

AN ASSESSMENT OF EQUINE ASSISTED GROWTH LEARNING ASSOCIATION
AND PROFESSIONAL ASSOCIATION OF THERAPEUTIC HORSEMANSHIP
PROGRAMS IN MONTANA

by

Amy Kristine Prechter

A thesis submitted in partial fulfillment
of the requirements for the degree

of

Master of Science

in

Agricultural Education

MONTANA STATE UNIVERSITY
Bozeman, Montana

November 2014

©COPYRIGHT

by

Amy Kristine Prechter

2014

All Rights Reserved

ACKNOWLEDGEMENTS

I would like to thank everyone who has helped and supported me along the journey of completing my thesis. First of all, thank you to Dr. Shannon Arnold, for always supporting and believing in me. You have inspired me to accomplish my goals academically and in all areas of my life. Throughout the journey of writing my thesis, I could not have asked for a better mentor and friend.

To Dr. Carl Igo, Dr. Shannon Moreaux, and Dr. Larry Deneen, thank you for serving on my committee and providing support and advice throughout the research and writing process. Without your assistance and dedicated involvement in the process, this thesis would not be what it is today.

To all of my friends and special people in my life, you know who you are; thank you for all of your friendship and support throughout this process. The late night phone calls, putting up with my chaotic schedule, walking my dogs, feeding my horses, providing excuses to take mental breaks from writing, and listening to all of the details of my thesis; I could not have accomplished so much without you.

To my family: it would be an understatement to say we have experienced some ups and downs in the last few years. This thesis stands as a testament to your unconditional love and encouragement. Thank you for always believing in me in all that I set out to accomplish in life. I would not be where I am today if it was not for your encouragement and support. Lastly, I offer my thanks and blessings to all of those who have supported me in any respect during the completion of this project. Each of you has played an intricate role in this journey and I appreciate all of the encouragement and support you provided along the way.

TABLE OF CONTENTS

1. INTRODUCTION	1
Background and Setting.....	1
Research Question	4
Purpose of Study.....	4
Objectives of the Study.....	5
Limitations of the Study	5
Assumptions	5
Definitions of Terms.....	6
2. REVIEW OF THE LITERATURE	10
Introduction	10
Psychology and Traditional Therapy.....	10
Learning Theories.....	12
Behaviorism	12
Social Cognitive Theory	14
Constructivism	19
Experiential Learning and Therapy	22
Animal Assisted Therapy	25
Therapeutic Horsemanship	28
Therapeutic Riding and Hippotherapy	30
Equine Assisted or Facilitated Psychotherapy.....	32
Equine Assisted Learning/Equine Facilitated Learning	33
Professional Association of Therapeutic Riding International.....	35
Equine Assisted Growth Learning Association (EAGALA).....	36
PATH and EAGALA EAL/EFL Framework and Practices	39
Logic Models	40
Summary.....	42
3. METHODOLOGY	43
Research Design	43
Objectives of the Study.....	46
Institutional Review Board.....	47
Procedure	47
Data Collection	49
Data Analysis.....	51
Validation and Reliability of the Study	54
4. RESULTS	57
Individual Case Studies	58

Case Study 1 Program Director Interview Summary	58
Program Director’s Background and Education	58
Program Background and Structure	59
Program Inputs	60
Program Outputs	63
Program Opportunities	63
Program Misconceptions, Challenges and Needs	63
Program Changes	65
Case Study 1 Unobtrusive Data	66
Case Study 2 Program Director Interview Summary	66
Program Director’s Background and Education	66
Program Background and Structure	67
Program Inputs and Outputs	68
Program Opportunities	69
Program Challenges, Needs and Future Implications	69
Case Study 2 Unobtrusive Data	69
Case Study 3 Program Director Interview Summary	70
Program Directors Background and Education	70
Program Background and Structure	70
Program Inputs, Outputs, and Opportunities	72
Program Challenges and Needs	73
Case Study 3 Unobstrusive Data	74
Case Study 4 Program Director Interview Summary	76
Program Director’s Background and Education	76
Program Background and Structure	76
Program Input and Outputs	77
Program Opportunities	80
Program Challenges and Needs	81
Program Changes	82
Case Study 4 Unobtrusive Data	83
Case Study 5 Association Director Interview Summary	85
Association Director’s Background and Education	85
Association Background and Structure	86
Association Inputs, Recommendations, Challenges and Needs	87
Association Outputs, Recommendations, Challenges and Needs	89
Association Changes	91
Case Study 5 Unobtrusive Data	91
Case Study 6 Association Director Interview Summary	92
Association Director’s Background and Education	92
Association Background and Structure	93
Association Inputs	94
Association Outputs	96
Case Study 6 Unobtrusive Data	97
Classification Themes	99
Cross-Case Analysis	99

Cross Case Analysis of Associations (Case 5 and Case 6).....	100
Association Director Background and Education.....	100
Association Background and Structure.....	100
Association Inputs, Recommendations, Challenges and Needs	101
Association Outputs, Recommendations, Challenges and Needs.....	104
Cross Case Analysis of EAGALA Programs (Case 1 and Case 2).....	108
Program Director Background and Education	108
Program Background and Structure.....	109
Program Inputs.....	109
Program Outputs	113
Program Challenges	113
Program Needs.....	116
Program Opportunities.....	117
Unobtrusive Data	117
Cross Case Analysis of PATH Intl. Programs (Case 3 and Case 4).....	118
Program Director Background and Education	118
Program Background and Structure.....	119
Program Inputs.....	119
Program Outputs	123
Program Challenges	124
Program Needs.....	127
Program Opportunities.....	128
Unobtrusive Data	128
 5. DISCUSSION, RECOMMENDATIONS, AND IMPLICATIONS	 131
Key Findings, Implications, Recommendations for Practice Across the Cases	131
Recommendations for Future Research	148
Summary.....	149
 References.....	 152
 Appendices.....	 157
APPENDIX A-Pre-Interview and Interview Questions	158
APPENDIX B-Unobtrusive Data Evaluation Forms.....	164
APPENDIX C-Themes.....	167
APPENDIX D-Association Information	174
APPENDIX E-Program Assessment Forms.....	188
APPENDIX F-Class Observation Forms	200
APPENDIX G-Equine Assessment Forms.....	205
APPENDIX H-Internal Review Board Approval.....	208
APPENDIX I-Informed Consent Form	210

LIST OF FIGURES

Figure

PageError! Bookmark not defined.

1. Model of Reciprocal Determinism	15
2. Kolb’s Model of Experiential Learning	23
3. Kolb’s Four Learning Style Preferences	24
4. Life Skill Model as developed by World Health Organization	40
5. University of Wisconsin-Extension Program Logic Model	41
6. Recommended Program Logic Model	148

ABSTRACT**Error! Bookmark not defined.**

In Montana, there are a limited number of programs offering equine assisted services. Equine assisted therapies and learning activities are gaining popularity as a modern, alternative form of human therapy and learning. Services may include equine assisted or facilitated psychotherapy, equine assisted or facilitated learning, and therapeutic riding. Professional associations such as PATH Intl. and EAGALA have become the industry standards and paved the way for program development and growth.

This study examined the structure of Equine Assisted Growth and Learning Association (EAGALA) and the Professional Association of Therapeutic Riding International (Path Intl.) programs in Montana. The study also described factors and experiences that influence these programs and a professional logic model was developed based on results.

Six individual case studies were conducted to describe and assess the structure of EAGALA and PATH Intl. programs in Montana. Four individual cases within Montana as well as the two national associations were examined. This qualitative case study utilized a series of interviews and the collection of unobtrusive data from each case. Content analysis was used to analyze and code the data into common themes. Data were further analyzed within and across-cases to develop common classification themes (Creswell, 2013; Hatch, 2002; Yin, 2009).

Findings revealed there is an increasing demand for quality, professional equine therapy programs in Montana. To implement and maintain programs, several common needs were identified across cases including assistance in marketing and promotion of programs, training on business planning and management practices, improved access to funding and capital resources, and building communication and networking opportunities between programs and within communities. To better meet these needs, national associations must provide more continuing education, workshops and trainings, and develop curriculum and educational resources for local programs.

The conclusions confirmed that programs must be structured and maintained using high professional standards in accordance with national association guidelines to offer quality services. A logic model was developed based on findings to assist programs in creating this professional framework. By doing so, program directors and national associations can continue to create and expand impactful programs for all populations.

CHAPTER ONE

INTRODUCTION

Background and Setting

Since the beginning of recorded history, man and horse have shared an intimate bond in the evolution of our planet. Moore (as cited in Meagher, 2007) wrote, “Wherever man has left his footprints in the long ascent from barbarism to civilization, we find the hoof prints of a horse beside it” (p. 90). Being ever so entwined, horse and man have changed the face of our existence and developed a relationship documented throughout history, idealized in popular novels, and visualized in television and movies. This relationship is not new; however, the implementation of equine into the world of psychotherapies is a relatively new concept that has evolved over the last few decades. The use of equine assisted psychotherapy and equine facilitated psychotherapy (EFP) and equine assisted/ (EAL) or equine facilitated learning (EFL) are gaining momentum as alternative sources of therapy, learning, and educational goal programming (Equine Assisted Growth Learning Association, 2010). The Equine Assisted Growth Learning Association (EAGALA) and Professional Association of Therapeutic Riding International (PATH Intl.) are at the forefront of developing professional associations for these alternative methods of therapy. These types of programs are increasing in popularity as they are aiding a variety of clients suffering from various ailments or seeking to further develop life skills or other learning and educational goal objectives. In the last few years, there have been an increasing number of EAGALA and PATH Intl.

programs developed to serve populations ranging from youth to adults for a variety of both emotional and physical needs. In more recent years, many programs have been developed or implemented to specifically assist war veterans facing post-traumatic stress disorder (PTSD) and/or similarly related issues. These programs have allowed many veterans to find hope, meaning, a will to live, and a coping mechanism to acclimate back into society, work, and relationships (MacLean, 2011). EAGALA and PATH Intl. programming are unique in that they provide interactive learning and development sessions with equines, in a safe, protected, and non-judgmental environment in which participants can gain personal valuable experience (Mandrell, 2006). Clients are able to develop a close connection with the animal and translate those skills to other necessary relationships and life struggles. Animal therapies of this nature are different from all other therapy settings in that they involve not only the therapist but another living being without bias toward the client or situation (Mandrell, 2006).

EAGALA and PATH Intl. are based on theories and epistemologies of psychology and learning processes, including behaviorism, social cognitive theory, constructivism, and experiential learning models (Mandrell, 2006; Hallberg, 2008). EAGALA and PATH Intl. apply many of these concepts in their program sessions which occur in non-traditional therapy and learning environments. Animal assisted therapies began to merge as early as the late seventeenth century as the preliminary therapies that paved the way for EAGALA and PATH Intl. programming (Hallberg, 2008). Documentation of works of John Locke, Florence Nightingale, and later Dr. Boris Levinson indicated all were advocates of the use of various forms of animal assisted therapies.

Centuries of the horse and human relationship history provide substantial evidence of the phenomenon of therapeutic effects that occur in the day to day routines of horse ownership. These effects transpire during unassuming daily routines such as tasks involving the basic care of a horse. Equine care often entails stall cleaning, feeding, and grooming of the horse (Hallberg, 2008). Dorrance, a much-admired horse trainer and clinician, was noted for leading the way in developing and promoting what he called “willing communication between horse and human” (2010, p.1). Dorrance emphasized the importance understanding the relationship of the horse and human bond, whether in the daily tasks around the horse, or the actual training and riding of the horse. Dorrance’s training methods and beliefs have inspired many other acclaimed horse training clinicians, who have made a presence in the horse industry today. The therapeutic benefits of horseback riding are many; from simply riding the horse to relieve daily stresses or utilizing the movement of the horse to assist in muscle movement and development during a hippotherapy session for a physically disabled rider (American Hippotherapy Association, 2010; Hallberg, 2008; Mandrell, 2006). With the implementation and development of programs like EAGALA and PATH Intl., the horse and human connection will be preserved and utilized to improve and enrich the lives of many for years to come.

While EAGALA and PATH Intl. programs are being developed and implemented across the United States and in various other countries, as of 2014 there are just seven EAGALA modeled programs and five PATH Intl. program centers in Montana. Montana is the fourth largest state in the United States, and according to the United States Census Bureau (2012), Montana ranks 44th among all states in regard to population. Although

Montana has a smaller population in comparison to other states, for the geographical size of the state, there are a limited number of EAGALA and PATH Intl. programs currently available to the public. For these programs and other similarly designed programs to be implemented and accessed across the state of Montana, the structure, effectiveness, and impact of current programs warrants exploration. According to EAGALA (2014) and PATH (2014), there have been no studies conducted in the state regarding their program development and evaluation. Assessing the current and future state of these programs in Montana may provide information about potential audiences, therapies, educational uses, and community benefits. Findings from this research may be used to develop future programming recommendations and a professional model for established and future programs to use as a successful framework.

Research Question

The research question being addressed in this study was: How are EAGALA and PATH Intl. programs being implemented and maintained in the state of Montana?

Purpose of Study

The purpose of this study was to assess the structure and influences of EAGALA and PATH Intl. programs across the state of Montana in order to develop future programming recommendations.

Objectives of the Study

The specific objectives of the study were:

1. To describe the structure of EAGALA and PATH Intl. programs in Montana using programming models and theories.
2. To describe factors and experiences that influence EAGALA and PATH Intl. programs.
3. To develop a professional model for EAGALA and PATH Intl. or other similar programming to align and evaluate their programs.

Limitations of the Study

A limitation of the study was that the program directors may have failed to mention aspects of their programming they do not want known or may be unwilling to share about their program. EAL/EFL components of EAGALA/PATH programming are fairly new; therefore, many of these programs have only been in operation for a few years and facilitators may have limited knowledge and experience with this type of programming and its effectiveness. There were also a limited number of EAGALA/PATH programs across the state of Montana offering services, which limited the sample size.

Assumptions

When conducting research, certain assumptions must be acknowledged.

Regarding this study, it was assumed that directors of the associations and programs were

honest when describing their association or program, and that they interpreted their clients' experiences within their association or program accurately.

Definitions of Terms

1. Association for Experiential Education (AEE): "The Association for Experiential Education (AEE) is a nonprofit, professional membership association dedicated to experiential education and the students, educator and practitioners who utilize its philosophy" (Association for Experiential Education, 2007-2014).
2. Clients: Clients were described as individuals participating in an EAGALA or PATH Intl. programming.
3. Equine Assisted Growth and Learning Association Model (EAGALA): The EAGALA Model provides an industry standard for Equine Assisted Psychotherapy (EAP) and Equine Assisted Learning (EAL) sessions. These sessions are spent on the ground with the horse; there is no riding involved in these services. Session design is left open ended in structure so that the facilitator may be creative and adaptive to meet the needs of the client (Equine Assisted Growth and Learning Association, 2010).
4. Equine Assisted Psychotherapy (EAP): Equine Assisted Psychotherapy (EAP) in utilizes horses experientially for emotional growth, development and learning. A treatment team consisting of a licensed therapist and horse professional must be present for each session. The treatment team assists the client to address specific treatment goals as well as to ensure the overall safety and well-being of client and equine (Equine Assisted Growth and Learning Association, 2011).

5. Equine Assisted Learning (EAL): Equine Assisted Learning (EAL) is similar to EAP but where the focus utilizes experiential learning to assist the participant in achieving educational goals. EAL includes the team of mental health professional and horse professional for each session. Examples of EAL may include: product sales for a company, leadership skills for a school group, or resiliency training for military warriors (Equine Assisted Growth and Learning Association, 2011).
6. Equine-Assisted Activities (EAA): “Equine-assisted activities are any specific center activity, e.g. therapeutic riding, mounted or ground activities, grooming and stable management, shows, parades, demonstrations, etc., in which the center’s clients, participants, volunteers , instructors, and equines are involved” (PATH Intl., 2014, para 1).
7. Equine-Assisted Therapy (EAT): “Equine-assisted therapy is treatment that incorporates equine activities and/or the equine environment. Rehabilitative goals are related to the patient’s needs and the medical professional’s standards of practice” (PATH Intl., 2014, para 2).
8. Equine-Facilitated Learning (EFL): EFL is an experiential educational method utilized within equine therapy and learning. Sessions are developed and implemented by credential practitioners whose main goal is to assist the client in further developing personal growth and life skills through the use of equine facilitated activities (PATH Intl., 2014).
9. Equine-Facilitated Psychotherapy (EFP): an interactive and experiential learning process utilizing equine activities to assist the client in achieving specific

psychotherapy goals. A licensed mental health professional and equine professional must be present in each EFP session (PATH Intl., 2014).

10. External locus of control: “the perception that chance or outside forces determine one’s fate” (Myers, 2005, p. 503).
11. Hippotherapy: physical, occupational and speech therapy that utilizes horseback riding movement to assist the client. A physical therapist, physical therapy assistant, occupational therapist, certified occupational therapy assistant or speech and language pathologist must be present during the session (American Hippotherapy Association, Inc., 2010 and Equine Assisted Growth and Learning Association, 2011).
12. Internal locus of control: “those that believe to a great extent that they are in control of their own destiny” (Myers, 2005, p.503)
13. North American Riding for the Handicapped Association, Inc. (NARHA): “NARHA is a membership organization that fosters, safe, professional, communication, standards for people with and without disabilities.” NARHA promotes equine facilitated therapy and activity programs for in the United States and Canada. In 2011, NARHA became PATH International,” (PATH Intl., 2014, para 10).
14. Participants: Program directors from the individual cases were described as research study participants.
15. Professional Association of Therapeutic Horsemanship (PATH Intl.): An federally registered 501 (c3) international organization formally known as NARHA developed in 1969. An association developed to promote equine-

assisted activities and therapies for individuals with special needs, specifically offering therapeutic riding services. (PATH Intl., 2014).

16. Therapeutic Horsemanship: The use of horsemanship, riding and caring of horses to aid the individual in developing valuable life skills. Therapeutic benefits may also be gained by the individual, although this is not the primary objective of the time spent with the horse. (Equine Assisted Growth & Learning Association, 2010).
17. Therapeutic Riding: A form of equine therapy developed for disabled individuals to ride a horse. The riding of the horse for these individuals assists particularly in the development of muscle tone, balance and coordination, as well as increasing confidence, relaxation and overall well-being. (Buelmann, 2010).

CHAPTER TWO

REVIEW OF THE LITERATURE

Introduction

This chapter presents the literature pertaining to EAGALA and PATH Intl. programming. The chapter includes (a) Psychology and Traditional Therapy; (b) Learning Theories; (c) Animal Assisted Therapy; (d) Therapeutic Horsemanship (e) Therapeutic Riding and Hippotherapy; (f) Equine Assisted/Facilitated Psychotherapy; (g) Equine Assisted/Facilitated Learning; (h) Professional Association of Therapeutic Riding International (PATH Intl.); (i) Equine Assisted Growth and Learning Association (EAGALA); (j) Logic Models; and (k) Summary.

Psychology and Traditional Therapy

Psychology dates back to 500 B.C. to Simonedes who “believed in the importance of organization and memory” (Hallberg, 2008, p. 221). The distinction between the mind and the body was made by Rene Descartes (1596-1650), a French philosopher, who developed the concept of consciousness (Hallberg, 2008; Myers, 2005). The idea of psychology became more popularized in recent times by Freud and Jung. Freud and Jung had philosophical differences, both saw the value and importance of making the unconscious conscious (Hallberg, 2008). In 1900, Freud published ‘The Interpretation of Dreams’ which was a major theoretical work on psychoanalysis (Myers, 2005). According to Myers (2005), psychology in today’s world is “defined as the science of

behavior and mental processes” (p.6). Behavior is considered to be “anything an organism does--any action that can be observed and recorded, while mental processes are the internal subjective experiences we infer from behavior--sensations, perceptions, dreams, thoughts, beliefs and feelings” (Myers, 2005, p. 6).

In the early years and development of psychology, physicians who were trained in medicine, but specialized in the processes of the human psyche, were the ones who assisted patients who were dealing with psychological issues (Hallberg, 2008). “They engaged in the clinical practice of psychology. The word ‘clinical’ is derived from the Greek, ‘kline,’ which means bed, (and is also found in the root of the word ‘recline’)” (Hallberg, 2008, p. 221). This type of practice is traditionally referred to as “the care provided at the bedside of an ill patient, or in the case of Freud, at the side of a patient on a reclining couch” (as cited in Hallberg, 2008, p. 222). Hallberg’s (2008) method allows the patient to:

Engage in a personal reflection using the physician as a mirror onto which he/she could project and transfer feelings and thoughts. The physician rarely shared his/her personal reactions but rather analyzed and reflected the various projections offered by the patient. (p. 222)

The concept of transference and projection was used to analyze a patient and used as a method to help bring the unconscious into conscious. “Through this process, the patient was brought to awareness of his/her unconscious thoughts and behaviors and given the freedom to change” (Hallberg, 2008, p. 222). Over time, and from these practices, the modern day psychologist evolved.

Today, to practice professionally and legally as a psychologist the individual must obtain a doctorate degree in psychology, which can be interpreted as a doctor of the

psyche (Hallberg, 2008). There are many professionals trained and educated for specific jobs and areas associated within the field of psychology. For instance, Master Level Practitioners may consist of Licensed Professional Counselors (LPC), Licensed Mental Health Counselors (LMHC), Licensed Professional Clinical Mental Health Counselor (LCMHC), or Licensed Professional Clinical Counselor (LPCC). There are also various drug and alcohol trained counselors and social workers. In EAGALA and PATH Intl. programming offering EAP/EFM and/or EAL/EFM services, the mental health professional is required to “have a college-level degree and training in a mental health field, such as social work, psychology, marriage and family therapy, or others that include mental health in its scope of practice” (Mandrel, 2006, p. 47). These mental health professionals should function under an overseeing board that holds them responsible for registration, certification, or licensure for ethical practice, as related to mental health professional fields and practices (Mandrell, 2006).

Learning Theories

There are many learning theories that support EAGALA and PATH Intl. programming, particularly EAL/EFM practices offered by these programs; however, and for the purpose of this study, the following theories and philosophical explanations are described: behaviorism, social cognitive theory, constructivism, and experiential learning.

Behaviorism

Behaviorism dates back to the late 1800’s and 1900’s. Behaviorism was proposed by Watson who is thought to be the father of modern behaviorism (Skunk, 2012).

“Watson believed that schools of thought and research that dealt with the mind were unscientific; if psychology were to become a science, it had to structure itself along the line of the physical sciences, which examined observable and measurable phenomena” (Skunk, 2012, p. 72). Behaviorism is noted for such theories as Skinner’s operant conditioning, Thorndike’s theory on connectionism, Pavlov’s classical conditioning, and Guthrie’s contiguous conditioning (Myers, 2005; Skunk, 2012). For the intention of this study, behavior modification or behavior therapies were examined.

Behavior modification or behavioral therapy has been applied with adults and children in a variety of settings. This systematic approach and application of behavioral learning principles has been used to address adaptive behaviors (Krasner & Ullmann, 1965). Myers (2005) defines behavior therapy as one that “applies learning principles to the elimination of unwanted behaviors” (p. 568). Behavior modification therapies were utilized to assist both adults and youth with various needs, and from various backgrounds, such as traditional counseling settings, academic environments, prisons and mental health hospitals. Therapies of this nature have been utilized to remedy phobias, dysfunctional language, disruptive behaviors, unconstructive social interactions, inadequate child rearing practices, and low self-control (Skunk, 2012). As specified by Skunk (2012), the “basic techniques of behavior modification include reinforcement of desired behaviors and extinction of undesired ones. Punishment is rarely employed, but, when used, involves removing a positive reinforcer rather than presenting a negative reinforcer” (p. 101). There are three main issues typically focused on by behavior modifiers in deciding a program of change. These three issues as described by Krasner &

Ullmann (1965) included maladaptive behaviors, environmental contingencies, and environmental features that could be altered to modify an individual's behavior.

EAGALA and PATH Intl. programs often utilize techniques aligned to address some of the issues described above that result during client sessions. Because sessions are held in a non-traditional counseling settings, EAGALA and PATH Intl. programs offering EAP/EFP and EAL/EFL move the client “out of his/her comfort zone and into new territories where words do not hold much power (Mandrell, 2006, p. 69).

The premise behind this dissonance is to enact changes as opposed to simply discussing them. Clients both observe areas of improvement and experience the results of changes implemented (Mandrell, 2006):

Actions hold the power. This requires the individual to make changes rather than to just talk about them. This format allows the client to observe where those changes need to be made in life, and to experience the results. (p.69)

Once the client observes and notes areas in need of change, a client plan of action is developed with the help of facilitators. Clients are more likely to enact change when in agreement with the modifier; when the client recognizes a need for change and a cooperative decision is made regarding desired goals of the client (Skunk, 2012).

Social Cognitive Theory

Behaviorism theories were embraced for the first half of the twentieth century, but beginning mid-century these conditioning theories were challenged. Bandura (1978) led one challenge with an observational learning study. A pivotal verdict resulting from this research indicated people can learn new information or activities through observation of others, and that reinforcement may not be required for learning to occur (Skunk, 2012).

These findings resulted in debate and uncertainty toward existing beliefs and assumptions of behaviorism, or conditioning theories. At that point, theory of social cognition took form.

Bandura's research focused on the person, the behavior and the environment, also known as the model of Reciprocal Determinism, (see Figure 1).

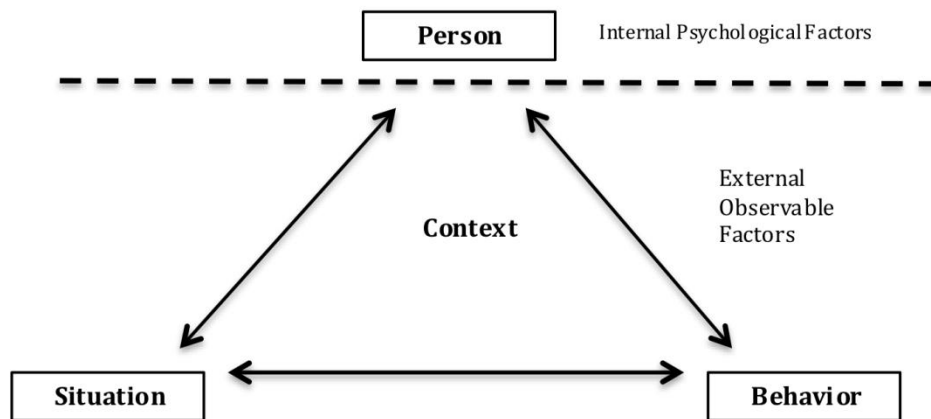


Figure 1. Model of Reciprocal Determinism (Bandura, 1978; Myers, 2005).

Bandura opined that “all operate as interlocking determinants of each other” (Myers, 2005, p. 502). This framework presented the idea that the majority of the human learning process occurs in social settings through observations of others. The observation process supports the acquisition of skills such as “knowledge, rules, strategies beliefs, and attitudes” (Skunk, 2012, p. 118). Skunk (2012) described social cognitive theory as one that “makes some assumptions about learning and the performance of behaviors. These assumptions address the reciprocal interactions among persons, behaviors, and environments; enactive and vicarious learning (i.e., how learning occurs); the distinction between learning and performance; the role of self- regulation” (p. 119).

Cognitive and social cognitive theories are established on the premise that there is an unceasing reciprocal relationship between a person's cognitions, behavior, and the environment (Fine, 2010). According to Fine (2010), the goal of social cognitive therapy is to:

Bring about positive changes in a person's self-perceptions--and hence their behavior--via improvements in, for example, self-esteem, self-efficacy, internalized locus of control, and so on. Learning and change take place through observation, imitation, direct instruction, and/or association. (p.42)

Enactive and vicarious learning theories are applied every day in classroom settings, non-formal instructional environments, and in EAGALA and PATH Intl. programming; more specifically, these theories are applied in programs offering EAL/EFL services. "Learning occurs either inactively through actual doing or vicariously by observing models perform" (Skunk, 2012, p.121). In other words, a person can learn either by performing the actual task that needs to be learned or through observation of what is to be learned. Bandura (1986) describes enactive and vicarious learning within social cognitive theory as an informational "processing activity in which information about the structure of behavior and about environmental events is transformed into symbolic representations that serve as guides for action" (p.51). This idea goes hand in hand with EAGALA and PATH Intl. program practices. For instance, during an EAL/EFL session, the activity is designed to assist clients in examining their individual or group's educational and learning goals (EAGALA, 2011).

According to Skunk (2012), enactive learning consists of an individual learning from outcomes or consequences of their actions. Behaviors occurring as a result of positive experience are preserved, while behaviors that lead to negative experiences are

modified or not retained. Traditional behavioral methodology purports behavioral consequences reinforce behaviors hypothesized by conditioning theories; however, social cognitive theories indicate behavioral consequences can serve as source of information and motivation (Skunk, 2012).

Vicarious, or observational, learning derives from a variety of common sources including, but not limited to: observing or listening to live models, symbolic or non-human representations, and electronic, or print media (Skunk, 2012). Incorporation of vicarious learning experiences can mediate learning in the absence or practicality of direct experiences (Skunk, 2012). In EAGALA and PATH Intl. programming sessions, enactive and vicarious learning occurs on a regular basis. These sessions allow clients to actively participate and engage in activities, as well as to observe and process what is occurring through these activities (Mandrell, 2006).

In accordance with Skunk (2012), a clear distinction is made between what is considered new learning and performance from previously learned behaviors. Different from conditioning theories, which promote the idea that “learning involves connecting responses to stimuli or following with consequences” (Skunk, 2012, p.122), social cognitive theory underscores a distinction between learning and performance (Skunk, 2012). Edward Tolman, a psychologist who served as president of the American Psychological Association in 1937, also published similar work on cognitive theories that aligned with the social cognitive theory. Klein (2012) stated the following about behavior:

Behavior was an automatic response to an environment. Instead, he proposed that our behavior has both direction and purpose. Tolman

argued that behavior is goal oriented; that is, we are motivated either to achieve a desired condition or to avoid an aversive situation. (p. 31)

Skunk (2012) stated the following regarding performance:

Whether we ever perform what we learn depends on factors such as our motivation, interest, incentives to perform, perceived need, physical state, social pressures, and type of competing activities. Reinforcement, or the belief that it will be forthcoming, affects performance rather than learning. (p. 122)

EAGALA and PATH Intl. programming promote the idea of learning and performance within each session in which a client participates. These sessions “include a sequence of interactive horse activities/experiences for the purpose of goal setting, awareness, trust, group problem-solving, individual problem-solving, and processing/transfer” (Mandrell, 2006, p. 4). With the assistance of the session’s facilitator, the client then uses the experiences to develop insight and skills transferred to their lives upon completion the designated sessions (Mandrell, 2006).

As stated by Zimmerman and Skunk, self-regulation is a “process whereby individuals activate and sustain behaviors, cognitions, and affects, which are systematically oriented towards the attainment of goals” (as cited in Skunk, 2012, p. 123). According to Skunk (2012), learners need choices to self-regulate. In common traditional learning environments, choices are not always available; rather, parameters and directions are specifically dictated to students or clients. These types of parameters are known as external regulation which can limit the availability of choices to a learner. Participants generally enter learning activities with specific goals in mind. This self-regulation process of setting specific goals for one’s own learning and development align well EAGALA and PATH Intl. programming more specifically EAL/EFL objectives

(Skunk, 2012). Skunk (2012) described three phases of self-regulation as proposed by Zimmerman. These three phases included:

Forethought, performance control, and self-reflection. The forethought stage is thought to set the stage for action, while the performance control phase involves the process that set the stage for that particular action, and during the self-reflection stage people respond behaviorally and mentally to their efforts. (p. 123)

The expansive framework of social cognitive theory brings light to the nature of human learning and behaviors. Triadic reciprocity framework, enactive and vicarious learning, learning and performance, and self-regulation processes all help define social cognitive theory and its association in EAGALA and PATH Intl. programming. Other processes of social cognitive theory that are important but will not be examined in this literature review, include: outcome expectations, values, goal setting, self-evaluation of goal progress, and cognitive modeling and self-instruction (Skunk, 2012).

Constructivism

More recently, the epistemology of constructivism has been increasingly applied in the fields of learning and teaching. This shift has gradually increased since the introduction of cognitive models of psychology, which placed more emphasis on human factors as rationalizations for learning, rather than on environmental influences as proposed by the theory of behaviorism (Skunk, 2012). In comparison to cognitive models of learning, the epistemology of constructivism focuses on the idea of how knowledge is constructed instead of how knowledge is acquired (Skunk, 2012). Constructivism should be considered an epistemology, or philosophical explanation about the nature of learning rather than a theory (Skunk, 2012). Constructivism cannot be considered a theory as it

“does not propound that learning principles exist and are to be discovered and tested, but rather that learners create their own learning” (Skunk, 2012, p. 230). Well-known theories, such as Piaget’s (1952) theory of cognitive development and Vygotsky’s (Scrimsher & Tudge, 2003) sociocultural theory fall under the epistemology of constructivism. For the purpose of this study, constructivist learning environments, specifically American Psychological Association (APA) learner-centered principles (American Psychological Association Work Group of the Board of Educational Affairs, 1997) and discovery learning (Bruner, 1961), were examined.

Constructivist learning environments should be formed in such a way that participants are able to engage with rich experiences that foster learning (Skunk, 2012). According to Skunk (2012), “the key is to structure the learning environment in such that students can effectively construct new knowledge and skills” (p. 261). This concept is similar to the environments of the sessions designed for clients of EAP/EFP and EAL/EFL sessions in EAGALA and Path Intl. programming. Mandrell (2006) described the experience of EAGALA participants: “participants have fun as they learn new skills, new behaviors, new ways to interact with each other, new philosophies and values, and new cognition about themselves” (p.6).

The American Psychological Association Work Group of the Board of Educational Affairs (1997) developed a set of learner-centered psychological principles. The American Psychological Association (APA) principles were originally developed as guidelines to assist in school designs and restructuring, and to mirror constructivist learning methodology; however, these guiding principles could also be effectively applied and practiced in EAP/EFP and EAL/EFL sessions offered by EAGALA and

PATH Intl. (Skunk, 2012). The learner-centered APA guiding principles are “divided into four major categories as cognitive and metacognitive factors, motivational and affective factors, developmental and social factors, and individual differences” (Skunk, 2012, p. 263).

Cognitive and metacognitive factors consist of “the nature of the learning process, learning goals, construction of knowledge, strategic thinking, thinking about thinking, and the content of learning” (Skunk, 2012, p. 263). This concept is akin to the processing factor that occurs during or after an EAGALA/PATH Intl. EAP/EFP or EAL/EFL session. According to Gass (1993), processing activities are used to assist in four areas (as cited in Mandrell, 2006):

Help participants to focus or increase their awareness on issues prior to an event or the entire experience; Facilitate awareness or promote change while an experience is occurring; Reflect, analyze, describe or discuss an experience after it is completed; and /or Reinforce perceptions of change and promote integration in their lives after the experience is completed. (p. 6)

The second APA category of motivation and affective factors taken into consideration was “motivational and emotional influences on learning, the intrinsic motivation to learn, and the effects of motivation on effort” (Skunk, 2012, p. 263). EAGALA and PATH Intl. EAP/EFP and EAL/EFL model practices also promote motivation and affective factors within learning sessions. Mandrell (2006) stated, “EAP involves intrinsic motivation and provides an opportunity for participants to experience a tremendous amount of control in their lives” (p.6).

The third APA category is development and social factors, and fourth is individual differences. Developmental and social factors encompass all areas of

developmental and social influences on learning (Skunk, 2013). Skunk stated that the fourth factor of “individual differences comprise individual difference variables, learning and diversity, and standards and assessment” (p.263). These learning factors are also taken into account in EAGALA and PATH Intl. programming. Mandrell stated that “EAP provides a context in which participants can learn, interact, express individualism, and self-actualize, while deepening existing relationships” (p. 6).

The process of discovery learning is also similar to processes utilized within EAP/EFP and EAL/EFL services offered in EAGALA and PATH Intl. programming. According to Bruner (1961), discovery learning is described as knowledge gained for oneself. Kirschner, (2006, as cited in Skunk, 2012) described discovery learning as “problem-based, inquiry, experiential, and constructivist learning” (p. 266). To implement discovery learning in the classroom environment teachers should design, develop, and arrange learning activities in such a way that students must “search, manipulate, explore, and investigate” (Skunk, 2012, p.266). This scenario is comparable to EAP/EFP and EAL/EFL sessions where program facilitators must design each learning activity and session in a way that allows participants to problem-solve and develop their own insights (Mandrell, 2006).

Experiential Learning and Therapy

Experiential learning and therapy approaches have set the framework utilized within various learning environments and programming including the practices of EAGALA and PATH Intl. programming offering EAP/EFP and EAL/EFL services. “The mission of experiential therapy as used in EAP/EFP is to use horses, activity, and

recreation to help people deal with problems that serve as barriers to health and to assist them in growing towards their highest level of health and wellness,” (Mandrell, 2006, p. 5). For the intention of this study, Kolb’s model of experiential learning was examined.

Kolb’s model of experiential learning, derived from previous learning models such as those of Lewin, Dewey, and Piaget (Kolb, 1984). Kolb’s model of experiential learning (see Figure 2) consists of a cycle of four processes: Concrete experience (CE), reflective observation (RO), abstract conceptualization (AC), and active experimentation (AE).

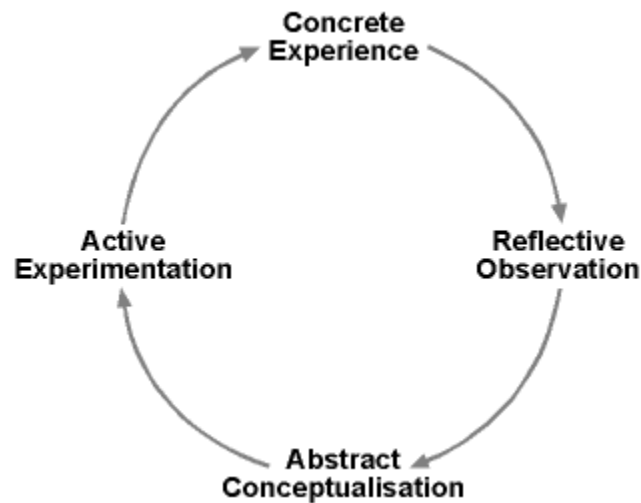


Figure 2. Kolb’s model of experiential learning (Kolb, 1984).

Kolb perceived immediate experiences as the basis for observation and reflection from which concepts are assimilated and then actively tested. This testing gives rise to new experience, and the whole cycle begins again (Sugarman, 1985). Sugarman, (1985) stated:

Kolb’s model integrates into a single framework the dimensions of cognitive growth and learning typically employed by cognitive psychologists: the concrete-abstract dimension and the active-reflective

dimension. These dimensions can be interpreted as referring to types of involvement and preferred learning roles. (p. 264)

Kolb also incorporated individual learning styles into the four-step cycle. He opined that each stage of the cycle placed different demands on learners. These demands were identified as: (a) CE: concrete experience abilities; (b) RO: reflective observation abilities; (c) AC: abstract conceptualization abilities; and (d) AE: active experimentations (Kolb, 1984).

Kolb (1975) developed a second model (see Figure 3) illustrating the four cycles along with learning style preferences, labeled as diverger, assimilator, converger and accommodator, which were assigned to each of the four quadrants of the cycle.

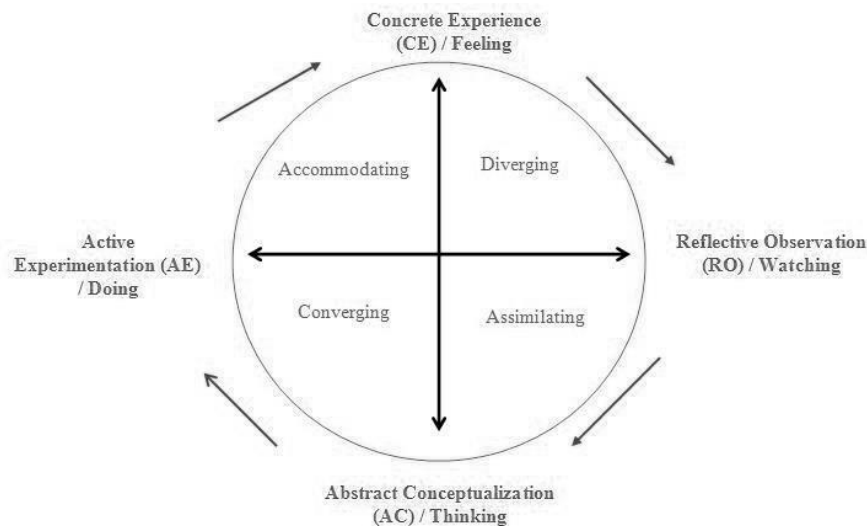


Figure 3. Kolb's Four Learning Style Preferences (Kolb, 1975).

Sugarman (1985) described Kolb's Four Learning Style Preferences in depth. The diverger is described as one who "prefers concrete to abstract learning situations and reflection to active involvement. The assimilator prefers reflection and abstract

situations” (p. 265), while the “converger prefers to experiment actively with ideas and test the practical relevance of these ideas. The final preference, the accommodator, prefers active involvement in concrete situations” (p.265).

Kolb’s experiential learning model aligns well with the framework of EAGALA and PATH Intl. programs offering EAP/EFP and EAL/EFL services. The Equine Assisted Growth and Learning Association (2014) described “EAP as an experiential modality” (para. 2). This program allows the participants to learn about themselves and others through hands on learning activities with horses. Participants are then asked to examine their thoughts, feelings, views and behaviors. The Association for Experiential Education (AEE) holds similar views and guiding principles about experiential education. According to AEE, experiential learning occurs “when carefully chosen experiences are supported by reflection, critical analysis and synthesis” (EAGALA, 2012, p.13). AEE also stated that “throughout the experiential learning process, the client is actively engaged in posing questions, investigating, experimenting, being curious, solving-problems, assuming responsibility, being creative and constructing meaning” (EAGALA, 2012, p.13). These guiding principles are referenced by EAGALA and PATH Intl. programs offering EAP/EFP and EAL/EFL services in describing their practices.

Animal Assisted Therapy

Since the time that humans began domesticating animals, the human and animal bond is a well-documented phenomenon continuing to evolve (Fine, 2010; Turner, 2007). Involving animals in the field of psychology is not a new concept. The last part of the seventeenth century brought on the beginning of a new era known as the *Age of*

Enlightenment (Fine, 2010). This era transformed the public view and perception of animals; these changes were documented by historians of the early modern period (Fine, 2010; Maehle, 1994; Thomas, 1983). Salisbury characterized the change as “a gradual increase in sympathetic attitudes to animals and nature, and a gradual decline in the anthropocentric attitudes that so characterized the medieval and Renaissance periods” (as cited in Fine, 2010, p. 24). During this era, the concept that “developing nurturing relationships with animals could serve a socializing function, especially for children” (Fine, 2010, p.24)) began to surface. In 1699, Locke wrote that he encouraged the idea of giving children “dogs, squirrels, birds, or any such things” (as cited in Fine, 2010, p.25) as a means for these children to develop nurturing feelings as well as to cultivate a sense of responsibility and caring for others. Florence Nightingale reported involving animals in healthcare in the 1860s and in mental health care as early as the late eighteenth century (Selby, 2010). In 1942, the United States Military began utilizing pet therapy at the Pawling Army Air Force Convalescent Hospital in Pawling, New York (Morrison, 2007). The facility built a working farm as a diversion for recovering veterans. No scientific data were collected regarding the benefits of pet therapy, but in 1961, Dr. Boris Levinson began documenting his observations of pet therapy and convinced health care fields to consider integration of pet therapy into legitimate therapeutic use (Hooker, Freeman, & Stewart, 2002). Levinson found that pets function as transitional objects with which patients can bond (Hooker, Freeman, & Stewart, 2002). This bonding between humans and animals was thought to eventually assist in creating a relationship between client and therapist (Hooker, Freeman, & Stewart, 2002).

The term *pet therapy* was coined and formal documentation of its use began in the 1960's (Hooker, Freeman, & Stewart, 2002). In recent decades, many psychologists have attempted to compile data on the subject of animals in psychology. The use of pet therapy has grown from incidental use to research-supported incorporation in health institution programs of care (Hooker, Freeman & Stewart, 2002).

Brickel (1984) designed a study utilizing a dog in individual therapy sessions for clients suffering from depression. The clients were allowed to hold, stroke and talk to the dog within the session. At the end of each session, clients were asked to watch the dog for a short period of time. Average levels of depression in the conventional psychotherapy group fell by 6.4 points according to a grading scale used in this particular experiment, while levels in the animal-assisted therapy fell by 11.6 points (Graham, 1999).

Levinson argued that pets represent a "half-way station on the road back to emotional well-being" (as cited in Fine, 2010, p.27) and that "we need animals as allies to reinforce our inner selves" (p. 27). Generally, studies regarding the use of animals in therapies reported a higher rate of client attendance and more stable involvement in treatment (Fine, 2010). This modality is viewed especially beneficial for clients with interpersonal difficulties and impaired social skills (Mallow, Mattel, & Broas, 2011). Animal-assisted therapies with both small and large animals have been used successfully to treat a variety of client disorders, issues and experiences. The care and responsibility of an animal has been utilized in assisting prison inmates to develop caring, responsible relationships (Walsh, 2009). Companion animals are popular in nursing homes where patients enjoy the company and sometimes even care of the animal. Horses are often

utilized for individuals with physical disabilities. For instance, an individual who may be wheelchair bound can ride a horse and feel the movement of the horse (Mandrell, 2006). Fine (2006) and Fine and Eisen (2008) suggested that our pet companions provide a source of pleasure, connection to the outside world and for some people the promise of hope and a reason to live (Fine, 2010). In 2002, Dr. Edward Creagan, a professor of medical oncology at the Mayo Clinic, stated at an educational conference on the Human/Animal bond organized by Pawsitive InterAction that there was a definite union between the mind and body that is grounded by our companion animals. Some medical professionals reported unequivocal connections between the mind and body when pets are integrated into the therapeutic process (Fine, 2010).

Therapeutic Horsemanship

The primary goal of therapeutic horsemanship is for students to learn horsemanship skills and values; however, more often than not, “life lessons and other therapeutic benefits may be gained through learning the skills of being with horses” (Equine Assisted Growth & Learning Association, 2010). According to Hallberg (2008), substantial evidence supports the horse and human relationship as early as 4000 B.C. In the village of Dereivka, in the Dneiper Valley of the Ukraine, “Dimitri Telegin and his team discovered a ritualized group of horse bones and artifacts surrounding a horse skull belonging to a seven or eight year old stallion”(Hallberg, 2008, p. 5). Among the artifacts found alongside the skull, “two unique pieces of antler tines with small holes pierced through them, it was believed that these tines were used as a bit, or type of steering mechanism to control the horse” (Hallberg, 2008, p.5). This finding led the team to

believe that this horse may indeed have been ridden by a human being, which would date back prior to the invention of the wheel; “therefore making the equine/human partnership the first truly notable innovation to impact the spread of culture, language, and transportation” (Hallberg, 2008, p. 6).

Hallberg (2008) chronicled the works of Levine, Anthony, and Olson in describing the historical journey of the horse and human relationship established approximately 6,000 years ago and the influences on the equine industry today.

“Understanding the possibility of co-evolution provides us with a lens through which to view our continued relationship with horses and offers us new ways to think about the role of horses as healers of the mind, body, and soul” (Hallberg, 2008, p. 12).

Ralph Waldo Emerson wrote, “The outside of a horse is good for the inside of a man” (as cited in Meagher, 2007). In further support of the horse and human bond, Mandrell (2006) asserted:

Those who are familiar with horses recognize and understand the power to influence people in incredibly powerful ways. Developing relationships, training, horsemanship instruction, and caring for horses naturally affect the people involved in a positive manner. Working with horses improves work ethic, responsibility, assertiveness, communication, and healthy relationships. Horses naturally provide the benefits. (p. 28)

Dorrance (2010) opined “If the inside of a person or horse is bothered, it’s for sure that his outside is going to show it” (p.14). In the 1960’s, Dorrance began traveling and spending time with various horse people and their horses. He encouraged his students to try to develop a “feel” in their horsemanship and training methods. “Tom encouraged others to understand the importance of communication with the horses, to observe horse behavior, and to be aware of their own body to convey requests to the horse” (Kelly,

2010, p.21). Dorrance (2010) called this concept true unity and willing communication between horse and human. Mandrell (2006) reminds us in her statement that “horses have the ability to mirror exactly what human body language is telling them. Many people will complain, “The horse is stubborn. The horse doesn’t like me,” but the lesson to be learned is that if they change themselves, the horses respond differently. Horses are honest, which makes them especially powerful messengers” (p. 29). Dorrance spent most of his life training horses and instructing clinics; “riders may want to get an answer to their questions right early--on the surface. I want them to try to figure out something; I want them to work at figuring out the whole horse –his mind, body and spirit. Maybe then, they will figure out what they are missing” (Dorrance, 2010, p. 16). Dorrance’s work aligns well with EAGALA and PATH Intl. practices. Kelly (2010) explains EAGALA’s approach to the sessions they provide for clients and horses, “We do not teach our clients how to interact with the horses; rather we encourage them to develop what works best for them.” Dorrance emphasized the idea that there was more than one way to accomplish a task due to the variation of situations between horse and human. “There can be some direction, or support and encouragement, but the feel itself can come from no one but themselves; they will know when the feel actually becomes effective, and when they are understanding” (Dorrance, 2010, p. 12).

Therapeutic Riding and Hippotherapy

Therapeutic riding and hippotherapy has been around for many years and is not a new idea. “The methods of both therapeutic riding and hippotherapy were based on the premise that the horse’s movement is healing for physical ailments” (Hallberg, 2008, p.

30). Therapeutic riding can be defined as a form of “equine therapy in which disabled individuals ride horses to relax, and to develop muscle tone, coordination, confidence and well-being” (Buelmann, 2010, p.26). Much research exists regarding the benefits of therapeutic riding; although most research is focused on the benefits of therapeutic riding for the physically disabled rather than for emotional well-being.

The American Hippotherapy Association (2012) defines hippotherapy as a “physical, occupational, or speech and language therapy treatment strategy that utilizes equine movement. Hippotherapy literally means treatment with the help of the horse from the Greek word, “hippos” meaning horse.”(Welcome to American Hippotherapy Association, Inc., para. 1). K. Depauw of the Center to Study Human-Animal Relationships and Environments “reminds us that hippotherapy in its original form can be traced back to Europe around the 18th century when doctors used it as a medical intervention for...improving postural control, joint disturbance, coordination, and basic balance” (as cited in Hallberg, 2008, p. 31). Hippotherapy as treatment for clients with movement dysfunction must be performed with a trained physical and occupational therapist (The American Hippotherapy Association [TAHA], 2012).

In Hippotherapy, the horse influences the client rather than the client controlling the horse. The client is positioned on the horse and actively responds to his movement. The therapist directs the movement of the horse; analyzes the client responses; and adjust treatments accordingly. This strategy is used as a part of an integrated treatment program to achieve functional outcomes. (n.p.)

The birth of equine assisted/facilitated psychotherapy has been a result of therapeutic riding and Hippotherapy methods. EAP/EFP and EAL/EFL methods explore and facilitate the mental health and learning aspect of horses used as an alternative therapy or

learning technique for humans. Associations such as PATH Intl. And EAGALA have assisted in building professional standards and guidelines for programs offering these types of services.

Equine Assisted or Facilitated Psychotherapy

Any horse owner will attest that the relationship between human and horse can be very powerful as well as life changing (Mandrell, 2006). Equine Assisted Psychotherapy (EAP) is experiential in nature. This means that participants learn about themselves and others by participating in activities with the horses, and then processing (or discussing) feelings, behaviors, and patterns. This approach has been compared to the ropes courses used by therapists, treatment facilities, and human development courses around the world. EAP/EFP programs are different from therapeutic horsemanship in that the focus is on human skills, rather than horse skills (Equine Assisted Growth and Learning Association, 2010). Mandrell (2006) discusses the benefits, challenges and triumphs of EAP/EFP. One aspect that she emphasizes is the distinction between EAP and hippotherapy and therapeutic riding (programs primarily designed for individual with physical disabilities). EAP/EFP is specific to behavioral responses and social structures; it is not purposed to address physical limitations. EAP/EFP programming has been used to address numerous disorders in youth, adolescence, and adults. In the last decade, several organizations including PATH Intl. and EAGALA have made efforts to standardize practices of EAP/EFP and involved personnel.

Equine Assisted Learning/Equine Facilitated Learning

Equine Assisted Learning (EAL) and/or Equine Facilitated Learning (EFL) are similar to EAP/EFP programming, but where the focus is on learning and/or educational goals. EAGALA modeled EAL also involves a team of a mental health professional and horse professional working with the client(s) and horse(s). According to Bueltmann (2010) the main difference between EAP/EFP and EAL/EFL programming is this: “EAL clients come in with an undisclosed history and greater privacy needs. They have not consented to therapy and are most likely in a group that includes non-therapeutic relationships” (p. 25). Hallberg (2008) asserted the following regarding EFL:

EFL focuses on teaching life skills, social skills, communication skills, vocational skills, and work ethics to a therapeutic population who generally do not benefit from insight or cognitive processing-based therapies. EFL is designed to provide all of the benefits of EFP without the deeply probing, personal insight-based nature of the service. (p. 365)

The primary focus is on education and learning specific skills as defined by the individual or group, such as improved product sales for a company, leadership skills for a school group, or resiliency training for military warriors (Equine Assisted Growth and Learning Association, 2010).

EAL/EFL educational objectives generally consist of the development of life skills, social skills, communication skills, learning skills, and work ethics. Hallberg (2008) cites The United Nations Children’s Funds (UNICEF) definition of life skills to further describe EFL programming view of life skills:

A large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy

and productive life. Life skills may be directed towards personal actions and actions towards others, as well as actions to change the surrounding environment to make it conducive to health. (p. 366)

This definition not only defines life skills, but it also addresses the other educational objectives of EAL/EFL programming. The seeking of life skill development is one of the most common reasons of participation in EAL/EFL programming. These participants find themselves struggling to deal with day to day life experiences. Life skills may vary from basic skills such as hygiene, nutrition, financial management to more advanced skills such as making informed decisions, communication, self-management and relationships (Hallberg, 2008):

Many EFL clients have not been able to witness meaning behind the vast concept of life skills, nor have they been able to understand how to integrate such living skills into their daily lives, or why such a process is useful. Once they begin work with horses, they become immersed in a living, breathing, tangible application of such skills. (p. 367)

During the participant's initial work with the horse they often begin to notice cause and effect, and their actions can impact and directly affect others. "Through carefully designed activities, the participant may be able to start making connections between the skills learned at the barn, and the areas of their normal lives where these practices could come into play" which is the ultimate goal of EAL/EFL practices (Hallberg, 2008, p. 368).

This may be one of the main reasons that EAL/EFL programming is becoming more and more popular for veterans who may need assistance in re-adjusting and re-learning relationship and day to day life skills. One of the most common issues that veterans deal with is posttraumatic stress disorder (PTSD). PTSD is generally caused by a traumatizing life event or experience. Common symptoms include anxiety, nightmares

and flashbacks of the particular event. Treatment for PTSD typically includes medication and psychotherapy to assist in developing coping and life skills. Other common problems veterans may deal with are anxiety, depression, and alcohol/ substance abuse. All of these issues have been successfully addressed to some extent with EAP/EFP and/or EAL/EFL programming (Mandrell, 2006; Shultz et. al., 2007). EFL sessions are designed to assist the client in achieving and regaining a “baseline of societal normalcy, not necessarily introducing the client to higher-order thinking or processing skills” (Hallberg, 2008, p. 366).

Professional Association of Therapeutic Riding International (PATH Intl.)

It was in 1969 that the North American Riding for the Handicapped Association (NARHA) was formed to promote equine assisted activities and therapies for individuals with special needs (PATH Intl.,2014). In 2011, NARHA’s name officially changed to Professional Association of Therapeutic Horsemanship International (PATH Intl). PATH Intl.’s mission is to promote safety and optimal outcomes in equine-assisted activities and therapies for individuals with special needs. The vision of PATH Intl. (2014) “is to be a global authority, resource and advocate for equine-assisted activities and therapies and the equines that inspire and enrich the human spirit” (para. 2). PATH Intl. also enforces a code of ethics for its members to abide by (see Appendix D). Through a wide variety of educational resources, PATH Intl. helps individuals start and maintain successful programs. As of 2012, there were nearly 51,259 volunteers, 4,232 PATH Intl. certified instructors, 7503 equines and thousands of contributors from all over the globe making a difference in people’s lives through the PATH Intl. association (PATH Intl. 2014).

Complete detailed statistics were compiled (see Appendix D). PATH Intl. promotes ten core values within all of their programs to assist in maintaining a professional association. These ten core values include access and inclusion, compassion and caring, cooperation and collaboration, education, excellence, innovation, integrity and accountability, professionalism, service, and holism. PATH's primary focus of programming is on therapeutic riding and hippotherapy for individuals with special needs; however they do provide training and certification within their program for Equine Facilitate Psychotherapy (EFP) and Equine Facilitated (EFL programs). Many centers encompass several specialty programs including: hippotherapy, EFP, EFL, driving, interactive vaulting and veterans' programs. As of 2012, there were 125 EFP programs and 281 EFL programs that were in practice in the United States (PATH Intl., 2011). The total number of PATH member centers was 844 (672 being not-for profit centers and 235 being accredited centers) and there were a total of 7,420 members. To date, little research on programming has been conducted on PATH Intl. programs, and more specifically none have been conducted on Montana based PATH Intl. programs.

Equine Assisted Growth Learning Association (EAGALA)

Today, the industry standard for certification in equine assisted psychotherapy is the Equine Assisted Growth and Learning Association (EAGALA) which provides structure and standards for professionals. EAGALA was established in 2008. Currently, there are over 600 EAGALA programs consisting of professionals that are certified and trained through the organization. Within these programs there are over 4,000 members in over 49 different countries (EAGALA, 2010). EAGALA provides a certification level

system for their members to help ensure that all EAGALA EAP programs follow specific guidelines known as the EAGALA Model (see Appendix D).

Both EAGALA and PATH programs provide similar framework of practices, but within these frameworks, there are infinite opportunities for creativity and adaptability to various therapeutic and facilitating styles (EAGALA, 2010). The EAGALA Model is based on four tenets: activities are ground based (non-mounted), sessions are facilitated by a team, solution-oriented, and programs adhere to a code of ethics (see Appendix D) (EAGALA, 2010). The EAGALA Model uses a team approach for all of its therapy or learning sessions. The team consists of an Equine Specialist, a Mental Health professional, and horses to work with the client/s in EAGALA sessions. The primary focus of the therapy and activities happen on the ground, there is no riding involved. Instead, effective and deliberate techniques are used where the horses are metaphors in specific ground-based experiences (EAGALA, 2010). Another aspect of the EAGALA Model is that sessions are solution-oriented. It is believed that the clients should be able to discover their own solutions for themselves if given the opportunity. It is not the job of the Equine Specialist or Mental Health Professional to instruct or direct solutions, but instead to open the door for clients to experiment, problem-solve, take risks, employ creativity, and find their own solutions that work best for them (EAGALA, 2010). The EAGALA Model also consists of a code of ethics, which sets a high standard of practice and ethics, as well as an ethics committee and protocol to assist in upholding these stands, ensuring high quality practices and care (EAGALA, 2010).

To date, limited specific data exist regarding the benefits of EAP/EFP, but there is some preliminary research. Schultz, Remick-Barlow, and Robbins (2007) conducted a

study on the use of EAP in the treatment of children exposed to domestic violence. Children in the study suffered from Post-Traumatic Stress Disorder (PTSD), mood disorders, and adjustment disorders; children received an average of 19 EAP sessions over a period of 18 months. All participants demonstrated a significant improvement after the sessions; children with a history of physical abuse and neglect had the greatest improvement. Although longitudinal effects have not been determined, participants did show a quick response to the EAP sessions, and there was a significant correlation between the percentage improvement and the number of sessions given (Schultz et. al., 2007).

A typical EAP session is about one hour in length. The treatment team consists of the horse professional, licensed counselor along with the equine or equines. The horse professional needs to have extensive background experience working with horses and understand equine safety and behaviors. The mental health professional must have a college-level degree, training in a mental health field, and practice under a governing board for accountability purposes and follow state laws and regulations regarding mental health practices (Mandrell, 2006). Each session is uniquely designed collaboratively by the treatment team for the specific individual or group. Sessions will include tasks for the individual or group to complete such as catching and haltering a horse, obstacle courses, or team building activities. Upon completion of or incompleteness of these tasks, the treatment team and the client process the participants experienced during the session. For example any challenges, successes or metaphors that may relate to the client within their day to day to life. Just as each session is unique to the individual it often will vary to the number of sessions that will be necessary for the individual or group to find benefits. It is

expected that more consecutive sessions will result in higher treatment success. The lulling rhythm of the horse combined with the sights, scents, and sounds of natural surroundings with the arena elevates the spirit, alleviates tension and may be used as an adjunct or an introduction to more conversational forms of therapy and visual imagery in the office (as cited in Mandrell, 2006).

PATH and EAGALA EAL/EFL Framework and Practices

EAGALA and PATH Intl. programming frameworks and practices align with the concepts that the World Health Organization (WHO) promoted at a United Nations Inter-Agency Meeting in 1998. These align particularly well with PATH Intl. and EAGALA programs offering EAL/EFL services. The goal of the meeting was “to generate a consensus among United Nations agencies as to the broad definition and objectives of life skills education and strategies for its implementation, in order to facilitate collaboration between various organizations working to support the advancement of life skills education” (WHO, 1998). At this meeting, the following was concluded:

Life skills education is designed to facilitate the practice and reinforcement of psychosocial skills in a culturally appropriate way; it contributes to the promotion of personal and social development, the prevention of health and social problems, and the protection of human rights. (n.p.)

Similar to the life skills that EAL/EFL practices implement, the WHO Department of Mental Health identified five basic areas of life skills that are relevant across cultures: (a) Decision-making and problem solving; (b) Creative thinking and critical thinking; (c) Communication and interpersonal skills; (d) Self-awareness and empathy; and (e) Coping with emotions and

coping with stress. The following life skill model (Figure 4) was developed as a result of this meeting:

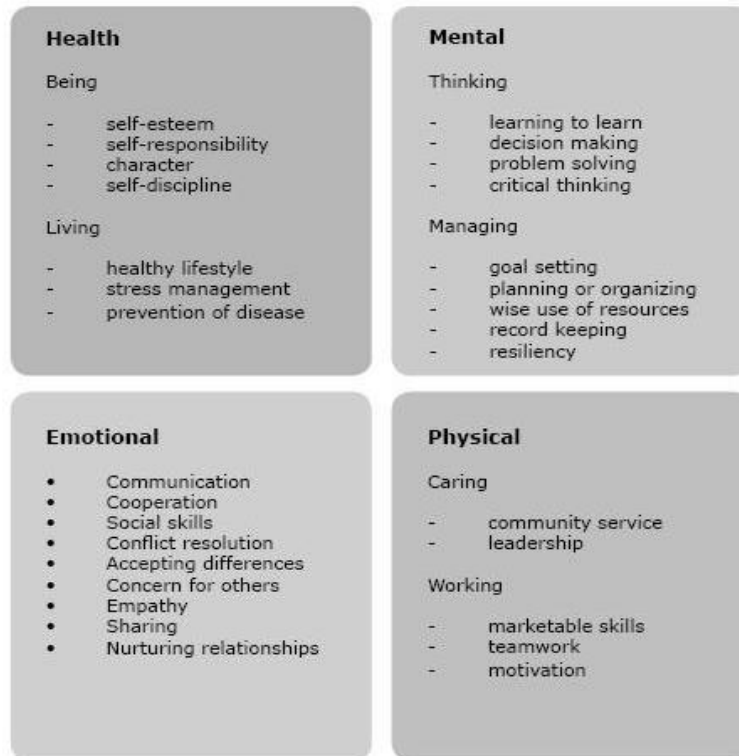


Figure 4. Life Skill Model as developed by World Health Organization Department of Mental Health (1998).

Logic Models

A logic model is a “graphic representation of a program showing the intended relationships between investments and results” (Taylor-Powell & Henert, 2008, p.6).

Logic models are utilized to help in the planning, implementation, evaluation and communication process of various programs and organizations (2008). Below is a commonly used logic model that was developed by the University of Wisconsin-Extension (see Figure 5).

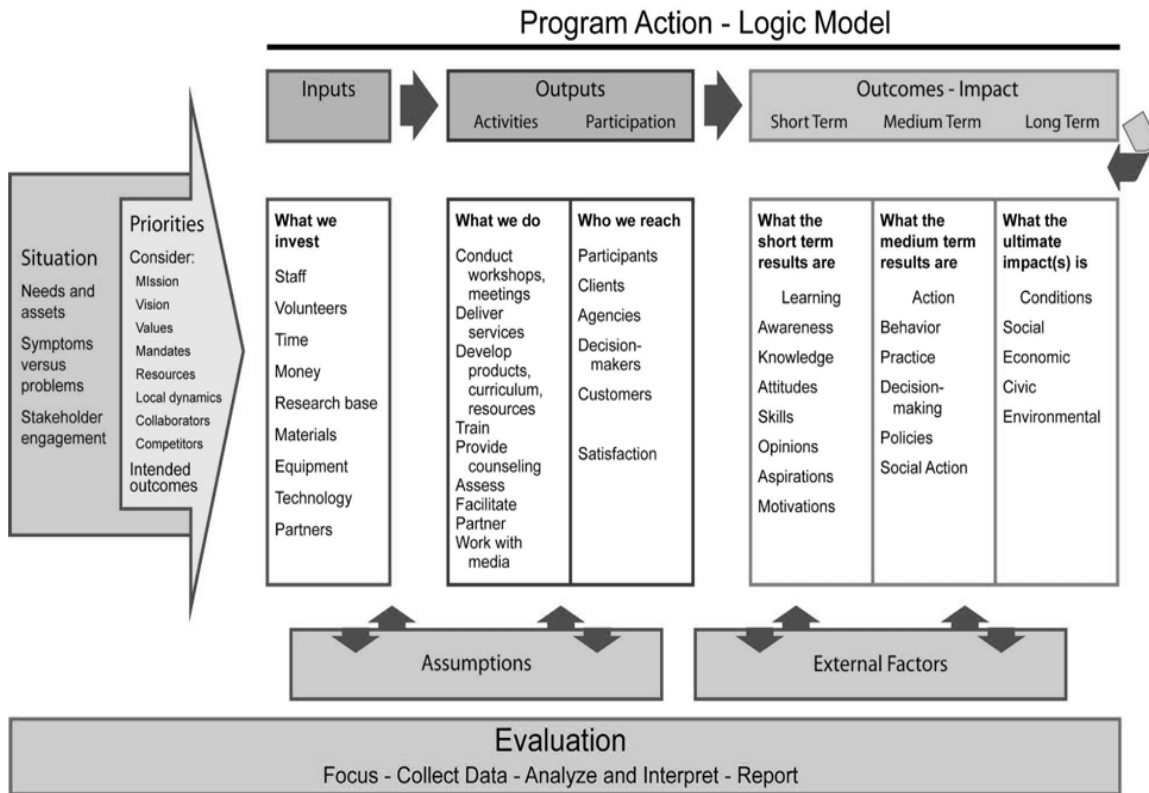


Figure 5. University of Wisconsin-Extension Program Logic Model (Taylor-Powell & Henert, 2008).

The three main components that compose a logic model are inputs, outputs, and outcomes of the program (Taylor-Powell & Henert, 2008). Inputs are the resources invested into the program. Outputs are the results of program inputs; this includes the activities and potential audiences reached by the program. The outcomes are any results or impacts from the program. Results or impacts may include “changes in knowledge, awareness, skills, attitudes opinions, aspirations, behavior practice, motivation, social action, policies, conditions or status” (Taylor-Powell & Henert, 2008, p.6). Logic models can be used as a type of performance measurement, to measure, monitor and report how the program is progressing towards pre-determined goals (Taylor-Powell & Henert,

2008). The logic model can also provide an excellent means for program evaluation

(Taylor-Powell & Henert, 2008):

The characteristics and outcomes of programs are used to make judgments, improve effectiveness, add to knowledge, and/or inform decisions about programs in order to improve programs and be accountable for positive and equitable results and resources invested.
(p. 6)

For the purpose of this study, this model was utilized to align and evaluate EAGALA and PATH Intl. Associations and Programs structure and frameworks.

Summary

In summary, a review of the literature illustrated that there is a need in the state of Montana for EAGALA and PATH Intl. program assessment and evaluation. In order to further develop and improve EAGALA and, PATH Intl. programs and other similar program, research must be conducted to assess impacts and outcomes, and to examine the effectiveness of these programs using educational frameworks. This research assisted in the development of a professional framework model for EAGALA, PATH Intl. or other similar programs to align, develop, and evaluate their programs for continued improvement.

CHAPTER THREE

METHODOLOGY

Research Design

To carry out the purpose of this study, a qualitative case study research design was employed for this study. Skunk (2012) describes the qualitative research paradigm as one that “is characterized by intensive study, descriptions of events, and interpretation of meanings” (p.12). Creswell (2013) defined and described the important characteristics and components of qualitative research as beginning with, “assumptions and use of interpretative/theoretical frameworks that inform the study of research problems addressing the meaning individuals or groups ascribe to a social or human problem” (p. 44). In order to examine this problem, “qualitative researchers use an emerging qualitative approach to inquiry, the collection of data in a natural setting sensitive to the people and places under study, and data analysis that is both inductive and deductive and establishes patterns or themes” (Creswell, 2013, p. 44). For the final piece of qualitative research, the voices and expressions of participants should be included, along with the “the reflexivity of the researcher, a complex description and interpretation of the problem, and its contribution to the literature or call for change” (Creswell, 2013, p. 44). Erickson (1986, as cited in Skunk, 2012) describes the practicality and usefulness of qualitative research methodology. “Qualitative research is especially useful when researchers are interested in the structure of events rather than their overall distributions, when the meanings and perspectives of individuals are important, when actual

experiments are impractical or unethical, and when there is a desire to search for new potential causal linkages that have not been discovered by experimental methods” (p.12). This study was designed qualitatively in order to best assess the insights, perceptions and opinions of the participants.

Qualitative studies may be conducted through a variety of research approaches. General approaches include narrative, phenomenological, grounded theory, ethnographic, and case studies (Creswell, 2013). For the purposes of this study, the case study research method was utilized. The case study research methodology was a qualitative method in which the researcher investigates an actual life case or cases (Creswell, 2013). The researcher must collect in depth, detailed data involving multiple sources of information (Creswell, 2013). These sources of information may consist of observations, interviews, audiovisual material, and documents and reports. The unit analysis in the case study of this research will consist of multisite cases. In a multisite case, or collective case study the researcher selects several programs to examine. Cases may be selected to show different perspectives of the issue being researched (Creswell, 2013). “Qualitative case studies share with other forms of qualitative research the search for meaning and understanding, the researcher as the primary instrument of data collection and analysis, an inductive investigative strategy, and the end product being richly descriptive” (Merriam, 2009, p.39). The typical format of a collective case study should “provide a detailed description of each case and themes within the case, called a within-case analysis, followed by a thematic analysis across the cases, called a cross-case analysis, as well as assertions or interpretation of the meaning of the case” (Creswell, 2013, p. 101).

Interviewing individual program facilitators was the primary means of collecting qualitative data for this study. DeMarrais (2004, as cited in Merriam) defines an interview as a “process in which a researcher and participant engage in a conversation focused on questions to a research study” (p.87). This form of data collection is considered to be one of the most typical forms of qualitative data collection. The main purpose of an interview is to collect pieces of information that provide insight to assist in further understanding and developing the research being conducted (Merriam, 2009, Patton, 2002). Merriam (2009) explained interviewing as a process to examine the interactions of behaviors, feelings and how people interpret their surrounding environments. She noted that interviewing is also a key process, when the researcher is interested in historic events that are not possible to replicate. Bateson indicated conducting interviews can also become one of the most ideal techniques to utilize in qualitative data collection when performing intensive case studies (as cited in Merriam, 2009).

Generally, there are three types of interviews: highly structured, or formal; semi-structured; and unstructured, or informal. The interviews conducted for this study were semi-structured. Semi-structured interviews include a mix of more and less structured interview questions, questions are used flexibly, “specific data are required from all respondents, the largest part of the interview is guided by a list of questions or issues to be explored, and there is no predetermined wording or order” (Merriam, 2009, p.90). This interviewing format allows the researcher to examine and “respond to the situation at hand, to the emerging worldview of the respondent, and to new ideas on the topic” (Merriam, 2009, p. 90).

The collection and processing of unobtrusive data from EAGALA and PATH Intl. programs in Montana was also used as the final means of data collection for the study. According to Hatch (2002), the collection of unobtrusive data establishes a deeper comprehension of the social experience under examination without requiring the actual performance of that social experience. Unobtrusive data are considered to be nonreactive; the data are not sifted through the interpretations, explanations, understandings and biases of the research participants (Hatch, 2002, Webb, et al., 1981). Types of unobtrusive data include artifacts, traces, documents, personal communications, records, photographs, and archives (Hatch, 2002). For the purpose of this study, documentation of program promotion, development, evaluation and assessment examined. Hatch (2002) wrote that “documents are powerful indicators of the value systems operating within institutions” (p. 117).

Objectives of the Study

The specific objectives of the study were:

1. To describe the structure of EAGALA and PATH Intl. programs in Montana using programming models and theories.
2. To describe factors and experiences that influence EAGALA and PATH Intl. programs.
3. To develop a professional model for EAGALA and PATH Intl. or other similar programming to align and evaluate programs.

Institutional Review Board

The Institutional Review Board (IRB) for Montana State University examines all research proposals employing human subjects to ensure research is ethical and the benefits of the research outweigh any potential risks or consequences to participants in the study. This study was approved by IRB on March 27, 2014 (see Appendix H).

To ensure voluntary participation in the interviews and unobtrusive data collection, an informed consent form was provided to each participant prior to their participation in the study (see Appendix I). This consent form included information about the interview and unobtrusive data collection processes, a review of recording processes, and an overview potential benefits to their programs. The consent form described that each interview conducted, and any unobtrusive data provided for the study were audio recorded and transcribed. The consent explained that only the researcher had access to the recordings, all names of the participants were changed, and the researcher removed all identifying characteristics of the participants.

Procedure

The population for this study included all programs offering EAGALA and PATH Intl. services in Montana. A total of 12 programs in the state of Montana are listed as either an EAGALA certified program or a PATH accredited center (EAGALA, 2014; PATH Intl., 2011). All programs in the state were contacted for participation in the study. The final selection of the programs was based on willingness to participate and representativeness based on number of years in operation ranging from four to 30 years.

Program funding was considered as a criterion for the sample; however, not all programs are non-profit 501c programs and, as a result, funding information could not be collected from all of the programs. The licensures and credentials of mental health professionals were also taken into consideration as a criterion for the sample; however, the statuses of these professionals were too diverse to include in the criteria. Based on these parameters, this yielded a criterion sample of four EAGALA and PATH Intl. modeled, Montana based programs and two international association directors, one from EAGALA and one from PATH Intl. association, for a total of six cases. Criterion samples are defined by Creswell as “all cases that meet some criterion; useful for quality assurance” (2013, p. 158). The interviews and collection of unobtrusive data from four EAGALA and/or PATH Intl. Montana based programs occurred in the spring and summer months of 2014. A director from each association and program was also interviewed and unobtrusive data were collected from all case studies.

The instrument for this study was researcher-developed reviewed by university subject matter specialists and mental health experts. The experts included an agricultural education professor, an equine science education professor, a qualitative researcher, and an expert in counseling, rehabilitation and psychology. Leedy and Ormod illuminated confirmation bias as: “looking only for those data that would appear to support the hypothesis” (2013, p. 39). The instrument design, interpretation, and analysis were reviewed by the experts to reduce confirmation bias, and to increase objective rigor in the research process. The instrument consisted of fifteen questions (see Appendix A), which were asked of all interview participants in a semi-structured interview format.

Participants were given interview questions in advance to examine along with a seven

question pre-interview demographic questionnaire (see Appendix A) to complete and return to researcher prior to interview. Interviews were conducted person to person and were about an hour in length. The researcher took notes during the interview and interviews were audio recorded to ensure accuracy and to preserve for data analysis. Field notes and recordings were coded for the purposes of data organization and analysis.

The collection of unobtrusive data occurred during the designated time frame for this study. It was important to note that after collecting all documents, the researcher assessed authenticity which included a close examination of the author, the place and date of writing, which were established and verified (McCulloch, 2004; Merriam, 2009). Content analysis was used to code the data and to organize and catalog the documents. It was important that these categories were descriptive, so that the researcher had “easy access to information in the analysis and interpretation stages” (Merriam, 2009, p. 152).

Data Collection

The data collection in case study research typically draws sources from a wide range of information. There are six types of information that should be collected as described by Yin (2009): documents, archival records, interviews, direct observation, participant observations, and physical artifacts. To conduct this study, two Montana based EAGALA programs and two Montana-based PATH Intl. programs were examined through triangulation of data collection: interviews and unobtrusive data collection. Program observations were considered as a means of collecting data, but due to the Health Insurance Portability and Accountability Act (HIPPA) this was not possible to be conducted within the available programs. Each interview was conducted for 30-60

minutes. The interview protocol was distributed to participants before the scheduled interview to allow for participant preparation. A seven-question demographic questionnaire (see Appendix A), was also distributed to participants with the interview questions. The interview protocol was purposively semi- structured in design, which means that they were more open-ended, adaptably worded, and infused with a blend of more and less structured questions to provide for further exploration when warranted (Merriam, 2009). Merriam explained “this format allows the researcher to respond to the situation at hand, to the emerging worldview of the respondent, and to new ideas on the topic” (2009, p.90). The researcher took detailed field notes and audio recorded the interviews to ensure accuracy.

This study also collected, examined, and coded unobtrusive data from EAGALA and PATH Intl. programming in Montana, as well as EAGALA and PATH Intl. associations. The unobtrusive data collected consisted of advertising, evaluation and assessment documentation from these programs or associations, which included any promotional fliers, educational handouts, any forms used to observe clients during a session, or program evaluation forms. Documents obtained from EAGALA and PATH Intl. programming and associations assisted in obtaining a perspective regarding the ways these programs are promoted, developed, implemented, and evaluated. All interviews and unobtrusive data were transcribed and coded by the researcher. According to Merriam (2009), the researcher needs to thoroughly examine each of the documents individually regarding, its origin and, purpose, as well as its author and framework or background. Clark (1967, p.238-239) described a list of questions a researcher should consider asking

with regards to the authenticity of the documents. Questions for the unobtrusive data analysis were selected and modified based on this list (see Appendix B).

Data Analysis

All data were transcribed and compiled into a database for ease of retrieval and analysis. Information and field notes from all interviews and unobtrusive data were analyzed using a content analysis approach. This study utilized the conventional content analysis approach which is commonly used within a study to describe a phenomenon. The content analysis approach is commonly used by qualitative researchers as a method, but the applications of it may vary depending on the researcher (Hsieh & Shannon, 2005). According to Fraenkel and Wallen (2009), “Content analysis is a technique that enables researchers to study human behavior in an indirect way through an analysis of their communications” (p. 472). This approach is utilized to identify, organize, code, categorize, classify and label the main patterns found within the data (Patton, 2002). After transcription and compilation of the data, a common first step within content analysis is to open code the documents and then search for similarities to create categories and themes for comparison (Saldana, 2009).

The researcher develops categories by coding groups of words taken from their transcripts (Carson, et al., 2001). “This type of design is usually appropriate when existing theory or research literature on the phenomenon is limited” (Hsieh & Shannon, 2005, p. 1279). To categorize the data using this approach the researcher avoids using predetermined categories and instead allows categories to emerge from the collected data (Hsieh & Shannon, 2005). For the purpose of this study, emergent categories were

utilized. Once the categories are named the researcher can code the data into the categories. According to Miles and Huberman, “these codes are retrieval and organizing devices that allow the analyst to spot quickly, pull out, then cluster all the segments relating to a particular question, hypothesis, concept, or theme” (as cited in Carson, et al. 2001, p. 107). The researcher may combine or organize larger numbers of classification subcategories into a smaller number of classification subcategories depending upon the relationships among subcategories (Field & Morse, 1995). The classification themes for this study emerged from the data contained in the individual program and association case analysis reports, (see Appendix C). These were conceptual classification themes based on the similarities and differences found between existing data components. These themes were significant because they helped to uncover relationships existing among the program and association components in multiple cases and established the basis used to construct the professional model for use by EAGALA, PATH Intl., and other similar programming.

Individual classification themes were developed for each unique case (Merriam, 2009). Each classification theme consisted of multi-level, or layered themes. Multi-level classification themes were developed to further categorize individual classification themes. Each of the individual case classification themes was compared across all of the cases and cross case classification themes and multi-level classification themes were developed accordingly. The researcher developed a table, to assist in organizing individual and multi-level classification themes into categories (see Appendix B).

Qualitative data were analyzed by the researcher in a series of two stages of analysis: within case analysis and cross-case analysis. “For the within-case analysis, each

case is first treated as a comprehensive case in and of itself. Data are gathered so that the researcher can learn as much about the contextual variables as possible that might have bearing on the case” (Merriam, 2009, p. 204). Merriam (2009) explained that after each case is analyzed individually, then the cross-case analysis can begin. The primary goal of a qualitative research, inductive, multi-case study is to build abstraction across the cases (Merriam (2009). The details and specific information may vary case to case; it is the researcher’s job to construct a comprehensive explanation that fits each individual case (Yin, 2009). The examination of multiple cases makes it possible for the researcher to build a logical order of events (Yin, 1994; Miles and Huberman, 1994). Hsieh and Shannon (2005) identified the main advantage of the conventional approach to content analysis as the ability to “gain direct information from study participants without imposing preconceived categories or theoretical perspectives. Knowledge generated from the content analysis is based on the unique perspectives and grounded in the actual data” (p.1280).

The cross-case analysis for this study was built upon the structure, organizational frameworks and guidelines of EAGALA and PATH Intl. programming in Montana found within the specific case analysis reports. In this study, cross-case analysis refers to the analysis and findings that relate the structure, organizational frameworks and guidelines found within the specific cases to those unearthed in other cases. In Chapter 2, the structure, organizational frameworks and guidelines of EAGALA and PATH Intl. associations were discussed and aligned with a Life Skill Model as developed by World Health Organization Department of Mental Health (1998) and the Program Action-Logic Model developed by the University of Wisconsin-Extension Program Logic Model

(Taylor-Powell & Henert, 2008). These frameworks and models were utilized as a template for comparing the empirical results of the six cases.

Validation and Reliability of the Study

To ensure validity and reliability in qualitative research studies the investigation must be conducted in an ethical manner (Merriam, 2009). A dependable experimental study may be considered as “scientific, rigorous or trustworthy” (p.211) when the researcher sensibly and accurately designs the study, utilizes, and applies the highest standards as acknowledged by the scientific society (2009). In a multiple case study such as this one, the researcher needed to make use of a variety of sources, methods, investigators, and theories to provide supporting evidence of the research (Creswell, 2013). Methodological triangulation was achieved by collecting interview and unobtrusive data from each of the six cases. Investigator triangulation was achieved through the use of three experts to interpret coding of the data (Denzin, 2006).

The four measures of validity and reliability as described by Guba and Lincoln (1985) to establish “trustworthiness” of this study were credibility, transferability, dependability, and confirmability. Guba and Lincoln (1985) used these terms in substitution for internal validity, external validity, reliability, and objectivity of the study, which have become generally accepted terminology in qualitative research (Merriam, 2009). According to Creswell (2013), “prolonged engagement in the field and the triangulation of data sources, methods, and investigators are used to establish credibility” (p. 246). Lincoln and Guba (1985) stated that credibility may “be established through activities such as peer debriefing, prolonged engagement, persistent observation,

triangulation, negative case analysis, referential adequacy, and member checks” (Guba & Lincoln, 1985; Manning, 1997; Hseih & Shannon, 2005, p. 1280).

To establish credibility in this study, interview questions, transcriptions and coding were reviewed by the researcher and professional experts in education and psychology prior to implementation and throughout the research process. Unobtrusive data from websites, promotional materials, and programming materials were also examined to verify and support details within the interviews.

Guba and Lincoln (1989) described transferability as the ability for the data and findings to be applied together in settings and contexts. To establish transferability, the researcher transcribed all interviews, took detailed notes, and provided rich descriptions of each case study. A “thick description” (Guba and Lincoln, 1985, p.314) of the findings is necessary to make certain findings are transferable between the researcher and those being studied.

Dependability refers to how well the results are represented within the collected data and is considered a measure of reliability in qualitative research (Merriam, 2009). Creswell (2013) further explained that “rather than reliability, one seeks dependability that the results will be subject to change and instability” (p. 246). The final measure of trustworthiness, as described by Guba and Lincoln (1985) is confirmability.

Confirmability refers to a clear explanation of research procedures that can be repeated by others. Creswell (2013) noted that “both dependability and confirmability are established through an auditing of the research process” (p. 24). To establish dependability and confirmability this study, the researcher established an audit trail, which contains all of the original data and field notes. The researcher also provided

thorough instructions of materials and methods used in the preparation and data collection for future researchers.

CHAPTER FOUR

RESULTS OF ASSESSMENTS OF EQUINE ASSISTED GROWTH LEARNING
ASSOCIATION AND PROFESSIONAL ASSOCIATION OF THERAPEUTIC
HORSEMANSHIP PROGRAMS IN MONTANA

In this chapter, results addressed the following research objectives:

1. To describe the structure of EAGALA/PATH Intl. programs in Montana using programming models and theories;
2. To describe factors and experiences that influence EAGALA and PATH Intl. programs, and
3. To develop a professional model for EAGALA and PATH Intl. or other similar programming to align and evaluate their programs.

The transcript from each interview and unobtrusive data were analyzed and codes developed. Open codes derived from transcripts were organized into classification themes and then multi-level classification themes. These themes were organized and applied to the objectives of the study.

All participants of the interviews were association or program directors of either EAGALA or PATH Intl. programs who voluntarily participated in the study. To protect the identities of the participants, all names were changed and identifying characteristics were removed from transcripts.

Individual Case Studies

To enhance the perspective of each case, a description of the director's background and the background and structure of each program and association were summarized. The type of program, the existence of a clearly identified mission statement, program level of certification, years in operation, services offered, and Medicaid acceptance status are identified in a detailed table found in (see Appendix C). Director's licensing and level of degree, horse background experience, certification, number of years involved in the program and means of achieving continuing education hours are also listed (see Appendix C). Finally, individual case classification themes and multi-level classification themes were developed from each transcript and unobtrusive data collected (see Appendix C).

Case Study 1 Program Director Interview Summary

Program Director's Background and Education. Kathryn Smith, a Licensed Clinical Social Worker (LCSW), is the owner and founder of her own therapy program. This program has been in existence for eight years and is currently undergoing some changes. Kathryn became interested in EAGALA after working at a therapeutic center whose personnel were familiar with the principles of EAGALA's model, but was not currently implementing the model. She indicated a belief that EAGALA held promise, which influenced her decision to become a therapist trained in EAGALA principles and methods.

After completing her LCSW and becoming certified in EAGALA, she developed her own program, which is now operated as a corporation. She has found that managing a nonprofit can be more complicated to operate and more time consuming due to the fundraising aspect of it, which is one of the reasons why she developed her program as an EAGALA modeled program. The input of the EAGALA model is less in that there is “an increase in training and decrease in overhead and management of volunteers.” Smith is currently trained as both an equine specialist and mental health professional, and currently holds the position of mental health professional in her program. She has one equine specialist on staff and is inclined toward the idea of bringing in another therapist, but has not yet taken that step. She is a distinguished program member of EAGALA, with advanced certification in that program. She is also certified in PATH, Intl.

Program Background and Structure. For a period of time, Smith’s program offered both EAGALA and PATH EAP/EFP and EAL/EFL services, but has now shifted her program entirely to the EAGALA model. Smith reported that facilitating PATH sessions required more focus on the safety and riding instruction components, which she felt was an important factor; however, she was not able to observe and focus as much attention as she wanted on the mental health aspect of the sessions. Smith recalled one of her riders telling her “I really had a lot of fun and enjoyed the riding, but I’m not really getting the mental health benefit.” Smith felt that this was due to the instructional practices getting in the way of the actual mental health therapy. The program serves a variety of clients including youth, adolescents, adults, and veterans.

Program Inputs. According to Smith, another positive aspect of using the EAGALA model is that one may be creative in the way the model is incorporated into a program. Regarding program structure under the EAGALA model, Smith was pleased with the flexibility afforded to her. “It works for your population, your community, and with your particular set of horses in a way that you feel that everyone is safe, physically and emotionally, on your time level.”

Another aspect of this type of work that Smith finds both fun and valuable = is networking. Smith finds that networking is a great way to share, incorporate, and implement various EAGALA model programming ideas, techniques, and approaches. Smith finds that implementing life skill development techniques into sessions when appropriate can prove to be beneficial and sometimes challenging.

This is where it’s really hard, I’m trying to match traditional therapy, what everybody is expecting, what the insurance companies are expecting with what really has to happen. What really has to happen is, for example, people giving themselves permission to try! That is the foundation of the whole rest of the program.

Most of the clients with whom Smith works may be taught an individual skill.

But they don’t know how to generalize, so we start from that point. My job is to help, when they’re ready to translate the general skills into the examples of things in their real lives. And once they know how to do that, I don’t have to take them until they are way perfectly well, because I’ve given them the skills to go and finish it.

When discussing the program logic model (see Appendix A), Smith believed that a large part of the input of her program is the training of the horses. A priority of her program is maintaining the health and well-being of the horses used in the program since they are the ones who experience transference from the clients. Horses are sensitive to human emotions; therefore if the human is anxious or nervous the horse will also

experience these feelings. In the past she would allow volunteers to come out to the facility to groom and care for the horses, but she found that these volunteers were coming out to de-stress and that this put too much stress and transference on the horses, so she discontinued that component of the program. To maintain records of each horse utilized in the program, Smith keeps a notebook on each horse where she records patterns horses may be developing, changes of behavior, and interactions of each horse with other horses and clients.

Another program input is client assessment. To initially assess clients, Smith requires each client to meet in her office for the first visit so she can collect information from them or, depending on client age, a parent or guardian. At this visit, she records the client's medical history, psychiatric history, and any history of hospitalization or self-harming. Additionally, releases are signed and information from providers collected. Depending upon where the behavior problems or functions are triggered, she may contact those involved with the client who are directly interacting with the behavior problems and functions of the client, for instance a school-aged client's teacher. She finds it important to determine client story and to collect documentation. To collect this documentation, Smith uses a variety of methods from interviews to formal diagnoses. She also utilizes the Outcome Questionnaire (OQ) for adults or Youth Outcome Questionnaire (YOQ) for youth (see Appendix E). Smith also uses a diagnostic measurement known as Child Adolescent Needs Survey (CANS), which she described as the most useful diagnostic tool for her program. After the initial assessment process and when Smith finds that EAP is an appropriate avenue of therapy for the client, the client has a session with the horses.

When I bring somebody out here, they have no protocol; it's a novel environment. I assess there because, in therapy, a coping skill is to resist talking about things to defend ourselves. So I am going to look and I am not going to ask questions about discrepancies. I'm just going to take note of it. It's just to provide you with an opportunity to explore that discrepancy on your own and we don't have to talk about it.

Smith may see clients for one to two sessions or as long term as one to two years in some unusual cases. The OQ and YOQ measures are utilized to track client progress in addition to an initial intake assessment.

Continuing education of program staff is also a program input. To maintain certification in EAGALA, certified members must complete twenty hours of continuing education every two years. To complete her continuing education, Kathryn attends EAGALA conferences, approved workshops, and Part One and Two EAGALA trainings.

Because Smith's program is operated under the EAGALA model, she mentioned how influential and valuable the EAGALA model has been in steering her program in the right direction. "I think you really need to understand and integrate the EAGALA model in all that you do." Smith also stated the importance of interaction with insurance companies as beneficial in the development of her program especially in the areas of safety protocols. With regard to marketing, her program is considered a distinguished member of EAGALA; although, she is not sure how much this recognition has helped with marketing the program. As a guiding principle, she reported that it is important to continue to "review the EAGALA guidelines and really hold to that model; everybody that works here has to be certified."

In describing funding as a program input, Smith explained that the program used to be able to accept Medicaid. According to Smith, the program significantly increased

its income and number of clients served for the years they were able to accept Medicaid. She said there were certain programs that allowed non licensed facilities to provide paraprofessional services and allowed them to receive Medicaid funding. Licensed facility directors became upset and the funding was shut down. Now the program can no longer accept Medicaid.

Program Outputs. When discussing program outputs, Smith mentioned that she does not generally present workshops; however, she has conducted program demonstrations for the public. She also schedules networking meetings to assist communication with other EAGALA program directors and staff. Smith developed and continues to develop curriculum for EAL, which she says is “a work in progress.” She also refers clients to other practices or agencies, if needed, which establishes partnerships among these organizations.

Program Opportunities. When queried about possible opportunities for program expansion in Montana, Smith suggested having annual Part One and Part Two EAGALA trainings. With regard to sustaining programs of this nature, she mentioned the importance of communication with the community.

I still think it's an important thing to do to maintain connections with other agencies. Have good relationships. I try to support other agencies even if our clients don't overlap to talk about the benefits because they could get a grant and maybe five of them could come in one month. I see the benefit of the work we do. I want to leave things open like that because who knows? I want to be available to them.

Program Misconceptions, Challenges, and Needs. According to Smith, there are often misunderstandings about what comprises equine assisted psychotherapy.

And so when we try to talk about our program even people that come through EAGALA just don't get it; something is not clicking about what we do. People still think I'm somehow, like, doing animal communication; helping animals with their mental health problems, which is completely absurd. Anyway there is so much misunderstanding, we get really horrible referrals. And so what happens is it ends up sabotaging the whole thing.

Smith described that determining participants best suited for EAP and EAL services is a challenge. The ones who are limited in their abilities to use metaphors in particular were considered a challenge for this director. Metaphors are commonly used within this type of therapy to help the client to relate the session back to their day-to-day lives. She commented that, "Trying to do this work with them is extremely challenging and pretty exhausting."

Smith mentioned that therapists are often challenged in running their own businesses, as they are not trained in business management, which may be a contributing factor to the failure of programs. Another challenge for many programs is finding treatment team members for the program.

I've tried over the years to have another therapist, and I'm finding they don't stay for very long, and in one case she didn't even live in this town and the other was doing all sorts of alternative therapies. It is really hard to put together teams.

Finding volunteers that are suitable to work in the program can also be a challenging aspect of running a successful program. Smith also exclaimed that managing the volunteer piece of the program "can be a nightmare!" She noted other challenges, also.

Making teams, getting people trained and on board, finding the right clients, getting the right referrals, having the community understanding what we do, that's the biggest challenge. Funding is always a huge

challenge. I hear that from everybody consistently; from everyone that's trying to do this.

Smith noted she would like to facilitate all of her clients' needs in her program, but that funding is just not readily available. Besides funding, she found that Montana EAGALA programs seem to struggle with, and have a lack of involvement in, networking. Through her networking and experience in the EAGALA program, Smith found a need for educational information and ideas, but also a lack of communication and follow through.

I give them information. I'm taking information to give to them and helping them connect. I'm happy to do that, but people, I just don't hear from them; I can't help them. I think everybody's program would develop, I know mine would, if I had the other Montana EAGALA members working together, instead of being, like, well, it's Montana and every woman for herself. And, you know, we don't collaborate. We are never going to get off the ground if we don't consolidate our efforts.

Smith said collaboration among programs is as narrow of a focus as program promotion could result in significant savings and in a greater awareness of EAGALA and its benefits to clients.

Program Changes. Some changes that the program is undergoing include developing a separate office for clients off site from the equine facility. This will allow clients to engage in more traditional therapy sessions and then allow for clients to go to the barn for an EAP session where they will experience a non-traditional form of therapy. Additionally, Smith found that, by having an office presence in town, public perception of the program is changing because the public is more inclined to enter and inquire about the program. Another major change is that the program no longer accepts Medicaid. This

decreased the number of clients the program is able to serve and decreased the income of the program. Clients were not able to afford the costs of treatment without Medicaid assistance.

Case Study 1 Unobtrusive Data

Client assessments and a website were analyzed in relation to this program as unobtrusive data. Client Outcome Questionnaires (OQ) and Youth Outcome Questionnaires (Y-OQ) (see Appendix E) were utilized to track client progress. These assessments provided the program with a means of tracking, collecting, and keeping records of client data.

A website was also developed for this program. The website provided a comprehensive overview of the program and services offered. There were individual pages for EAGALA and EAP services, Traditional Therapy, Natural Horsemanship, and a contact page. The site included a link to join the EAGALA Networking Community and a variety of pictures displaying clients during program sessions. Overall, the site exhibited the impacts and outcomes of the program through information provided. The program is also accessible on Facebook and Twitter.

Case Study 2 Program Director Interview Summary

Program Director's Background and Education. Helen Richardson earned a Master of Science degree in Mental Health Counseling and is the owner and founder of her own therapeutic equine program. With an earned bachelor's degree in psychology, she initially began working with a therapeutic riding program focused primarily on

clients with physical disabilities; through this job she became certified in the Professional Association of Therapeutic Riding International (PATH Intl.). After working at the facility, she decided to return to school to get her master's degree in counseling. She is now a Licensed Clinical Professional Counselor (LCPC). After graduation she earned certification in the Equine Assisted Growth and Learning Association (EAGALA) and, as a result, she can serve as both the mental health professional and equine specialist. Currently, in her program, which is framed as an EAGALA-modeled program, she serves as the mental health professional and another team member serves as the equine specialist. This interview in particular was less detailed and shorter in length due to the fact that it is a fairly new program and the director was more limited in her experience and recommendations for programming.

Program Background and Structure. Richardson's program has been in operation for approximately four years. The program currently offers both individual and family work, and occasional summer retreats, that provide both Equine Assisted Psychotherapy (EAP) and Equine Assisted Learning (EAL). According to Richardson, the population served by her program varies, but is primarily serving young girls and middle-aged women. As a somewhat new program, it is only in operation part time, which Richardson attributes to a small town population. The program serves approximately three clients weekly. Richardson indicated that the presence of her program is known within the local community. The program is structured after the EAGALA model and follows their four basic guidelines. When asked about developing and structuring a program, Richardson

stated “I think you have to have a background in the structure, so you are ethical and that you know those kinds of things so you have a foundation.”

Program Inputs and Outputs. To complete continuing education hours, Richardson attended various equine workshops and conferences. She also reads a variety of books related to this type of programming and therapy approach. Richardson found that talking, communicating, and networking with other people involved with similar programs can be a great resource for further program development.

Initial client assessment involves Richardson meeting the client at her office in town and a standard intake procedure. At this time, she explains the benefits and intricacies of her program. There is no pressure for the client to participate in EAP or EAL services; it is ultimately their decision. “Some people say that they don’t want to do EAP and that they would rather just meet in the office.” During the intake process, Richardson finds it important to address any questions the client may have, and to find out any goals they may have and what they are hoping to accomplish through the services in the program.

When asked about the implementation of life skills into the program, Richardson described them as more of basic functioning skills. She explained that she has a client with a disability with whom she is working and that client’s goals are centered on physical aspects, such as having a gentle touch.

Richardson said that professional development, marketing, and networking may be as simple as talking to other interested people curious about the program and its benefits. She found a litany of information and indicated she places value on learning from these different sources.

Program Opportunities. When asked about program opportunities, Richardson found it to be almost overwhelming in that there are so many different directions and branches that a program can go.

Program Challenges, Needs, and Future Implications. Richardson found working in teams in therapy was challenging. “There a lot of pros to having a second person and then there are other times it would seem more fitting not to have that second person there. But at other times it is sure nice to have that second person to bounce stuff off of.”

Funding was also an issue for this program. She was struggling with development of an innovative program in a rural area with a small population. More funding for continuing education and training would be beneficial. Richardson also noted there was research conducted citing a need for mental health treatment within the county where she practices, and that there is a lack of available services. A coalition was formed to examine this issue, in which Richardson participates, yet her program is still struggling to stay in business. She describes this as a discrepancy of needs within the county. Because the program is new and in the initial stages of development, future sustainability of the program is questionable. Richardson is working on developing the direction the program will take and overcoming financial constraints.

Case Study 2 Unobtrusive Data

The unobtrusive data collected for this program was its website and social media. The website featured information about the program, its founder and director, services offered, a blog, a contact page and data collection for a mailing list. The website contained many pictures and quotes involving equine therapy to visualize program

offerings. The web site described program services, a background of the owner and director, and select few testimonials from program participants. The program is also active on Facebook, Twitter and Google+.

Case Study 3 Program Director Interview Summary

Program Directors Background and Education. Nancy Johnson is the founder and program director of her own therapeutic riding program. As for Johnson's personal background, she never attended college. Her professional background is varied and included secretarial and bookkeeping work, modeling, volunteering in the Peace Corps, working on the Alaska pipeline, being a mother of six, and working as a horse person. Johnson initially became interested in therapeutic riding when she visited with someone who attended the North American Riding for the Handicapped Professional Association's (NARHA) convention. This individual knew that Johnson owned a small indoor arena and thought she may be interested in beginning a program. At the time, Johnson had an extensive background in the equestrian industry, but she was unfamiliar with therapeutic riding. She decided to develop her own PATH program, but knew focus on the business aspect was a crucial first step.

Program Background and Structure. The program is a 501c3 and began nearly 15 years ago. The program started out slowly and continued to grow and flourish.

It's grown, so a part of that is the increase of children on the autism spectrum and also because of the effectiveness of this therapy; the medical professions, physical therapies (PTS), occupational therapies (OTS) that are finding this therapy addresses issues that a lot of the

time clinical therapy does not. And so it's a nice marriage between the medical aspects and the physical and the emotional. It works.

The program provides basic therapeutic riding sessions with two certified PATH instructors employed. Eventually, Johnson would like to have a physical therapist or an occupational therapist on staff.

As it is we deal with a lot of caregivers and a lot of professional people and we marry their input with what we do and with our knowledge of horses and physical and mental conditions. So it's just a blend of many things with a horse facilitating the actual therapy.

The motto of the program is "Fun first and therapy follows." Johnson reported, "Our primary premise is one of safety first and foremost, and then we just have fun and make it count. With almost fifteen years of doing this, it works!"

A main goal of the program is:

To help get some of these people back into the mainstream, getting jobs, have the goals that they attain here to be applicable to life, so that they can then go out and be productive in the society we live in and that's a test in this economy with everybody looking for work, but again to open up the awareness of special needs people and their abilities to be part of the mainstream in whatever area, that is part of our goal, and to increase the life experiences of these riders.

The program serves from 30 to 50 clients per week usually and sometimes up to 70 clients weekly. The youngest rider is three-years-old and the oldest rider is 83-years-old. The program serves people with many different conditions including, but not limited to, stroke, autism, cerebral palsy, multiple sclerosis, and brain injuries. Although the program is open to veterans, Johnson has not had any who engage with the program. She indicated the lack of veterans may be because the program is situated in an equine-populated area, so if veterans were riders prior to injury, trauma, or service, then they

may be more inclined to ride their own horse or a friend's horse, rather than seeking equine-related therapy options

Program Inputs, Outputs, and Opportunities. Johnson's program provides opportunities for individuals who are seeking onsite hours as they work toward PATH, Intl certification. There are reciprocal benefits to both the volunteers and program clients; volunteers earn practicum experience while program costs for staffing are significantly reduced. Johnson examined existing community resources to utilize them for networking opportunities, rather than predetermining specific partner needs and searching outside of the immediate community. "We encourage people to be a part of what we do because it is empowering for everyone."

The program utilizes volunteers from various backgrounds including 4H members; Boy Scouts; retired individuals; Wildlife, Fish, and Parks; and even high school and university students. Johnson has found that more often than not the program volunteers benefit and find reward in doing this work as well. "You know if you put a healthy child and a challenged child in the arena, you think the challenged child has such a benefit. But you know who does? It's the other one."

The positive impacts may be greater in this community because the program accepts Medicaid, which opens the program up to people who could not normally afford this type of rehabilitative therapy. Another positive for the program is that since it has been in business for nearly fifteen years, the program is beginning to get referrals.

And what we are finding now is that we have some history in this profession and that we are getting more and more and more referrals, and there just aren't enough hours in the day to address all the people we would like to help.

In 2013, program personnel hosted a horse show and community event, since the local Special Olympics were no longer offering equine activities for participants. Johnson developed the show with the goal of showcasing client skills and abilities developed in the past year, and to be able to do that in front of community members, family, and friends as a means of support for the special needs community. “So it’s a time for our riders to be profiled and supported.” The program has also partnered with Fish, Wildlife, and Parks to utilize horses retired from that program to become therapy horses, which Johnson has found is beneficial for all stakeholders.

Johnson’s experiences revealed to her that families of children with special needs may not have the normalcy in their lives that other families may have with children who are active on sports teams and other extracurricular activities. Johnson feels that the program and especially the horse show provide the families of children with special needs an uplifting experience, which brings more normalcies to their lives.

Program Challenges and Needs. One challenge of the program, not unlike other cases, was funding. “Keeping a program funded is a major challenge, a major challenge and so fundraising is pretty much what I do, and run the program.” In a recent article by the Ravalli Republic (2014) written about the program, Johnson confirmed the importance of volunteers and sponsors.

I can’t thank enough the wonderful sponsors we have. We couldn’t do it without them. It’s the sponsors and volunteers that make this possible. That’s part of the reason other programs fail--if they have to lease facilities it’s not cost effective--the insurance alone is very expensive. (p.3)

The program relies heavily on grants and private individual donations. Johnson specifically mentioned that she would love to have a physical therapist (PT) or occupational therapist (OT) on staff along with a facility resident to assist with the horses and programming. She explained that the program does not have enough funding to pay a resident employee enough to justify the position.

In the future, Johnson would like to improve program facilities by converting to a fully enclosed indoor facility. All participants, staff, and volunteers would welcome an indoor arena, restroom, and seating area. Johnson also noted the program is limited by time; there is simply not enough time to address all of the clients that are seeking help from the program. Currently, the program has a waiting list for services.

Case Study 3 Unobtrusive Data

Program personnel developed a brochure and business cards specifically for promotional purposes. The business card highlighted the program's logo and general contact information, while the brochure contained information about the program including services offered, methods of payment accepted, opportunities to aid the program, testimonials, directions to the facility, and contact information. The brochure was aesthetically appealing and included several pictures of clients participating in program services. This brochure displayed some of the benefits involved with therapeutic riding, as well as testimonials from program participants..

There were several documents obtained regarding the program's upcoming horse show and community event. A letter to community members contained information about the program and its participants, along with information regarding time and location of

the show, as well as stewardship opportunity information for those interested in sponsoring or donating. An additional document included sponsorship packages was attached to the letter. A promotional document for the show included pictures of participants from previous years engaging in activities at the community event. This flyer included the program's logo, name, and limited text. The pictures were used as a tool to describe the event. A poster extensively detailing the show was developed, and included the specifics of the event, local sponsors and organizations involved, and a bright, cartoon-style visual of the event.

A recent newspaper article was also collected that described the upcoming show and community event. The article included information about the show; ways in which community members could sponsor, volunteer, and donate; program benefits to participants of the program; quotes from the director of the program; and a testimonial from a participant.

The program was featured in two magazine articles over the past few years that it has been in operation. Each article included information about the program and PATH Intl., quotes from the instructors and director of the program, testimonials from participants within the program, benefits and needs of the program, and several pictures of the participants in action. Both of the articles expressed the impacts and outcomes of the program.

There was a fairly comprehensive website developed for the program. The site included information about services offered, horses used in the program, staff, events, ways to help and get involved, resource links, forms, and a contact page. The website contained pictures and videos of participants portraying the services and benefits of the

program. There are several forms available to download with valuable information on volunteering, sponsoring, financial services, scholarships available, participant information forms, and waivers and releases of liability agreements. The program has an established social media presence on Facebook and YouTube; although, this was not indicated on the website. These two social media sources displayed pictures and videos of the program participants and instructors in action, which demonstrated the benefits of services offered.

Case Study 4 Program Director Interview Summary

Program Director's Background and Education. Sally Stewart holds a master's degree in animal science, with an emphasis in reproductive physiology of large animals. She has completed much of a second master's degree in special education. As a youth, Stewart was an active 4H member. Before coming to this program, Stewart worked for a large real estate firm. Stewart's title in this program is Therapeutic Horsemanship Program Director; she is not a mental health professional. She is certified in PATH as an equine facilitator and instructor. She has been involved with therapeutic riding for nearly ten years and began as a volunteer. For her continuing education, Stewart enjoys taking riding lessons the most, but also attends regional and annual PATH conferences.

Program Background and Structure. Stewart explained the background and basic structure of the program for which she works. The program is operated as a non-profit organization and is a Premier Accredited Center (PAC) of the Professional Association of Therapeutic Riding International (PATH Intl.). The program works with clients with both

physical and cognitive disabilities, but does not work with people who have emotional disabilities. The program does not currently have staff trained in this area so providing emotional disability services is not part of the program's mission. The program has been in operation for nearly thirty years and serves both youth and adults. The program can accept youth as young as age four, but only accepts ages six and up because of capacity concerns. According to Stewart, the oldest participant is currently 83 years old. Stewart said the reason she accepts youth at age six is because they are generally in school by this age and have a behavior model plan, as well as individual education plan. Stewart typically obtains these plans from the parents to assist in properly placing the youth within the program. "I can look at that plan and follow it, so I can support the teachers and the parents with the behavior."

Program Input and Outputs. When asked about how the program was developed and structured in reference to the program logic model, Stewart opined that the program was developed and structured similarly to that particular model, and to another similar model known as Total Quality Management (TQM). Stewart noted that when developing and structuring a program it is all about strategic planning. In reference to program outputs, impacts, and outcomes Stewart stated, "We really don't go through a day when I don't hear 'Is it good for the participants?' 'Why are we doing this?' So we really focus on that, so that we have outcomes that are really good ones."

The therapeutic horsemanship program puts safety first. "It doesn't mean that other programs don't have safety. But we do safe, effective, fun lessons. I would say that all programs are safe-based, but then I think fun might come before effective." Stewart

indicated that, for the well-being of the horses, it is important that there is effective use of skills.

According to Stewart, there were several ways clients were assessed for the program. The program shifted toward a more structured and cooperative form of client intake process. The program designated a certain day each month for new riders to be assessed at the equine facility. “We assess them for ability to follow instructions, safe barn behavior, balance, strength, core strength, and coordination.” Once riders are properly fitted with a helmet, they move to a grooming station where they are introduced to the horse and are assessed by instructors on their behavior, ability to know left from right side, and other basic skills. The final station allows inexperienced riders to ride a real horse or stick horse through an obstacle course. Mount type depends on the assessment from the first two stations.

Stewart said the main criteria they seek is that the client is “safe and that they have behavior that they can control” in this type of environment. Another key component of the intake process is talking to the parents, guardians, and caregivers. “It is really important to talk to the guardian, parent, or caregiver because often times their goals are very different than their children’s, or even their spouse if an older person is coming.”

As a PAC center, the program was encouraged to maintain progress notes on all clients, which is vital to ensure clients are placed in a program session most beneficial to them. Typically, new riders are placed in the developmental riding group until staff is more fully familiar with the client. If the rider seems skilled enough to advance to the next level, the rider is then advanced within approximately two weeks to the sports riding

session. The sports riding session is focused toward teaching riding skills. Clients who do not advance to the sport riding session are often dealing with greater physical challenges, so they typically move into a recreational riding group. This group emphasizes all aspects of being around a horse from grooming, caring for, and riding to just being around horses. The developmental, sports, and recreational riding sessions are offered for both youth and adult participants in the program.

Horse assessment is yet another valuable aspect of programming. Stewart utilizes assessment forms in the program for both the leaders and side walkers to complete after each riding session. The leader's notes should focus on the horse's behavior (see Appendix G) and the side walker's notes focus more on the rider's behavior while riding the horse. These assessment forms assist the staff in making changes, if necessary, so that both horse and rider have quality experiences.

Life skill implementation is a constructive component of the program. "I see so many kids go through the school system and in Montana they are lucky if they stay in school until they are 18." The program placed emphasis on basic life skills from household chores to the development and growth of fine motor skills. Stewart stated that repetition is a huge part of the growth and development process of her clients.

Stewart explained continuing education as an important program input that allows the instructors to remain current on industry best practices. Stewart encourages the program's instructors to obtain 20 hours of continuing education every year. Continuing education hours may be completed by instructing ten hours of riding lessons, attending a regional or annual PATH conference, and studying and reading material related to the industry. Stewart is a strong proponent of maintaining regency in relationship to her

industry. “Staying current is important because things do change and the industry is right up there! Changing all the time!”

Another important program input was communication among staff. Stewart emphasized the importance for staff to meet and discuss progress notes of each client to ensure clients are moving in a positive direction. Stewart noted that if the client is not moving in a progressive direction, it is time to meet with parents, guardians, or caregivers to develop a more effective plan for the client.

Volunteers are also considered a vital input. “We can’t do it without the volunteers.” The program relies heavily on volunteers. She further explained that program personnel network with colleges and universities, and utilize student volunteers.

Since the program is now a PAC for PATH, the program must undergo an evaluation every five years. According to Stewart, program evaluators examine all aspects of the program from the facility itself to client sessions to staff and management practices, and a series of interviews with directors. Because the program is a PAC, they are able to host on-site workshops and certifications for PATH.

Program Opportunities. Stewart pointed to Strides magazine, a PATH publication, that highlighted a variety of job listings for this type of work and she says “if you have the gumption, you could do it; you could make it a viable commodity.” As for this program, Stewart is working toward hiring a licensed counselor on staff who is already PATH certified. Adding a counselor would allow Stewart to combine some of her private practice with EFP in the program. Stewart further revealed that re-developing the program’s equine driving program would be beneficial to get an interactive vaulting

session created. Stewart also mentioned that being involved, as a component of a much larger program, is beneficial as there is more to fall back on if necessary. Having PATH Intl. behind the program has also been very beneficial to the development and growth of the program.

Program Challenges and Needs. The program formerly offered Equine Facilitated Psychotherapy until the mental health professional who was on staff moved. Since that time, Stewart has been unable to find another mental health professional in whom she felt was suitable to provide these services in the program. Stewart also reported a potential benefit to involve local colleges and universities with PATH Intl. programming, including the certification process for their students. She indicated some discussions, specifically in PATH Intl. conferences, about the average pay of staff for PATH Intl. programs. These discussions centered on a need for program staff to be paid at a professional salary. “If we want to be seen in the industry as professional, we better start being paid and paying as professionals.”

Comparable salary discussions parallel those regarding the input challenge of funding. Stewart said that the program would benefit from increased funding as horses are an expensive to maintain. Stewart believes that the program would benefit from a facility expansion as well.

One of the greatest challenges to the program is “consumers getting savvy to getting their child, young adult, or adult into this program. There is so much demand for services and it’s an underserved population especially in EFL or EFP.” Stewart found there are mental health professionals, teachers, and educators who represent themselves

one way when in reality they are not properly credentialed or qualified. She encourages all parents to examine credentials of professionals before committing to any program.

Volunteers are another challenge Stewart negotiates with as program director. She mentioned there are some people who volunteer with the program simply because they want to spend more time with the horses, and not with participants. This causes disruption in the program's mission because all staff, regardless of paid or unpaid status, must keep the participants at the center of the process. The program is dependent upon volunteers, and Stewart explained there is always a great need for volunteers who want to be involved with the participants.

Stewart found an additional need for an educated constituency regarding this type of program because many people misunderstand the structure and function of the program. "We just need to educate the public on what we do."

Overall, Stewart reported the program was doing well. She emphasized the importance of "focusing on quality of service and keeping things the same and focusing on quality of service and getting more people involved."

Program Changes. The program personnel recently renamed the program as a therapeutic horsemanship program, as opposed to an equestrian program. According to Stewart, the program now offers more services including groundwork, farm management, and life skill training. The program also changed its client intake procedures to a more structured and cooperative form of intake.

Case Study 4 Unobtrusive Data

This program provided a resource guide that is a promotional publication obtained from PATH Intl. This guide was developed by PATH Intl. to provide parents and professionals with a clearer understanding of PATH Intl. programming. The guide provided an explanation of therapeutic riding, hippo therapy, carriage driving, interactive vaulting, EFP and EFL services, and a list of the benefits of each of these activities and therapies. The guide also contained a list of special needs served by PATH Intl. centers. The guide folded out to serve as a poster with several pictures of services, along with testimonials from participants, instructors, and directors of PATH Intl. programming. This document addressed impacts and outcomes of PATH Intl. programming and defined some of the services offered at this particular program. This document did not contain specific information regarding this particular program.

This program utilized class observation forms and observation-focused assessment forms for both horse and rider (see Appendices F & G). All three forms provided valuable information for client, horse, and program evaluation to make immediate assessments and provide excellent documentation for record keeping purposes. The class observation form consisted of a brief identification of class date and time, instructor and riders, and class preparation. This information was followed with an extensive checklist with criteria beginning with 15 minutes before the start of class, when the riders arrive, when the horses and riders are ready, mounting, the actual lesson, side walker evaluation, leader evaluation, instructor evaluation, and cool down and dismount.

The horse observation form was developed for this particular program and was entitled "The Horse Report." This report was completed if a horse displayed bad,

unusual, or other uncommon behavior. The form asked for the date, time, instructor, and horse's name to be recorded. It included a blank for the particular incident or behavior description, along with any suggestions for improvement.

The rider observation form was also developed by program personnel and was used to examine how horse and rider worked together. Date or lesson, leader, rider and horse's name are all recorded. A description of the horse's behavior and any comments and concerns with this particular horse and rider combination were also recorded.

This program offered more than equine therapy services; it also offered a variety of outdoor recreational type therapies. Therefore the website for this program included all of the services offered. There was one page of the website dedicated to the equine therapy portion of the program that included a brief description of PATH Intl. and the services offered through this program. The page also contained four links to provide more in-depth information about each of the equine services offered by the program, including PATH Intl. riding instructor certification processes and schedule, therapeutic riding and assisted activities and schedule, horsemanship camp and schedule, and information about the all-abilities horsemanship camp.

The entire program utilized social media as another form of networking and communication. The program created various social media pages and memberships on Facebook, Twitter, and YouTube, and a newsfeed through Live Bookmarks was maintained. In each of these social media groups or memberships, program features were illustrated through pictures, videos, and information about the program from current schedules and upcoming events to some of the significant impacts and outcomes that the program has made with its clients and community involvement.

Case Study 5 Association
Director Interview Summary

Association Director's Background and Education. Tara Mason is the co-founder and executive director of the Equine Assisted Growth and Learning Association (EAGALA), and is a licensed clinical social worker (LCSW). Her background included work in wilderness therapy programs, but she lacked a background with horses. Mason noted she was a believer in the concept of using outdoors in different ways; involving animals, especially horses, into therapeutic work. She did not get involved with horses until she began working for a residential treatment center for youth on a ranch setting. "I've always been a believer in the experiential concepts in change versus just talking in the office." The residential treatment center for youth is where she began to see the power of using horses for therapeutic work and decided that it was a good fit for her. "In a one hour session with the horses I was seeing big results. So that's what got me bought into it."

Years later Mason went back to school to earn a master's degree in social work. She then returned to a wilderness program and became director of a ranch treatment center for youth. This particular program reacquainted Mason with horses and the concept of equine therapy. She developed the program to revolve around horses; the academics and therapy all centered on the horses. She subsequently co-founded EAGALA and decided to start an association. Mason's goal was to develop a professional association to assist in raising awareness about this type of therapy approach.

Association Background and Structure. According to Mason, EAGALA was founded in 1999 and is the leading international nonprofit association for professionals using equine therapy to address mental health and human development needs. At the time of developing EAGALA, Mason said there were many programs that taught horsemanship and riding, as well as Equine Facilitated Mental Health Association (EFMA), a sub rank of the North American Riding for Handicapped Association (NARHA) now PATH Intl., whose primary focus was on therapeutic riding. Mason wanted to incorporate more of the experiential therapy techniques into the association and to focus on mental health rather than on physical disabilities. “It was pretty unique as far as I think the way we were doing it.”

At the time, she explained, there was not really an association offering training and certifications, or that had a model for practice. Mason indicated that this was the junction whereby an initial awareness of the concept of using horses in mental health therapy emerged. Mason stated the mission of the program as follows: “We provide educational standards, innovational support to professionals providing services of equine assisted psychotherapy, and learning around the world.” Mason commented that there are three key components to what EAGALA is doing:

Bringing awareness to the public about this approach, second is training quality professionals so that professionals provide the service, and third is to help support ways of accessing funding, obtaining support with funding, funders, and agencies so that there are resources to provide the service.

In developing EAGALA, Mason shared that it initiated with a belief and a passion. She revealed that in order to develop an association or program, there are a few key points to keep in mind:

The first thing was to really believe in what you are doing. Second was that I needed to be clear in what we were doing and why we were doing it. So the vision and mission were key. And I think for us the fact we have had a clear identity about who we are, what we are doing, has served us well.

Mason highlighted a crucial need for an association to be clear about its target market. She found that EAGALA met that expectation with regard to whom is being served. When the association was first founded, Mason recognized that the association was heavier on the equine specialist side, but now they are split fairly even between equine specialist members and mental health professional members, as well as some members who can perform both. EAGALA programs are developed to focus primarily on mental health and human development.

Association Inputs, Recommendations, Challenges and Needs. Mason described the certification process for individual members to become EAGALA certified as an input for both the association and programs. To become certified either as a mental health professional or equine specialist, one must complete both Part One and Part Two trainings, and create a professional development portfolio.

The portfolio is basically asking them to look at our standards; we have minimum standards for who can serve on the mental health side and who can serve on the equine specialist side. And so the portfolio needs to show how they meet that standard and if they don't meet that standard how they are planning on meeting that standard or how they will serve as a third member part of the team.

Mason further explained that the EAGALA standard required constant presence of a licensed mental health professional and a qualified equine specialist in all sessions. There is also an advanced certification process, which requires a certain number of hours of EAGALA sessions to be completed, mentoring with supervision, and advanced three-day

training. Advanced certification allows for members to host EAGALA workshops and trainings.

Every two years, certified members must complete 20 hours of continuing education hours that are approved as EAGALA hours. Mason explained that the idea of these approved hours is for members to learn more about the model they are representing. To obtain these approved hours Mason gave details describing the options for members. These options included attending Part One or Part Two trainings at a reduced fee, attending an EAGALA conference or approved workshop, qualified networking groups, the mentoring program, and independent studies.

An input Mason described as challenging is funding. She said that funding was a major input into the association. In starting an association, Mason explained there was an initial investment “of time and money that you have got to get from somewhere.” Mason said one must be aware of the investment and sacrifice involved to get an association or program started; this association in particular was challenged by funding for the first four years of operation. Another challenge in the beginning years of an association or program is to stay focused and to refer back to the association or program objectives frequently as a means to maintain fidelity to desired program outcomes. She recalled people wanting the association to be all things to all people and that is not possible.

Additionally, Mason found that learning how to utilize technology, communicate with the world, and develop relationships was and still can be challenging, but was vital for the association to grow. Mason pointed out that having research to reference would have been helpful for developing the association, but at the time of development there was none available on this type of therapeutic practice. The growth of the association has

resulted in the globalization of the association. Although this is great for the association, Mason described some of the challenges accompanying such expansion on a global scale. “Our model seems to be very fitting for different cultures, but it’s now how do we get the message out? There are so many languages and trying to translate materials can be very challenging.”

Association Outputs, Recommendations, Challenges, and Needs. In discussing program outputs, Mason described the populations most served by EAGALA programs. These populations include teenagers, family, depression, PTSD, trauma, general self-improvement, self-help and wellness. ADHD, grief and loss, and addictions fall right underneath these. Mason says that EAGALA has programs working with “just about everything from severe mental illness to criminal justice systems to Autism to corporate groups.” She explained that EAGALA has an annual survey completed by the programs to assist in developing a general idea of populations served.

A recommendation for programs was to always evaluate work through some type of measurement tool. She mentioned that a simple method of giving pre- and post-tests to clients is a great tool, and then you always have that data from your program to refer back to. Mason pointed out that EAGALA does have a research committee available to members seeking help and support in those areas. EAGALA also has the website where members can list their programs as well as a variety of promotional materials, guides, and books available for programs to utilize, such as the business development guide that can be purchased through EAGALA’s online store. She mentioned business-consulting services that are more individualized for a fee. Mason explained that members can

contact the EAGALA office for help and assistance, and that EAGALA has a wide variety of resources available for supporting programs.

Mason mentioned that relationships are an essential element in developing the association or program. The communication aspect of developing relationships allowed for new connections made and information shared, which can be a great opportunity for growth for all involved. She also said that maintaining professionalism is a key to success of a program. “I haven’t met many programs that didn’t stick to high standards that have been able to be successful.”

Mason explained that maintaining these high standards, although an investment, the association or program would be more attractive to potential funders in the long run. Mason found that programs should support one another and collaborate, rather than compete. She pointed out that utilizing networking contacts is not only a great way to achieve support, but promotion of programs as well. Mason found that putting on demonstrations for the community was a great way to gain public awareness. Further, by having multiple programs collaborate on workshops brings more credibility, and having a larger group to market and promote to.

The majority of programs that I am aware of that have pretty full loads are doing it through strategic partnerships meaning that they are establishing contracts with agencies in their communities or schools or more than just an individual type of work and having relationships and agreements with them, the funding even comes through those agencies. So anytime you can develop those relationships in your community then that’s a good thing for sure.

Mason indicated a challenge to the association is assisting members striving to be successful with their business. “I think that a huge challenge is training people in this

industry to know how to start a business and how to have a successful business.” Another challenge and common misconception for EAGALA Mason addressed centered on,

We are very clear in EAGALA that we are not training people how to be mental health professionals and we are not training people how to be horse professionals. They need to get that elsewhere. We are training specifically in a model of incorporating horses effectively for mental health treatment and human development.

Mason discussed a need to increase consumer awareness about EAGALA programs. There is a need for the mental health community to accept this type of therapy. “We’ve grown and evolved and now we need to expand that message to all potential clients; there needs to be more general public awareness and demand.”

Association Changes. When asked about upcoming changes within the EAGALA association, Mason revealed they were in the process of developing a new design and marketing strategy to help members.

We are actually in the process of making some pretty big changes at our design to try and get the word out more effectively to the world. And provide more materials to help our members, promote this model and concept.

Mason described this change as a “rebranding and strategy that was designed to specifically help our members” and will be available to members in fall 2014.

Case Study 5 Unobtrusive Data

The EAGALA website was very thorough addressing the description of the association, benefits of services provided, program inputs and outcomes, and its utility as a valuable resource for members. There were individual pages for information, certification, conferences, global, finding a program, events, media, the EAGALA store,

membership services, donations, contact information, and links for community network, along with a search button and sitemap. The site contained numerous links for research and magazine articles written about the services offered by this association and its programs. The site also provided the EAGALA annual survey that tracks the number of hours and clients served by EAGALA modeled programs (see Appendix D). Additionally, it tracked the number of horses involved in this programming, the client population, and the needs served. This association was active on Facebook, LinkedIn, Google+ and Twitter.

Case Study 6 Association
Director Interview Summary

Association Director's Background and Education. Alex Branson has been the Director of Membership and Programs for the Professional Association of Therapeutic Riding International (PATH) for about a year; although, he has been working with other non-profits for nearly 22 years. Branson is responsible for the membership and program departments of PATH.

Branson has a background in engineering and holds a master's degree in business administration (MBA). He spent seven years in the air force, served in Operations Desert Storm and Desert Shield, and is a United States veteran. He is a Certified Association Executive (CAE) with the American Association of Executives (ASA). To fulfill continuing education for CAE, Branson must complete hours in each of the ten ASA-described domains every three years. Branson has an extensive background with horses.

He grew up with them and continued to ride horses for pleasure. Branson is not PATH Int. certified at this time.

Association Background and Structure. Branson explained the basic background and structure of PATH International. PATH Intl. originated as the North American Riding for the Handicapped Association, Inc. (NARHA) in 1969. In 2011, NARHA became PATH International and is a 501c3 charitable non-profit organization. The PATH is comprised of approximately 8,000 members, half of whom are certified, and 850 center members. Individual members include PATH certified therapeutic riding instructors, PATH certified equine specialists in mental health and learning, and driving and vaulting specialists. All center members are required to follow PATH standards. There is also a category for Premier Accredited Centers (PAC), which comprises 220 of the centers. PAC's undergo an onsite inspection visit and must maintain PATH standards, certifications, education, and testing. According to Branson, another popular program in PATH is the mentor program. The mentor program was developed to provide mentorship for instructor candidates of PATH completing any level or discipline of certification.

PATH was started to provide safe and effective therapeutic horseback riding throughout the United States and Canada; that's straight from the webpage. We have a strategic plan that drives our programs right now and part of that strategic planning purpose is to take a look at goals and objectives and come with PATH's in order to do that. Part of that process is the feedback loop where you are analyzing the effectiveness against benchmarks and instrument practices.

Branson reported that many of the PATH programs are fairly small and have been developed from a variety of business models.

I'd say 80% are less than a million dollar a year operations and so they have three to four therapeutic riding instructors, a program director and

an executive director and they have 20, 30, 40, 50 volunteers as side walkers and leaders.

Many of these programs start from one of two areas and, according to Branson, which is from where certified members come.

They are either people with horse skills that are looking for a career or a way to stay close to their animals and helping or they are coming from the special needs and disability side and they are looking for a new way to help people and they see the horse as a new way to do that. I think that the centers grow around that passion and need to help people.

Association Inputs. A major association input is the certification process of members. For the certification process of members, there are two components—an individual's ability to ride and teach riding, and the individual's abilities to teach and work with clients with special needs. With regard to funding, the majority of funding for these programs comes from grants, small participation, or favor for services. Branson said that the majority of fundraising for these programs is needed to pay feed bills and instructor salaries. For the PATH association, there are no full-time instructors, just part-time instructors to eliminate a need for benefits. Often times, Branson found that these programs supplement income with well-developed riding instruction to help cover many of the costs involved in running a program. He also found that some programs are conducting research studies to obtain research funding to assist with operating costs.

Branson considers continuing education an important input. PATH certified members are required to obtain 20 hours of continuing education each year. Continuing education hours may be met in a variety of ways, including horseback riding lesson instruction, attendance at annual or regional conferences, completion of standards course,

and mentor training. There are also several PATH presentations, webinars, horse training events, and educational technique trainings focused on working with clients with disabilities and special needs fulfilling continuing education hour requirements.

When asked to discuss association and program recommendations, Branson stated, “We partner with a lot of community organizations and there’s a number of schools and universities we partner with, as well as rehab centers, group homes, government agencies, nursing homes, hospices, hospitals, leadership programs, and wellness programs.”

Branson found a significant amount of support to help recruit veterans into these programs.

We have a partnership with the Wounded Warrior Program that they actually give scholarships to veterans to go get therapeutic riding services. Some of our centers don’t charge for veterans at all; they go out fundraising in order to get veterans into their programs.

Branson also recommended that all start-up programs benefit from affiliation with an association, such as PATH. He also suggested that is important to “look around for industry with best practices and standards.” Branson pointed out that being a community based organization and working within your community to find support, will assist in building sustainable programs..

One of the biggest challenges among many PATH programs is the reimbursement of therapeutic services under insurance. “Most places, most insurance companies, most states, Medicare/Medicaid, it’s not reimbursable as a therapeutic service.” Branson noted that many programs use mental health professionals, such as occupational

therapists (OT), which qualify more on the therapy side, which is easier to get reimbursement from insurance companies.

Another challenge is fundraising. “Yes, fundraising is a challenge for therapeutic services.” He noted that it is dependent on the location of the program.

There are some centers in some parts of the country where it’s not a problem to ask parents to pay \$100 per lesson. There are also a lot of situations where it’s just not reimbursable by insurance and some parents can’t pay.

Association Outputs. “We serve a wide variety of special needs’ clients. The top ones being people in the autism scale, developmental disorders and conditions, Attention Deficit Hyperactivity Disorder (ADHD), cerebral palsy, learning disabilities, and veterans” are just a few of the needs addressed by PATH centers. Each year centers are asked to complete a self-report on client populations served within their program and return it to PATH. As for populations served by PATH programs offering EFP and EFL services, Branson explained there were 125 centers offering EFP and 281 centers offering EFL of 841 PATH centers as of 2012. “We also have in all of our centers about 7,500 equines which include the majority as horses but we also have ponies, mules, donkeys and minis.”

Branson revealed that PATH is a growing association; many of the programs have waiting lists. Each year PATH asks centers if they have a waiting list for participants, and the number of client hopefuls on the lists. Branson explained the growth of these programs as an association output:

We currently serve 56,000 people at our centers, 320 of our centers have waiting lists, and individuals on those waiting lists are close to

5,000 people. There is really a need out there. Are we growing? Yes, slowly. There is certainly a need that validates that.

Providing resources for its members is another output and responsibility of the association. Branson explained that the business aspect of operating a program challenges many programs:

The passion of this organization is incredible and that's where we run into a challenge as a business model perspective, many of our members and centers are challenged by strategic planning, business planning, fundraising of course, can't get all of the bills paid. Those are some of the challenges I think we see. They come from the equine side, are the riding instructors or they come from the disability side and they are the health and wellness professionals that want to be involved.

Case Study 6 Unobtrusive Data

The PATH Intl. Association has four sets of fact sheets about the association, which are available to the public. Each year the sheets are edited to update current statistics of PATH Intl. Programs. The first fact sheet examined contained the mission and vision statement, along with a brief statement about the association. It also contained statistics of center members, equines, members, certified instructors, and number of employees and centers offering specialty programs. The second fact sheet contained participants by age, PATH Intl. Community organization partners, special needs served, and centers with individuals on waiting lists. The third fact sheet included a chart consisting of current center funding sources; PATH Intl. core values; the total budget for all PATH Intl. Centers; and a center budget by size, table, and chart. The fourth fact sheet was composed of information regarding PATH Intl. instructor certification, center accreditation, international and regional conferences, communications, mentor training, distance education, PATH Intl. affiliate partner program, and the current PATH Intl.

volunteer committees and task forces with number of members. Each document contained information that addressed the impacts and outcomes of the association and program in that they provided the association mission, vision, model, certification, and accreditation information along with a significant list of current association and program statistics. These four fact sheets are available to download from the PATH Intl. website.

The website for the PATH Intl. association is extensive. The site includes information about PATH Intl., conferences and membership information, resources, centers, jobs and classifieds, and a PATH Intl. store. The site contained a Find A Center page, additional information on EAAT, PATH Intl. centers and certified instructors, and a sign in for PATH Intl. members in which members can obtain information and resources for members only. The site also included a navigation tab with additional links for information relating to the association and its services. A search PATH Intl. box was available and a translation tab for 52 different languages was available to translate material on the website. Additionally, the site contained donate now and join now tabs. Overall, the website was thorough, complete, and provided necessary information regarding the association for members, participants, volunteers, clients, and the public at an international level.

PATH Intl. can also be found in social media. The association is on Facebook, Twitter, LinkedIn, Google+, YouTube, ENews, and Pinterest. In each of these social media groups or memberships, the association features pictures, videos, and information about the association. Additionally, testimonials of association impact, schedules and events, community involvement, networking, information, and statistics about the

association can be found within the association's involvement with these various forms of social media.

Classification Themes

The classification themes described here emerged from the data contained in the individual case analysis studies completed for this study. The classification themes for the four program interview summary case studies included program director background and education, program background and structure, program inputs, program outputs, populations served, program challenges, program needs, program opportunities and unobtrusive data. Each classification theme consisted of multi-level categories. The classification themes for the two association interview summary case studies included (1) association director background and education, (2) association background and structure, (3) association inputs, recommendations, challenges and needs, (4) association outputs, recommendations, challenges and needs, and (5) unobtrusive data. Each classification theme consisted of multi-level categories. These classification themes and multi-level categories are in a detailed table found in (see Appendix C).

Cross-Case Analysis

The following section revealed the cross case analysis classification themes of similarities and differences found across the cases in the relationships, along with reasons for these relationships. In addition to reporting the classification themes, this section will describe several basic patterns found within the categories of each classification theme across the cases. A total of three cross-case analysis will be conducted: the first cross-

case analysis compare EAGALA (Case 5) and PATH Intl. (Case 6), a second cross-case analysis of the two EAGALA modeled programs (Case 1 and 2) and the third cross-case analysis will examine the two PATH Intl. modeled programs (Case 1 and 4).

Cross Case Analysis of Associations (Case 5 and Case 6)

Association Director Background and Education. One (Case 6) of the two association directors has extensive equine background experience. Both directors (Case 5 and 6) hold master's level degrees and one director (Case 5) is a Licensed Clinical Social Worker (LCSW). One director (Case 5) is certified in EAGALA as both a mental health professional and equine specialist while the other director (Case 6) is not certified in EAGALA or PATH Intl.

Association Background and Structure. Both EAGALA and Path Intl. have clear mission and vision statements, with a specific model, guidelines, and code of ethics set as standards for each respective association. The director in case study 5 stated that the basis of the mission of EAGALA is to “provide educational standards, innovation support to professionals providing services of equine assisted psychotherapy, and learning around the world.” She also mentioned three key components regarding the purpose of EAGALA.

Bringing awareness to the public about this approach, second is training quality professionals so that professionals provide the service, and third is to help support ways of accessing funding, obtaining support with funding, funders, and agencies so that there are resources to provide the service.

The director in case study six made a similar remark with respect to development and structure of PATH Intl.

PATH was started to provide safe and effective therapeutic horseback riding throughout the United States and Canada, that's straight from the webpage. We have a strategic plan that drives our programs right now and part of that strategic planning purpose is to take a look at goals and objectives and come with PATH's in order to do that. Part of that process is the feedback loop where you are analyzing the effectiveness against benchmarks and instrument practices.

EAGALA has been in operation for fifteen years while PATH Intl. has been operating for nearly 45 years. EAGALA serves approximately 4,000 members and PATH Intl. approximately 8,000 members. Both associations were non-profit and offered their services at national and international levels.

Association Inputs, Recommendations, Challenges and Needs. Association inputs included funding, certification for members, continuing education for staff and members, technology, volunteers, assistance of program members with their businesses, and global input. According to the director in case study five, funding was mentioned not only as an association input, but also a challenge. "People have to definitely realize there is an investment, a sacrifice of time and money, that you have got to get from somewhere." While the director of case study 6 mentioned funding as a challenge for programs, he did not specifically mention it as an association input; rather, he noted it as more of a program input. He explained the majority of funding for programs comes from grants, small participation, or favor services.

The second layer of association input included the certification of association members, which both directors believed to be valuable. Mason, the director in case study

5, explained that, according to the EAGALA model, a member may be certified as a mental health professional or an equine specialist. To complete the certification process, the member must complete both Part One and Part Two trainings and a professional portfolio.

The portfolio is basically asking them to look at our standards; we have minimum standards for who can serve on the mental health side and who can serve on the equine specialist side. And so the portfolio needs to show how they meet that standard and if they don't meet that standard how they are planning on meeting that standard or how they will serve as a third member part of the team.

Branson, the director in case study 6 described a similar process of certification for its members. Branson said this process is made up of two primary components: the individual's ability to ride and teach riding, and the individual's abilities to teach and work with clients with special needs. However, a professional portfolio is not required.

A third level of association input included continuing education for staff and members. To maintain certification in EAGALA, members must complete 20 hours of continuing education hours every two years. Maintaining certification in PATH Intl. also requires twenty hours of continuing education, but these hours must be completed on a yearly basis. Continuing education hours are thoroughly described above in the individual case study reports 5 and 6.

The incorporation and use of technology was a vital input for EAGALA according to Mason (Case 5). She claimed that learning how to use and keep up with technology is challenging, but also important in "learning how to communicate with the world." The director from case study six, did not specifically mention technology as an input.

A fifth level of association input is the volunteer force, which can also be considered a challenge and a need as described by Branson the case six director. He described program volunteer needs in the range of 20 to 50 for side-walkers and leaders to keep a program going. The director from case study five did not mention volunteers as an input, challenge, or need, as her association is focused on equine assisted therapy and does not require the number of volunteers as needed by a therapeutic riding program.

Both directors mentioned providing assistance to the association's members as an input specifically with respect to business planning and management. Mason, the director from case study five, exclaimed that EAGALA was currently in the process of developing a new design and marketing strategy to specifically help members with this issue. She stated, "I think that a huge challenge is training people in this industry to know how to start a business and how to have a successful business." The new design and marketing strategy were an anticipated removal of this barrier.

We are actually in the process of making some pretty big changes at our design to try and get the word out more effectively to the world. And provide more materials to help our members, promote this model and concept.

Mason further described this change as a "rebranding and strategy that was designed specifically to help our members." Branson commented that the business aspect of operating a program challenges many of the programs he sees.

The passion of this organization is incredible and that's where we run into a challenge as a business model perspective, many of our members and centers are challenged by strategic planning, business planning, fundraising of course, can't get all the bills paid.

The last layered theme that emerged from the case association reports was global input. Both associations are now international organizations serving populations all over

the world. The director from case study 5 commented on the challenges of globalization for EAGALA: “Our model seems to be very fitting for different cultures, but it’s how do we get the message out? There are so many languages and trying to translate all of the materials can be very challenging.” Branson (Case Study 6) did not have any specific remarks on the globalization of PATH Intl. although as mentioned in the unobtrusive data theme below, the website for PATH Intl. does provide a translation mechanism on the site to assist in this challenge and to make PATH Intl. more accessible for all members around the world.

Association Outputs, Recommendations, Challenges and Needs. Association outputs related to activities and participation were comprised of the following multiple levels of classification: Assessment; conducting workshops, meetings, trainings, and certifications; member resources; public awareness of the association or program and services offered; and populations of clients served.

The director from case study five described assessment as a part of the association, a program output, and an important piece of a well-managed organization. She explained that programs should always evaluate work through some type of measurement tool. Pre- and post-tests administered to clients can be a great tool for assessment of clients and data recorded for a program. Branson (Case Study 6) further explained that an important component for strategic planning purposes within a program is assessment. “Part of that process is the feedback loop where you are analyzing the effectiveness against benchmarks and instrument practices.”

Conducting workshops, meetings, trainings and certifications was considered an output of associations and programs. The trainings and certifications were described as an input of the association and can serve as both. As explained previously by Mason, EAGALA hosts Part One and Part Two trainings for member certification. There are also advanced trainings and workshops available from the organization. “Advanced certification allows for members to host their own EAGALA workshops and trainings.” Branson mentioned that PATH Intl. also has a certification process for its instructors and offers continuing education hours through a variety of workshops, annual or regional conferences, webinars, and events.

The workshops, meeting, trainings, and sources served as member resources. Both association directors stated their association provided resources for members, which they considered as an association output. Mason (Case 5) said that the EAGALA association offers a variety of resources for members including: a website with a variety of resources, annual surveys, business planning and marketing strategies, networking groups, business consulting, and a public relations staffer to assist members. Mason pointed out that utilizing networking contacts is a great way to support and assist in the promotion of programs. Branson (Case 6) described the PATH Intl. website as an excellent resource for members and has multiple fact sheets available for download. He also explained that PATH Intl. is involved with many partners who serve as resources to members. “We partner with a lot of community organizations, schools and universities, rehab centers, group homes, government agencies, nursing homes, hospices, hospitals, leadership and wellness programs.”

Branson also offered recommendations regarding programs and community partnerships.

Look around for industry with best practices and standards, work closely with them, consider yourself a community based organization, work within your community to find support, build a program that is safe and sustainable, and look for the best resources out there do that.

The director from case study five considered developing public awareness about the association and services offered an association output, challenge, and need, simultaneously. Public awareness and understanding was one of the biggest needs that Mason (Case 5) managed as a director of EAGALA. “We’ve grown and evolved, and now we need to expand that message to all potential clients; there needs to be more general public awareness and demand.”

Mason found demonstrations for the community an effective way to develop public awareness, and encouraging multiple programs to conduct these types of events collaboratively brings more credibility to all of the programs.

The majority of programs that I am aware of that have pretty full loads are doing it through strategic partnerships, meaning that they are establishing contracts with agencies in their communities or schools, or more than just an individual type work and having relationships and agreements with them. The funding even comes through those agencies. So anytime you can develop those relationships in your community, then that’s a good thing for sure.

Although Branson did not specifically mention need for public awareness of these associations, he did note many programs are faced with the challenge of reimbursement of therapeutic services from insurance providers. “Most places, most insurance companies, most states, Medicare/Medicaid; it’s not reimbursable as a therapeutic side.”

Branson noted many programs utilize mental health professionals within their

programming, such as an occupational therapist (OT). Having a certified mental health professional on staff weights the program as more qualified on the therapy side, which makes reimbursement from insurance companies an easier process.

Client populations served by the associations emerged as an output with both directors. Mason (Case 5) described the populations served the most by EAGALA programs as teenagers, families, depression, PTSD, trauma, general self-improvement, self-help, and wellness. ADHD, grief and loss, and addictions were also notable populations served. Mason said EAGALA has programs working with “just about everything from severe mental illness to criminal justice systems to clients with Autism to corporate groups.” She explained EAGALA conducts an annual survey completed by the programs to assist in developing a general idea of populations served (see Appendix D). Branson described the populations served by PATH Intl. as comparable to EAGALA; although, they were primarily composed of clients with physical disabilities as opposed to clients with mental health disabilities. Each year, centers are asked to complete a self-report on client populations served within their program and return it to PATH. These results are displayed in a detailed table (see Appendix D).

Unobtrusive data were coded and classification themes developed from the individual cases along with multi-classification levels for each. The classification themes from the associations included: (a) marketing, (b) publications, (c) Internet communication, and (d) social media. Within marketing, advertising, and promotional materials, Cases 5 and 6 revealed fact sheets available to download from their websites. Case 6 developed posters and resource guides, while case 5 developed flyers for association marketing efforts and member resources.

Both associations publish and send quarterly magazines to members. Both EAGALA and PATH Intl. were featured in magazine and newspaper articles, and other publications. Each association has a comprehensive website. These websites provided extensive information for members and for the public. Each association posts an annual survey on their website with fact sheets of association and program statistics. The PATH Intl. association posted a tool on its website to assist with translation of information into 52 different languages. Both associations utilized email as a primary source of communication and networking.

The two associations were also engaged with social media platforms. Both associations have Facebook, Twitter, Google + and LinkedIn accounts. PATH Intl. was also active on YouTube, Pinterest, and ENews.

Cross Case Analysis of EAGALA Programs (Case 1 and Case 2)

Program Director Background and Education. Both case one and two program directors had a background with equine. Both directors hold master's level degrees and one director (Case 1) is a Licensed Clinical Social Worker (LCSW) while the other director (Case 2) is a Licensed Clinical Professional Counselor (LCPC). Both directors were certified in EAGALA as both a mental health professional and equine specialist, and both were PATH Intl. certified. The director from case study one was also advanced EAGALA certified and involved with the association for eight years. The program director from case study two was involved with EAGALA for nearly six years. The program directors had various approaches to achieving continuing education hours. Both

directors attended appropriate regional and annual conferences and workshops. The program director from case one also attended appropriate trainings as a mean of earning continuing education hours. The other program director (Case 2) completed continuing education hours through other means as well.

Program Background and Structure. EAGALA has a clear mission and vision statement along with a specific model, guidelines, and code of ethics that set standards for this association. Both of these programs' directors indicated they follow the EAGALA model (see Appendix D). The director from case study one noted specifically the extent to which the EAGALA model influenced and guided her program. "I think you really need to understand and integrate the EAGALA model in all that you do."

The director from case study two made a similar remark about developing and structuring her program. "I think you have to have a background in structure, so you are ethical and that you know those kinds of things so you have a foundation."

Both programs also offered EAP and EAL services. The program in case one has operated for eight years and the program in case two has operated for four years. The program in case one was operated as a corporation instead of a non-profit, and recently stopped accepting Medicaid. The second case program operates as a non-profit organization and does not accept Medicaid.

Program Inputs. Multi-level program input classification themes included (a) horse training and assessment, (b) client assessment, (c) volunteers, (d) funding, (e) implementation of life skill development, (f) continuing education, and (g) communication. The first program input that emerged from the program director's

interview in case study one related to horse training. A priority of her program was to maintain the health and well-being of the horses used in the program, as the horses are the ones that experience transference from the clients. The director found it important to maintain records on each horse to document patterns horses develop, changes in behavior, and interactions of the horse with other horses and clients. The director from case study two did not specifically describe horse assessment as an input of her program.

Client assessment was described as a program input by both directors. For initial assessment, the program director from case study one made a mandatory requirement for each client to come to her office for the initial visit. At this meeting, she collects the client background and medical history for assessment. To collect and document this information she often administers the Outcome Questionnaire (OQ) (see Appendix E) for adults or Youth Outcome Questionnaire (YOQ) for youth, or the CANS (Child Adolescent Needs Survey). The OQ and YOQ measures are utilized to track client progress in addition to serving as an initial assessment measurement tool. After this initial assessment, she determines if this client is a candidate for EAP. The director from case study two also meets her clients at her office for the first meeting and assessment. At this time, she conducts a traditional intake procedure and explains the programs available resources. She found it important to address questions from the client, and to determine any goals the client may have and the client's desired outcome from the program services. She noted there was no pressure for clients to participate in EAP or EAL services; it is their decision and some clients would rather stay in the office for a traditional therapy experience.

Volunteers were also considered a program input. The director from case study one found that finding and managing suitable volunteers was challenging, which was one of the reasons she operated her program as a corporation rather than a non-profit. She found that it takes time away from other things she could be doing to assist the program. The director of case study two did not mention volunteers as an input or that she utilized any within her program.

Funding was a program input mentioned by the director from case one. For this director a main reason for operating and developing her program as an EAGALA model rather than PATH Intl. was that the overall input was less, particularly in the area of funding. There was “an increase in training and decrease in overhead and management of volunteers. The management of a non-profit is a little more complicated because you are spending a lot of time on fundraising and I just bill the insurance.”

For a period of time, case study one’s program did accept Medicaid, which greatly enhanced the program’s income and increased the number of clients served; however, this funding is no longer available because of new regulations so the program no longer accepts Medicaid. She found EAGALA an effective model and does not rely on funding to keep the program in operation. The director from case study two did not directly mention funding as a program input, but later described a challenge of the program was financial constraints.

Continuing education for program staff was also considered a program input. To maintain certification in EAGALA, certified members must complete 20 hours of continuing education every two years. To complete her continuing education, the director from case study one attended EAGALA conferences, approved workshops, and

Part One and Two trainings. The director from case two also attended conferences, approved workshops, and utilized other means for continuing education.

Both directors described implementing life skill development into program sessions as a program input. The director from case study one found that implementing life skill development and techniques into sessions, when appropriate, was beneficial, yet challenging at times. Most of the clients she with whom she works may be taught an individual skill.

But they don't know how to generalize, so we start from that point. My job is to help, when they are ready to translate the general skills into the examples of things in real lives. And once they know that, I don't have to take them until they are way perfectly well, because I've given them the skills to go and finish it.

The case study two director described implementation of life skills similar to basic functioning types of skills. She illustrated this concept when she described working with a client with physical disabilities who needed simply to regulate muscle control for a gentle touch.

Case one director indicated uncertainty regarding the perceived marketing benefits to her program of being a distinguished member of EAGALA. With an evaluative approach, she said she will continue to "review the EAGALA guidelines and really hold to that model; everybody that works here has to be certified."

Both program directors addressed the communication input. The director from case one described networking as a form of communication, which she found a valuable and fun resource. She further described networking as an effective way to share, incorporate, and implement various EAGALA model programming ideas, techniques, and approaches. The director from case study two described communication as being

simple as talking to other people with similar interests about the work. She found there are multitude sources of information available and it is important to keep learning from these sources.

Program Outputs. The multi-classification themes of program outputs included (a) networking, (b) facilitation, (c) curriculum development, and (d) populations served. To establish effective networking opportunities, case study one's director meets with other program directors; an approach that also improves communication. The case study two director had similar ideas about networking and emphasized the importance of talking to people and continuing to learn about this work. Case study one's director said she facilitated program demonstrations for the public, but does not generally put on workshops. The director from case study two made no mention of facilitating workshops or demonstrations. As for curriculum development, the director from case study one developed curriculum for the program and was working on developing more. She described it as a work in progress. The director from case study two did not mention curriculum development as an output. As for populations served by these programs, case study one served adults, adolescents, youth, and veterans. The program from case study two was a fairly new program and was serving primarily young girls to middle-aged women.

Program Challenges. The challenges of operating a program are many as described by program directors. Some of these challenges included (a) staff, (b) low wages for staff, (c) funding, (d) lack of public awareness of the program and services offered, (e) lack of time, (f) costs of operation, (g) lack of qualified volunteers, (h)

unqualified client applicants, (i) unqualified or non-credentialed program competitors, (j) lack of insurance reimbursement of therapeutic services, and (k) business planning. The director from case study one specifically explained the challenges of keeping staff employed.

I've tried over the years to have another therapist, and I'm finding they don't stay for very long, and in one case she didn't even live in this town and the other was doing all sorts of alternative therapies. It is really hard to put teams together.

The director from case study two found it challenging working as a team in a therapy session. "There are a lot of pros to having a second person, and then there are other times, it would seem more fitting not to have that second person there. But at other times it is sure nice to have that second person to bounce stuff off of."

The next multi-level classification theme was funding. According to the director of case study one, "funding is always a huge challenge; I hear that from everybody consistently, from everyone that is trying to do this." The director of case study two described funding as a challenge for her program but did not express low wages for staff as a challenge or issue within her program. She is struggling with developing a program in such a small populated and rural area.

The case study one director mentioned lack of public awareness about program services as another challenge. She expounded about the many misunderstandings surrounding the definition and function of equine assisted psychotherapy.

When we try to talk about our program, even people that come through EAGALA just don't get it. Something is not clicking about what we do like we are doing animal communication, helping animals with their mental health problems, which is completely absurd. Anyways, there is so much misunderstanding; we get really horrible referrals. And so what happens, it ends up sabotaging the whole thing.

The director from case study two did not describe public awareness as a challenge for her program. She indicated that her local community was aware of her program's presence.

Lack of qualified volunteers can be another challenge for programs. The director from case study one stated, "Finding volunteers that are suitable to work in the program can also be a challenging aspect of running a successful program." The director from case study two did not comment that this was a challenge for her program.

Another multi-level classification theme of challenges was unqualified applicants. The director in case study one did not specifically mention an issue with unqualified applicants trying to get into the program; however, she did describe the challenge of determining which participants were best suited for EAP and EAL services. This was not a challenge described by the director from case study two.

An additional challenge was the reimburse-ability under insurance. For case study's ones program this has not been described as an issue other than the aspect of no longer being able to accept Medicaid. This challenge was not described at all by the director of case study two; but the concern was raised by an association director (Case Study 6).

Business planning is a valuable program component and was described as a challenge by both directors. The director from case study one explained that, often, a therapist may be challenged in running their own business due to lack of training. She strongly believes that this may be a contributing factor to the failure of programs. The director of case study two did not describe business planning as a program challenge.

Program Needs. Programming needs as described by program directors were (a) networking, (b) funding, (c) educational resources, and (d) volunteers. The director from case study one previously, as a program challenge, mentioned networking, but she also proffered it is a program need. In particular, this director found EAGALA programs in Montana seemed to struggle with the concept of networking and have a lack of involvement.

I give them information. I'm taking information to give to them and helping them connect. I am happy to do that, but people..., I just don't hear from them. I can't help them. I think everybody's program would develop, I know mine would, if I had the other Montana EAGALA members working together.

The director from case study two did not directly identify networking as a need for her program.

Funding and financial stability were described by both directors as challenges and needs for programming. Both directors also expressed a need for educational resources. The director from case study one specifically commented about a need for educational information and ideas, but she also found a lack of communication and follow through, which directly relates to a networking need. The director of case study two specifically mentioned a need for funds to attend trainings for this type of work. This director also found that the local county, in which her program is located, identified a need for therapeutic services; however, she finds this to as discrepancy because her program is struggling to survive. Hence, she reinforced a need for more communication and awareness of services offered by local programs.

Program Opportunities. The multi-level classification themes for programming opportunities were (a) hosting workshops and trainings, and (b) community collaboration. The program director of case study one recommended hosting the annual Part One and Two EAGALA trainings either for her program or for other programs seeking to become more established. The director from case study two explained there are many directions a program can take, so it is important to examine all opportunities determine the most suitable avenue for one's program.

Community collaboration was the second multi-level classification theme described as a program opportunity. The director from case study two emphasized the importance of communication within the community.

I still think it's an important thing to do to maintain connections with other agencies; have good relationships. I try to support other agencies even if our clients don't overlap. I see the benefit in the work we do. I want to leave things open like that because, who knows? I want to be available to them.

Unobtrusive Data. Unobtrusive data were coded and classification themes developed from the individual cases. The classifications themes from the programs included: (a) publications (b) internet communication, (c) social media and (d) forms of assessment.

With regard to documents used for assessment, case study one provided samples of the Outcome Questionnaires (OQ) and Youth Outcome Questionnaires (YOQ) utilized (see Appendix E) as evaluation forms. As for the case study two program, forms of assessment were utilized with clients; however these assessment forms were not provided.

Websites were developed for each program. These websites provided an extensive amount of information for members as well as for the public. Case study one's website provided more details and links information for its users. In several places, links were available to EAGALA's main website. Case study two's website provided a significant amount of information for its users but did not provide as many links to other resources. Both programs utilized email as a primary source of communication and networking.

The two programs were also involved in the social media. Both programs can be found on Facebook, Twitter, and Pinterest. Case study program two can also be found on LinkedIn and Google +.

Cross Case Analysis of PATH Intl. Programs (Case 3 and Case 4)

Program Director Background and Education. Both (case three and four) program directors had a background with equine. One director (Case 4) had a master's degree and one director (Case 3) has had no formal education beyond high school. The program director from case study three was involved with her program for fifteen years, while case study four's director was involved with the program for ten years. The program director from case four is PATH Intl. certified, while the program director from case three is not certified in PATH Intl. The program director's endorsed various ways of achieving continuing education hours. The director from case study four attended appropriate regional and annual conferences. The program director from case three completed continuing education hours through other means such as independent study hours.

Program Background and Structure. PATH Intl. has a clear mission and vision statement along with a specific model, guidelines and code of ethics that they set as standard for their association. Both of these programs (Cases 3 & 4) indicated that they were following PATH Intl. standards and guidelines (see Appendix D). The program in case three has been in operation for nearly fifteen years and the program in case four has been in operation for thirty years. Both programs are operated as non-profit organizations. The program from case study three accepts Medicaid and the program in case four does not. Case study three's program motto is 'Fun first and therapy follows.' The director from this program commented, "Our primary premise is one of safety first and foremost, and then we just have to have fun and make it count. With almost fifteen years of doing this, it works!" According to the director from case study four, their therapeutic horsemanship program places safety as the number one emphasis. "It doesn't mean other programs don't have safety. But we do safe, effective, fun lessons. I would say that all programs are safe based, but then I think fun might come before effective."

Program Inputs. The multi-level classification themes for program inputs included (a) horse training and assessment, (b) client assessment, (c) volunteers, (d) funding, (e) implementation of life skill development, (f) continuing education, and (g) communication.

Case study four's director described horse training and assessment as valuable program inputs. This director utilized assessment forms for clients and the horses (see Appendix G). She asked leaders and side walkers to each complete an assessment after each session. The leaders' notes focus on the horse's behavior and the side walker's notes

focus on the rider's behavior while riding the horse. The director further explained that assessment forms assist the staff in making changes, if necessary, so that both horse and rider have quality experiences. The director from case study three did not specifically describe horse assessment as an input of her program. Although she did mention that instructors and volunteers are asked to write down a brief summary on a notecard of each horse's behavior after each session.

Client assessment emerged as a program input from the interviews of both directors. Because the program in case study three offered only basic therapeutic riding, there is not a physical therapist (PT) or occupational therapist (OT) on staff; although, the director indicated this addition is a future goal. She explained that the program works with a variety of caregivers and professional people. "We marry their input with what we do and with our knowledge of horses and physical and mental conditions. So it's just a blend of many things with a horse facilitating the actual therapy."

Before starting in the program, the client or the client's parent or guardian, must complete a packet of assessment forms in order to assist the staff in meeting the client's needs. The director from case study four explained there are several ways clients are assessed for the program. She explained that the program is shifting toward a more structured and cooperative form of client intake process. They have designated a day each month for new riders to come in for assessment at the equine facility. "We assess them for ability to follow instructions, safe barn behavior, balance, strength, core strength, and coordination." The director has also found that communication with the parents, guardians or caregivers and in some cases spouses is a crucial component of assessment and placement of the client.

Volunteers were considered a vital component of programming input. Both directors explained their programs relied heavily on volunteers. The director from case study three commented, “We encourage people to be a part of what we do because it is empowering for everyone.” Her program utilized volunteers from various areas of the community including 4H members; Boy Scouts; Wildlife, Fish, and Parks officers; retired individuals, and high school and university students. The director from case study four also mentioned relying heavily on utilizing college and university students for volunteers in her program.

Funding was another important program input described by both directors. The director from case study three noted the program relied greatly on grants and private individual donations. “Keeping a program funded is a major challenge, so fundraising is pretty much what I do, and run the program.” The director from case study four also mentioned that funding was needed to assist in horse care and eventually the possibility of a facility expansion.

Continuing education of program staff was a critical component in both programs. To maintain certification in PATH Intl., certified members must complete twenty hours of continuing education on a yearly basis. The director from case study four attended PATH Intl. regional and annual conferences. Both directors utilized other means for continuing education as well. Both directors found it to be of equal importance for the staff of their programs to keep current with their continuing education hours. The director from case study three described an open door policy for staff and volunteers to achieve their continuing education hours within the program. The director from case study four explained that her program encouraged instructors to achieve their twenty hours of

continuing education every year by instructing ten hours of riding lessons, attending regional or annual PATH Intl. conferences, and by studying and reading material related to the industry. “Staying current is important because things do change and the industry is right up there! Changing all the time!”

Implementing life skill development into program sessions was a priority for both programs. The director from case study three described the implementation of life skill development as a main goal of the program.

To help get some of these people back into the mainstream, getting jobs, have the goals that they attain here to be applicable to life, so that they can go out and be productive in the society that we live in.

She also stated that another part of the program’s goal was “to increase the life experiences of these riders.” The director from case study four indicated that life skill implementation was a constructive component of programming input. “I see so many kids go through the school system in Montana they are lucky if they stay in school until they are eighteen.”

She explained that the program placed increased emphasis on basic life skills; everything from household chores to the development of growth in fine motor skills. She said that repetition is a huge growth and development process for the program’s clients.

Marketing was not described as a program input for cases three and four; however, the director from case three did provide a significant amount of promotional materials for the unobtrusive data collection piece of the study.

Both program directors addressed the communication program input. The director from case study three expressed the importance of communicating and networking with the local community, which was an important aspect for the success of the program. The

director from case study four described the importance of communication of staff within the program. She pointed out the value of staff meetings to discuss the progress notes of each client to ensure they are moving in a positive direction. The director also noted the significance of communicating with the caregivers and parents or guardians of clients to ensure that the client is making progress.

Program Outputs. The multi-classification themes of program outputs included (a) networking, (b) facilitation, (c) curriculum development, and (d) populations served. The director from case study three indicated that networking is a key input and output of programming. As described previously, communication and networking with the community is an important part of this program. “We just try to seriously network with what’s available; what’s in our community.”

She expounded on the fact that the program developed a partnership with the Fish, Wildlife and Parks association where retired horses will be donated to the program and spend the rest of their days as therapy horses. The director from case study four did not specifically describe networking as a specific program output.

The director from case study three mentioned that the program facilitated continuing education hours for staff and volunteers seeking to earn credit in this manner. Since this program is a Premier Accredited Center (PAC) through PATH Intl., it is able to facilitate and host on-site workshops and certifications for members.

Curriculum development was not specifically described as a programming output from either of the directors; however, the director from case three discussed an annual horse show and community event she developed for the local community. She developed

the show because she observed a need for people to support the special needs community. The event was described as “a time for our riders to be profiled and supported.”

The director from case study four indicated that this program and, especially, the horse show, provides families of children with special needs an uplifting experience that also adds more normalcy to their lives. The directors considered the populations served a program output. The director from case study three explained that the program treats all ages of clients the youngest being three years old to 83 years old. The director described that they work with “all conditions: stroke victims, autism, cerebral palsy, multiple sclerosis, brain injuries... yeah, there isn’t anything pretty much that we don’t address.”

The program facilitates treatment for approximately 30 to 50 clients per week. The program director from case study four explained that they serve clients with both physical and cognitive disabilities, but does not work with clients experiencing emotional disabilities. The program serves both youth and adults and is allowed to accept children as young as four years old, but generally does not accept children less than six years of age. Currently, the oldest client is more than 80-years-old.

Program Challenges. The challenges of operating a program are many as described by program directors. Some of these challenges included (a) Staff, (b) low wages for staff, (c) funding, (d) lack of public awareness of the program and services offered, (e) lack of time, (f) costs of operation, (g) lack of qualified volunteers, (h) unqualified client applicants, (i) unqualified/credentialed program competitors, (j) reimburse-ability of therapeutic services under insurance and (k) business planning. The director from case study three specifically explained that she would love to have a

physical therapist (PT) or occupational therapist (OT) on staff along with a facility resident to assist with the horses and programming. She explained that at this time the program does not have enough funding to be able to pay a resident employer enough to make it worth their while. Similarly the director from case study four mentioned that at the last few conferences attended, there has been much discussion about the need to pay staff of PATH Intl. programming a professional salary. “If we want to be seen in the industry as a professional, we better start being paid and paying as professionals.”

She also mentioned that her program once offered Equine Facilitated Psychotherapy (EFP); however, the mental health professional they had on staff moved away and has not yet located a suitable replacement to provide those services.

The next multi-level classification theme was funding. Funding was described by both directors as a challenge. The director from case study four explained that equine is expensive, and she felt the program would benefit from a facility expansion.

The lack of public awareness about the services offered by the program was mentioned as yet another challenge. The director from case study three explained one of the programs goals is to develop and “open up the awareness of special needs people and their abilities to be part of the mainstream.” She reported that this is important for the people with special needs and for the community as well. The director from case study four emphasized a need for consumers who are educated about this type of programming because much misunderstanding and confusion about it exists. She stated, “We just need to educate the people about what we do.”

The director from case study three described a multi-level classification theme of a lack of time. She explained that the program has been in operation for nearly fifteen years and that the programming is now getting referrals. She stated,

And what we are finding now is, that we have some history in this profession is what we are getting more and more and more referrals, and there just aren't enough hours in the day to address all of the people we would like to help.

The program currently has a waiting list for its services. The director from case study four did not specifically discuss lack of time as a challenge.

Lack of qualified volunteers can be another challenge. The director from case study four described finding qualified volunteers difficult. She has found that some people who volunteer to assist with the program simply do so because they want to spend more time with the horses rather than the participants, which becomes an issue, as they need to be there for the participants. She commented that the program relied heavily on volunteers. The director from case study three did not specifically describe a lack of qualified volunteers as a challenge specific to her program.

Unqualified applicants were described by the director from case study four as one of the greatest challenges that the program encounters. "Consumers get savvy to get their child, young adult, or adult into this program. There is so much demand for services and it's an underserved population, especially in EFL or EFP."

Similarly, she also commented about many programs that say they are mental health professionals, teachers, and educators when in actuality, they are un-credentialed or unqualified to offer these services. She encouraged all parents and caregivers to request credentials prior to getting involved with any program.

An additional challenge discussed by the director from case study four was the reimburse-ability under insurance. The program does accept Medicaid through home and community based services, which opens the program up to people who could not normally afford it. This was a common challenge mentioned by an association director (Case Study 6) for many PATH Intl. programs.

Program Needs. Programming needs as described by program directors were (a) facility improvement, (b) networking, (c) funding, (d) educational resources, and (e) volunteers. Facility improvement was described as a program need. The director from case study four stated, “the program would benefit from a facility expansion.” She explained that to accomplish a facility expansion, there would be significant need for more land on which to build the facilities. She would like to improve the facility by making it an entirely indoor facility with an indoor arena, indoor restroom, and seating area. All participants, staff, and volunteers would welcome these improvements. The director from case study four mentioned networking, which can assist in facility improvement, as an important programming input, output, and need. Both directors described funding as a challenge and a need.

A fourth multi-classification level programming need was educational resources for public consumption. The director from case study three did not specifically alliterate a need for educational information and ideas, but she emphasized the importance of consumer awareness, which would require educational resources. The director from case four also did not mention educational resources specifically, but she emphasized the

importance and need for consumers to be educated about the programs. Both directors affirmed that there is a continuous challenge for programs to find qualified volunteers.

Program Opportunities. The multi-level classification themes for programming opportunities were (a) hosting workshops and trainings, and (b) community collaboration. The program director of case study three explained that her program requires staff and volunteers to complete continuing education hours, but her program does not host workshops and trainings for this purpose. The director from case study four does host workshops and trainings at her facility, which provides opportunities for members and staff to complete certification and continuing education hours. The director from case study four pointed out that in *Strides* magazine, a PATH Intl. publication, there are always listings for job opportunities for this type of work. “If you have the gumption you could do it, you could make it a viable commodity.” Both directors were in favor of community collaboration, developing partnerships, and building relationships within the local community.

Unobtrusive Data. Unobtrusive data were coded and classification themes developed from the individual cases. The themes from the programs included: (a) marketing, (b) publications, (c) internet communication, (d) social media, and (e) forms of assessment. For marketing, case study three provided a poster, flier, brochure and business card highlighting detailed information about the program. Case study four provided a resource guide developed by PATH Intl. which included an in-depth description of the services and benefits offered by PATH Intl. programming.

As for publications, case study three provided a recent newspaper article written about the program, and two magazine articles. Case study four did not provide any publications involving the program.

With respect to documents used for assessment, case study three had a general packet of releases and medical history forms that must be completed prior to the client participating in the program. Case study four provided an equine observation form, a class observation form, and a horse and rider combination observation form (see Appendix F and G).

Websites for both programs provided an extensive amount of information for members and the public. Case study three's website provided a significant amount of detail and links about equine therapies to its users. The majority of forms needed to participate in the program were available on the website to download. Case study four's website provided an overview of the entire program. One page was dedicated entirely to the equine portion of the program. Both programs utilized emailing as a primary source of communication and networking.

The two programs were also involved in the social media world. Both programs maintain presence on Facebook and You Tube. Case study four's program can also be found on Twitter and facilitates a news-feed through Live Bookmark.

Chapter Summary

This chapter presented the results addressing the research objectives (a) To describe the structure of EAGALA/PATH Intl. programs in Montana using programming models and theories; (b) To understand factors and experiences that influence EAGALA

and PATH Intl. programs; and, (c) To develop a professional model for EAGALA and PATH Intl. or other similar programming to align and evaluate their programs. Interview and unobtrusive data from four programs and two national associations were analyzed within and across the cases in this case study research. Experts in the field were utilized to describe the current state of EAGALA and PATH Intl. Programs in Montana. Based on the findings, a recommended program model was created for use by EAGALA and PATH, Intl. programs in the state of Montana.

CHAPTER FIVE

DISCUSSION, RECOMMENDATIONS, AND IMPLICATIONS

This qualitative study intended to describe and assess the structure of EAGALA and PATH Intl. programs in Montana using programming models and theories, to understand factors and experiences that influence EAGALA and PATH Intl. programming and to develop a professional model for EAGALA and PATH Intl. programs or other similar programming to align and evaluate their programs. This chapter displays key findings and recommendations across all cases, as well as recommendations for research and implications for research and practice.

Key Findings, Implications, Recommendations for Practice Across the Cases

The theory of behaviorism was discussed in chapter two, as a theory that related to the practices involved with equine assisted therapy and learning sessions. As described by Ullmann & Krasner (1965) the three main issues of behaviorism included maladaptive behaviors, environmental contingencies, and environmental features that could be altered to modify an individual's behavior.

During an EAGALA or PATH Intl. session, particularly an EAP/EFP or EAL/EFL session, all of these issues may be addressed in programming sessions. Specifically, the third issue regarding environmental feature alterations was emphasized across the cases as an issue often addressed within program sessions. These therapy formats allow the client to come into a session with no protocols. Each session allows the client to work through a task to allow them the opportunity to explore any issues or

discrepancies they may be having without having to directly discuss it with the therapist.

The director from case study one described this process saying that,

When I bring somebody out here, they have no protocol, it's a novel environment. I assess here because in therapy a coping skill is to resist talking about things to defend ourselves. So I am going to look and I am not going to ask questions about discrepancies, I'm just going to take note of it. It's just to provide you with an opportunity to explore that discrepancy on your own and we don't have to talk about it.

To follow EAGALA and PATH Intl. frameworks programs should be developing, formatting and implementing sessions in these ways to provide clients with the non-traditional form of therapy they sought to find when getting involved with the program.

The importance of interactions between human learning processes and behaviors are described by the social cognitive theory, which is the premise of equine therapies, more specifically EAP/EFM and EAL/EFL sessions. The model of Bandura's (1978) reciprocal determinism is similar to the group session frameworks utilized in equine therapy programming. Clients are able to work in a social setting, make observations of the situations and participate in hands on activities. Through these observations, activities, and group associations, learning and change is thought to take place (Allen, 2000; LaJoie, 2003; Fine, 2010). The cases involved in this study described structuring sessions in such a manner to allow clients to observe, perform the task, and make changes accordingly based on their needs. This therapy framework provides clients with a unique, life changing experience that cannot typically occur in the traditional therapy setting.

Constructivist learning environments are commonly formed in EAGALA and PATH Intl. programming as examined in chapter two. After reviewing the cases in this study it was identified that these programs are aligning and developing their sessions in

such a way. Many of the programs' mission statements included the words "fun" and "learning", which is how they had structured their programs. This type of therapy or learning atmosphere centers on the client working through an equine assisted or facilitated activity. These activities are specifically developed by the mental health and equine professional to aid the client in processing a certain issue or goal, or in the case of therapeutic riding to assist in further developing their physical and motor skills. Sessions align with constructivist theory (Skunk, 2012) as the environment is naturally designed for clients to learn about themselves through the use of horses. Cultivating sessions that support a constructivist learning environment aligns with what many consumers may be trying to find when seeking out alternative therapies, such as equine therapies.

Aligning program practices with experiential learning can be very beneficial in aiding the design and development of client sessions. Kolb's (1984) model of experiential learning was discussed in chapter two as a model by of which the EAGALA and PATH, Intl. programming practices could align. The EAGALA association (2010) specifically identified the principles of experiential practice as developed by the Association for Experiential Education (AEE) as a framework for programming. After examining the cases, evidence emerged that programs were trying to align and develop their programs parallel to the frameworks. Many of the programs discussed the components of reflection, critical analysis and synthesis processes utilized within their sessions. Directors noted client decision-making processes, accountability and responsibility for personal actions, problem solving, and other transferable skills as important components of therapy sessions.

For many years, horses and humans have interacted and developed relationships. Therapeutic horsemanship was described in chapter two as an approach to horsemanship that allows those who are working with the horse to develop an individual feel for each horse in a variety of situations (Dorrance, 2010). This idea and approach to horsemanship was identified across the cases as one applied within the sessions, specifically EAP/EFP and EAL/EFL. All of the cases identified the power of the horse and human relationship, and how each session is unique. One program, in particular, implemented a natural horsemanship approach into the program, which focused directly on building relationships between the horse and the client. For example, participants are asked to name the horse they work with to eliminate any pre-conceived notions that may interfere with the therapy. This horsemanship approach aligns well with the models and frameworks that guide these programs, and serves as an effective source of alternative therapy. Therapeutic horsemanship skills allow the individual working with the horse to interact with the horse and develop their own approach of what works best for them in that situation.

Implementing these theories and approaches into program sessions are vital to creating a beneficial, life experience for the client. Additionally, developing an organization with a strong foundation and structure plays a crucial role in building a professional program. Across the six cases, all associations and programs had developed a clear mission statement modeled after EAGALA or PATH, Intl. frameworks. Each association and program had a clearly identified mission, vision, model and/or framework, which were indicated, in their manuals as well as on their websites and some promotional documents, such as brochures and posters. Developing and identifying

a clear mission, vision, model or framework is the first step in constructing a solid program built for success. In this development process, programs must determine whether or not their program will be operated as a non-profit or for-profit. Based on this decision, programs may differ in their needs for resources, volunteers, expenses, funding, insurance, and clients. Programs must continue to reference these foundational priorities to achieve continuous program involvement. The association director from case study five emphasized the importance of maintaining professionalism as a key factor to program success. She commented, "I haven't met many programs that didn't stick to high standards that have been able to be successful." Each of the cases identified that their program was aligned with and abiding by the EAGALA or PATH Intl. models, values, and core ethics of each association (see Appendix D).

Employing a professional staff is imperative to the livelihood of a program. One way to support staff is to require participation in a set number of continuing education hours on an annual basis. The majority of cases described continuing education as an important input for staff and volunteers to continue to grow, keep up with industry changes, and to enhance the quality of the services offered. Maintaining membership within EAGALA or PATH Intl. also requires a certain number of continuing education hours to sustain certification in the association. This requirement ensures that the association is setting high standards and producing quality professionals. Upon certification in EAGALA or PATH, Intl., members receive a program manual with certification or renewal. To assist in upholding the highest standards of practice, it is recommended for certified professionals to refer back to manuals periodically to evaluate and align their practices. The manual provides a variety of developed teaching and

learning activities that can be used in different settings to meet the individual goals of various clients and reinforce association guidelines and frameworks.

A requirement for members of PATH, Intl. who desire certification is that they must complete a set number of hours with a certified program mentor as part of this process. EAGALA also requires mentoring hours but only for the advanced certification. Implementing a mandatory mentoring program for all levels of certification is recommended and would enhance the professional development of staff. Parent associations could develop mentoring programs for directors at different stages of program development. New programs, continuing programs, and established programs all have different needs for staff involved. It might be beneficial to form mentoring networks for programs at different stages so that they can share advice and information. Associations could also include mentoring programs as an option for continuing education credit.

The implementation of skill development into program sessions has been incorporated by the majority of the cases in a variety of ways that align with the life skill model developed by the World Health Organization Department of Mental Health (1998) described in chapter two. This model identified five basic areas of life skills that are relevant across the cultures. These five areas include: (a) decision-making and problem solving; (b) creative thinking and critical thinking; (c) communication and interpersonal skills; (d) self-awareness and empathy; and (e) coping with emotions and with stress. Both EAGALA and PATH Intl. aligned emphasized the importance of incorporating life skills with EAP/EFP, EAL/EFL and therapeutic riding sessions to further assist their clients in adapting into society, as well in their daily life skills. For some clients this

included finding jobs in the community; routine daily tasks, such as taking care of themselves and those around them; developing and maintaining healthy relationships; building confidence and others that may not have been possible before participation in the program.

The majority of directors from the study identified these areas as ones addressed within their program sessions. These areas were explained as essential life skills needed for the client's growth and development in addressing any issues or goals they may have. A recommendation for success would be for programs to utilize this model for curriculum and session development, as well as a tool for evaluation of practices. Program directors could incorporate these life skills into each session by making a plan with specific activities for each area as part of every session. One example often used in a program session asks the client to develop an obstacle course through which the horse must be maneuvered. This exercise illustrates the client's ability to use creative and critical thinking skills. The facilitator may then ask the client to set two rules and to identify boundaries within the course, which causes the client to make decisions. If this activity is conducted in a group setting communication and interpersonal skills will also be illuminated during the session. Should the client encounter any issues or problems in completing the tasks, they will be forced to problem solve and cope with emotions or stress that arises. As a result of participation in such an activity, the client may develop a greater self-awareness and empathy for themselves, others, and the situation.

Assessment processes and measurements were also considered a vital component of programming described within the cases. Client assessments were noted across all of the cases as a significant program input. A necessary element of client assessment was

communicating with the client's parents or guardians, spouse, caregivers, or educators as described by the directors from the cases examined. This type of assessment can be conducted in a variety of ways including through regularly scheduled meetings, questionnaires such as the Outcome Questionnaire (OQ) and Youth Outcome Questionnaire (YOQ) (see Appendix E), as well as individual assessments. The OQ and YOQ measurement tools are utilized to describe a wide range of problematic situations, behaviors, and moods common in adult or youth populations. The YOQ has a separate questionnaire for parents to complete about their child. Incorporating this input with the staff's knowledge of horses and human mental and physical health conditions plays a vital role in placement of client into an appropriate session, and is necessary to operate an effective program. Assessment should also occur to examine the client's strengths and weaknesses, both physically and mentally, to ensure client safety. Each program across the cases utilized a variety of client assessments and measurement tools (see Appendix E) for client initial intake into a program, and throughout client participation in the program. These assessments can be used to track and document client progress and to examine association and program outputs, outcomes and impacts, and to assist in evaluation processes. Documentation of client progress is a vital component needed to thoroughly evaluate a program and should be a necessary element of every program.

The assessment of the equine involved within these programs should also be included as a key factor to program success. It is critical that the equine utilized within these programs are well trained and qualified to work in program sessions. Across the majority of cases, the equine assessment piece was described. Two cases described creating a notebook for each horse involved in the program to record and document the

horse's behavior from each program session, while other cases described the completion of assessment forms (see Appendix G) of each horse after a session. The interaction between horse and client, and changes of behavior, are noted so that adjustments can be made when necessary. Equine assessment is important to structuring and maintaining a superior program. Using an unsuitable horse within a program session could result in serious physical and/or emotional injury to the client or horse. It is imperative that horses must undergo a lengthy initial assessment by a qualified equine professional before entering the program to ensure the safety and well-being of the client and the horse, and to address liability and insurance requirements of the program. Upon consideration of a horse being implemented and utilized into a program, every horse should undergo a thorough evaluation and assessment by a qualified equine professional. The horse's background and history, training, and current performance should all be assessed. The association in which each horse serves should develop a standardized list of mandatory qualifications that each horse must meet. Another recommendation for all programs in the area of equine assessment would be to develop a standardized form, as was indicated by some of the cases, which is completed on each horse after every session. This would provide the program with adequate information to track each horse's behavior and to ensure the safety and well-being of that horse, and the client working with that horse.

Additionally, communication and networking were described across all of the cases as fundamental components of programming. Communication and networking within the community play a crucial role in developing strategic relationships and partnerships. Relationships with local community agencies, schools, universities, and justice systems are essential inputs to the growth, development, and in some cases,

funding of an association or program. The association director from case study five made note that the vast majority of programs that had full workloads were ones that were constantly engaged in communication and networking practices. Networking and communication goes in on par with collaboration. A recommendation for programs is to collaborate both within their local community and with each other. Program collaboration would result in reduced costs for programs in the areas of advertising and marketing, establishing a community awareness, and credibility across the programs as a unified entity.

Networking across the cases was described as a way to increase consumer awareness about this type of work and to generate new ideas for growth and development. In describing the critical development processes of a program, the association director from case study six commented,

look around for industry with best practices and standards, work closely with them, consider yourself a community based organization, work within your community to find support, build a program that is safe and sustainable and look for the best resources out there do that.

A lack of consumer or public awareness was considered as both a challenge and need by all six cases. In examining the cases, it was identified that are a common misconceptions about what exactly equine therapy is, to whom it is serving, and how it can be beneficial. Often, programs receive inappropriate referrals or unqualified applicants for program participation, which was described as a challenge with which programs from the cases were faced. A recommendation to address the lack of consumer awareness would be for the association or program to facilitate and host community demonstrations of the services offered, provide informational resources and guides, and

to become more involved with the media. Developing an educational campaign about the services offered would be highly recommended to assist in this process. One of the case study programs created and implemented a local horse show and community event in which its clients and their families participate. This is an excellent recommendation for all programs, specifically therapeutic riding programs, to engage in networking with the local community and to also provide a greater awareness of the services program. For programs just beginning, a recommendation would be to network with various resources and community connections to increase consumer awareness. As described in case study two, the newly developed program was serving primarily young girls and middle-aged women. This could be due to the idea that a new program offering alternative therapy services equine assisted therapy and learning was more appealing to the population of girls and woman. Research has shown that females are naturally drawn to horses over other populations (Savvides, 2011).

Educating the youth, who are the future, is another essential element of creating public awareness. In the college and university systems, there are often students interested in this line of work, but do not have the resources available to them to become educated about equine therapies. This is partly because this is a new and upcoming industry with limited research available. A resource recommendation would be to develop courses in which these students could enroll to learn about this alternative form of therapy, and to eventually become certified. Currently, there are a limited number of colleges and universities offering coursework, and just one college in the state of Montana. These courses could be made available to a variety of departments including equine and animal science, agriculture, education and psychology. Upon examining the

association cases, it was identified that several programs had waiting lists for their services. There is an increasing demand for these services, which results in an increased demand for certified, qualified professionals available to implement these services. Implementing courses at colleges and universities would be one way to begin meeting some of these demands.

All program cases utilized various sources of marketing and promotional materials such as flyers, posters, resource guides and brochures; however, the majority of programs relied primarily on Internet communication and social media for marketing and promotion. In order to continue increasing consumer awareness, Internet communication and social media needs to take precedence as a program priority. Each program or association had developed a website for its organization and also had a Facebook page. The development of a detailed, current and up to date website and Facebook pages demonstrate that the program is staying current with industry standards and creates a professional look for the program. Each of the cases were also involved in various other forms of social media including Twitter, Instagram, various news feeds, You Tube, Pinterest, Google +, LinkedIn, and eNews. A recommendation for program awareness and networking would be to become involved with as many social media outlets as possible. This may likely result in an increased understanding and knowledge of the program and services offered.

Facilitating trainings and workshops was identified as a valuable association and program output across the cases, as well as a means of networking and communication. The facilitation of workshops, demonstrations, trainings, or continuing education hours for staff, program members, and volunteers provides an excellent educational resource

for staff, association members, and the community. Facilitation was described by the University of Wisconsin Extension Program (UWEP) as a valued activity output in their program logic model. From these findings, the significance of program facilitation is clearly illustrated and is recommended as a key output activity component of programming.

There is a need for more educational resources to be developed and available to the programs. A recommendation for associations would be to develop a stronger business marketing curriculum for members. Based on the findings, this curriculum should specifically include information on models for operating profit and non-profit businesses as both were identified in this study, as well as recommendations to local resources, organizations, mental health specialists, equine services, and personnel that can assist in decision making. The director from case study five claimed that EAGALA was currently in the process of developing a new design and marketing strategy to specifically help members with this issue. She stated, "I think that a huge challenge is training people in this industry to know how to start a business and how to have a successful business." EAGALA is currently making changes to assist members with more educational materials, while PATH, Intl. recognizes the challenges faced by programs in business and strategic planning. Mental health and equine professionals do not always have a background or educational history in business; therefore, providing more educational resources on business management for members is highly recommended to assist them in meeting the highest business marketing professional standards. Program members would welcome trainings, workshops, and guide books outlining effective operating skills in an equine therapy business.

Funding was described as both a challenge and a need by all of the cases. Many of the programs explained the costs involved with running an equine program along with the challenges of fundraising and seeking sponsorships or donations. To address this issue, a workshop, training, or guide provided by the associations should be developed as an educational resource or continuing education or certification component for program staff to participate. This resource would contribute to the overall professional program development as well as support a current programming concern.

Across the majority of cases, a need for qualified volunteers was also identified. The management of volunteers was commonly referred to as a challenge occurring within the program cases examined. A recommendation for associations would be to develop and incorporate a volunteer management training workshop. This would provide a valuable resource to members and possibly be made a requirement for certification or continuing education hours.

As a result of evidence from all cases, a program logic model was developed for EAGALA, PATH Intl., and other similar programs to develop, align, and evaluate programs. The model was constructed from the principles suggested by the University of Wisconsin Extension Program's Logic Model guide (Henert & Taylor-Powell, 2008). The logic model was chosen because it consisted of programming ideas, actions and suggestions for developing and maintaining a quality and professional program. Program priorities, inputs, outputs, and outcomes were examined across the cases and the logic model was adapted based on these programming elements (see Figure 6). To start or build a successful program, an understanding of the current situation and priorities must first be established to create a firm foundation. The mission, vision, values,

model/framework, ethics, funding, facilities, staff and volunteers were all priorities found within the study cases. Identification of potential resources, local dynamics of the community, collaborators, and competitors were additional priority areas that should be taken into account.

Inputs and investments required by the program must be taken into consideration in not only the developmental stages, but also throughout the life of the program. Inputs identified by the cases were volunteers and staff, funding and capital, continuing education, communication and networking and the implementation of life skill development into sessions. Time, equipment, technology, community partners, research base, reimbursement by insurance, business planning, and management were all described throughout the cases as challenges or needs, which also align with UWEP program inputs.

Outputs include activities to be conducted and participants to reach. Outputs similarly identified and uniform across the cases were divided into two categories: activities and participation. All programs need to be aware of their primary audience and how they best can meet client needs. The activities as described across the cases were marketing and promotion; networking; facilitation of therapy and learning sessions; and continuing education, workshops, and trainings. Curriculum and educational resource development was also described as a need across the programs. In the area of marketing and promotion, a shared need for more educational resources for association members was highlighted. Many of the programs examined within the cases facilitated workshops, trainings and continuing education hours for staff, program members or other volunteers.

Assessment (client and equine training), media relations and technology were also described on the UWEP model as activities that contributed to program outcomes.

Populations served were common across all cases. Both associations and the majority of programs served youth, adolescents, adults, and veterans suffering from either physical or emotional disabilities or a combination of the two, depending on the type of program (see Appendix D). All activities of an association or program not only serve client populations, but also build community partnerships integral to success.

Short, medium and long-term goals were classified under program outcomes. According to UWEP, short term results focus on learning achieved, medium term results focus on actions to be taken, and long term results focus on societal impacts. Short term goals identified by the case studies were increasing consumer awareness, recognition of the program services, and motivation of clients to use services. In order to meet client needs, directors must format sessions appropriately. The implementation of life skills development into sessions should be considered to further assist clients in being productive members of society. Medium-term outcomes were classified by cases as actions that included making positive changes in client behaviors, skills, decision making, and development. The long-term outcomes of a program were recognized as building strategic community partnerships, creating a plan for program financial stability, and clients' adjustment and productivity in society.

The final piece of the model was evaluation. Evaluation was a key component to assess program structure and development. Through evaluation processes, data was collected, analyzed, and interpreted to make a program conclusion or generate a client report. Evaluations assisted organizations in referencing back to guiding association

principles and priorities such as mission statements, values, frameworks, and models.

This constant comparative evaluation was a crucial factor to ensure the program remains aligned with its priorities. The directors from both EAGALA and PATH Intl. defined evaluation processes as a key to success. The association director from case study five noted the importance of programs evaluating their work through some type of measurement tool, while the association director from case study six explained evaluation as a critical component of the strategic planning process. “Part of the process is the feedback loop where you are analyzing the effectiveness against benchmarks and instrument practices.”

As a result of the within- and cross-case analyses, the following adaptations were made to the existing program logic model from UWEP to incorporate specific priorities, inputs, outputs, and outcomes for EAGALA and PATH Intl. programs (see Figure 6).

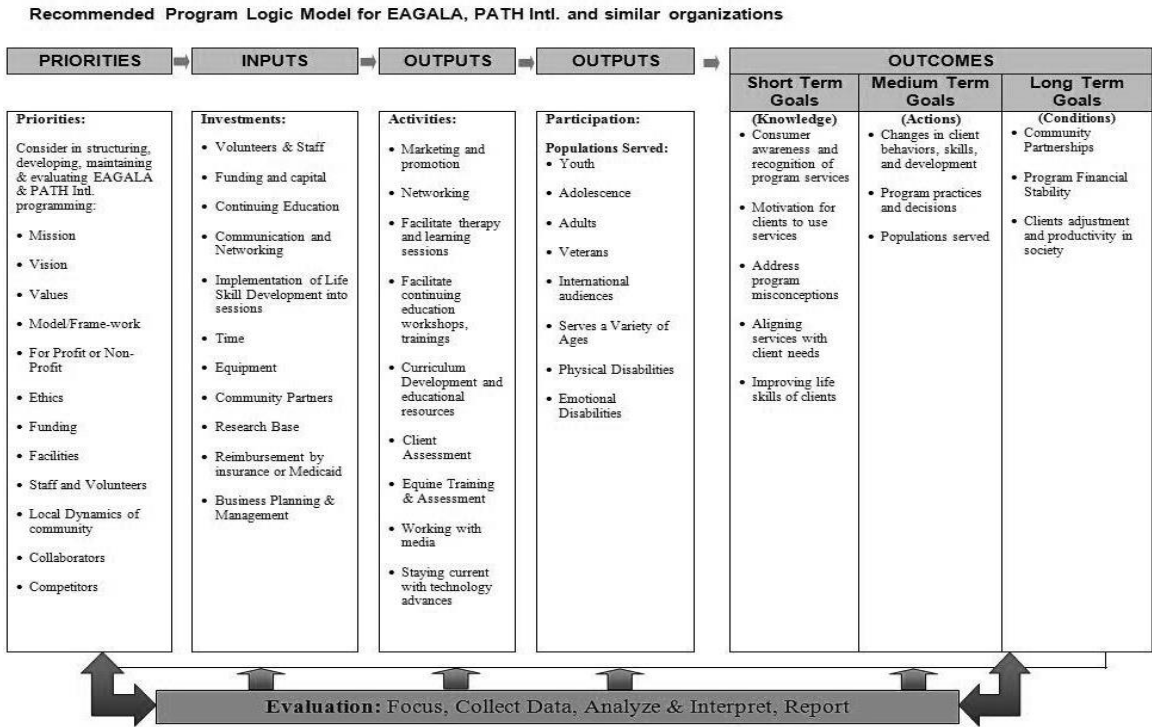


Figure 6. Recommended program logic model for EAGALA, PATH, Intl. and similar organizations.

Recommendations for Future Research

A recommendation for future research in this area would be to conduct a series of multiple observations within each program. Observations would provide a means of identifying the actual practices occurring within each program. A closer examination of programs accepting insurance and Medicaid would be beneficial to programs struggling with this matter. Conducting a regional and national study of these programs to examine if the findings from this study are consistent would assist in developing a more inclusive and comprehensive model appropriate for the equine therapy programs. A longitudinal study of the cases could also be conducted to examine any changes and developments that may be occurring within these programs. An examination of educational course work

and programs offered by colleges and universities would assist in implementing programming at other colleges and universities. The short, medium, and long-term outcomes of programs on clients could also be examined by specifically talking with clients. A thorough review of current and potential funding sources available to assist local programs should be conducted that could lead to further growth and development. Finally, an examination of other special needs, therapy, and learning programs that utilize equine should be investigated to expand and refine the program logic model developed in this study.

Summary

Equine assisted psychotherapy and therapeutic riding programs are important outlets as alternative sources of therapy not only in Montana, but also globally. These types of therapies are gaining momentum as alternative therapies providing significant results. There is a demand for these services and a need for quality, professional programs to be developed and implemented. Professional associations such as PATH Intl. and EAGALA have become the industry standards and paved the way for program development and growth. These associations are serving a variety of populations suffering from an assortment of conditions.

A global increase in communication, networking, and collaboration among programs, organizations, and local communities needs to be developed and implemented to create a greater consumer awareness and knowledge of the services and benefits offered by these programs.

The conclusions of this qualitative study demonstrated that there is a need for EAGALA and PATH Intl. services in the state of Montana and around the world. In order to fulfill this need, it is vital that programs align and evaluate their programs with structural frameworks and guidelines to provide top quality, professional services. By strengthening program development, directors and associations will be able to create and expand impactful programs for all populations.

REFERENCES CITED

- Altschuler, E.L. (1999). Pet-facilitated therapy for posttraumatic stress disorder. *American Academy of Clinical Psychiatrists*, 11, 29.
- American Hippotherapy Association, Inc. (2010). Retrieved from: http://www.americanhippotherapyassociation.org/about-aha/about_aha/
- American Hippotherapy Association, Inc. (2012). Retrieved from: http://www.americanhippotherapyassociation.org/about-aha/about_aha/
- American Psychological Association Work Group of the Board of Educational Affairs (1997). *Learner-centered psychological principles*. Washington, DC: Author.
- Association for Experiential Education. (2014). Retrieved from <http://www.aee.org>
- Bandura, A. (1978). The self-system in reciprocal determinism. *American Psychologist*, 33(4), 344-358.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall
- Biklen, S. & Bogdan, R. (2011). *Qualitative research for education*. Upper Saddle River, NJ: Pearson Education, Inc.
- Broas, L., Mallow, A., & Mattel, P. (2011). "For the love of horses": Establishing a protocol for women in a therapeutic community to work with rescued horses. *Journal of Social Work Practice in the Addictions*, 11, 205-208.
- Bruner, J. (1961). The act of discovery. *Harvard Educational Review*, 31, 21-32.
- Buelman, F. (2010). Discovering your herd. *The Journal for Equine Assisted Psychotherapy and Learning*, 24-27.
- Burlingame, G., & Lambert, M. (1996). Outcome Questionnaire (OQ-45.2) [Measurement Instrument] American Professional Credentialing Services LLC. Retrieved from <http://www.oqmeasures.com>
- Carson, D., Gilmore, A., Gronhaug, K., & Perry, C. (2001). *Qualitative marketing research*. Thousand Oaks, CA: Sage Publications, Inc.
- Clark, G.K. (1967). *The critical historian*. Portsmouth, NH: Heinemann Educational Books.

- Cody, P., Holleran, L., & Szymandera, L. (2011). Equine therapy: Substance abusers' "Healing Through Horses". *Journal of Social Work Practice in the Addictions, 11*, 198-204.
- Creswell, J. (2013). *Qualitative inquiry & research design*. Thousand Oaks, CA: Sage Publishers, Inc.
- Dorrance, T. (2010). *True unity: Willing communication between horse and human*. Salinas, California: Steven Dorrance.
- Denzin, N. (2006). *Sociological methods: A sourcebook*. Aldine Transaction. ISBN 978-0-202-30840-1. (5th edition).
- Eagle Mount. (2014). Class observation form. Unpublished assessment form, Bozeman, MT.
- Eagle Mount. (2014). Leader and side-walker evaluation form. Unpublished assessment form, Bozeman, MT.
- Eagle Mount. (2014). Horse report. Unpublished assessment form, Bozeman, MT.
- Equine Assisted Growth and Learning Association (EAGALA) (2010). Retrieved from: <http://www.eagala.org/>
- Equine Assisted Growth and Learning Association (EAGALA) (2014). Retrieved from: <http://www.eagala.org/>
- Equine Assisted Growth and Learning Association (EAGALA) (2006). *Fundamentals of EAGALA model practice: Un-training manual*. Santaquin, UT: Equine Assisted Growth and Learning Association.
- Equine Assisted Growth and Learning Association (EAGALA) (2012). *Fundamentals of EAGALA model practice: Un-Training Manual*. Santaquin, UT: Equine Assisted Growth and Learning Association.
- Field, P. & Morse, J. (1995). *Qualitative research methods for health professionals* (2nd ed.). Thousand Oaks, CA: Sage.
- Fine, Aubrey. (2010). *Handbook on animal-assisted therapy*. London, England: Academic Press.
- Fraenkel, J., & Wallen, N. (2009). *How to design and evaluate research in education* (7th ed.). Boston, MA: McGraw Hill Higher Education.

- Freeman, L., Hooker, S. & Stewart, P. (2002). Pet therapy research: A historical review. *Holistic Nursing Practice, 17*, 17-23.
- Graham, B. (2000). *Creature comfort*. Amherst, New York: Prometheus Books.
- Guba, E. & Lincoln, Y. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Guba, E. & Lincoln, Y. (1989). *Fourth generation evaluation*. Newbury Park, CA: SAGE Publications.
- Hallberg, Leif. (2008). *Walking the way of the horse: Exploring the power of the horse human relationship*. Bloomington, Indiana: Universe.
- Hamilton, A. (2011). *Zen mind zen horse, The science and spirituality of working with horses*. North Adams, MA: Storey Publishing.
- Hatch, J. (2002). *Doing qualitative research in education settings*. Albany, NY: State University of New York Press.
- Hunt, R. (1978). *Think harmony with horses*. Wipperfuerth, Germany: Ute Kierdorf Verlag.
- Johnson, R., Odendaal, J., Meadows, Richard, L (2002). Animal-assisted interventions research: Issues and answers. *Western Journal of Nursing Research, 24*, 422-440.
- Kelly, D. (2010). Tom Dorrance: A pioneer for EAP. *The Journal for Equine Assisted Psychotherapy and Learning, 20-22*.
- Klein, S. (2012). *Learning principles and applications*. London, UK: SAGE Publishers, Inc.
- Kolb, D. (1984). *Experiential learning*. Englewood Cliffs, New Jersey: Prentice-Hall, Inc.
- Krasner, L. & Ullmann, L. (1965). *Case studies in behavior modification*. New York: Holt, Rinehart & Winsoton.
- Leedy, P. & Ormrod, J. (2013). *Practical research planning and design*. Saddle River, NJ: Pearson Education Inc.
- MacLean, B. (2011). Equine-assisted therapy. *Journal of Rehabilitation Resource Development, 48*, 9-12.

- Macmillan, M., Morago, P., Slessor, S. (2006). *Reflective practice*. Retrieved from <http://content.iriss.org.uk/reflectivepractice/textonly.html>.
- Mandrell, P. (2006). *Introduction to equine-assisted psychotherapy*. US: LPC.
- Mcconnaha, M. (2014, July 24). Valley Olympians: Special needs riders to take part in equestrian event Saturday, Aug. 2nd. The Ravalli Republic, pp. 1-3. Retrieved from <http://ravallirepublic.com>
- Meagher, T. (2007). *The gigantic book of horse wisdom*. New York, NY: Skyhorse Publishing.
- Merriam, S. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: John Wiley & Sons, Inc.
- Merriam, S. (2009). *Qualitative research*. San Francisco, CA: John Wiley & Sons, Inc.
- Morrison, M. (2007). *Health benefits of animal-assisted interventions*. Thousand Oaks, CA: Sage Publications.
- Miles, M. & Huberman, M. (1994). *An expanded sourcebook: Qualitative data analysis*. Thousand Oaks, CA: Sage Publications, Inc.
- Myers, D. (2005). *Exploring psychology*. New York, New York: Worth Publishers.
- Netting, F., New, J., & Wilson, C. (1987). The human-animal bond: Implications for practice. *National Association for Social Workers, Inc.*, 1, 60-64.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Piaget, J. (1952). *The origins of intelligence in children*. New York: International Universities Press.
- Professional Association of Therapeutic Horsemanship International. (2011). Retrieved from <http://www.pathintl.org/>
- Professional Association of Therapeutic Horsemanship International. (2014). Retrieved from <http://www.pathintl.org/>
- Saldana, J. (2009). *The coding manual for qualitative researchers*. Los Angeles, CA: SAGE.

- Savvides, N. (2011). "Loving-knowing" women and horses: Symbolic connections, real life conflicts and "natural horsemanship". *Humanimalia: a journal of human/animal interface studies*, 3, 60-76.
- Scrimsher, S. & Tudge, J. (2003). Vygotsky, piaget, and bandura: Perspectives on the relations between the social world and cognitive development. *Human Development*, 36, 61-81.
- Skunk, D. (2012). *Learning theories*. Boston, MA: Pearson Education, Inc.
- Smith-Osborne, A., & Selby, A. (2010). Implications of the literature on equine-assisted activities for uses as a complementary intervention in social work practice with children and adolescents. *Child Adolescent Social Work Journal*, 27, 291-307.
- Stake, R. (1995). *The art of case study research*. Thousand Oaks, CA: SAGE Publications, Inc.
- Sugarman, L. (1985). Kolb's model of experiential learning: Touchstone for trainers, students, counselors, and clients. *Journal of Counseling and Development*, 64, 264-268.
- Taylor-Powell, E. & Henert, E. (2008). *Developing a logic model: Teaching and training guide*. Madison, WI: Board of Regents of the University of Wisconsin.
- U.S. Census Bureau. (2012). *Statistical abstract of the United States: 2012 (131st Edition)*. Retrieved from <http://www.census.gov/compendia/statab/>.
- Wells, G., Burlingame, G., & Lambert, M. (1996). Youth outcome questionnaire (Y-OQ 2.0) [Measurement Instrument] American Professional Credentialing Services LLC. Retrieved from <http://www.oqmeasures.com>
- Wells, G., Burlingame, G., & Lambert, M. (1996). Youth outcome questionnaire (Y-OQ 2.1) [Measurement Instrument] American Professional Credentialing Services LLC. Retrieved from <http://www.oqmeasures.com>
- World Health Organization Department of Mental Health. (1998). *Partners in life skill education*. Retrieved from http://www.who.int/mental_health/media/en/30.pdf
- Yin, R. (1994). *Case study research design and methods second edition*. Thousand Oaks, CA: Sage Publications, Inc.
- Yin, R. (2009). *Case study research design and methods fourth edition*. Thousand Oaks, CA: Sage Publications, Inc.

APPENDICES

APPENDIX A

PRE-INTERVIEW AND INTERVIEW QUESTION GUIDES WITH MODELS

Pre-Interview Demographic Questions:

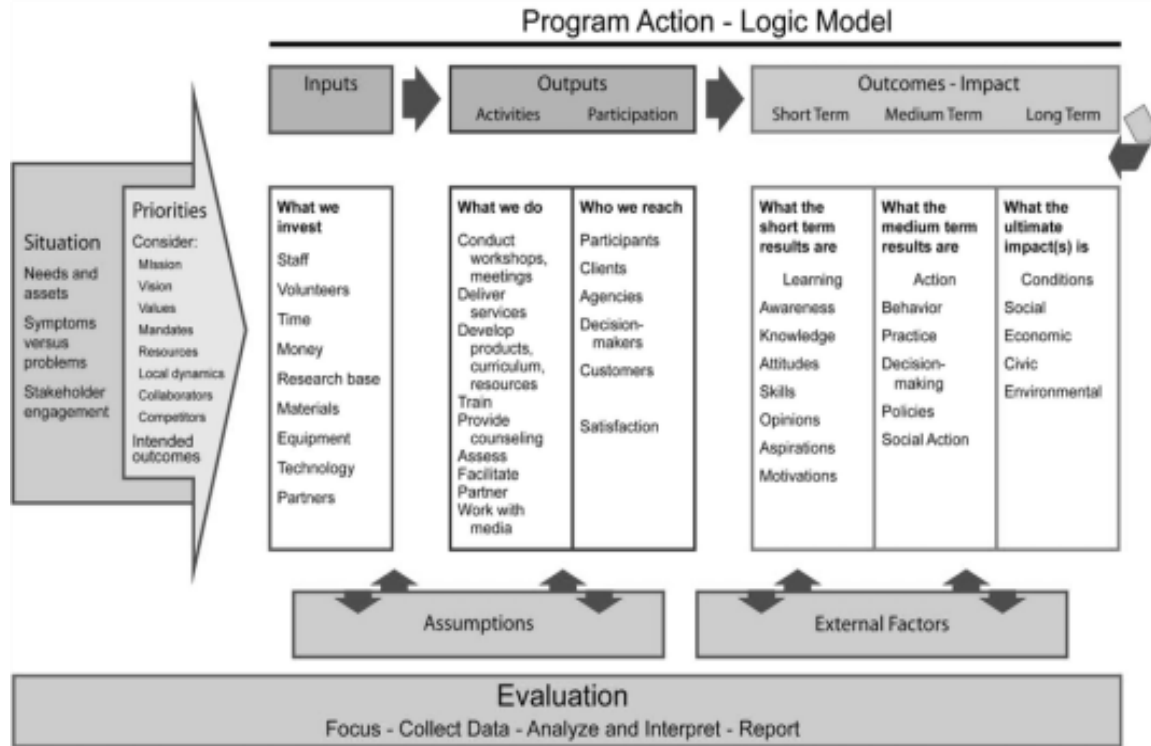
- 1. What is your professional title in the program?**
 - a. Mental Health Professional
 - b. Equine Facilitator or Specialist
- 2. How many years have you been involved in the program?**
 - a. Less than 5 years
 - b. 6-10 years
 - c. Greater than 11 years (*if greater please indicate actual number of years*)
- 3. How many has this program been in operation?**
 - a. Less than 5 years
 - b. 6-10 years
 - c. Greater than 11 years (*if greater please indicate actual number of years*)
- 4. What type of services does your program offer?**
 - a. EAP
 - b. EFP
 - c. EAL
 - d. EFL
 - e. Both EAP/EAL
 - f. Both EFP/EFL
 - g. Other, *please describe*
- 5. What is the population of clients served?**
 - a. Youth
 - b. Adolescence
 - c. Adults
 - d. Veterans
 - e. Other (please describe)
- 6. What is your personal background? (*please indicate all that apply*)**
 - a. Bachelor's Degree
 - b. Master's Degree
 - c. PHD
 - d. Other licenses and certifications (*please describe*)
- 7. What do you do for continuing education hours?**
 - a. Attend EAGALA and/or PATH conferences
 - b. Attend Continuing Education Trainings for EAGALA or PATH
 - c. Complete Independent Study Hours
 - d. Other (*please describe*)

Participation is voluntary, and you can choose to not answer any question that you do not want to answer, and you can stop at any time.

Interview Questions

1. How did you come into this profession?
2. Can you tell me about your program in general?
3. Please explain how this program was developed and structured. Are you familiar with the logic model? (*Explain logic model*) Have you used any other program models for developing this program?
4. How do you initially assess the needs of your clients?
5. Can you discuss the inputs and outputs within your program?
6. How do you feel the program addresses short, medium and long term outcomes? What are some examples of how you measure each of these outcomes?
7. Do you use any forms/questionnaires in your program for assessment? If so can you explain how they are used?
8. How do you implement EAGALA/PATHs model/guidelines into your program?
9. What other resources do you use to further develop this program? (Educational, professional development, networks, technologies, people, etc).
10. How do you implement life skill development into your program sessions?
11. What does your outlook for future programming look like?
12. What challenges have you encountered in your program?
13. What is working well for your program?
14. What would help you to develop this program in the future?
15. Is there anything else you would like to add?

Participation is voluntary, and you can choose to not answer any question that you do not want to answer, and you can stop at any time.



University of Wisconsin-Extension Program Logic Model (Taylor-Powell & Hennert, 2008).

Equine Assisted Growth and Learning Association (EAGALA) (2010).

The EAGALA Model provides a standard and structure for providing Equine Assisted Psychotherapy and Equine Assisted Learning sessions. Practicing within a model establishes a foundation of key values and beliefs, and provides a basis of good practice and professionalism. The EAGALA Model provides a framework of practice, but within that framework, there are infinite opportunities for creativity and adaptability to various therapeutic and facilitating styles.

The EAGALA Model:

- The Team Approach – An Equine Specialist, a Mental Health professional, and horses work together with clients in all EAGALA sessions.
- Focus on the ground – No horseback riding is involved. Instead, effective and deliberate techniques are utilized where the horses are metaphors in specific ground-based experiences.
- Solution-Oriented – The basis of the EAGALA Model is a belief that all clients have the best solutions for themselves when given the opportunity to discover them. Rather than instructing or directing solutions, we allow our clients to

experiment, problem-solve, take risks, employ creativity, and find their own solutions that work best for them.

- Code of Ethics - EAGALA has high standards of practice and ethics and an ethics committee and protocol for upholding these standards, ensuring best practices and the highest level of care.

Professional Association of Therapeutic Horsemanship International (PATH Intl.) (2011).

PATH Intl. Mission

- The Professional Association of Therapeutic Horsemanship International (PATH Intl.) promotes safety and optimal outcomes in equine-assisted activities and therapies for individuals with special needs.

PATH Intl. Vision

- The Professional Association of Therapeutic Horsemanship International (PATH Intl.) is a global authority, resource and advocate for equine-assisted activities and therapies and the equines in this work that inspire and enrich the human spirit.

PATH Core Values:

Access and inclusion – promoting diversity and opportunity in equine-assisted activities and therapies.

Compassion and caring – providing a culture of safety, understanding and ethical treatment of humans and horses engaged in equine-assisted activities and therapies.

Cooperation and collaboration – connecting and partnering with those who share the PATH Intl. vision in a mutually beneficial manner.

Education – sharing valued knowledge with our constituents to facilitate their success.

Excellence – promoting quality in all undertakings.

Innovation – encouraging and supporting creativity, inquiry and cutting-edge research.

Integrity and accountability – ensuring that all business is based on ethical principles and conducted with transparency.

Professionalism - enhancing the value and credibility of the industry.

Service - providing effective and responsive information and programs to our

constituents.

Holism - promoting an awareness of body, mind and spirit in equine-assisted activities and therapies.

APPENDIX B

UNOBTRUSIVE DATA EVALUATION FORMS

Clark's (1967) list of ways to evaluate unobtrusive data:

- What is the history of the document?
- What guarantee is there that it is what it pretends to be?
- Is the document complete, originally constructed?
- Has it been tampered with or edited?
- If the document is genuine, under what circumstances and for what purposes was it produced?
- Who was/is the author?
- What was the author trying to accomplish? For who was document intended?
- What were the maker's sources of information? Does the document represent an eyewitness account, a secondhand account, a reconstruction of an event long prior to the writing, an interpretation?
- What was or is the maker's bias?
- To what extent was the writer likely to want to tell the truth?
- Do other documents exist that might shed additional light on the same story, even, project, program, context? If so, are they available, accessible? Who holds them?"

Researcher's Guide to Analyze Unobtrusive Data Collected:

1. How was the document created?
2. How does the document represent the program standards and structure?
3. Has it been edited or changed since the start of program? If so, how?
4. For what intended purposes was the document produced?
5. Who was/is the author? What sources of information (educational frameworks, models, and resources) were used in its creation?
6. Does the document address the impacts and outcomes of the program? If so, how?
7. Do other documents exist that might shed additional light on the same story, even, project, program, context? If so, are they available, accessible? Who holds them?
8. Any Additional Notes/Comments:

APPENDIX C

THEMES

Themes	Case Study 1	Case Study 2	Case Study 3	Case Study 4
Program Director Information				
Program Director Background and Education:				
Licensed Clinical Social Worker (LCSW)	x			
Licensed Clinical Professional Counselor (LCPC)		x		
Masters Degree	x	x		x
Bachelor's Degree	x	x		x
No Formal Education			x	
Equine Background Experience	x	x	x	x
EAGALA Certified as Mental Health Professional	x	x		
EAGALA Certified as Equine Specialist	x	x		
EAGALA Advanced Certified	x			
PATH Intl. Certified	x	x		x
Other licensing/credential/certification				
Number of Years Involved with program	8	6	15	10
Program Director Achieves Continuing Education Hours by:				
Attending appropriate regional & annual Conferences	x	x		x
Attending appropriate workshops	x	x		
Attending appropriate trainings	x			
Completing an appropriate Independent Study				
Other		x	x	x

Themes	Case Study 1	Case Study 2	Case Study 3	Case Study 4
Program Information				
Program Priorities, Background and Structure:				
Program has a clear mission statement	x	x	x	x
EAGALA Program	x	x		
PATH Intl. Center Member			x	x
PATH Intl. Premier Accredited Center (PAC)				x
Number of years program in operation	8	4	15	30
Program offers EAP or EFP Services	x	x		
Program offers EAL or EFL Services	x	x		
Program offers Therapeutic Riding			x	x
Non-profit organization			x	x
Corporation	x			
Accepts Medicaid			x	
Program Inputs:				
Horse Training and Assessment	x		x	x
Client Assessment	x	x	x	x
Volunteers & staff	x		x	x
Funding	x		x	x
Implementation of Life Skill Development into Sessions	x		x	x
Continuing Education	x	x	x	x
Marketing	x		x	x
Communication/Networking	x	x	x	x
Program Outputs:				
Marketing			x	x
Networking	x	x	x	x
Facilitation	x		x	x
Curriculum Development	x			
Populations Served				
Youth	x	x	x	x
Adolescence	x	x	x	x
Adults	x	x	x	x
Veterans	x			x
Program Challenges:				
Staff	x		x	x
Low pay for staff		x	x	x
Funding	x	x	x	x
Lack of Public Awareness of the program/services offered	x		x	x
Lack of Time			x	x
Operating Costs	x	x	x	x
Lack of Qualified Volunteers	x			x
Unqualified client applicants	x			x
Reimbursability of therapeutic services under insurance	x		x	x
Business Planning	x			
Program Needs:				
Facility Improvement/s			x	x
Networking	x	x		x
Funding	x	x	x	x
Educational Resources	x	x		
Volunteers	x		x	x
Program Opportunities:				
Hosting Workshops/Certifications	x			
Community Collaboration	x	x	x	x

Program Unobtrusive Data Themes:	Case Study 1	Case Study 2	Case Study 3	Case Study 4
Marketing/Advertising/Promotional Materials:				
Poster/s			x	
Flier/s			x	
Brochure/s			x	
Business Card			x	
Resource Guide/s				x
Publications:				
Quarterly Magazine Publication				
Magazine Article/s			x	
Newspaper Article/s			x	
Assessment:				
Client Assessment Form/s	x		x	
Equine Assessment Form/s	x			x
Class Observation Form/s	x			x
Horse/Rider Combination Observation Form				x
Internet Communication:				
Email	x	x	x	x
Website	x	x	x	x
Social Media:				
Facebook	x	x	x	x
Twitter	x	x		x
Instagram				
News Feed				x
You Tube			x	x
Pininterest	x	x		
Google+		x		
LinkedIn		x		
eNews				

Themes	Case 5	Case 6
Association Information		
Association Priorities, Background and Structure:		
Association has a clear mission and vision statement	x	x
Association has specific model and/or guidelines/code of ethics	x	x
EAGALA	x	
PATH Intl.		x
Number of years association in operation	15	45
Non-profit	x	x
# of members in association	4,000	8,000
International Association	x	x
Association Inputs, recommendations, challenges and needs:		
Funding	x	
Training and Certification for Staff & Members	x	x
Continuing Education for Staff & Members	x	x
Technology	x	
Volunteers		x
Assisting Program Members with their businesses	x	
Global Input-Translations of materials	x	
Association Outputs, recommendations , challenges and needs:		
Assessment	x	x
Conduct workshops, meetings, trainings & certifications	x	x
Member Resources	x	x
Public Awareness of the association and services offered	x	
Reimbursability by Insurance		x
Populations Served:		
Adolescence	x	x
Adults	x	x
Veterans	x	x
Youth	x	x

Association Unobtrusive Data Themes:	Case 5	Case 6
Marketing:		
Fact Sheets	x	x
Poster/s		x
Flier/s	x	
Brochure/s		
Business Card		
Resource Guide/s		x
Publications:		
Quarterly Magazine Publication	x	x
Magazine Article/s	x	x
Newspaper Article/s		
Internet Communication:		
Email	x	x
Website	x	x
Social Media:		
Facebook	x	x
Twitter	x	x
Instagram		
You Tube		x
Pininterest		x
Google+	x	x
LinkedIn	x	x
eNews		x

Themes	Case 5	Case 6
Association Director Information		
Association Director Background and Education:		
Licensed Clinical Social Worker	x	
Masters Degree	x	x
Bachelor's Degree	x	x
No Formal Education		
Equine Background- Extensive		x
Equine Background- Limited	x	
EAGALA Certified as Mental Health Professional	x	
EAGALA Certified as Equine Specialist	x	
PATH Intl. Certified		
Other licensing/credential/certification		x
Number of Years Involved with program	15	1
Association Director Achieves Continuing Education Hours by:		
Attending appropriate regional & annual Conferences	x	x
Attending appropriate workshops	x	
Attending appropriate trainings	x	
Completing an appropriate Independent Study		
Other		x

APPENDIX D

ASSOCIATION INFORMATION

Equine Assisted Growth and Learning Association (EAGALA) (2010).

The EAGALA Model provides a standard and structure for providing Equine Assisted Psychotherapy and Equine Assisted Learning sessions. Practicing within a model establishes a foundation of key values and beliefs, and provides a basis of good practice and professionalism. The EAGALA Model provides a framework of practice, but within that framework, there are infinite opportunities for creativity and adaptability to various therapeutic and facilitating styles.

The EAGALA Model:

- The Team Approach – An Equine Specialist, a Mental Health professional, and horses work together with clients in all EAGALA sessions.
- Focus on the ground – No horseback riding is involved. Instead, effective and deliberate techniques are utilized where the horses are metaphors in specific ground-based experiences.
- Solution-Oriented – The basis of the EAGALA Model is a belief that all clients have the best solutions for themselves when given the opportunity to discover them. Rather than instructing or directing solutions, we allow our clients to experiment, problem-solve, take risks, employ creativity, and find their own solutions that work best for them.
- Code of Ethics - EAGALA has high standards of practice and ethics and an ethics committee and protocol for upholding these standards, ensuring best practices and the highest level of care.

EAGALA Vision, Mission, Values, Objectives:

Vision Statement

Every person around the world has access to EAGALA Model services.

Mission Statement

EAGALA provides education, standards, innovation, and support to professionals providing services in Equine Assisted Psychotherapy and Learning around the world.

Values

- **POSITIVE IMPACT:** Serve society through making a positive impact in the lives of people and horses

- **QUALITY:** Focus on standards of quality, professionalism and excellence in all programs and at all levels of the organization
- **INTEGRITY:** Ensure that principles, ethical standards and a clear identity guide our decisions and actions
- **COLLABORATION:** Maintain a culture of collaboration through supporting one another and sharing information, experience, and ideas
- **CONTINUOUS IMPROVEMENT:** Nurture a commitment to learning, innovation and improvement

Objectives

- Establish **standards** of practice, ethics, and safety for EAP/EAL
- Provide **trainings for certification** in the EAGALA Model of EAP/EAL
- Conduct annual **conferences** to promote education and networking
- **Promote** EAGALA as an effective model of therapy and treatment for at-risk populations
- Provide educational, training, and support **resources**, such as books, videos, tapes, and web sites
- Encourage **universities and colleges** to develop and include the EAGALA Model in their curriculum
- **Support** the establishment of EAGALA Model organizations around the world
- Conduct and disseminate **research** on the effectiveness of EAP/EAL

EAGALA CODE OF ETHICS

This code serves as a standard of ethics and professionalism for all associates of the Equine Assisted Growth and Learning Association and for the field of Equine Assisted Psychotherapy and Learning. The code delineates basic philosophies to guide professional practitioners in the conduct of business and practice. High standards of ethics and professionalism are established to instill confidence in clients, professionals, and their communities. The ethics code is based on the fundamental values of overall safety and well-being of clients, foremost above all other considerations.

Ethical decisions and conduct should be consistent in the letter and spirit of the code. Failure to act in accordance with the code may result in loss of association or certification with EAGALA. It is our quest to build the emerging field of Equine Assisted Psychotherapy and Learning as a valid, professional, safe, and respected instrument for growth and learning. It is therefore required that all practitioners maintain the utmost standards of ethics, professionalism, and integrity.

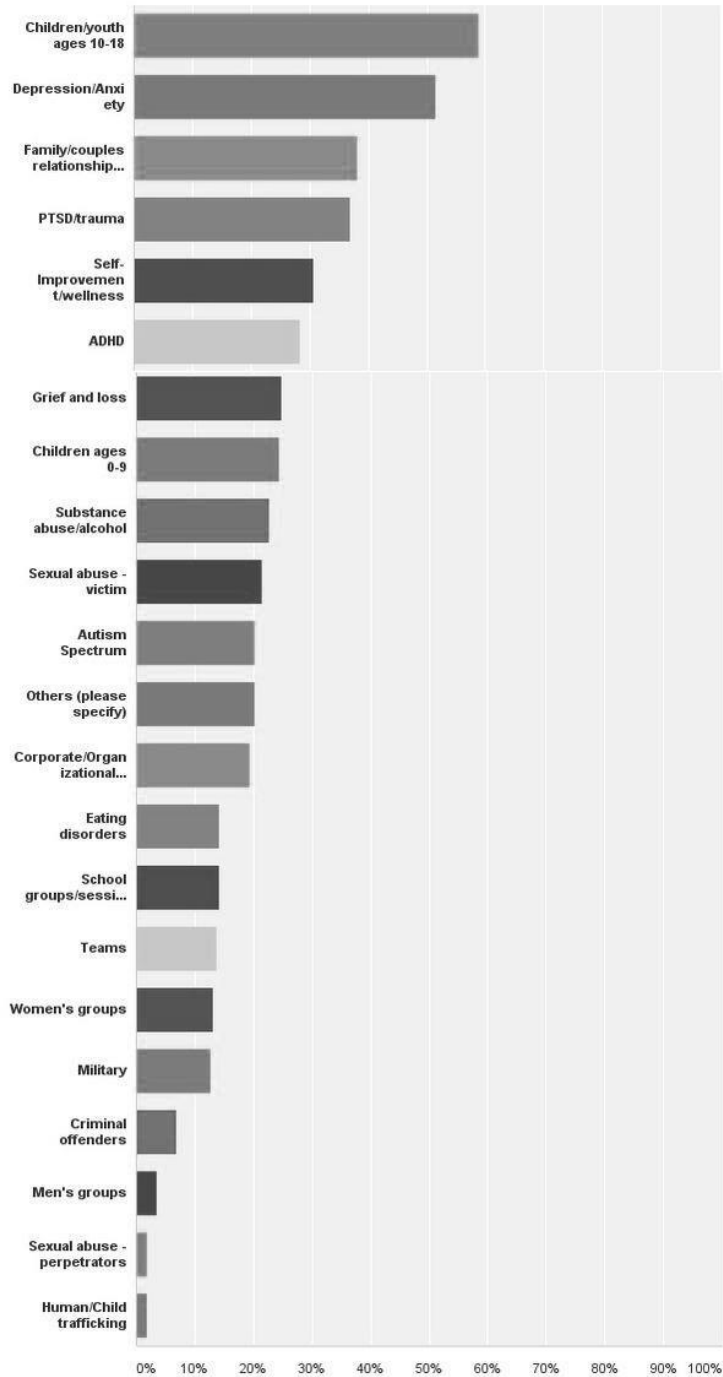
1. The EAGALA associate will provide the highest quality of service and care in supporting and assisting clients in personal growth and learning.
2. The EAGALA associate will respect and honor the value and dignity of all and protect the safety, welfare, and best interests of clients and horses.

3. The EAGALA associate will always consider physical and emotional safety concerns. This includes safety utilizing horses and the maintenance of a safe facility. Therapeutic approaches are to be implemented in a respectful manner, maintaining the privacy and rights of confidentiality of all clients, and never abusing power through sexual or inappropriate relationships with clients.
4. The EAGALA associate will continually evaluate the progress of clients and will promptly refer them to other professional services if and when this is in the best interest of the client.
5. The EAGALA associate will treat other associates and professionals courteously and respect their views, ideas, and opinions.
6. The EAGALA associate will share information, experiences, and ideas that will benefit, strengthen, and improve the effectiveness of Equine Assisted Psychotherapy.
7. The EAGALA associate will regularly evaluate his/her own professional strengths and limitations and will seek to improve self and profession through ongoing education and training.
8. The EAGALA associate will not misrepresent by claiming or implying professional qualifications, education, experience, or affiliations not possessed by the associate.
9. The EAGALA associate will follow all state/country laws and guidelines pertaining to the scope of his/her practice and limitations of business.
10. The EAGALA associate will not participate in, condone or be associated with dishonesty, fraud, deceit, illegal activities, or misrepresentation.
11. The EAGALA associate will not engage in personal conduct which adversely affects the quality of professional services rendered or cause harm to the reputation of the profession.
12. The EAGALA associate will maintain the highest standards of professional integrity.

2012/2013 EAGALA STATISTICS:

Question	2012	2013
# Programs responded	417	520
# of Programs outside U.S.	130	145
# of Clients served	35,143	33,965
# of Hours provided	63,134	73,989
# of Horses involved	3,843	4,760
Top 7 populations/goals	1. Ages 10-18: 60.5% 2. Depression/anxiety: 53.3% 3. PTSD/trauma: 40.1% 4. Families/couples: 35.8% 5. Self-improvement/wellness: 31.3% 6. Substance abuse/alcohol: 30.4% 7. ADHD: 29.3%	1. Ages 10-18; 58.9% 2. Depression/anxiety: 51.5% 3. Families/couples: 38.1% 4. PTSD/trauma: 36.9% 5. Self-improvement/wellness: 30.6% 6. ADHD: 28.4% 7. Grief and Loss: 24.9%
Collect pre/post data?	N/A	Yes: 45.7% No: 54.3%

A complete list of the populations/needs served is below. the survey asked to mark the top 6 categories a program served. In the Other category, Serious Mental Illness was listed several times, so we will add that as a primary category choice in our next survey.



(EAGALA Annual Survey results for 2013)

The Professional Association of Therapeutic Horsemanship (PATH Intl.) (2014).

About PATH Intl.

PATH Intl. was founded in 1969 as the North American Riding for the Handicapped Association (NARHA) to promote safe and effective therapeutic horseback riding throughout the United States and Canada. Today, PATH Intl. has more than 850 member centers and nearly 7,600 individual members in countries all over the world, who help and support more than 54,000 men, women and children with special needs each year through a variety of equine-assisted activities and therapies programs.

Though PATH Intl. began with a focus on horseback riding as a form of physical and mental therapy, the organization and its dedicated members have since developed a multitude of different equine-related activities for therapeutic purposes, collectively known as equine-assisted activities and therapies (or EAAT). Besides horseback riding, EAAT also includes therapeutic carriage driving; interactive vaulting, which is similar to gymnastics on horseback; equine-facilitated learning and mental health, which use the horse as a partner in cognitive and behavioral therapy, usually with the participation of a licensed therapist; ground work and stable management; and PATH Intl. Equine Services for Heroes, which uses a variety of EAAT disciplines specifically to help war veterans and military personnel. In addition, many of PATH Intl.'s 25 volunteer-driven committees are working on identifying and refining even more disciplines and activities that might be put to use in the world of EAAT.

PATH Intl. Mission

The Professional Association of Therapeutic Horsemanship International (PATH Intl.) promotes safety and optimal outcomes in equine-assisted activities and therapies for individuals with special needs.

PATH Intl. Vision

The Professional Association of Therapeutic Horsemanship International (PATH Intl.) is a global authority, resource and advocate for equine-assisted activities and therapies and the equines in this work that inspire and enrich the human spirit.

PATH INTL. CORE VALUES:

Access and inclusion – promoting diversity and opportunity in equine-assisted activities and therapies.

Compassion and caring – providing a culture of safety, understanding and ethical treatment of humans and horses engaged in equine-assisted activities and therapies.

Cooperation and collaboration – connecting and partnering with those who share the PATH Intl. vision in a mutually beneficial manner.

Education – sharing valued knowledge with our constituents to facilitate their success.

Excellence – promoting quality in all undertakings.

Innovation – encouraging and supporting creativity, inquiry and cutting-edge research.

Integrity and accountability – ensuring that all business is based on ethical principles and conducted with transparency.

Professionalism - enhancing the value and credibility of the industry.

Service - providing effective and responsive information and programs to our constituents.

Holism - promoting an awareness of body, mind and spirit in equine-assisted activities and therapies.

PATH INTL. CODE OF ETHICS

Preamble

The PATH Intl. Code of Ethics sets forth ethical principles for all PATH Intl. members which includes individuals and centers and is binding on all staff. Centers are obligated to ensure that all staff, professionals and volunteers comply with this code. While each of the following codes will apply to all members, the applicability of each code may be determined by the role of the member and the setting.

The practice and preservation of the highest standards of ethical principles and integrity are vital for the responsible implementation of obligations, activities and services provided by PATH Intl. members and centers. All members and centers are responsible for maintaining and promoting these ethical practices. The PATH Intl. Code of Ethics is intended to be used as a guide for promoting and maintaining the highest standards of ethical practice, personal behavior and professional integrity.

The guidelines expressed in the code are not to be considered all-inclusive of situations that could evolve under a specific principle, nor is the failure to specify any particular responsibility or practice a denial of the existence of such responsibilities or practices. The guidelines are specific statements of minimally acceptable conduct or of prohibitions applicable to all members and centers. The PATH Intl. Code of Ethics is designed to be

appended to such other codes as may be applicable (such as: medicine, psychology, nursing, social work, etc.).

In recognition of the responsibility inherent in the delivery of services provided by equine-assisted activities and therapies, PATH Intl. asks all members and center personnel to subscribe to the following to the extent permitted by law:

Principle 1

The member respects the rights, dignity and well-being of all individuals (human and equine) and promotes well-being for all involved.

Guidelines:

1.1 The member shall promote a holistic awareness of body, mind and spirit in equine-assisted activities and therapies for all involved.

1.2 The member shall be responsive to, and mutually supportive of, the individuals served, including families, colleagues and associates.

1.3 The member shall respect the unique nature of each individual and shall be tolerant of, and responsive to, differences. The member shall not discriminate based on age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.

1.4 The member shall follow equal employment opportunity practices in hiring, assigning, promoting, discharging and compensating staff.

1.5 The member shall maintain in professional confidence participant, volunteer and staff information, observations or evaluations and shall adhere to all legal requirements.

1.6 The member, in community settings, shall use caution in forming dual or multiple relationships with participants or former participants where there is a risk of a conflict of interest. The member, in clinical treatment settings, shall avoid dual relationships when possible. In situations where dual relationships are unavoidable, the member shall be responsible for setting clear, appropriate and sensitive boundaries.

1.7 The member will understand the sensitive nature of physical touch and use it with caution.

Principle 2

The member accepts responsibility for the exercise of sound judgment and professional competence.

Guidelines:

2.1 The member shall accurately represent his/her level of expertise, experience, education and actual practice and provide service only to those individuals he/she can competently serve.

2.2 The member shall engage in sound business, employment and administrative practices.

2.4 The member shall engage in continued personal growth, continuing relevant education and professional skill development.

2.5 The member shall recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues or others.

2.6 The member shall demonstrate objectivity and fairness by interacting with individuals in an impartial manner.

2.7 The member shall accept responsibility for the exercise of sound judgment when interacting with individuals and animals.

2.8 The member shall demonstrate openness to, and respect for, other colleagues and professionals.

Principle 3

The member shall respect the integrity and well-being of program equines and animals whether owned, leased or borrowed.

Guidelines:

3.1 The member shall recognize and respect the individual character, nature and physical attributes of each program equine.

3.2 The member shall encourage safe and respectful human and equine interactions, placing equines in activities suited to their temperament and physical ability.

3.3 The member shall support the highest standard of care, maintenance and selection for each program equine, understanding and responding to the equine's need for socialization, play, turnout, time off and retirement.

3.4 When equines are borrowed or leased, the same high standards of equine respect, care and maintenance apply.

3.5 The member shall cultivate a barn and practice environment that supports personal and professional development and is compliant with PATH Intl. standards.

Principle 4

The member shall be truthful and fair in representing him- or herself and other members or centers.

Guidelines:

4.1 The member shall be responsible for providing each participant with accurate information regarding programs, services, professional training and credentials, as well as possible benefits, outcomes, expected activities, risks and limitations of the service or program.

4.2 The member shall meet commitments to participants, colleagues, equines, agencies, the equine-assisted activities and therapies community and the community at large.

4.3 The member shall use the PATH Intl. logo only in accordance with the PATH Intl. brand policy.

Principle 5

The member shall seek to expand his/her knowledge base related to the field of equine-assisted activities and therapies.

Guidelines:

5.1 The member shall maintain a high level of professional competence by continued participation in educational activities that enhance basic knowledge and provide new knowledge.

5.2 The member shall support the sharing and dissemination of information, the provision of training and conducting of research for the benefit of the profession.

5.3 The member shall demonstrate commitment to quality assurance. The member in clinical treatment settings shall engage in providing and receiving individual or peer supervision and/or staffing consultation on a regular basis.

Principle 6

The member shall honor all financial commitments to participants, personnel, vendors, donors, PATH Intl. and others.

Guidelines:

6.1 The member shall negotiate and clarify the fee structure and payment policy prior to the initiation of service and charge in a responsible and reasonable manner.

6.2 The member shall not misrepresent in any fashion services rendered or products dispensed.

6.3 The member shall be truthful and fair in representing him- or herself in fundraising activities.

6.4 The member shall honor all debt obligations.

6.5 The member shall maintain membership in PATH Intl. and pay the appropriate fee as determined by the Board of Trustees. Instructors shall remain in good standing with the annual compliance process for instructors

Principle 7

The member shall abide by PATH Intl. Standards and Guidelines and all state, local and federal laws.

Principle 8

The member supports PATH Intl. in its efforts to protect participants, equines, the public and the profession from unethical, incompetent or illegal practice.

Guidelines:

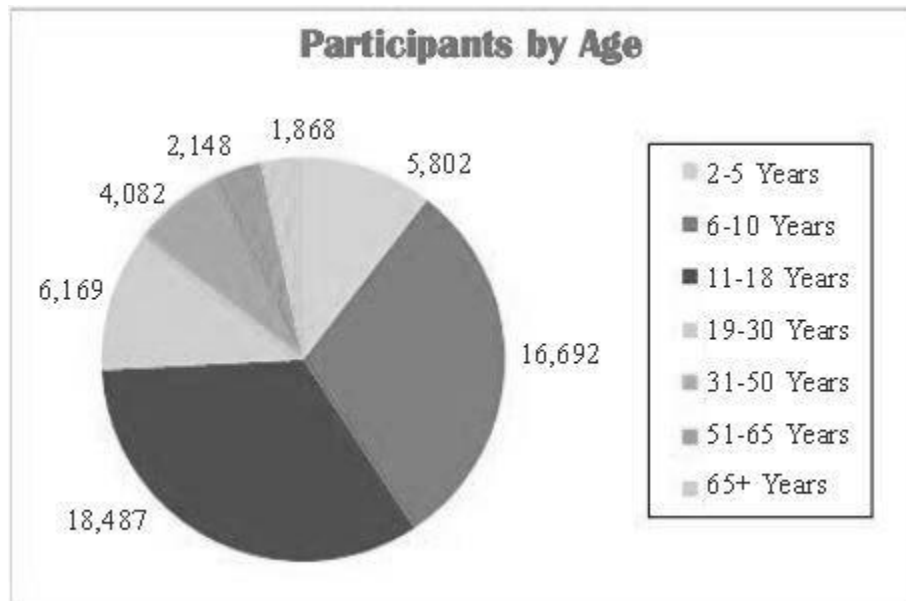
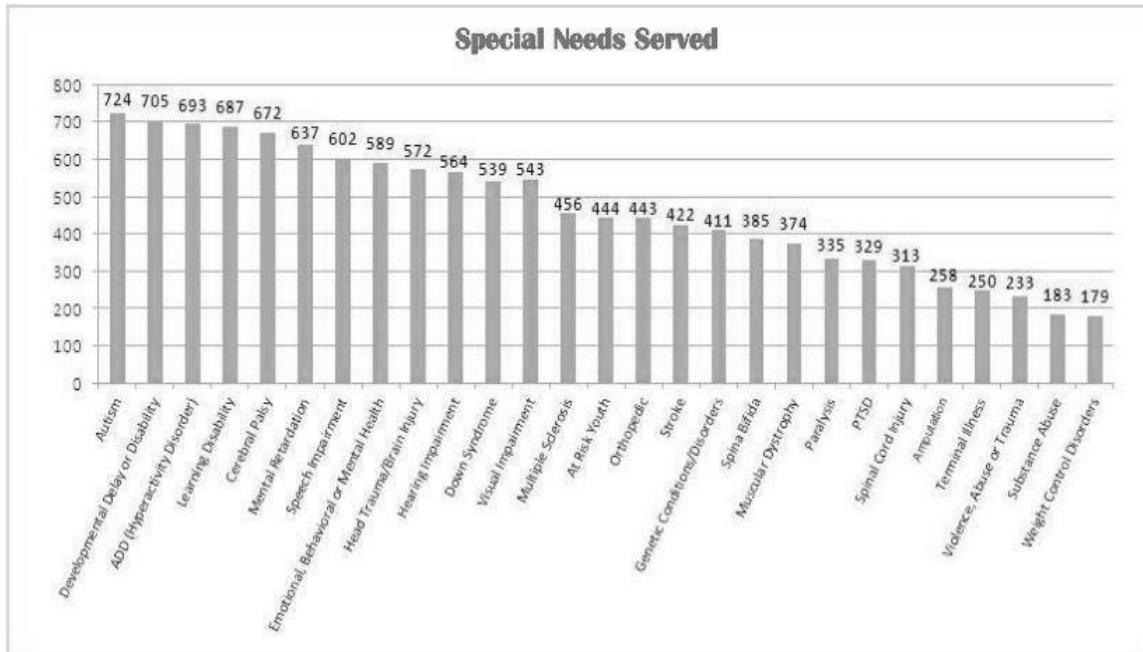
8.1 The member shall present this PATH Intl. Code of Ethics to all staff and personnel, outlining their collective obligation to support it and address any questions or concerns pertaining to it.

8.2 The member accepts the responsibility to discuss suspect unethical behavior directly with the parties involved and, if unresolved, to report unethical, incompetent or illegal acts to PATH Intl.

Approved by NARHA Board of Trustees October 21, 2010

Edited name change to PATH Intl. July 2011

2012 PATH INTL. STATISTICS



(PATH Intl., 2014)

**PATH Intl. Centers Partnering with
Community Organizations**

	2007	2008	2009	2010	2011	2012
Schools/Universities	261	343	266	337	371	444
Rehab Centers	112	151	152	145	179	219
Group Homes	277	351	253	371	388	444
Govt. Agencies	143	197	170	241	221	269
Nursing Homes	30	37	39	63	71	92
Hospices	21	23	23	34	42	44
Hospitals	72	87	76	106	124	141
Leadership Programs						162
Wellness Programs						76
	916	1,189	979	1,297	1,396	1,891

(PATH Intl, 2014)

PATH Intl. Centers Offering Specialty Programs

	2007	2008	2009	2010	2011	2012
Driving	46	54	51	48	49	59
Equine-Facilitated Learning	110	140	185	172	197	281
Equine-Facilitated Psychotherapy	54	77	83	85	96	125
Hippotherapy	168	227	184	187	177	237
Interactive Vaulting	45	65	46	40	34	48
Veterans Programs	---	---	89	154	178	233

(PATH Intl., 2014)

APPENDIX E

CLIENT ASSESSMENT FORMS

Outcome Questionnaire (OQ[®]-45.2) Name: _____ Date: ____/____/____ Almost
Never Rarely Sometimes Frequently Always

Instructions:
Looking back over the last week, including today, help us understand how you have been feeling. Read each item carefully and fill the circle completely under the category which best describes your current situation. For this questionnaire, work is defined as employment, school, housework, volunteer work, and so forth.

Developed by
Michael J. Lambert, Ph.D.
and
Gary M. Burlingame, Ph.D.

© Copyright 1996 American Professional Credentialing Services LLC.
All Rights Reserved.
License Required For All Uses

For More Information Contact:
OQ Measures, LLC
P.O. Box 521047
Salt Lake City, UT 84152

Toll-Free USA:
1-888-MH-SCORE
(1-888-647-2673)

Phone: (801) 649-4392
Fax: (801) 747-6900

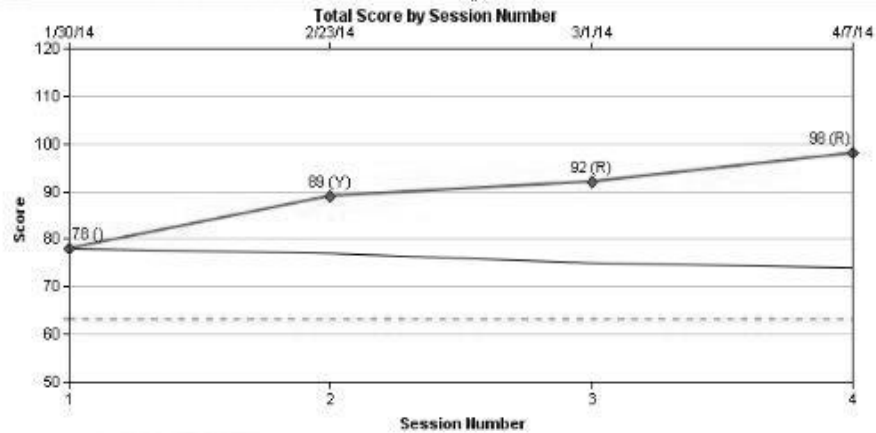
Email:
INFO@OQMEASURES.COM

Website:
WWW.OQMEASURES.COM

1. I get along well with others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I tire quickly.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I feel no interest in things.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel stressed at work/school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I blame myself for things.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel irritated.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I feel unhappy in my marriage/significant relationship.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I have thoughts of ending my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I feel weak.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel fearful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. After heavy drinking, I need a drink the next morning to get going. (If you do not drink, mark "never")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I find my work/school satisfying.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I am a happy person.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I work/study too much.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel worthless.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I am concerned about family troubles.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have an unfulfilling sex life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I feel lonely.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I have frequent arguments.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I feel loved and wanted.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I enjoy my spare time.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I have difficulty concentrating.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel hopeless about the future.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I like myself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Disturbing thoughts come into my mind that I cannot get rid of.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I feel annoyed by people who criticize my drinking (or drug use)..... (If not applicable, mark "never")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I have an upset stomach.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I am not working/studying as well as I used to.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. My heart pounds too much.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I have trouble getting along with friends and close acquaintances.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I am satisfied with my life.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I have trouble at work/school because of drinking or drug use..... (If not applicable, mark "never")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. I feel that something bad is going to happen.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I have sore muscles.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I feel afraid of open spaces, of driving, or being on buses, subways, and so forth.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. I feel nervous.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. I feel my love relationships are full and complete.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. I feel that I am not doing well at work/school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
39. I have too many disagreements at work/school.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
40. I feel something is wrong with my mind.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. I have trouble falling asleep or staying asleep.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. I feel blue.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. I am satisfied with my relationships with others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. I feel angry enough at work/school to do something I might regret.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. I have headaches.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name: C-OQ45, George, R ID: MRN0101 Session Date: 4/7/2014 Session: 4 Clinician: Clinician, Bob Clinic: Dallas Clinic Diagnosis: Unknown Diagnosis Algorithm: Empirical <input type="button" value="v"/> Instrument: OQ®-45.2 English Questionnaire Status: Valid	Alert Status: Red Most Recent Score: 98 Initial Score: 78 Change From Initial: Reliably Worse Current Distress Level: Moderately High Graph type: Total <input type="button" value="v"/>
--	---

Most Recent Critical Item Status: 8. Suicide - I have thoughts of ending my life. Sometimes 11. Substance Abuse - After heavy drinking, I need a drink the next morning to get going. Sometimes 26. Substance Abuse - I feel annoyed by people who criticize my drinking. Sometimes 32. Substance Abuse - I have trouble at work/school because of drinking or drug use. Sometimes 44. Work Violence - I feel angry enough at work/school to do something I might regret. Frequently	<table border="1"> <thead> <tr> <th>Subscales</th> <th>Current</th> <th>Outpat. Norm</th> <th>Comm. Norm</th> </tr> </thead> <tbody> <tr> <td>Symptom Distress:</td> <td>56</td> <td>49</td> <td>25</td> </tr> <tr> <td>Interpersonal Relations:</td> <td>21</td> <td>20</td> <td>10</td> </tr> <tr> <td>Social Role:</td> <td>21</td> <td>14</td> <td>10</td> </tr> <tr> <td>Total:</td> <td>98</td> <td>83</td> <td>45</td> </tr> </tbody> </table>	Subscales	Current	Outpat. Norm	Comm. Norm	Symptom Distress:	56	49	25	Interpersonal Relations:	21	20	10	Social Role:	21	14	10	Total:	98	83	45
Subscales	Current	Outpat. Norm	Comm. Norm																		
Symptom Distress:	56	49	25																		
Interpersonal Relations:	21	20	10																		
Social Role:	21	14	10																		
Total:	98	83	45																		



Graph Label Legend:

(R) = Red: High chance of negative outcome (Y) = Yellow: Some chance of negative outcome
 (G) = Green: Making expected progress (W) = White: Functioning in normal range

Feedback Message:

The patient is deviating from the expected response to treatment. They are not on track to realize substantial benefit from treatment. Chances are they may drop out of treatment prematurely or have a negative treatment outcome. Steps should be taken to carefully review this case and identify reasons for poor progress. It is recommended that you be alert to the possible need to improve the therapeutic alliance, reconsider the client's readiness for change and the need to renegotiate the therapeutic contract, intervene to strengthen social supports, or possibly alter your treatment plan by intensifying treatment, shifting intervention strategies, or decide upon a new course of action, such as referral for medication. Continuous monitoring of future progress is highly recommended.

REMEMBER: THE USER IS SOLELY RESPONSIBLE FOR ANY AND ALL DECISIONS AFFECTING PATIENT CARE. THE OQ®-45 IS NOT A DIAGNOSTIC TOOL AND SHOULD NOT BE USED AS SUCH. IT IS NOT A SUBSTITUTE FOR A MEDICAL OR PROFESSIONAL EVALUATION. RELIANCE ON THE OQ®-45 IS AT USER'S SOLE RISK AND RESPONSIBILITY. (SEE LICENSE FOR FULL STATEMENT OF RIGHTS, RESPONSIBILITIES & DISCLAIMERS)

Youth Outcome Questionnaire (Y-OQ® 2.0 SR)

Name _____

Date _____

Never or Almost Never Rarely Sometimes Frequently Almost Always or Always

PURPOSE: The Y-OQ® 2.0 SR is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.0 SR you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

DIRECTIONS:

- Read each statement carefully
- Decide how true this statement is during the past 7 days.
- Completely fill the circle that most accurately describes the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

Developed by
Gawain Wells, Ph.D.,
Gary M. Burlingame, Ph.D. and
Michael J. Lambert, Ph.D.

© Copyright 1996 American
Professional Credentialing
Services, LLC.
All Rights Reserved. License
Required For All Uses

For More Information Contact:
OQ Measures, LLC
P.O. Box 521047
Salt Lake City, UT 84152

Toll-Free USA:
1-888-MH-SCORE
(1-888-647-2673)
Phone: (801) 648-4392
Fax: (801) 747-6900

Email:
INFO@OQMEASURES.COM

1 Website:
WWW.OQMEASURES.COM

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. I want to be alone more than others my same age..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. I have headaches or feel dizzy..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. I don't participate in activities that used to be fun..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. I argue or speak rudely to others..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. I have more fears than others my same age..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. I cut classes or skip school altogether..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. I cooperate with rules and expectations of adults..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. I have a hard time finishing assignments, or I do.....
them carelessly | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I complain about things that are unfair..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. I have trouble with constipation or diarrhea..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I have physical fights (hitting, kicking, biting, or scratching.....
with my family or others my age. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. I worry and can't get thoughts out of my mind..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 13. I steal or lie..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 14. I have a hard time sitting still (or I have too much energy)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 15. I feel anxious or nervous..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 16. I talk with others in a friendly way..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 17. I am tense and easily startled (jumpy)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 18. I have trouble with wetting or messing my pants or bed..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 19. I physically fight with adults..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 20. I see, hear, or believe in things that are not real..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 21. I have hurt myself on purpose (for example cut, scratched.....
or attempted suicide) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 22. I use alcohol or drugs..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 23. I am disorganized (or I can't seem to get organized)..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 24. I enjoy my relationships with family and friends..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 25. I am sad or unhappy..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 26. I have pain or weakness in muscles or joints..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 27. I have a hard time trusting friends.....
family members, or other adults. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 28. I think that others are trying to hurt me even.....
when they are not | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 29. I have threatened to, or have run away from home..... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

30. My emotions are strong and change quickly..... 0 0 0 0 0

Youth Outcome Questionnaire (Y-OQ® 2.0 SR)

Name _____ Date _____

PURPOSE: The Y-OQ® 2.0 SR is designed to describe a wide range of troublesome situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.0 SR you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

- DIRECTIONS:**
- Read each statement carefully
 - Decide how true this statement is during the **past 7 days**.
 - Completely fill the circle that most accurately describes the past week.
 - Fill in only one answer for each statement and erase unwanted marks clearly.

Developed by
Gawain Wells, Ph.D.
Gary M. Burlingame, Ph.D. and
Michael J. Lambert, Ph.D.

© Copyright 1996 American
Professional Credentialing
Service, LLC.
All Rights Reserved. License
Required For All Uses

For More Information Contact:
OQ Measures, LLC
P.O. Box 521047
Salt Lake City, UT 84152

Toll-Free USA:
1-888-MH-SCORE
(1-888-647-2673)
Phone: (801) 649-4392
Fax: (801) 747-6900

2
Email:
INFO@OQMEASURES.COM

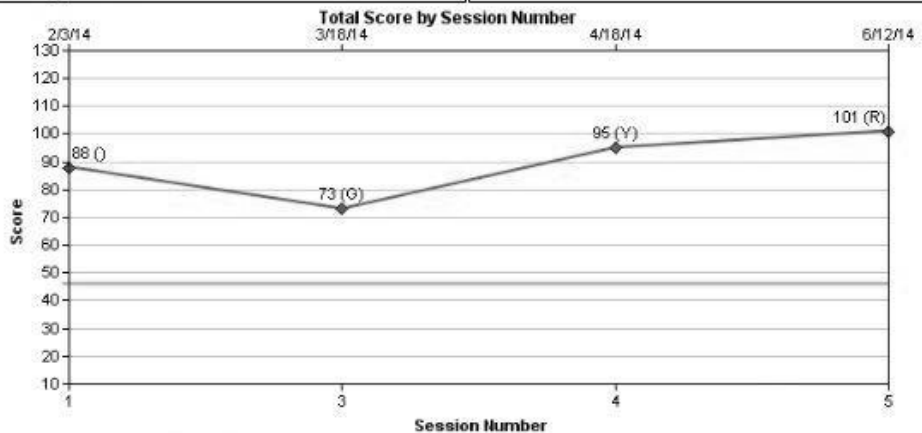
Website:

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
31. I break rules, laws, or don't meet others' expectations on purpose.....	0	0	0	0	0
32. I am happy with myself.....	0	0	0	0	0
33. I pout, cry, or feel sorry for myself more than others my age.....	0	0	0	0	0
34. I withdraw from my family and friends.....	0	0	0	0	0
35. My stomach hurts or I feel sick more than others my age.....	0	0	0	0	0
36. I don't have friends or keep friends very long.....	0	0	0	0	0
37. My parents or guardians don't approve of my friends.....	0	0	0	0	0
38. I think I can hear other people's thoughts or they can hear mine.....	0	0	0	0	0
39. I am involved in sexual behavior that my family would not approve of.....	0	0	0	0	0
40. I have a hard time waiting for my turn in activities or conversations.....	0	0	0	0	0
41. I think about suicide or feel I would be better off dead.....	0	0	0	0	0
42. I have nightmares, trouble getting to sleep, oversleeping, or waking up from sleep too early.....	0	0	0	0	0
43. I complain about or question rules, expectations or responsibilities.....	0	0	0	0	0
44. I have times of unusual happiness or excessive energy.....	0	0	0	0	0
45. I'm generally okay with frustration or boredom.....	0	0	0	0	0
46. I am afraid I am going crazy.....	0	0	0	0	0
47. I feel guilty when I do something wrong.....	0	0	0	0	0
48. I demand a lot from others or I am pushy.....	0	0	0	0	0
49. I feel irritated.....	0	0	0	0	0
50. I throw-up or feel sick to my stomach more than others my age.....	0	0	0	0	0
51. I get angry enough to threaten others.....	0	0	0	0	0
52. I get into trouble when I'm bored.....	0	0	0	0	0
53. I'm hopeful and positive.....	0	0	0	0	0
54. Muscles in my face, arms or body twitch or jerk.....	0	0	0	0	0
55. I destroy property on purpose.....	0	0	0	0	0
56. I have a hard time concentrating, thinking clearly, or sticking to tasks.....	0	0	0	0	0
57. I get down on myself and blame myself for things that go wrong.....	0	0	0	0	0
58. I have lost a lot of weight without being sick.....	0	0	0	0	0
59. I act without thinking and don't worry about what will happen.....	0	0	0	0	0
60. I am calm.....	0	0	0	0	0

- 61. I don't forgive myself for things I've done wrong.....
- 62. I don't have much energy.....
- 63. I feel like I don't have any friends, or that.....
no one likes me
- 64. I get frustrated or upset easily and give up.....

Sample

Name: C-Y-OQ Joshua, R ID: MRN0016 Session Date: 6/12/2014 Session: 5 Clinician: Clinician, Bob Clinic: Kearns Clinic Diagnosis: Unknown Diagnosis Completed by: Mother Instrument: YOQ®-2.0 Questionnaire Status: Valid	Alert Status: Red Most Recent Score: 101 Initial Score: 88 Change From Initial: Reliably Worse Current Distress Level: High Graph type: Total																																
Most Recent Critical Item Status: 12. Obsessive Thoughts: Sometimes 20. Hallucinations: Sometimes 21. Self Injurious Behavior: Never or Almost Never 22. Substance Abuse: Sometimes 28. Paranoia: Frequently 38. Delusions: Sometimes 41. Suicidal: Never or Almost Never 44. Hypomania: Sometimes 46. Fear of Going Crazy: Sometimes 51. Aggression: Sometimes 58. Eating Disorder: Sometimes	<table border="1"> <thead> <tr> <th>Subscales</th> <th>Current</th> <th>Output. Norm</th> <th>Comm. Norm</th> </tr> </thead> <tbody> <tr> <td>Intrapers. Distress:</td> <td>14</td> <td>26.4</td> <td>8.9</td> </tr> <tr> <td>Somatic:</td> <td>15</td> <td>7.8</td> <td>3.3</td> </tr> <tr> <td>Interpers. Relations:</td> <td>14</td> <td>10.4</td> <td>0.6</td> </tr> <tr> <td>Social Problems:</td> <td>17</td> <td>6.3</td> <td>0.7</td> </tr> <tr> <td>Behavioral Dys.:</td> <td>24</td> <td>20.1</td> <td>6.8</td> </tr> <tr> <td>Critical Items:</td> <td>17</td> <td>7.7</td> <td>3.0</td> </tr> <tr> <td>Total:</td> <td>101</td> <td>78.7</td> <td>23.3</td> </tr> </tbody> </table>	Subscales	Current	Output. Norm	Comm. Norm	Intrapers. Distress:	14	26.4	8.9	Somatic:	15	7.8	3.3	Interpers. Relations:	14	10.4	0.6	Social Problems:	17	6.3	0.7	Behavioral Dys.:	24	20.1	6.8	Critical Items:	17	7.7	3.0	Total:	101	78.7	23.3
Subscales	Current	Output. Norm	Comm. Norm																														
Intrapers. Distress:	14	26.4	8.9																														
Somatic:	15	7.8	3.3																														
Interpers. Relations:	14	10.4	0.6																														
Social Problems:	17	6.3	0.7																														
Behavioral Dys.:	24	20.1	6.8																														
Critical Items:	17	7.7	3.0																														
Total:	101	78.7	23.3																														



Graph Label Legend:

(R) = Red: High chance of negative outcome (Y) = Yellow: Some chance of negative outcome
 (G) = Green: Making expected progress (W) = White: Functioning in normal range

Session#:	1	3	4	5
Completed By:	Mother	Mother	Mother	Mother

Feedback Message:

The patient is not making the expected level of progress. Chances are they may drop out of treatment prematurely or have a negative treatment outcome. Steps should be taken to carefully review this case and identify reasons for poor progress. It may be helpful to assess the quality of the therapeutic alliance, the client's motivation, social support network, or decide upon a new course of action, such as referral for medication or intensification of treatment. The treatment plan may need to be reconsidered. The patient is clearly in need of further help but the treatment is not having the expected positive impact and is not likely to have a positive result unless a way is found to strengthen the impact of treatment.

REMINDER: THE USER IS SOLELY RESPONSIBLE FOR ANY AND ALL DECISIONS AFFECTING PATIENT CARE. THE OQA-A IS NOT A DIAGNOSTIC TOOL, AND SHOULD NOT BE USED AS SUCH. IT IS NOT A SUBSTITUTE FOR A MEDICAL OR PROFESSIONAL EVALUATION. RELIANCE ON THE OQA-A IS AT USER'S SOLE RISK AND RESPONSIBILITY. (SEE LICENSE FOR FULL STATEMENT OF RIGHTS, RESPONSIBILITIES & DISCLAIMERS)

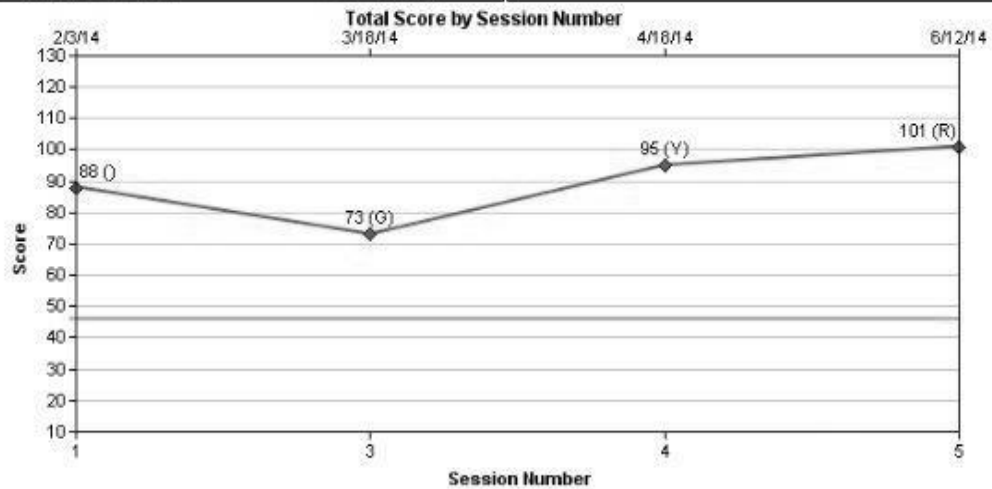
Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____	Date _____	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
<p>PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.</p> <p>DIRECTIONS:</p> <ul style="list-style-type: none"> ▪ Read each statement carefully ▪ Decide how true this statement is for your child during the past 7 days. ▪ Completely fill the circle that most accurately describes your child during the past week. ▪ Fill in only one answer for each statement and erase unwanted marks clearly. 	1. My child wants to be alone more than other children of the same age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	2. My child complains of dizziness or headaches.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	3. My child doesn't participate in activities that were previously enjoyable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	4. My child argues or is verbally disrespectful.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	5. My child is more fearful than other children of the same age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	6. My child cuts school or is truant.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	7. My child cooperates with rules and expectations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	8. My child has difficulty completing assignments, or completes them carelessly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	9. My child complains or whines about things being unfair.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	10. My child experiences trouble with her/his bowels, such as constipation or diarrhea	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	11. My child gets into physical fights with peers or family members.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	12. My child worries and can't get certain ideas off his/her mind.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	13. My child steals or lies.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	14. My child is fidgety, restless, or hyperactive.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	15. My child seems anxious or nervous.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	16. My child communicates in a pleasant and appropriate manner.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	17. My child seems tense, easily startled.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	18. My child soils or wets self.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	19. My child is aggressive toward adults.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	20. My child sees, hears, or believes things that are not real.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	21. My child has participated in self-harm (e.g. cutting or scratching self, attempting suicide)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	22. My child uses alcohol or drugs.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	23. My child seems unable to get organized.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	24. My child enjoys relationships with family and friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	25. My child appears sad or unhappy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	26. My child experiences pain or weakness in muscles or joints.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	27. My child has a negative, distrustful attitude toward friends, family members, or other adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	28. My child believes that others are trying to hurt him/her even when they are not	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	29. My child threatens to, or has run away from home.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	30. My child experiences rapidly changing and strong emotions.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____	Date _____	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
<p>PURPOSE: The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.</p> <p>DIRECTIONS:</p> <ul style="list-style-type: none"> • Read each statement carefully • Decide how true this statement is for your child during the past 7 days. • Completely fill the circle that most accurately describes your child during the past week. • Check only one answer for each statement and erase unwanted marks clearly. <p>Developed by Gary M. Burlingame, Ph.D., Gawsin Wells, Ph.D. and Michael J. Lambert, Ph.D.</p> <p>© Copyright 1996 American Professional Credentialing Services, LLC. All Rights Reserved. License Required For All Use.</p> <p>For More Information Contact: OQ Measures, LLC P.O. Box 521047 Salt Lake City, UT 84152</p> <p>Toll-Free USA: 1-888-MH-SCORE (1-888-647-2673) Phone: (801) 648-4392 Fax: (801) 747-6900</p> <p>Email: INFO@OQMEASURES.COM Website: WWW.OQMEASURES.COM</p>	31. My child deliberately breaks rules, laws, or expectations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	32. My child appears happy with her/himself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	33. My child sulks, pouts, or cries more than other children of the same age.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	34. My child pulls away from family or friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	35. My child complains of stomach pain or feeling sick more..... than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	36. My child doesn't have or keep friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	37. My child has friends of whom I don't approve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	38. My child believes that others can hear her/his thoughts..... or that s/he can hear the thoughts of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	39. My child engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse towards family members or others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	40. My child has difficulty waiting his/her turn in activities or conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	41. My child thinks about suicide, says s/he would be better..... off if s/he were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	42. My child complains of nightmares, difficulty getting to sleep,..... oversleeping, or waking up from sleep too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	43. My child complains about or challenges rules, expectations..... or responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	44. My child has times of unusual happiness or excessive energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	45. My child handles frustration or boredom appropriately.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	46. My child has fears of going crazy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	47. My child feels appropriate guilt for wrongdoing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	48. My child is unusually demanding.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	49. My child is irritable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	50. My child vomits or is nauseous more..... than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	51. My child becomes angry enough to be threatening to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	52. My child sometimes stir up trouble when bored.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	53. My child is appropriately hopeful and optimistic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	54. My child experiences twitching muscles or jerking movement..... in face, arms, or body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	55. My child has deliberately destroyed property.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	56. My child has difficulty concentrating, thinking clearly, or attending..... to tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	57. My child talks negatively, as though bad things were all his/her fault.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	58. My child has lost significant amounts of weight without medical reason.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	59. My child acts impulsively, without thinking of the consequences.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	60. My child is usually calm.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	61. My child will not forgive her/himself for past mistakes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	62. My child lacks energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	63. My child feels that he/she doesn't have any friends, or that..... no one likes him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	64. My child gets frustrated and gives up, or gets upset easily.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Name: C-Y-OQ, Joshua, R ID: MRN0016 Session Date: 6/12/2014 Session: 5 Clinician: Clinician, Bob Clinic: Kearns Clinic Diagnosis: Unknown Diagnosis Completed by: Mother Instrument: YOQ®-2.0 Questionnaire Status: Valid	Alert Status: Red Most Recent Score: 101 Initial Score: 88 Change From Initial: Reliably Worse Current Distress Level: High Graph type: Total																																
Most Recent Critical Item Status: 12. Obsessive Thoughts Sometimes 20. Hallucinations Sometimes 21. Self Injurious Behavior Never or Almost Never 22. Substance Abuse Sometimes 28. Paranoia Frequently 38. Delusions Sometimes 41. Suicidal Never or Almost Never 44. Hypomania Sometimes 46. Fear of Going Crazy Sometimes 51. Aggression Sometimes 58. Eating Disorder Sometimes	<table border="1"> <thead> <tr> <th>Subscales</th> <th>Current</th> <th>Output. Norm</th> <th>Comm. Norm</th> </tr> </thead> <tbody> <tr> <td>Intrapers. Distress:</td> <td>14</td> <td>26.4</td> <td>8.9</td> </tr> <tr> <td>Somatic:</td> <td>15</td> <td>7.8</td> <td>3.3</td> </tr> <tr> <td>Interpers. Relations:</td> <td>14</td> <td>10.4</td> <td>0.6</td> </tr> <tr> <td>Social Problems:</td> <td>17</td> <td>6.3</td> <td>0.7</td> </tr> <tr> <td>Behavioral Dys.:</td> <td>24</td> <td>20.1</td> <td>6.8</td> </tr> <tr> <td>Critical Items:</td> <td>17</td> <td>7.7</td> <td>3.0</td> </tr> <tr> <td>Total:</td> <td>101</td> <td>78.7</td> <td>23.3</td> </tr> </tbody> </table>	Subscales	Current	Output. Norm	Comm. Norm	Intrapers. Distress:	14	26.4	8.9	Somatic:	15	7.8	3.3	Interpers. Relations:	14	10.4	0.6	Social Problems:	17	6.3	0.7	Behavioral Dys.:	24	20.1	6.8	Critical Items:	17	7.7	3.0	Total:	101	78.7	23.3
Subscales	Current	Output. Norm	Comm. Norm																														
Intrapers. Distress:	14	26.4	8.9																														
Somatic:	15	7.8	3.3																														
Interpers. Relations:	14	10.4	0.6																														
Social Problems:	17	6.3	0.7																														
Behavioral Dys.:	24	20.1	6.8																														
Critical Items:	17	7.7	3.0																														
Total:	101	78.7	23.3																														



Graph Label Legend:

(R) = Red: High chance of negative outcome (Y) = Yellow: Some chance of negative outcome
 (G) = Green: Making expected progress (W) = White: Functioning in normal range

Session#:	1	3	4	5
Completed By:	Mother	Mother	Mother	Mother

Feedback Message:

The patient is not making the expected level of progress. Chances are they may drop out of treatment prematurely or have a negative treatment outcome. Steps should be taken to carefully review this case and identify reasons for poor progress. It may be helpful to assess the quality of the therapeutic alliance, the client's motivation, social support network, or decide upon a new course of action, such as referral for medication or intensification of treatment. The treatment plan may need to be reconsidered. The patient is clearly in need of further help but the treatment is not having the expected positive impact and is not likely to have a positive result unless a way is found to strengthen the impact of treatment.

REMINDER: THE USER IS SOLELY RESPONSIBLE FOR ANY AND ALL DECISIONS AFFECTING PATIENT CARE. THE OQ®-A IS NOT A DIAGNOSTIC TOOL AND SHOULD NOT BE USED AS SUCH. IT IS NOT A SUBSTITUTE FOR A MEDICAL OR PROFESSIONAL EVALUATION. RELIANCE ON THE OQ®-A IS AT USER'S SOLE RISK AND RESPONSIBILITY. (SEE LICENSE FOR FULL STATEMENT OF RIGHTS, RESPONSIBILITIES & DISCLAIMERS)

APPENDIX F

CLASS OBSERVATION FORMS

Class Observation Form

Class Date and Time: _____

Instructor: _____

Rider: _____

Volunteers: _____

Rider: _____

Volunteers: _____

Rider: _____

Volunteers: _____

Rider: _____

Volunteers: _____

Observer Name: _____

Class Prep: Disabilities of riders: _____

___ Check progress notes (record type of mount, what they have been working on, and what type of rider they are- independent, developmental, SCI, sports/rec, etc, and how much support they need) Also add any other information you think is important (seizures, behavior, etc)

15 Minutes before lesson:

___ Is tack on white board?

___ Are the horses in stalls?

___ Are the volunteers there and checking in? If not, start prepping horses

___ Is there a written lesson plan?

___ Is the arena prep done? Anything to set up?

___ After the horses are tacked up, are the leaders warming them up in the arena? Did the instructor check with the leaders to get a report on the horses' moods, issues?

___ Is tack properly adjusted on each horse? Do the horses have correct tack? Check stirrup length/ white board

___ Have the volunteers been prepped on the days activities/duties? Make their roles clear! If there is a substitute, have you prepped them on the rider/horse they are working with?

When the Riders arrive:

___ Greet riders

___ Check/aid with helmet fit

___ Bathroom reminder

___ Riders with seizures- check in with guardians: have they had any today? Any behavior to be aware of?

___ Did riders assist with grooming/ tacking? What kind of supervision did they need?

___ Have sidewalkers come in and help with stretching

___ Any adaptive equipment needed? Gait belts? Lift?

When the horses and riders are ready:

___ Bring everyone safely into arena (horses should already be in there, unless using mounting ramp)

___ Girth check, have sidewalkers wait with riders along the wall if necessary

Mounting

___ Certain order? Why or why not (behavior or physical reasons)

___ Mounting type: How much help is required for each rider and in what capacity

___ Is there an activity for the unmounted riders to perform while waiting?

Once mounted

___ If safety cones were moved from mounting area, were they put back?

___ Complete second girth check, adjust stirrups as necessary (make sure safety stirrups are adjusted properly, use elastic bands if they don't have the correct footwear)

___ Is there an activity for the mounted riders to perform while rest of class is mounted?

___ Review last week's lesson: what was it?

___ Introduce today's lesson: what is it? What will the goals be?

___ Was main focus on horse or were they talking to the rider when not appropriate?

Instructor Eval

___ Were the "how's and why's" explained throughout the lesson?

___ Were they aware of all riders throughout the lesson? Checking if they were centered?

___ Did they talk too much? Too little? For these riders, would you talk more or less than typically in a lesson and why?

Cool Down/Dismount

___ Is there a certain order to dismount riders in? Why?

___ Cool down lap, todays lesson discussed briefly

___ How were they dismounted?

___ Did riders help untack if appropriate?

___ Tack put away? Manure cleaned up? Aisle swept? Did volunteers understand their roles after class? If not, what do we need to remind them of next week?

___ Thanked volunteers?

___ Did instructors write tack changes in RED binder?

___ Check for saddle sores or rubbing, hoofs, "horse check after class"

___ Asked volunteers how their horses (Leaders) and participants (side walker) did. Anything you need to be made aware of? Did the instructor ask them for feedback on how it went?

___ Progress notes filled out?

___ Was main focus on horse or were they talking to the rider when not appropriate?

Instructor Eval

___ Were the "how's and why's" explained throughout the lesson?

___ Were they aware of all riders throughout the lesson? Checking if they were centered?

___ Did they talk too much? Too little? For these riders, would you talk more or less than typically in a lesson and why?

Cool Down/Dismount

___ Is there a certain order to dismount riders in? Why?

___ Cool down lap, todays lesson discussed briefly

___ How were they dismounted?

___ Did riders help untack if appropriate?

___ Tack put away? Manure cleaned up? Aisle swept? Did volunteers understand their roles after class? If not, what do we need to remind them of next week?

___ Thanked volunteers?

___ Did instructors write tack changes in RED binder?

___ Check for saddle sores or rubbing, hoofs, "horse check after class"

___ Asked volunteers how their horses (Leaders) and participants (side walker) did. Anything you need to be made aware of? Did the instructor ask them for feedback on how it went?

___ Progress notes filled out?

(Eagle Mount, 2014)

Disclaimer: This program chose to be cited for the materials referenced to in this study.

APPENDIX G

EQUINE ASSESSMENT FORMS

HORSE REPORT

- BAD**
- UNUSUAL**
- OTHER**

DATE: _____

TIME: _____

INSTRUCTOR: _____

HORSE'S NAME: _____

WHAT HAPPENED: _____

ANY SUGGESTIONS? _____

STAFF SIGNATURE _____

(Eagle Mount, 2014)

Disclaimer: This program chose to be cited for the materials referenced to in this study.

Date: _____ Leader: _____ Horse: _____

Relaxed/Not relaxed walked fast/normal/lazy stood still/got fidgety calm/agitated nippy/respectful

General Comments and Concerns: _____

(Eagle Mount, 2014)

Disclaimer: This program chose to be cited for the materials referenced to in this study.

APPENDIX H

INTERNAL REVIEW BOARD APPROVAL



INSTITUTIONAL REVIEW BOARD
For the Protection of Human Subjects
FWA 00000165

960 Technology Blvd. Room 127
 c/o Immunology & Infectious Diseases
 Montana State University
 Bozeman, MT 59718
 Telephone: 406-994-6783
 FAX: 406-994-4303
 E-mail: cherylj@montana.edu

Chair: Mark Quinn
 406-994-5721
 mquinn@montana.edu
Administrator:
 Cheryl Johnson
 406-994-6783
 cherylj@montana.edu

MEMORANDUM

TO: Amy Prechter and Shannon Arnold
FROM: Mark Quinn, Chair *Mark Quinn cy*
DATE: March 27, 2014
RE: *"An Assessment of Equine Assisted Learning and Equine Facilitated Learning Programs in Montana"*
 [AP032714-EX]

The above research, described in your submission of March 27, 2014, is exempt from the requirement of review by the Institutional Review Board in accordance with the Code of Federal regulations, Part 46, section 101. The specific paragraph which applies to your research is:

- (b) (1) Research conducted in established or commonly accepted educational settings, involving normal educational practices such as (i) research on regular and special education instructional strategies, or (ii) research on the effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods.
- (b) (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.
- (b) (3) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior that is not exempt under paragraph (b)(2) of this section, if: (i) the human subjects are elected or appointed public officials or candidates for public office; or (ii) federal statute(s) without exception that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
- (b) (4) Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens, if these sources are publicly available, or if the information is recorded by the investigator in such a manner that the subjects cannot be identified, directly or through identifiers linked to the subjects.
- (b) (5) Research and demonstration projects, which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.
- (b) (6) Taste and food quality evaluation and consumer acceptance studies, (i) if wholesome foods without additives are consumed, or (ii) if a food is consumed that contains a food ingredient at or below the level and for a use found to be safe, or agricultural chemical or environmental contaminant at or below the level found to be safe, by the FDA, or approved by the EPA, or the Food Safety and Inspection Service of the USDA.

Although review by the Institutional Review Board is not required for the above research, the Committee will be glad to review it. If you wish a review and committee approval, please submit 3 copies of the usual application form and it will be processed by expedited review.

APPENDIX I

INFORMED CONSENT FORM



Division of Agricultural Education
 230 Linfield Hall
 P.O. Box 172830
 Bozeman, MT 59717-3740
 Telephone: (406) 994-6663
 FAX: (406) 994-6696

**SUBJECT CONSENT FORM FOR PARTICIPATION IN HUMAN RESEARCH
 AT MONTANA STATE UNIVERSITY**

Project Title: An Assessment of Equine Assisted Learning and Equine Facilitated Learning Programs in Montana.

You are being asked to participate in a study exploring the programming of Equine Assisted Learning (EAL) and Equine Facilitated Learning (EFL) programs in Montana. You have been chosen for participation in this study because you are currently involved in EAL/EFL programming and are located within the study area. You will participate in one voluntary interview which will be conducted face-to-face. The interview should take between 30-60 minutes to complete and will be recorded. You will also be asked if researcher can observe two live EAP/EFL or EAL/EFL program sessions for additional data to supplement the study. Researcher will also ask participant to voluntarily provide any unobtrusive documents on the program.

The study is completely voluntary. If you agree to participate, your responses will be anonymous and confidential. If you elect to participate in this study, you will be asked a series of questions during a single interview process. The interview will take between 30-60 minutes to complete.

There are no risks beyond the minimal associated with your participation in this study. The survey answers will be used to achieve insight into the needs of EAL/EFL programming in Montana. Results of this study will be used to guide development of educational resources to better meet the needs of all EAL/EFL programs in Montana.

If you have questions regarding this research, the data collection or analysis process, or plans for dissemination of results, you may contact Amy Prechter at (530) 263-3433, or e-mail: amy.prechter@ecat.montana.edu or Dr. Shannon Arnold at (406) 994-6663, or email: Shannon.arnold@montana.edu. If you have questions or concerns about your rights as a human subject involved in this research, you may contact Dr. Mark Quinn, Institutional Review Board Chairperson, at (406) 994-4707, or email: mquinn@montana.edu.

AUTHORIZATION: I have read the above and understand the discomforts, inconvenience and risk of this study. I, _____ (*name of subject*), agree to participate in this research. I understand that I may later refuse to participate, and that I may withdraw from the study at any time. I have received a copy of this consent form for my own records.

Signed: _____

Investigator: _____

Date: _____

APPROVED
MSU IRB
03/27/2014
 Date approved