that they are conscious beings and not just biological machines. Some of the conclusions reached in this declaration are the product of scientists who, to this day, still conduct experiments on animals in captivity, including dolphins, who are among the most intelligent species on Earth. Their own declaration will now be used as evidence that it's time to stop using these animals in captivity and start finding new ways of making a living."

The Cambridge Declaration on Consciousness

The scientists went as far as to write up what's called The Cambridge Declaration on Consciousness that basically declares that this prominent international group of scientists agree that "Convergent evidence indicates that non-human animals have the neuroanatomical, neurochemical, and neurophysiological substrates of conscious states along with the capacity to exhibit intentional

behaviors. Consequently, the weight of evidence indicates that humans are not unique in possessing the neurological substrates that generate consciousness. Non-human animals, including all mammals and birds, and many other creatures, including octopuses, also possess these neurological substrates." They could also have included fish, for whom the evidence supporting sentience and consciousness is also compelling (see also).

So, what are we going to do with what we know (and have known)?

It's fair to ask what are these scientists and others going to do now that they agree that consciousness is widespread in the animal kingdom. We know, for example, that mice, rats, and chickens display empathy but this knowledge hasn't been factored into the Federal Animal Welfare Act in the United States.

I'm frankly astounded that these data and many other findings about animal cognition and animal emotions have been ignored by those who decide on regulations about the use and abuse of other animals. However, the Treaty of Lisbon, passed by member states of the European Union that went into force on December 1, 2009, recognizes that "In formulating and implementing the Union's agriculture, fisheries, transport, internal market, research and technological development and space policies, the Union and the Member States shall, since animals are sentient beings, pay full regard to the welfare requirements of animals, while respecting the legislative or administrative provisions and customs of the Member States relating in particular to religious rites, cultural traditions and regional heritage."

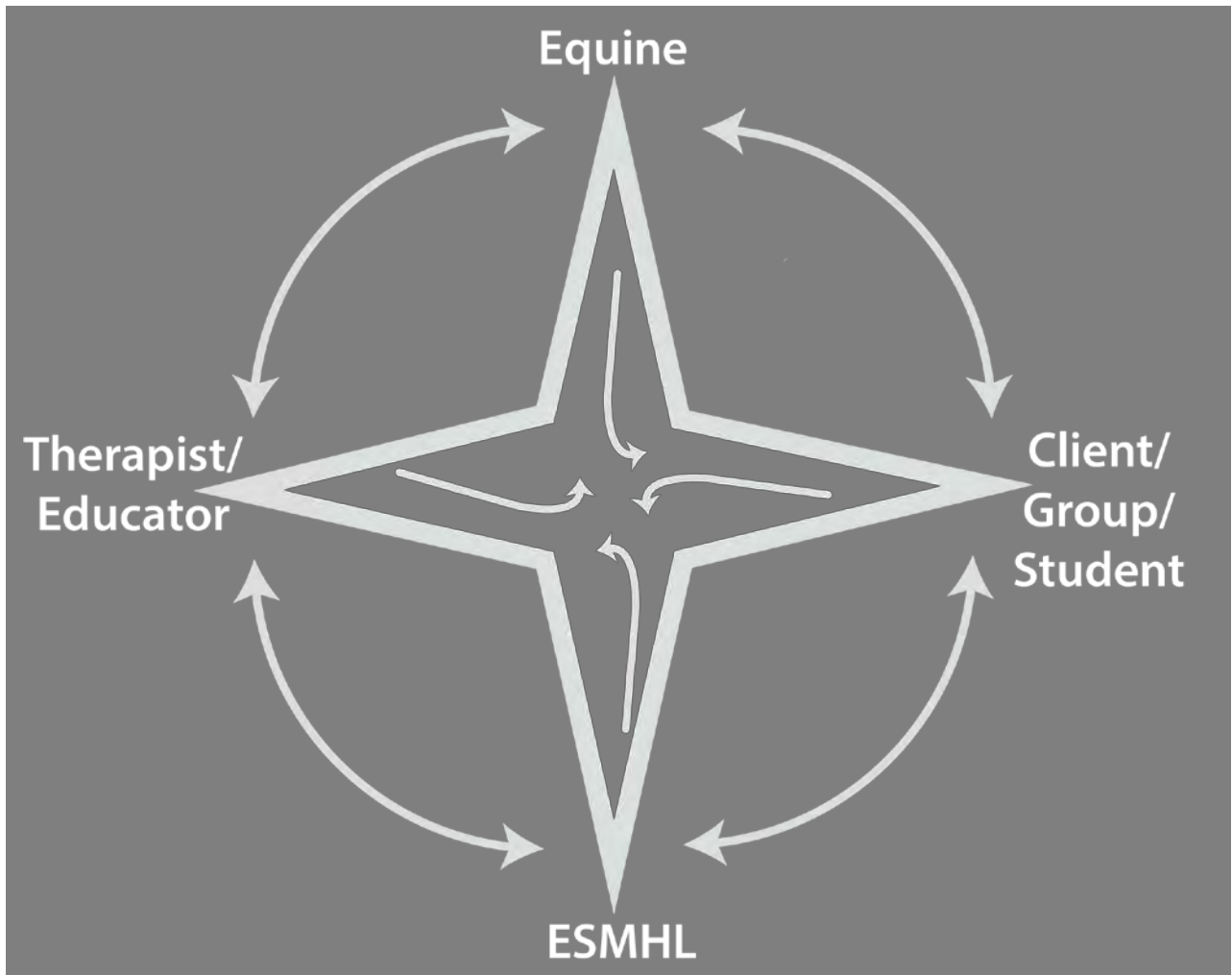
Let's applaud The Cambridge Declaration on Consciousness and The Treaty of Lisbon and work hard to get animals the protection from invasive research and other forms of abuse, in many cases horrifically inhumane, they deserve.

Some recent essays I've written point out that there still are some people who feel comfortable killing individuals who they call "unneeded" or "surplus" animals and at least one animal welfarist, Oxford University's Marian Dawkins, continued as of a few months ago to claim we still don't know if other animals are conscious and that we should "remain skeptical and agnostic [about consciousness] ... Militantly agnostic if necessary, because this keeps alive the possibility that a large number of species have some sort of conscious experiences ... For all we know, many animals, not just the clever ones and not just the overtly emotional ones, also have conscious experiences."

Perhaps what I call "Dawkins' Dangerous Idea" will now finally be shelved given the conclusions of the Cambridge gathering. I frankly don't see how anyone who has worked closely with any of a wide array of animals or who lives with a companion animal(s) could remain uncertain and agnostic about whether they are conscious.

It's said that repetition is boring conversation but there's now a wealth of scientific data that makes skepticism, and surely agnosticism, to be anti-science and harmful to animals. Now, at last, the prestigious Cambridge group shows this to be so. Bravo for them! So, let's all work together to use this information to stop the abuse of millions upon millions of conscious animals in the name of science, education, food, amusement and entertainment, and clothing. We really owe it to them to use what we know on their behalf and to factor compassion and empathy into our treatment of these amazing beings.

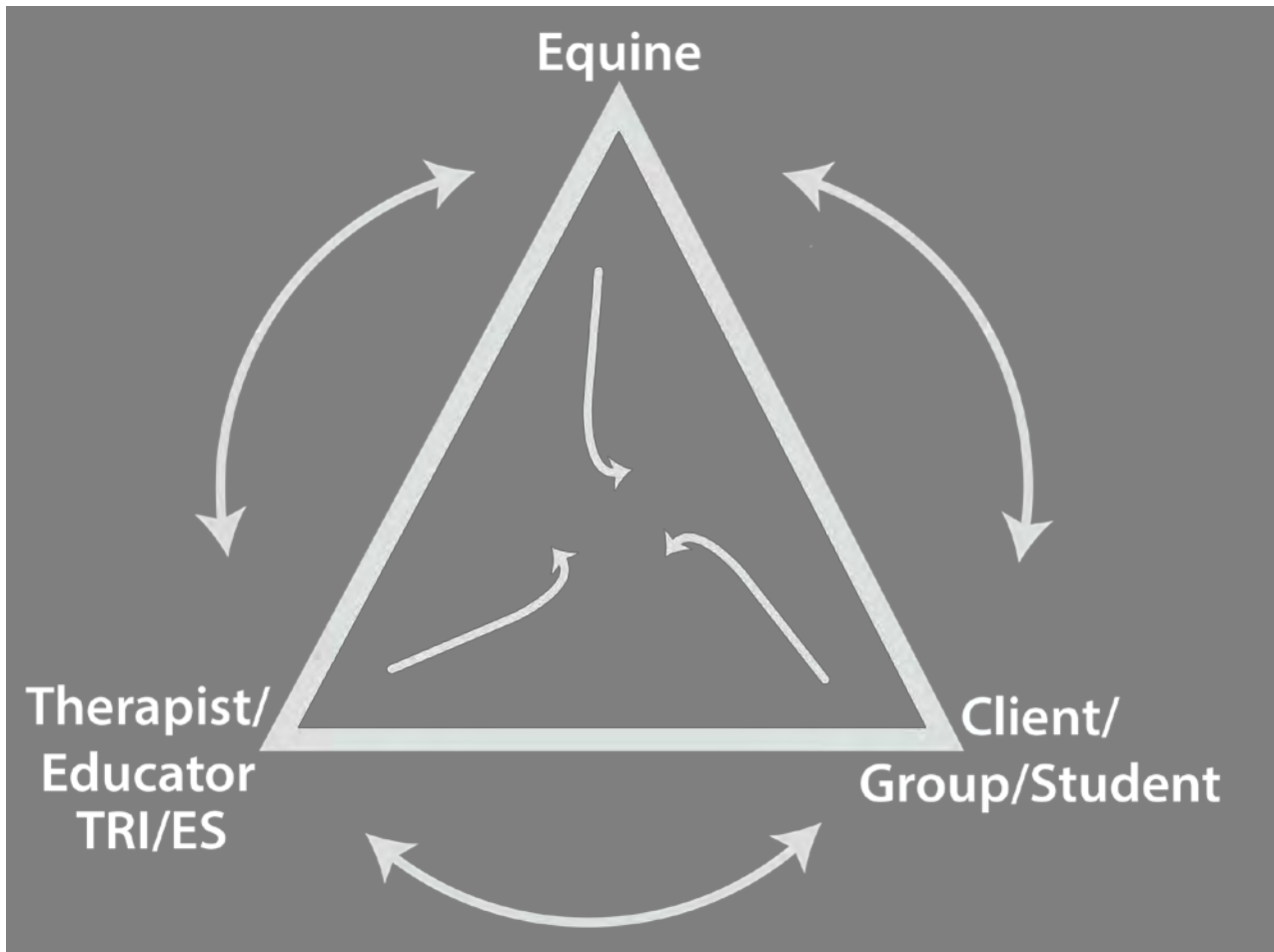
The Diamond Model



What comes from each impacts the other.

The Triangle Model

To teach relationship in working with animals in a structured manner.



What comes from each impacts the other.

Collaboration Activities Assignment Sheet

Group 1: Student Dx with *Asbergers*, does not like to be touched;
Horse responds to client by walking too fast:

ED: _____ Time In: _____

ES: _____ Time Out: _____

Student: _____ Time In: _____

Horse: _____ Time Out: _____

Group 2: Client is *Depressed*, acts withdrawn;
Horse balks and won't move forward

MHP: _____ Time In: _____

ES: _____ Time Out: _____

Client: _____ Time In: _____

Horse: _____ Time Out: _____

Group 3: Student has issues associated with *ADHD*, tends to jerk the horse around;
Horse becomes shy and tries to run off in response to client

ED: _____ Time In: _____

ES: _____ Time Out: _____

Student: _____ Time In: _____

Horse: _____ Time Out: _____

Group 4: Client is *Oppositional Defiant Disorder*, consistently acts out;
Horse bites in response to the client acting out

MHP: _____ Time In: _____

ES: _____ Time Out: _____

Client: _____ Time In: _____

Horse: _____ Time Out: _____

Group 5: Client Dx with *Borderline Personality Disorder*, is manipulative and plays ES against
MHP;
Horse crowds the client in response

MHP: _____ Time In: _____

ES: _____ Time Out: _____

Client: _____ Time In: _____

Horse: _____ Time Out: _____

Collaboration Activity

Handouts for ED/MHP and ES

- Group 1: ED and ES
 - The client is diagnosed with Aspergers Autism.

- Group 2: MHP and ES
 - The client is depressed.

- Group 3: ED and ES
 - The client has issues associated with ADHD.

- Group 4: MHP and ES
 - The client has issues associated with oppositional defiant disorder.

- Group 5: ED and ES
 - The client has control issues and difficulty delegating responsibility.

- Group 6: MHP and ES
 - The client has been diagnosed with borderline personality disorder.

Collaboration Activity

Handouts for Equines

- Group 1:
 - When the client acts out, you want to walk too fast.

- Group 2:
 - When the client acts out, you balk and do not want to move forward.

- Group 3:
 - When the client acts out, you shy and try to run off.

- Group 4:
 - When the client acts out, you bite at the client.

- Group 5:
 - When the client acts out, you kick at the student.

- Group 6:
 - When the client acts out, you crowd the student.

Collaboration Activity

Handouts for Students

- Group 1 Student
 - You don't like to be touched.

- Group 2 Student
 - You are withdrawn.

- Group 3 Student
 - You tend to jerk the horse around and lose concentration.

- Group 4 Student
 - You consistently act out.

- Group 5 Student
 - You have difficulty being part of the team. You want control.

- Group 6 Student
 - You are manipulative and play the Equine Specialist in Mental Health and Learning against the mental health professional

HANDOUTS FOR ED/MHP AND ES:

Group 1	ED and ES	The client is diagnosed with Autism Spectrum Disorder
Group 2	MHP and ES	The client is depressed
Group 3	ED and ES	The client has issues associated with ADHD
Group 4	MHP and ES	The client has issues associated with oppositional defiant disorder
Group 5	MHP and ES	The client has been diagnosed with borderline personality disorder

HANDOUTS FOR EQUINE:

Group 1	When the client acts out you want to walk too fast
Group 2	When the client acts out you balk and do not want to move forward
Group 3	When the client acts out, you shy and try to run off
Group 4	When the client acts out you bite at the client
Group 5	When the client acts out, you kick at the student

HANDOUTS FOR STUDENTS:

Group 1	You don't like to be touched.
Group 2	You are withdrawn.
Group 3	You tend to jerk the horse around and lose concentration
Group 4	You consistently act out
Group 5	You are manipulative and play the Equine Specialist in Mental Health and Learning against the mental health professional.