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## Horses and Mental Health: An OT Perspective Recorded April 2, 2020

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- [Fawn] Today's course is Horses and Mental Health, An OT Perspective. Our presenter today is Gina Taylor. She is a New Jersey licensed occupational therapist. She has focused her career on animals, helping people, nature-based therapy, and family supportive services, providing a unique view of health and healing. She is the owner of a small therapy business, Epona Therapy Services. Her therapy focus is nature-based therapy, integrating horses and occupational therapy and early care services. She provides consultation and support to families, teachers, and other professionals who want to include nature when working with children and serves as a resource for those who want to pursue a career that has a nature and healing focus. Welcome back, Gina. So, happy to have you.

- [Gina] Thank you, so much. So, happy to be here and super excited to be talking today about horses and mental health. So, the first thing that we're gonna cover is our learning outcomes. We wanna make sure everyone's clear about what they're gonna know by the end of the course. So, one of the learning outcomes is to contrast the frames of reference used for hippotherapy to those when addressing mental health. Our second learning outcome is to identify three interventions that incorporate horses and people with mental illness. And the third is to define the occupational therapy practice framework and how to apply interventions that incorporate horses into mental health treatment. So, these are the learning outcomes that we're gonna be focusing on today and we're gonna cover them in a variety of different formats. So, I always feel it's important when I attend a webinar, I want something that I can go away with that I feel like I can apply to whatever practice setting I'm in and I hope to be able to do that for you today.

So, a little introduction here. When we think about occupational therapy, I always think about the holistic view that occupational therapy takes of people and that mental health is always incorporated into the way that we serve our clients. So, when we're looking at a client, a family, or a system that we're working with, we're thinking about mental health as part of that and I think that's so important when we start to look at the

way horses fit in as an intervention to address mental health because the mental health factor is always there when we're looking at our clients. We wanna think about how occupational therapy practitioners address psychosocial deficits throughout the lifespan. So, typically when we think about horses and occupational therapy, we often picture children but there is a lot of opportunity for occupational therapy practitioners that are looking at working with youth, adolescents, adults, and those in late lifespan, if they want to incorporate horses. So, this presentation will actually give us a little bit of a better look at mid-life and late life lifespan, when we're working with horses. And then the last part is to think about the types of interventions that we might provide. So, that might be intensive, so looking at those already with a diagnosis. Those might be targeted, so those are people who might have risk factors for occupational performance deficits. And then universal interventions and that fits really well with the psychosocial model of practice and also fits really well with incorporating horses into occupational therapy practice.

So, one of the important things when we're talking about horses in occupational therapy is to start right away with terminology. So, I'm not sure if any of you are familiar with these terms but we're gonna go over them and a little bit about why it's important to be really clear about terminology. So, our terms here listed are therapeutic or adaptive horseback riding, hippotherapy, equine assisted or facilitated psychotherapy, equine assisted learning or coaching, and then equine therapy. So, these are terms that you might hear in reference to occupational therapists working with horses or you might hear in reference to the industry in which horses are used with people with physical disabilities or mental health disabilities and each of these terms means something a little bit different. So, therapeutic or adaptive riding is a horseback riding lesson for a person with a disability and there is no medical or mental health professional involved in these services. Hippotherapy is a treatment strategy or a tool that focuses on the movement of the horse and it's used by occupational therapy practitioners, physical therapy practitioners, and speech language pathologists. Equine facilitated or equine assisted psychotherapy is focused on the mental health aspect.

So, typically this is provided by psychologists or social workers or counselors. Equine assisted learning or coaching sometimes is confused with psychotherapy but is provided by an educator. So, a lot of times they might be working on learning outcomes but there's also an area here that's addressing growth, personal growth, and self-learning. And then the last term equine therapy is actually a term that's used to address therapy provided for a horse with an injury. So, sometime you'll see that as a misnomer but that's actually where a veterinarian or a physical therapist is providing the intervention to the horse that has been injured.

So, why are these terms important? Well, it's important to understand how occupational therapists might be working and including horses in their practice. And the two ways that typically that would be, would be hippotherapy. So, again that is looking at the specific function of movement of the horse to address a patient's deficits, looking at functional outcomes. So, we might be working on the sensory systems, neural motor systems or cognitive systems, and then we're looking at occupational performance at the end. And hippotherapy is always integrated in with other tools or strategies that the practitioner is using. With equine assisted psychotherapy, it's looked at as an interactive process with a mental health professional, working with an appropriate credentialed equine professional and suitable horses or equines to address the psychotherapy goals set forth by the mental health professional and the client.

So, in this case it's also a team approach. We have our mental health professional which may be our occupational therapy practitioner or like I said, it could be a psychologist or a social worker or a counselor. And then they're gonna work with an equine professional and the equine professional can be an equine specialist in mental health and learning or other appropriately credentialed equine professional and their role there is really as an advocate for the horse. They're there to make sure that the horse isn't becoming too stressed with the work that is being done and they're there also to interpret some of the cues that the horse might be providing. And then the

client and the mental health professional are working together to set goals and the horse is being incorporated to address those goals. So, when we're looking at the medical and mental health applications of horses, we're specifically looking at either hippotherapy or equine assisted psychotherapy. So, hopefully that helps to clarify some of the terminology that you might see surrounding the use of horses in occupational therapy practice.

And we're gonna move a little bit deeper now and we're gonna look at some methods and models. So, when we're looking at hippotherapy, the methods and models that it is based on include dynamic systems theory, biomechanical theory, motor learning, sensory integration and principles of NDT. When we're looking at the psychosocial practice, we're looking at task oriented groups, psychodynamic theory, and cognitive behavioral theory. So, the hippotherapy frames of reference would be dynamic systems where the movement of the horse impacts multiple systems in the client, biomechanical, we're looking at impacting the client's capacity for movement and daily occupations. Motor learning is that the horse's movement provides repetitive practice to improve motor outcomes. From a sensory integration perspective, the movement of the horse is multisensory and is graded to improve processing and integration. And for principles of NDT, we're looking at weight bearing, weight shift, key points of control that's overlaid with the movement of the horse. When we contrast that we can look at the psychosocial frames of reference of a task oriented group. So, when we think about task oriented groups, we're thinking about occupational therapy mental health practice and we're looking at the way in which a group of clients or individuals interact together to complete a project. The leader tends to be directive or facilitative. And some examples of working with horses in a task oriented group include leading the horse through an obstacle course. So, in this case we have our group members, our clients that have come to see us, and we're gonna have them create an obstacle course for the horse and then they're gonna go ahead and lead that horse through the obstacle course. Another option is having the group clean the horse's barn, making a nice home for the horses. So, that could be a task that we have them complete as the

occupational therapy practitioner. Another idea is to complete a bulletin board for the facility about the different personalities of the horse. So, these might be examples of different types of groups that we're running as part of our occupational therapy practice. When we look at the psychodynamic frame of reference, we're really focusing on themes and symbols and the way that the client views themselves. So, we might be looking at the horse as a metaphor for other people in the client's life. So, if they're always projecting that one horse is angry with them, we might talk about this from a psychosocial perspective of and you are always saying that the brown horse seems really angry. Does the brown horse remind you of anybody that you have a relationship with? So, that horse really takes on a metaphorical or a symbolic representation for the client.

Or we can work with the horse as a living canvas. So, we talk about that by painting some sort of art on to the horse's coat and then discussing the symbols that the client has created. In mental health psychosocial practice, many practitioners are familiar with cognitive behavioral frame of reference. So, focusing on the thoughts and behaviors of the client as an avenue for change and this can be done in one-on-one sessions or as a group. And some examples would be looking at a single client or a group's perception of the horse's behavior, statements such as "That horse didn't like me" or "The brown horse always walks away from me". So, what does that say about the client's thoughts? And is that repeated in any of the clients behaviors in the way that they interact with other people? Other aspects that we might include from CBT would be journaling about sessions. So, having clients complete journals at the end of their sessions where they interacted with horses. Or working on stress management and coping tools. So, a lot of times if you're working with horses, they don't always do what we want them to do and that can be stressful for clients. So, it provides us as practitioners an excellent opportunity to work on stress management or coping skills with clients. So, we're going to watch a short video that looks at horses and human health.

- Personally, I don't think adults and human beings are honest enough anymore. I think we've forgotten how to be honest 'cause we're all too scared to be honest but I think horse just kinda go you know what? Turn up and I'm gonna treat you just as you are and I'm gonna respond to what you do. They pick up on all that emotions but also body clues that we put out there and they're doing it in a really honest and they're big. I feel like some of the young people I've worked with, they can't get aggressive with the horse, 'cause it's not gonna respond to them.

- Horses are prey animals which means every day when they wake up, really what's foremost in their mind is am I gonna die today? They have to monitor their environment to make sure that there isn't a predator who is gonna harm that animal and because of that they are highly emotionally intelligent. They are able to read the energy of a person or of a group. They can read intent and they're also highly congruent in their behavior. So, based on what they experience in their environment, they're gonna behave in certain ways. So, they offer a great gift to us as therapists as instructors so that we can look at what they're presenting to us in an experience with a person and then we can help facilitate some conversation with that person whether it's a client or a student about their experience with that animal, about that animal's interaction with them that can allow that person then to use that experience to do some introspection to help heal or to grow in different ways.

- So, in the EAGALA model, we don't ride horses. It's all ground-based work.

- Just the presence of animals, research shows lowers our heart rate. Helps us ground ourselves if we're anxious. So, the horses can provide comfort, support. Sometimes they can provide a challenge because if you're afraid of horses, obviously it might be a challenge to enter an arena and have an experience with a horse. But they become the

team members. They're part of the treatment team. And they're part of what happens in the arena.

- [Gina] So, thank you to Eagala for letting us use that video 'cause I think it incorporates some ways for us to see the way in which clients might be interacting with horses. And we're gonna go back to our presentation and talk about some of the concepts there in the video that we saw. So, the video showed a model of using horses for mental health and we're gonna focus in on the occupational therapy perspective now. So, occupational therapists who are gonna incorporate horses in when working with people with mental health or mental illness challenges, we have a lot of opportunities already drawing from our own OT frames of reference and using treatment groups, but we also have the ability to look at experiential learning and the components of how experiential learning really can focus on task completion, self-awareness, coping skills, and stress management. And ultimately, our focus is on occupational performance. So, we are able to set up a novel situations that either is presented by one horse or a group of horses to clients to focus on a lot of these skills.

So, one of the interesting aspects of this is when we're working with horses and people with mental health challenges, we're often not able to preplan what's going to happen. We don't know what the horses are gonna bring and we don't know what the clients are going to bring. So, we need to be well versed in our mental health practice to be really competent and effective in this area. So, when we think about intensive interventions, we're looking specifically at people who have a mental health diagnosis. So, the occupational therapy practitioner is looking at the occupational performance deficits that are associated with the diagnosis. And an example here is the occupational therapy practitioner runs a group for veterans with PTSD every week to address ADL and IADL skills. And we're using the horses in this case to look at ways that the group members can practice skills to assess their own physiological reactions to stress, develop coping skills while performing IADL skills. So, when we think about caring for others and caring for pets, the horses provide a nice opportunity there and

we can be focused on coping skills as they work through some of the reactions that they might be feeling as they're going through the IADL skills. Targeted interventions are looking at at-risk groups and we're really looking at improving mental health and impacting risk factors. So, we might be working with a smaller group here and the example is four children in foster care and we're really looking at trust and attachment. So, in this case the horse provides a nice stable partner for bonding for these four children. So, we can take this targeted intervention and incorporate horses focusing on bonding. And this again might be children in foster care. They don't particularly have a diagnosis but we know that they do have some risk factors.

Universal interventions are aimed at promoting mental health. So, this is often outreach or prevention and in this case we could be providing a program, an anti-bullying program to schools. All school children come out to the farm and they're gonna do a herd observation. That means they're gonna observe a herd of horses out in a field or in a natural environment. And then they're gonna look at the role of the herd leader. So, that's the horse that is in charge and discuss maybe what that looks like in relationship to other groups of people or peer groups. So, we know that you can have a good leader who communicates really well and everybody's happy to follow or you could maybe have a bossy or a bully leader who kinda tells everybody what to do and nobody seems to wanna go along. So, we could see that in the horses and then have a discussion with it. So, why horses in particular? Well, the nice thing is is that they're herd animals and they respond really well to social interactions. As we heard in the video, they're prey animals so they respond to factors in their environment. Horses have a social hierarchy and they often include horses in their hierarchy. So, that gives us an opportunity as practitioners to bring that to the client's level of awareness.

Horses have complex neurological and sensory systems and humans interact with these sensory systems. So, we'll talk about co-regulation. And it gives an opportunity for clients to participate in ADL and IADL skills. So, one of the key topics when we're talking about psychosocial practice and horses in particular is vigilance. So, horses are

very vigilant about their environment. And we know that many clients with anxiety OCD or PTSD often have trouble with vigilance and hypervigilance. So, there's a commonality between the horses and the clients to start with. And then when we take this into the next step, we know that the horses are going to mirror a client's behavior or emotions. So, we can use this as the practitioner to help the client develop self-reflection. And then as we look at the horses behavior, we have a lot of opportunity for feedback and for the client to check in and process what's going on in the moment. So, if a horse suddenly becomes alert to something in the environment, we might ask the client to check in with their own body, especially if we're working with the group that is somebody with anxiety, OCD, or PTSD, people who already have challenges with vigilance.

Congruence is another area that we really focus on when we are thinking about psychosocial practice and horses. It's the fit between our internal state or feelings and our outward behaviors. So, when we come to a barn or a facility and we meet a horse for the first time, if we're feeling scared but we're projecting that we're confident, the horse will pick up on it and display certain behaviors. So, our equine professional or if our occupational therapy practitioner is well versed in equine behavior and communication, they can point this out and maybe ask the client if what they're feeling is the same as what they're feeling on the inside. So, the horse is going to look at the person's facial expressions, their words, their body language and they're kind of gonna give a little bit of a read back. So, in human relationships, congruent behaviors are key to having a successful human relationship. And we can really have an opportunity when we're partnering with horses to help our clients develop those skills to have more successful human relationships.

Co-regulation, as somebody with a strong background in sensory integration, I find the co-regulation that happens between horses and clients or groups of people extremely fascinating. So, horses are looking for a homeostasis in their daily life and environment and that is impacted by the alertness level of other horses in the herd. And we know

that when dysregulated clients come into the herd of horses, it can really affect the horses. It can change their level of homeostasis or their level of regulation. And we want to have horses that are well regulated so that they can help co-regulate with our clients. And if we work with really high functioning clients, we can actually help them focusing on regulating themselves to be more calming to a horse that's dysregulated. So, we can work on the system both ways. We can have horses that are very calm and well regulated to help a dysregulated client or we can have clients that are really working on some of those higher level skills work with a horse that's really excited and have that client really focus on calming themselves and seeing that effect in the horse.

So, the Horse CARE protocol is a protocol that I developed after reading the book "Four Ways to Click: Rewire Your Brain for Stronger, "More Rewarding Relationships" and it really focuses on occupational therapy interventions. And we're gonna look at some ADLs, roles, rhythms, and social interactions that incorporate horses and some interventions. And it's called the Horse CARE Protocol. So, one of the factors of the "Four Ways to Click" is calm and it's based on the smart vagus nerve and it's looking at developing trustworthy relationships. And the herd becomes the safety group. And we look for positive relationship or relational moments with the horse. And in this we're gonna use grooming as an activity of co-regulation. And we're really introducing to the client a body scan or arousal regulation. So, we're gonna discuss with the client grooming the horse but also grooming as a daily routine. So, hygiene and self-care. Another example habits, routines, and roles. So, we're looking at the dorsal anterior cingulate cortex and that's feeling as part of a group or feeling that you do not belong. And this is a way of soothing and processing feelings of social anxiety or isolation. And in this we're gonna look at horses as being part of a herd. And the client completes a herd observation which is looking at a group of horses in an arena or a pasture. Some of the questions that we might be asking the client is what does the client see in the herd? Are there any metaphors for their life or any groups that the person is a part of? And when we think about this, we're gonna be bringing attention to the client's roles, son, daughter, student, warrior, patient, worker. What roles is a client currently

identifying with? Are there any activities that they have to do to fit into these roles? So, often in psychosocial practice the client may identify with the role but have a hard time fitting in.

Performance skills, looking at the mirror system. Seeing another can be a literal or metaphorical sense. Practice reading our emotions. Looking at the rhythm of connection and disconnection. And so, with this we're gonna talk about the way a horse approaches new objects in their environment. So, we're gonna present the horse with the novel stimulus and see how the horse reacts and then looking at the way the client feels about watching the horse experience this. So, we're looking again at that mirroring system. If the horse is having fear, does the client notice it anywhere in their body? So, this is a good intervention for taking photos 'cause again we're talking about mirroring. So, we have the client go back to the body scan again and also incorporating some journaling in this. So, we're gonna look at the occupational therapy practice framework and how it can be used to describe the way that we incorporate horses into occupational therapy practice when we're looking at it from a psychosocial perspective.

OTPF really allows us to communicate with other occupational therapy practitioners but also other professionals in a way that's consistent. So, certainly encourage people to look at OTPF as a way to document and a way to communicate how they're providing interventions. So, we're gonna look at client factors, performance skills and then also OT process for outcomes, so promoting, creating, and restoring. So, when we apply the OTPF looking at occupations or ADLs, we can look at incorporating horses into ADL such as grooming. So, the client can groom the horse and reflect on the ADL of hygiene in their own life. How did the horse look before grooming and after grooming? What purpose does grooming a horse serve? And then ask the client to go ahead and reflect on their own hygiene. Before and after photos, again, of the horse can be really useful here. And then another ADL skill here would be dressing. We know that there's a variety of different types of equipment or tack that horses use but also

blankets during certain weather. Horses can wear a light sheet, if it's just a rainy type of weather and they're gonna be protected or a heavier blanket, if it's colder weather. So, we can have the client assist in this, putting the equipment on the horse or putting blankets on, if the horse is going outside. And then talking about what skills we need for independent dressing. How was the client able to match the type of clothing that was needed to the horse, to the weather, or the type of equipment that the horse needed for the activity that was going to be done for the day. And is the client having those same challenges in their own dressing skills? We can look at performance patterns, habits, routines, and roles.

So, again really thinking about the way that we communicate with others about the unique role of occupational therapy in mental health practice. We can be looking at personal goals, so employment, education, independent living, or sobriety. And performance patterns are something that really help the client achieve these goals. So, if they're having trouble with their habits, routines, or role acquisition, they're often going to have difficulty with employment, educational prospects, living independently, or sobriety, if we're talking about people who are having challenges with addiction. So, habits, horses like things to be the same. They like to be fed at the same time of day. They like to be handled in the same way. They like people to approach them in the same way. So, we can really start to get our clients familiar with habits. What are their habits that are serving them? And what are their habits that are maybe not so helpful? Routines, again, horses like things to be the same and we can have the clients start to assist in everyday barn routines in a way of developing more functional performance patterns that are gonna serve them in a job situation or are gonna serve them if they need to start taking online education classes.

So, what routines are they gonna need to set up for themselves? If they can start to understand how routines work for horses, they can be more successful when they start to set up those routines for themselves. So, performance skills include sensory and praxis skills, social skills, emotional regulation, and interpersonal communication. And

these are often areas that people with psychosocial challenges have difficulty in. And when we think about the way that we interact with horses we talked about vigilance, congruence, and co-regulation. They really fit very well into the performance skill category. So, as the occupational therapy practitioner, if we understand the physiology of the horse, we can really focus on clients or groups issues with stress management, anger management, and executive functioning. We can do group activities or team building experiences to include horses into those interventions.

So, really working on social skills we can have a group of horses work with a group of people or as a team building exercise we can have a team that comes to us work with one horse and really focus on interpersonal communication. So, this is sometimes where we might be working more with corporate groups or non-profit volunteers and having them doing team building types of activities and the way that we communicate this from an occupational therapy perspective is through performance skills. So, some performance skills examples would be social skills and we're gonna look at having a group of clients figure out how to move a horse safely into a box or area of the arena without touching the horse. So, when we think about that, if we set up a little area on one side of the area that we're working in and we have a horse in this area and we have a group of clients and we say to our group of clients we want you to move the horse in between these four poles on the ground and you can do it anyway but the one thing that you can't do is touch the horse. And so, we're going to, as the occupational therapy practitioner, assess the social skills of the group. How did they problem solve? Are they going to try to scare the horse? Are they going to try to entice the horse? There's lots of different ways that they might approach it but we're really looking at the interaction and the problem solving in between there. We can have a focus on emotional regulation. So, if we have a client with anger issues, we might choose a horse that is very sensitive to incongruent behaviors and then set up a situation that's challenging and see if the client can remain congruent. And we reflect on the behaviors that the horse is showing to the client. When we're looking at interpersonal communication skills, again, we can go back to our task oriented groups and we have

the clients plan and execute an activity around the barn to improve the stable or promote the facility. So, this is a nice sort of community outreach sort of focus. It's a use of a task oriented group.

And we might think about if we have a group of people with anxiety, how would they reach out to other people with anxiety in the community? What type of task? Could they do a brochure? Could they do a short video of themselves talking about the benefits that they're having? And it sort of serves two purposes, right? It's the actual group that you're running but then it also serves your practice of outreach. We can look at occupational therapy outcomes, so different ways that we hope to have our clients function at the end of our services. So, we can look at to create or promote. So, clients develop healthy living routines by caring for horses. So, we think about the physical activity that comes with cleaning up a barn, mucking out a stall, dumping water buckets, right? It's a lot of physical activity. And we know that some of our clients with depression have trouble with physical activity and healthy living routines. So, this might be a way to start to have clients engage and get involved. They feel like they're caring for the horses but at the same time from the occupational therapy practitioner's perspective, we're really looking at developing healthy living routines. We can look at establishing or restoring social skills. So, clients address social skills and communication in a group with several horses. And we're again really focusing on establishing or restoring that skill.

Maintaining, clients attend as a volunteer at the facility and a peer support group to maintain sobriety. So, again this is something where they're coming out, the focus is on maintaining their sobriety, and they're coming out to attend as a volunteer and it functions as a peer support group. Modify, typically through modifying is not something that we're doing when we're focused on interventions that are including horses but the intervention may give us information to be an advocate for the client outside of the work with horses. So, we may learn something about the client that would be really helpful to their employer or to a professor that they have. So, we may

go ahead and seek to try to modify in another situation with information that we gained through the interaction with horses. And then an outcome of prevent. We might be looking at having the client develop a list of stress management cues to prevent illness symptoms from interfering with their work roles. So, through these interactions with horses, the client becomes aware of things that really work well for them for stress management. They're gonna put these into a list and when they notice their symptoms start to increase, they're going to use the stress management cues that they've developed so that way they can maintain their role as a worker.

So, we're gonna take a little moment and look at a case study situation to help you apply this a little bit more fully when you're thinking about occupational therapy practitioners that are incorporating horses into a mental health setting. So, as an eight week group addressing social skills we can take six adolescents with identified learning and emotional disabilities. We could look at three veterans that have self-identified as isolating from social interactions. Or we can look at one client with bipolar disorder who is having difficulty with her marriage and relationships with her children. So, we're talking about different populations, different numbers that we're working with, groups versus a one-on-one. And so, when we think about this eight week group, if we're looking at adolescents and we're looking at social skills, we're thinking about the areas that they might have challenges in with learning and their emotional disability. So, again coping skills might be a challenge for them. Co-regulation might be a challenge for them. Our veterans have already identified that they're having difficulty with social interactions and so they're isolating as a coping skill. So, we might be looking at different coping skills with the group of veterans. We might also be looking at different ways that they might pursue interactions. And then for our one client with bipolar disorder, we might again be looking at congruence of her behaviors in relationship to the horse.

So, outcomes, what kind of outcomes might we expect from our group here? For our first group of adolescents, the adolescents will use appropriate social greetings with

one another. So, that might be something that we're gonna target in our interventions and the outcome, again, is that they would use appropriate social greetings with one another. For our veterans, they will identify benefits of social interactions. And for our third client, the client will improve her ability to be congruent in her verbal and non-verbal communications. So, when we think about writing our OT goals and looking at the occupational therapy practice framework and what goals we can expect, these are some examples of goals that we might be targeting in our interventions. So, what will we do? To address our goal, our adolescents will develop a greeting habit with horses. The group members will practice approaching the horses, showing the back of their hand, and touching the horse's shoulder before haltering. So, this is a common greeting or acceptable way of approaching a horse and it makes the horse feel calm and safe and we would transition this over into a discussion about the way that the adolescents approach and greet one another. For our veterans, we will have them do a herd observation and discuss the benefits of living in a herd. And the occupational therapy practitioner's really gonna facilitate the discussion to look at the ways in which the horses interacted and how the veterans can then go ahead and start to incorporate some of those interactions into their own daily life.

For our third client, this client will work with one horse and attempt to accomplish the task of catching, haltering, and leading the horse to the barn. Sounds like it might be an easy task but depending on the horse that the occupational therapy practitioner and the equine specialist have selected, this is going to challenge the client's self-regulation, congruence, and communication skills. So, the occupational therapy practitioner is going to then help the client process the experience and apply it to her interactions with her family. So, what does she do when she gets frustrated? Does she do the same thing that she did with the horse with her husband in her marriage? And so, we're gonna be helping her connect those two scenarios together.

So, some references that were pulled together for this presentation. The "Four Ways to Click" book that was used in the Horse CARE Protocol. And there's a lot of information

out on the practice of incorporating horses into mental health. So, Eagala is the Equine Assisted Growth and Learning Association. The video came from them but also they provide education to practitioners, mental health practitioners, and equine professionals. So, they're working on developing that team model. There's also the "Practices of therapists using "equine facilitated or assisted psychotherapy "in the treatment of adolescents diagnosed with depression". And that was a doctoral dissertation. "Horses Don't Lie: What Horses Teach Us "About Our Natural Capacity for Awareness, "Confidence, Courage, and Trust". Again another way of looking at how horses can be effective in occupational therapy practice when we're looking at mental health diagnosis. The "Equine Assisted Psychotherapy" training manual can be really helpful as a reference.

Here's our research references. And I think when we're thinking about occupational therapy practice and we're looking at how do we pull together some evidence-based practice for occupational therapy practice that incorporates horses and mental health, it's really important to think about the sort of three stools of evidence-based practice. And when we're thinking about this as it relates to horses, we can look at the psychotherapy research that's out there and that's typically gonna come from psychology, social work, or counseling. We can look at the occupational therapy information as it relates to experiential learning. So, occupational therapy research has a good body of evidence for the benefits of experiential learning and that applies to students, so occupational therapy students and assistant students but it also applies to those who are working in mental health and that is a way to sort of pull together some evidence as far as what is available to support our practice with mental health.

So, as we finish up here today, if you have any questions I always encourage you to go ahead and reach out to me with any questions that you have. I'd be happy to help you apply some of the information that you've learned here today in the webinar. And I'll be certainly happy to answer any questions. Thank you. Great, it looks like we have some questions.

All right, the first question that I'm seeing, "What are some of the qualifications needed "for practicing in this area?". That's a great question. You really want to have a good knowledge base of mental health practice as an occupational therapy practitioner and then also some equine experience. Now, the focus in working in mental health with horses is a team model. So, typically there is an equine specialist. If the occupational therapy practitioner is not very experienced with horses, then they need to have this other person that's part of their team and that's the equine specialist. And we touched upon that a little at the very, very beginning and we'll sort of come back around to it now. So, there are two main organizations in the United States that provide education for mental health practitioners who are looking to incorporate horses into their practice and that would be Eagala that we talked about and also PATH. So, those are two organizations that tend to provide information about mental health practice with horses and have some resources available, trainings available, and both of those organizations support the use of a team model. So, the occupational therapy practitioner that's coming into this is definitely focused on the mental health side of things. And in our education as occupational therapy practitioners we have a strong background in mental health, running treatment groups, and that is a strength for us. So, what we need to be able to do when we come to the team model is to articulate our value and what our focus is and to be able to communicate with the equine professionals what we need out of our sessions. So, it's very important as we're getting into this work that we're able to communicate with the equine professional what types of horses we need, what types of goals we're working on, what we feel comfortable with in terms of whether we want to work with one-on-one with sort of one horse and one client or whether we'll be more comfortable working with a number of horses. As a sort of a side part to this, I think it's really important for any professional whether you're working more on the hippotherapy side of things or on the mental health side of things to understand basic horse safety and basic horse language. So, if you're not a really strong horse person and you're gonna be working with an equine professional or equine specialist, it's still our practice license, it's still our license that's on the line, if

something goes wrong. So, really thinking about just getting some mentoring in this field so that way you can be comfortable with the safety aspects of keeping your clients or a group of clients safe when they're around horses.

All right, next question. "What different groups do you work with?" So, populations is always an interesting topic when we think about working with horses and mental health. And as I said at the beginning, we can look at this through the lifespan model. So, we talked about some examples of children in foster care or adolescents with behavioral disorders. We can look at our mid lifespan. So, we can think about our adults and the different roles that they might play. So, those might be worker or parent. So, in some cases people who are struggling with parenting, that can be a good group to work with. People who have, again, identified mental health challenges like anxiety, OCD, bipolar disorder, depression. People who have depression and come out to the barn tend to respond very well to the setting. It tends to be very helpful for them to get out of their typical environment and get into a different environment. They tend to open up and interact with the horses. A lot of times the horses will approach them and sort of interact with them in a way that they might not be ready yet to initiate on their own. So, that's a really nice thing when we're thinking about our mid lifespan. And when we look at the later lifespan, there's a lot of groups and practitioners out there who are starting to work with seniors. So, that might be active aging and that might also be groups of people with dementia. So, that's sort of a new practice area where occupational therapist are going ahead and looking at working with people with dementia and having them interact with the horses. And a lot of times when we're looking at the late lifespan, these individuals have had experience with horses in the past and it brings out a lot of nostalgia for them and tends to be a very positive focused experience. So, it's a nice way of looking at occupational therapy practice across the lifespan and the different ways that we might apply it to mental health and incorporating horses in. And just as it's important to talk about what groups that we do work with, it's probably equally important to think about who is appropriate and who might not be appropriate. So, there are precautions and contraindications when we are

working with a mental health diagnosis. And some of the most important ones to know as far as precautions and contraindications, so these would be people that would not be well suited to working with horses and these are people who have a history of animal abuse. So, that tends to be a contraindication. If the client has a history of animal abuse in order to protect the horses that we're working with, we do not include the horses in their treatment sessions.

So, that's one. Another one to think about is somebody who has an active psychosis. Generally, the main goal with somebody who has an active psychosis is to get them stable and in this case the intervention with horses can come a little bit later on when they've been stabilized and they're a little bit more related to reality then they can really benefit from the work but during an active psychosis, the main focus there is getting them intensive treatment so that way they can come to our interventions a little bit later. Some other things that may not be appropriate. Someone who has a history of fire setting is often contraindicated because of the risks around the farm environment. So, that's another one to consider is that somebody who has had a history of fire setting probably is not a good candidate for coming out to the farm and working with the horses. Types of thoughts that are, again, appropriate sort of goes with that different groups and looking at across the lifespan model but again, veteran populations work a lot of times. There's a lot of information out there about working with veterans and horses.

Working with support groups tends to be a nice way of interacting with the community. So, if you have some mental health support groups in their community, they may be interested in working with you as an occupational therapy practitioner where you're including horses and coming out and doing either a certain number of sessions with you or a protocol with you for a particular period of time and that's a nice way because the group is already established, so there's already some interpersonal interactions in a support group that's already established. So, this might be AA groups that are in your area or NA groups that are in your area. So, that's Alcoholics Anonymous or Narcotics

Anonymous. Support groups for postnatal and perinatal depression or mood disorders is another one that can respond really well. If we're looking at people who have been incarcerated, that may be another group that can benefit from this sort of transitional type of experience where you're incorporating horses and there's a lot of benefit to occupational therapy services provided to these groups.

Another question I see now, "How long might a group run?". So, there's two components to that, how long as a one time, how long is my session going to be and then how long may I see this patient from evaluation to discharge? So, we'll talk about the evaluation to discharge first and then we'll talk about the session time second. So, when we're looking at evaluation to discharge, some of that's going to depend on if you're seeing a client individually, it's a one-on-one client or if you're seeing a group of people. So, if we're seeing a group of people, we generally have a number of weeks that the group is going to meet. So, similar to other mental health settings, if you're running a group protocol, it might be an eight week, 10 week, 12 week group protocol. Occasionally shorter group protocols such as four weeks can be effective and successful. Your goals are just going to be modified to represent that shorter timeframe but eight to 12 weeks tends to be a really nice time period to see good change and to have the group be fairly cohesive in that time period. So, if I'm creating a group and going to run a group program for me I like to do that eight to 12 weeks time frame. If I am working one-on-one with a client, it's similar to how I would see them in any other way. During the initial evaluation, we would decide on their goals and decide how long we think it would take to meet those goals.

So, typically when I'm working on a one-on-one situation, I'm looking at about four to eight months, seeing them weekly. And then at that time doing a reevaluation to decide if we should continue our treatment sessions or if they're ready to discharge either to a different setting or if they're ready just to go ahead and try to start putting those skills into practice in their daily life. And then at that point, we'll also set a reevaluation time period. So, maybe I would see them for eight months. I would discharge them for four

months and I would plan a reeval on sort of that one year initial evaluation anniversary, just to see where they're at and see how they're doing. So, that's sort of the how long we might run a group. And then for the individual session time, if we wanna think about how long that individual session might run, typically about an hour is a good amount of time, if we're working either in an individual or a group. If I have a larger group, so probably more than about six individuals, I might want my group to be an hour and a half, just to give a little bit more time for introductions and closure, so we get everybody oriented to the group that were running for the day.

But for smaller groups and individuals an hour is plenty of time both from the horse's perspective and from our occupational therapy group perspective. We want enough time to have time for processing. We wanna have enough time for closure of our group. So, an hour tends to be a pretty good session time. If you're doing something like a corporate training, those can sometimes be a half day types of thing but that's a little bit of a different scenario. All right, let me see if we have any more questions.

Ah, looks like we have one more question here. "How do you match the horse and clients?" "What are some considerations "for matching horses and clients?" And this is a great question because it's really about knowing your horses, knowing the client, and having a good professional working relationship with your equine specialist. So, from the first side of things, let's talk about the client. What do we need to know about our client or our group? So, if we have an individual client, we want to know obviously what their goals are. We want to know did they tend to be overreactive? Do they tend to have some trouble focusing? Do they need a horse that is going to draw them out? Or do they need a horse that they're going to go towards? Those are all things that I think about when I'm looking at an individual client. When I'm thinking about a group, I almost think about the group as a collective individual. And so, with that group, what does the group bring? What does the energy of the group bring? Are they a quiet group? Are they a really noisy boisterous group? Are they an interactive group? That's gonna give me a lot of information about how I'm gonna match. And then we need to

think about the horse side of things. So, do I want one horse or do I want a group of horses? So, depending on what my goal and objective is, if I'm doing a herd observation, I need a group of horses. And do I want that herd of horses to be an organic herd, meaning that these horses go out together all the time and they know each other really well or do I want to facilitate a herd? So, maybe I pick three horses that are compatible but don't normally go out because they're gonna display a lot more behaviors than a herd that's all together. Or I might just want one horse. And so, do I want a horse that's reactive, is gonna give the client a lot of feedback? Or do I want a horse that the client really has to elicit that reaction from the horse? So, there's a lot of factors and I rely on my equine specialist really to help give input about the horses with what my needs are as the clinician.

So, I don't see any more questions. I'd like to thank everyone for attending today. And I hope you've learned a little bit about how occupational therapy can incorporate horses into mental health.

- [Fawn] Thank you so much, Gina for a great talk today. I hope everyone has a great rest of the day. You join us again on continued and occupationaltherapy.com. Thank you.