

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 PTAs and COTAs 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 PTAs and COTAs 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 in 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

Is there a written contractual agreement between the center and the licensed, credentialed medical/mental health professional who is providing direct treatment therapy services at the center?

Yes No

Interpretation: The professional, whether a paid employee, a contractor or an unpaid provider, should have a written agreement that clearly delineates the relationship between the provider and the center. The contract may include performance expectations, compensation, responsibility for professional and general liability coverage, length of employment, contract or donation of services, tax responsibilities, termination guidelines, reference to job description, billing guidelines and other personnel policies. Legal counsel should be consulted in regard to these and other possible provisions, such as releases of liability and indemnification language.

Compliance Demonstration: Visitor observation of WRITTEN contracts.

***MMH4 MANDATORY**

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

Is there written evidence that the health professional who provides direct treatment therapy services in a hippotherapy program is a PATH Intl. Registered Therapist or a Hippotherapy Clinical Specialist (HPCS), or is there an implemented policy that any health professional not a PATH Intl. Registered Therapist, is supervised by a health professional in his/her respective field who is a PATH Intl. Registered Therapist or HPCS?

Yes No DNA

Interpretation: The PATH Intl. Registered Therapist or HPCS is responsible for evaluating the skills of the therapists or other health professionals, including PTAs and COTAs that are providing direct treatment therapy services. A PATH Intl. Registered Therapist or HPCS has received specialized training to incorporate the use of an equine as a component of treatment in their respective area of expertise in order to participate in and provide a safe and effective hippotherapy treatment session.

Compliance Demonstration: Visitor observation of WRITTEN documentation of direct treatment therapist/ health professional PATH Intl. certifications; observation of hippotherapy session and interview of personnel.

***MMH5 MANDATORY**

DNA (does not apply): If the only health professionals providing direct treatment therapy services are PATH Intl. Registered Therapists or HPCS.

Is there written evidence that any health professional providing direct treatment therapy services in a hippotherapy program has received training in the principles of hippotherapy, equine movement and equine behavior, if they have not completed the requirements for PATH Intl. Registered Therapist or HPCS designation?

Yes No DNA

Interpretation: A non-PATH Intl. Registered Therapist or other health professional must have adequate training to participate in and provide a safe and effective hippotherapy treatment session. This training can be completed by meeting the requirements to become a PATH Intl. Registered Therapist, by training provided by a Hippotherapy Clinical Specialist (HPCS) or current PATH Intl. Registered Therapist, or current PATH Intl. Certified Instructor or other equine therapy professional. Written evidence such as dates of completion of the training and who provided the training should be part of the log.

Compliance Demonstration: Visitor observation of WRITTEN evidence of therapist/health professional training in the principles of hippotherapy, equine movement and equine behavior.

***MMH6 MANDATORY**

DNA (does not apply): If there is not a PTA or COTA providing direct treatment therapy services in a hippotherapy program.

Is there a written policy that PTAs and COTAs are supervised pursuant to jurisdictional requirements by a therapist who is a PATH Intl. Registered Therapist or HPCS in his/her respective field and who has evaluated and developed a treatment plan according to the laws of the respective jurisdiction?

Yes No DNA

Interpretation: It is the responsibility of the supervising PATH Intl. Registered Therapist or HPCS to develop the treatment plan of any participants that receive treatment by a PTA and/or COTA. It is the responsibility of the PTA and/or COTA and the supervising therapist/health professional to adhere to regulations of their jurisdiction. Requirements for documentation and frequency of supervision may vary according to the laws of their jurisdiction.

Compliance Demonstration: Visitor observation of WRITTEN policy on PTA and COTA supervision.

***MMH7 MANDATORY**

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

During all EFP sessions:

- 1. Is a PATH Intl. Equine Specialist in Mental Health and Learning (ESMHL) present?**
- 2. When conducting a mounted, driving and vaulting EFP session, are both a PATH Intl. Certified Instructor appropriate for the activity and a PATH Intl. ESMHL present?**

Yes No DNA

Interpretation: The ESMHL must be present during all EFP sessions provided during any type of equine activity. Additionally, a PATH Intl. instructor certified in the appropriate activity must be present for all driving, mounted and vaulting EFP sessions. One individual may be dual certified as ESMHL and certified instructor.

Compliance Demonstration: Visitor observation of WRITTEN documentation of certification.

***MMH8 MANDATORY**

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

Yes No

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 and current certification documentation.

MMH9

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.

MMH10

DNA (does not apply): If the 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 participant handling techniques?**
 - e. Practice equine handling techniques?**
 - f. Rehearse a mock therapy session to ensure a coordinated team approach prior to participant 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 participant, 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 participants on and off the equine, stabilizing the participant on the equine, introducing extraneous pieces of equipment to the equine/participant during the lesson (e.g., balls, rings, towels, etc.).

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

Compliance Demonstration: Visitor observation of WRITTEN documents and materials. Personnel description of orientation and hands-on training.

***MMH11 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 handling 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.

MMH12

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

Is there written evidence that the COTA/PTA/SLPA providing participant handling in the T-HPOT session:

- 1. Has been trained in the use of therapeutic handling for T-HPOT?**
- 2. 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 participant handling should have sufficient knowledge and skill to facilitate the participant'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. Written evidence of training and supervision can be demonstrated by signed statements or patient records.

Compliance Demonstration: Visitor observation of T-HPOT session, interview of personnel and visitor observation of WRITTEN evidence of training and supervision.

MMH13

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 participant (or his/her legal guardian) and the therapist prior to treatment being initiated.

Compliance Demonstration: Visitor observation of randomly selected WRITTEN consent for evaluation and treatment documents.

MMH14

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 participant and therapist/health professional or COTA/PTA/SLPA. 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 participant 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 participant.

MMH15

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

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

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

Yes No DNA

Interpretation: The responsibility of the therapist/health professional or COTA/PTA/SLPA is the safety and handling of the participant, 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/SLPA when the therapist/health professional or COTA/PTA/SLPA is on the equine.

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

MMH16

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

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

- 1. The combined weight of the equipment, participant and therapist/health professional or COTA/PTA/SLPA does not exceed 20% of the equine’s weight?**
- 2. The participant participating in T-HPOT with helmet is not taller than the chin of the therapist/health professional or COTA/PTA/SLPA when mounted?**
- 3. The participant does not exceed the weight of the therapist/health professional or COTA/PTA/SLPA?**
- 4. The participant demonstrates physical behaviors (voluntary or involuntary) that can be safely managed by the therapist/health professional or COTA/PTA/SLPA?**
- 5. The participant 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 participant and therapist/health professional or COTA/PTA/SLPA 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 participant helps to prevent injury to the face and head of the therapist/health professional or COTA/PTA/SLPA should the participant’s head move quickly backwards. This also helps to ensure that the size and weight of the participant is within the ability of the therapist/health professional or COTA/PTA/SLPA 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/SLPA would be a contraindication for the use of T-HPOT. The participant’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.

MMH17

Are the following documents maintained for each participant?

- 1. A prescription from a physician IF required by the therapist's/ health professional's practice act, local laws or regulations?**
- 2. A comprehensive written initial assessment including screening for precautions and contraindications?**
- 3. A written treatment plan that includes long- and short-term goals reflective of the type of therapy?**
- 4. Written progress notes, completed on a regular basis, that reflect the treatment and its modifications based on the response of the participant?**
- 5. Written periodic review and re-evaluations completed on a regular basis that update the goals and treatment plan and make recommendations for further treatment, discharge or transition into another program?**

Yes No

Interpretation: Participant documentation will reflect the practice act of the therapist's/counselor's/ health professional's respective profession. The initial assessment should make note of specifics necessary for each type of therapy, such as chief complaint, history including psychosocial history for mental health treatment, symptom assessment and diagnostics. The treatment plan specifies the needs of the client, goals of treatment, therapeutic strategy and time frames for achievement. The treatment goals and plans should indicate that reviews and updates are occurring regularly on an ongoing basis and reflect progress made toward goals. Evaluations, long- and short-term goals and the implementation of treatment principles may differ based on the educational background of the therapist/health professional.

Compliance Demonstration: If records are maintained on-site, visitor observation of randomly selected WRITTEN participant records of each therapist/health professional involved in direct service therapy. If records are not maintained on-site, visitor observation of medical record maintenance compliance form signed by each therapist/health professional.

***MMH18 MANDATORY**

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

Is there an implemented procedure that requires written documentation that personnel and volunteers are:

- 1. Assessed for ability to work with particular clients or client populations?**
- 2. Consistently involved in the equine-facilitated psychotherapy program?**
- 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 (e.g., 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.

***MMH19 MANDATORY**

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

Is there written documentation of an implemented procedure that establishes equine workload limits for T-HPOT that conforms to the following:

- 1. Limits each T-HPOT session to a maximum of 30 minutes inclusive of transitioning onto and off the equine?**
- 2. Schedules T-HPOT sessions on non-consecutive days?**
- 3. Allows no more than two T-HPOT sessions per day in non-continuous sessions?**
- 4. Limits involvement in other EAAT on the same day the equine is involved in T-HPOT?**

Yes No DNA

Interpretation: T-HPOT can be a stressful activity for an equine. A record should be kept of the number of times the equine works in T-HPOT and in other capacities. Consideration should be given to a lighter schedule for that equine on a T-HPOT day.

Compliance Demonstration: Visitor observation of WRITTEN documentation of equine workload procedure for T-HPOT and personnel description of scheduling procedures.

