Equestrian Skills Standards

ESK1
Is there an implemented procedure that requires written records of participant progress and other activities readily available on-site?

Yes       No

Interpretation: Progress notes enable the instructor/equine specialist in mental health and learning to document the participant’s achievements and problem areas. It provides a method to re-evaluate and build upon previous goals and objectives. It is recommended that a written update of progress be maintained on a regular basis. Activities may include participation at horse shows, field trips, summer camp, stable management, etc.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN participant progress and activity files; personnel description of procedure.

ESK2
Is there an implemented procedure that requires an initial written evaluation of each new participant that is readily available on-site?

Yes       No

Interpretation: Each new participant should be evaluated to establish an initial profile of abilities upon which the goals and objectives for each participant will be based.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN evaluations and personnel description of evaluation procedure.
Medical/Mental Health Standards

*MMH1 MANDATORY

Is there written evidence that the health/mental health professional who provides direct treatment therapy services is credentialed, licensed, certified or registered in his/her specific discipline to legally provide services in accordance with the scope of that credential in the jurisdiction in which services are delivered?

Yes No

Interpretation: Therapists practicing hippotherapy have traditionally been physical therapists, occupational therapists, and speech and language pathologists. However, hippotherapy may also be practiced by other licensed, registered or certified health professionals with a strong background in posture, movement, neuromotor function and sensory processing. Hippotherapy may also be practiced by PTA’s and COTA’s under the supervision of registered therapists in their respective fields, and in accordance with the state (country) regulations governing the practice of OT, PT and SLP. The requirement that PTA’s and COTA’s be licensed, registered or certified in the state, province or country in which they practice reflects the standard of practice established in the particular state, province or country in which they reside. It is critical to realize that the supervising PATH Intl. registered PT, OT or SLP is ultimately responsible for the provision of these services within the hippotherapy session.

Legal requirements for the practice of psychotherapy and/or mental health counseling vary from state to state in the United States. It is the responsibility of the center to provide the necessary documentation of the ability to independently provide services in order to comply with its state and country laws and this standard.

Compliance Demonstration: Visitor observation of WRITTEN documentation of all licenses.
**MMH2 MANDATORY**

DNA (does not apply): If professional liability insurance is not available in jurisdiction in which operating.

Is there written evidence that the health/mental health professional who provides direct treatment therapy services maintains current professional liability insurance?

Yes  No  DNA

**Interpretation:** Legal requirements for the practice of psychotherapy and/or mental health counseling vary from state to state in the United States. It is the responsibility of the center to provide the necessary documentation of the ability to independently provide services in order to comply with its state and country laws and this standard.

**Compliance Demonstration:** Visitor observation of WRITTEN insurance documents.
*MMH3 MANDATORY

DNA (does not apply): If the center does not offer hippotherapy.

1. Is there written evidence that the therapist/health professional, PTA or COTA that provides direct treatment services in a hippotherapy program is a PATH Intl. Registered Therapist or a Hippotherapy Clinical Specialist (HPCS), or is there an implemented policy that the PATH Intl. Registered Therapist or HPCS supervises the treatment session conducted by non-PATH Intl. Registered Therapists?

2. Is there a written policy that PTA’s and COTA’s are directly supervised by a PATH Intl. Registered Therapist or HPCS in their respective field who has evaluated and developed a treatment plan according to the laws of the respective jurisdiction?

3. If the therapist/health professional, PTA or COTA is not a PATH Intl. Registered Therapist or HPCS, is there written evidence they have received training in the principles of hippotherapy, equine movement and equine psychology?

Yes       No       DNA

Interpretation: The PATH Intl. Registered Therapist or HPCS is responsible for evaluating the skills of therapists/health professionals, PTAs and COTAs in the program and for providing appropriate training. A non-PATH Intl. registered therapist/health professional, PTA or COTA must have adequate training to participate in and provide a safe and effective hippotherapy treatment session. This training can be provided by a PATH Intl. Registered Therapist, a HPCS, a PATH Intl. Certified Instructor or other equine therapy professional and/or through meeting the requirements to become a PATH Intl. Registered Therapist. For PTAs and COTAs it is the responsibility of the supervising PATH Intl. Registered Therapist or HPCS to develop the treatment plan for all patients receiving hippotherapy treatment from a PTA or COTA and to adhere to jurisdictional regulations and laws for documentation and supervision.

Compliance Demonstration:

1. Visitor observation of WRITTEN documentation of therapist/health professional, PTA, COTA and PATH Intl. certifications.

2. Visitor observation of WRITTEN policy on PTA and COTA supervision.

3. Visitor observation of log of therapist/health professional, PTA and COTA training.
*MMH4 MANDATORY  
DNA (does not apply): If the center does not offer equine-facilitated psychotherapy.

Is a PATH Intl. Equine Specialist in Mental Health and Learning present in all EFP sessions?  
When conducting a mounted EFP session, are a PATH Intl. Certified Instructor and a PATH Intl. ESMHL present? 

| Yes | No | DNA |

Interpretation: The ESMHL must be present during all unmounted and mounted EFP sessions.

Compliance Demonstration: Visitor observation of WRITTEN documentation of certification.

* MMH5 MANDATORY  
DNA (does not apply): If center does not have a direct service health professional.

Is the health professional who is providing direct service either an appropriately PATH Intl. credentialed or is assisted by an appropriately PATH Intl. credentialed individual during all equine-related treatment sessions? 

| Yes | No | DNA |

Interpretation: PATH Intl. Certified Instructors are certified at one of three levels. (See Glossary for definition of “direct service health professional” and “assist.”)

Compliance Demonstration: Visitor observation of the treatment session.
DNA (does not apply): If the center does not offer equine-facilitated psychotherapy.

Is there an implemented procedure in practice to assess and address the supervision and consultation needs of the PATH Intl. Certified Instructor, PATH Intl. Certified Equine Specialist in Mental Health and Learning, the mental health professional and the EFP assistants?  

Yes  No  DNA

Interpretation: Clinical supervision provides all those involved with the treatment process an opportunity to share, explore and address issues related to countertransference (i.e., personal feelings that arise during client contact) as well as to process issues related to treatment provision (e.g., problem-solving to modify a treatment approach and to consistently implement the plan). The amount of supervision is left to the center and professional after the procedure to assess and address that the clinical need for such supervision has been carried out.

Compliance Demonstration: Personnel description of procedure.
MMH7

DNA (does not apply): If center does not offer hippotherapy.

Is there implemented written procedures for training the therapist/hippotherapy team members that include the following:

1. Orientation to the hippotherapy program’s policies and procedures?

2. Hands-on training:
   a. Rehearse emergency procedures?
   b. Rehearse safety procedures?
   c. Transitions on and off equine?
   d. Practice patient handling techniques?
   e. Practice equine handling techniques?
   f. Rehearse a mock therapy session to ensure a coordinated team approach prior to patient participation?

   Yes  No  DNA

*Interpretation:* In part 1, HPOT program policies and procedures may include philosophy of the program, vision statement, intake and discharge criteria, fee schedules, cancellations, weight and size limits of patient, behavior management issues, administrative structure/lines of communication, releases of liability and informed consent forms.

In part 2:a, emergency procedures may include a fall from an equine, seizures, an injury from a kick, acute illness, fire and emergency dismounts in all treatment situations such as leading/long-lining/T-HPOT.

In part 2:b, safety procedures may include approaching equines, restraining the equine for grooming and tacking, working around the equine, checking condition of the equipment, checking the fit and security of the equipment on the equine, transitioning patients on and off the equine, stabilizing the patient on the equine, introducing extraneous pieces of equipment to the equine/patient during the lesson (e.g. balls, rings, towels, etc.)

In part 2:d, patient handling techniques may include lifting and carrying, transitioning on and off the equine including ‘handing off’ a patient to an already mounted therapist/health professional/COTA/PTA for T-HPOT session, stabilizing the patient on the equine, therapeutic handling techniques when the therapist cannot be the person mounted behind the patient in a T-HPOT session, facilitating and inhibiting techniques and other treatment techniques.

In part 2:e, equine handling techniques relevant to hippotherapy may include leading by halter or bridle, therapeutic lunging/longeing and longelining.

*Compliance Demonstration:* Visitor observation of WRITTEN documents and materials. Personnel description of orientation and hands-on training.
*MMH8 MANDATORY
DNA (does not apply): If the center does not offer hippotherapy.

Is there an implemented procedure to ensure that the equine handler during all hippotherapy sessions has received training specific to the needs of a hippotherapy session?

Yes  No  DNA

Interpretation: In this instance the equine handler is the person in charge of the handling of the equine during the hippotherapy treatment. The person should have extra training in handling equines specifically for hippotherapy and recognizing signs of stress in equines.

Compliance Demonstration: Visitor observation of hippotherapy session and personnel interview.

MMH9
DNA (does not apply): If the center does not offer T-HPOT and/or the individual providing the patient handling is the licensed therapist/health professional.

If the person providing the patient handling in a T-HPOT session is the COTA/PTA and is not the therapist/health professional, is there written evidence that s/he has been trained in the use of therapeutic handling and is under the direct supervision of the therapist/health professional during all sessions?

Yes  No  DNA

Interpretation: In order for treatment to be effective, the individual providing the patient handling should have sufficient knowledge and skill to facilitate the patient’s progress according to the treatment plan. The therapist must directly supervise this individual during all T-HPOT sessions in accordance with their state practice act.

Compliance Demonstration: Interview of personnel and visitor observation of WRITTEN evidence of competence.
MMH10
DNA (does not apply): If the center does not offer equine-facilitated psychotherapy.

Is there written consent for evaluation and treatment specific to psychotherapy available on site for each client?

Yes  No  DNA

Interpretation: The legal and ethical practice of psychotherapy/counseling requires formal, written agreements between the client (or his/her legal guardian) and the therapist prior to treatment being initiated.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN documents.

MMH11
DNA (does not apply): If the center does not offer T-HPOT.

Is there written documentation of the following:

1. The rationale for the use of T-HPOT rather than HPOT to address specific treatment goals?
2. Periodic re-assessment of the ongoing need for T-HPOT?

Yes  No  DNA

Interpretation: T-HPOT has potential for increased stress on the equine and increased risk for the patient and therapist/health professional or COTA/PTA. There needs to be written justification that T-HPOT is the only option for treatment and that the potential benefit will outweigh the potential risk. In addition, significant patient progress is essential to justify the ongoing use of T-HPOT.

Compliance Demonstration: Visitor observation of WRITTEN documentation of rationale for treatment and re-assessment of the patient.
MMH12
DNA (does not apply): If the center does not offer T-HPOT.

Are there implemented written procedures to ensure that a T-HPOT session has the following:

1. A team that includes a leader, 2 sidewalkers and the therapist/health professional or COTA/PTA if the equine is led (personnel to patient ratio of 4:1); an equine handler, header, 2 sidewalkers and the therapist/health professional or COTA/PTA if the equine is longeled (5:1)?
2. The therapist/health professional or COTA/PTA is not responsible for the equine?
3. The sidewalkers who are matched in height and strength to the size of the patient, therapist/health professional or COTA/PTA and equine?

Yes       No       DNA

Interpretation: The responsibility of the therapist/health professional or COTA/PTA is the safety and handling of the patient, not the control of the equine. The responsibility of the equine handler is the safe control of the equine. For the safety and comfort of all concerned, it is recommended that the sidewalkers’ shoulders are equal to or taller than the hips of the therapist/health professional or COTA/PTA when the therapist/health professional or COTA/PTA is on the equine.

Compliance Demonstration: Visitor observation of WRITTEN procedures, interview with personnel; visitor observation of a T-HPOT session.
MMH13

DNA (does not apply): If the center does not offer T-HPOT.

Is there a written policy in practice for patients who are deemed clinically appropriate for T-HPOT that includes the following:

1. The combined weight of the equipment, patient and therapist/health professional or COTA/PTA does not exceed 20% of the equine’s weight?
2. The patient participating in T-HPOT with helmet is not taller than the chin of the therapist/health professional or COTA/PTA when mounted?
3. The patient does not exceed the weight of the therapist/health professional or COTA/PTA?
4. The patient demonstrates physical behaviors (voluntary or involuntary) that can be safely managed by the therapist/health professional or COTA/PTA?
5. The patient or parent/guardian signs an informed consent acknowledging the inherent risk of a T-HPOT session?

Yes       No       DNA

Interpretation: As the combined weight and positions of the patient and therapist/health professional or COTA/PTA greatly increases stress on the equine’s back and loin area, there should be a determined limit based on the equine’s conformation, condition and the generally accepted figure of 20% of the equine’s weight. A 1,000 pound horse, for example, should not carry more than 200 pounds of combined weight, assuming good conformation and conditioning. The height limitation for the patient helps to prevent injury to the face and head of the therapist/health professional or COTA/PTA should the patient’s head move quickly backwards. This also helps to ensure that the size and weight of the patient is within the ability of the therapist/health professional or COTA/PTA to safely handle. Physical movements and behaviors, such as extensor thrust, tantrums, flailing, etc., that are unable to be managed safely by the therapist or COTA/PTA would be a contraindication for the use of T-HPOT. The patient’s family and treatment team needs to make an informed decision about participation in T-HPOT due to the increased risk of this activity.

Compliance Demonstration: Visitor observation of WRITTEN policy and signed forms, personnel description and visitor observation of T-HPOT session.
MMH14
DNA (does not apply): If the center does not have a direct service health professional.

Is there an implemented procedure for the direct service health professional to provide the following:

1. A written evaluation readily available on-site for each participant receiving direct service?
2. Screening for precautions and contraindications?
3. A written treatment plan that includes long- and short-term goals?
4. Treatment?
5. Written re-evaluation and progress notes?
6. Written discharge summary?

Yes       No       DNA

Interpretation: Participant records will reflect the health professional’s particular profession’s practice act. The evaluation’s long- and short-term goals and the implementation of treatment principles may differ based on the educational background of the health professional.

Compliance Demonstration: Visitor observation of randomly selected participant records and interview with direct service health professionals.

MMH15
DNA (does not apply): If the center does not offer hippotherapy.

Are the following documents available on-site for each patient?

1. Prescription from a physician IF required by the therapist’s/health professional’s state practice act?
2. Treatment plan that includes long- and short-term goals?
3. Progress notes, completed on a regular basis, that reflect the treatment and its modifications based on the response of the patient?
4. Re-evaluations, completed on a regular basis, that update the goals and plan, makes recommendations for further treatment, discharge or transition into another program?

Yes       No       DNA

Interpretation: Patient documentation will reflect the practice acts of the therapist’s/health professional’s respective profession. The areas of evaluation, long- and short-term goals and the implementation of the principles of hippotherapy may differ based on the educational background of the therapist/health professional.

Compliance Demonstration: Visitor observation of randomly selected patient files of each therapist/health professional involved in hippotherapy.
DNA (does not apply): If the center does not offer equine-facilitated psychotherapy.

Is there evidence of **written** documentation available at each activity site for each client:

1. A comprehensive intake assessment?
2. A treatment plan that includes specific psychotherapy/mental health counseling goals?
3. Periodic review?
4. Ongoing client progress notes?

    Yes       No       DNA

*Interpretation:* Typically, a primary mental health professional’s documentation includes a comprehensive mental health assessment including chief complaint, psychosocial history, alcohol and drug history, symptom assessment and diagnostics. The treatment plan specifies the needs of the client, goals of treatment, therapeutic modality and time frames for achievement. The treatment goals and plans should indicate that reviews and updates are occurring on an ongoing basis. The file should indicate that a screening for possible behavioral/psychiatric precautions/contraindications was done initially and is addressed on an ongoing basis as needed. Ongoing progress should be noted each visit. However, some mental health professionals see clients as an adjunct treatment and will have access to the above information through the primary mental health treatment provider/agency. If this is the case, a signed release of information should be present in the client’s file and there should be evidence of periodic liaison with the primary mental health professional. The licensed/credentialed mental health treatment provider documents the client’s status, therapeutic interventions employed, and client’s responses to the intervention, while the PATH Intl. Certified Instructor documents the equine’s status, responses and horsemanship skills addressed in the session. (*Both of these responsibilities may be addressed by the same person, if that person is dually trained.*)

*Compliance Demonstration:* Visitor observation of WRITTEN documentation in randomly selected client files of each mental health professional providing equine-facilitated psychotherapy.
**MMH17 MANDATORY**

DNA (does not apply): If the center does not offer equine-facilitated psychotherapy.

Is there an implemented procedure that requires written documentation for personnel and volunteers to be:

1. Assessed for ability to work with particular clients or client populations?
2. Consistently involved?
3. Oriented to the equine-facilitated psychotherapy program?
4. Oriented to the needs of the specific clients whom they assist?
5. Involved in post-session processing with the mental health professional, PATH Intl. Certified Instructor, PATH Intl. Certified Equine Specialist in Mental Health and Learning and other pertinent people?

Yes  No  DNA

*Interpretation:* The practice of EFP may necessitate the inclusion of specially screened and trained volunteers or personnel. Because of the nature of EFP programs, it is necessary for the volunteers or personnel to be thoroughly knowledgeable and experienced to provide the standard of service required in an EFP program. This includes a maturity level that must be assessed for appropriate behavior and conduct during EFP sessions. To obtain and maintain this standard, personnel and volunteers must receive additional and ongoing training. They should be thoroughly oriented to the program’s philosophy, mission/vision statements, intake criteria, cancellation policies, administrative structure/lines of communication and other related program components.

EFP assistants should also receive very specific information related to client-centered issues, such as client behaviors, treatment plans and confidentiality policies. (Examples: treatment goals, behavioral modification programs, early signs of behavioral escalation, medication side effects, appropriate personal boundaries—physical, emotional, social). Consistency and commitment from the EFP assistants are necessary in order to provide stability of treatment to the clients. Post-session processing enables the team to review the session in order to address issues and concerns and plan for the future.

*Compliance Demonstration:* Visitor observation and interview; observation of randomly selected WRITTEN documents.
MMH18
DNA (does not apply): If center does not bill for services.

Is there written evidence of billing policies and procedures?

Yes       No       DNA

Interpretation: The fees should be reflective of the local treatment fee schedules. Consultation with insurance companies and other therapy agencies is recommended to learn about third party reimbursement procedures.

Compliance Demonstration: Visitor observation of WRITTEN policies and procedures.