



Welcome to the first virtual PATH Intl. Annual Meeting and Opening Panel on Optimal Terminology. Before we begin, we have a few words from two of our sponsors.

Welcome everyone. We have over XXX signed up for today's broadcast so thank you for making time in your schedule to join us today. Should you need to step away at anytime both the Terminology Panel and Annual Meeting will be recorded and available on our website within the next few days.

Before we begin, we like to get an idea of who is on the call today. Devon is putting up a poll asking you what your role in Equine-assisted Services is.

As you answer the poll, I'll give a quick review of today's agenda:

10:00am - 11:00am MST Optimal Terminology  
Consensus Panel.

11:00am - 12:00pm MST Annual Meeting

12:00pm - 1:00pm Networking

There will be a very brief 3-minute transition break between the panel and the annual meeting as we switch presenters which provides you time to refill your beverage of choice and stretch.

Please enter any of your questions in the question section located on the pop-up. We have two staff members, Bret Maceyak Director of Credentialing and Marsha Anderson Regional Conference Coordinator that will be monitoring those questions and we will do our best to get all your questions addressed during the respective presentations. If we don't get to all of your questions, rest assured that we will follow up after the meeting. There will also be a networking breakout session focused on the Optimal Terminology following the annual meeting. The link to that session can be found in the handout section located just under the question area in the Networking Zoom Links document. In addition to that document, you

will also find the Terminology Panel Bios that can be downloaded, as well as other documents I will reference during the annual meeting.

Since we can't all be together in person this year, we will be launching a few polls throughout the sessions so everyone can learn a little about who is hanging out with us today so please participate in them.

Lastly, after the Annual Meeting there is an option to join of one of five networking sessions. Please reference the document titled "Networking Zoom Links" in the handout section to locate the specific Zoom links for the different discussions.

(see Poll in menu) Poll results

Looks like we have....on the call.

And now it is my pleasure to introduce our facilitator for today's panel. We're very fortunate to have Dr Margaret Harrell moderating. In addition to her current role as Chief Program Officer at the Bob Woodruff Foundation, she has a career of research behind her, and was also a senior appointee of the Obama administration. So she brings the multiple perspectives of funder, researcher, and policy maker.

Meg, thank you for the support of you and the Bob Woodruff Foundation and for agreeing to facilitate this panel.

# Optimal Terminology: The Consensus-Building Process and Its Resulting Recommendations

**Funded by the Bob Woodruff Foundation**



Meg

First of all, thank you to our impressive panelists and to everyone who has tuned in for this important panel.

I'd like to begin by introducing the panel members. I have with me today:

Kathy Alm, Chief Executive Officer of the Professional Association of Therapeutic Horsemanship International

Debbie Anderson, PATH Intl. Certified Therapeutic Riding Instructor and Equine Specialist in Mental

Health and Learning, HorseWork Master Trainer, E3A Corporate trainer, and Founder & CEO of Strides to Success

Joann Benjamin, Physical Therapist and Hippotherapy Clinical Specialist, representing the American Hippotherapy Association

Michele Kane, a retired Major in the Marines, who is currently the Veteran's Program Coordinator at Hearts & Horses, Inc

Lissa Pohl, representing the University of Kentucky, and the Equine Experiential Education Association.

Lynn Thomas, Licensed Clinical Social Worker, Chief Executive Officer of the Equine Assisted Growing and Learning Association

Dr. Wendy Wood, Professor of Animal Sciences and Occupational Therapy and Director of Research at the Temple Grandin Equine Center, of the Colorado State University

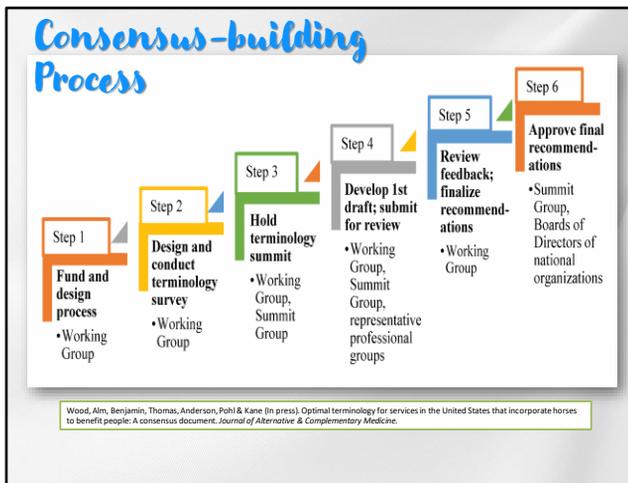
I am Meg Harrell, and I am the Chief Program Officer at the Bob Woodruff Foundation, where we grant to best-in-class evidence-based programs that serve the military/veteran population. Several years ago, we saw an upswing in the number of applications we were receiving from programs with equines to address PTSD. However, we didn't know the evidence base for these programs, or how to identify best-in-class.

We partnered with PATH International to host a convening of experts in August 2017. We gathered in upstate New York to discuss the science and evidence base and how to discern the best programs. Over the weekend, participants used the same language to describe different interventions, and different language to describe the same interventions. And this mixture of terminology made it clear that research could not accurately compare and distinguish between programs to build a robust evidence base. Nor could consumers understand the programs available to them.

That was the precursor of where we sit today. Over the intervening years, we've been honored to fund the subsequent effort, through PATH Int'l, to convene a group of experts to roll up their sleeves to identify and agree to optimal terminology. I'm so proud to be here with some of those experts today.

The panel is going to provide a high-level presentation on both the consensus building process and the results.

Dr. Wendy Wood will start us off.



Wendy

To our knowledge, the consensus-building process I will next briefly describe is the most inclusive, sustained, systematic, and comprehensive effort yet to be undertaken in the United States to address problems of imprecise and unclear terminology pertaining to services that incorporate horses to benefit people. We are very pleased that this process has now culminated in a soon-to-be-published article that details all resulting terminology recommendations and their supporting rationales. The consensus-building process was **inclusive, sustained, systematic and comprehensive** because it followed these six progressive steps over a two-year period of time:

**STEP ONE.** In 2018, PATH International obtained funding from the Bob Woodruff Foundation to support the consensus-building process and convened a working group of five leaders (today’s panelists and authors on the article).

**STEP TWO.** The working group developed and distributed a national survey to ascertain how stakeholders perceived the relative usefulness of prominently used terms.

To develop the survey, the group assembled a comprehensive list of commonly used terms from websites of 17 relevant national organizations and from over 150 relevant books and peer-reviewed journal articles published since 1980.

16,156 online surveys were distributed to members of the American Hippotherapy Association, Inc., Equine Experiential Education Association (E3A), Eagala, Equus Foundation, and PATH Intl, in addition to approximately 500 recipients of services, their parents or caregivers. In total, 1,745 completed and useable surveys were returned and analyzed.

**STEP THREE.** Guided by survey findings, the working group planned a professionally facilitated two-and-a-half-day terminology summit.

Members of the working group plus ten other individuals with extensive experiences and perspectives participated in the this summit.

By the summit’s conclusion, the group had produced an initial framework of recommendations.

**STEPS FOUR, FIVE, and SIX.** These steps involved development, multiple reviews and revisions, and approvals of

all terminology recommendations.

Briefly, during step four, and guided by the initial framework, the working group developed a first draft of recommendations. Other summit attendees approved this draft as suitable for further review by leaders and board members of the aforementioned organizations.

During step five, the working group considered all received reviews and finalized terminology recommendations accordingly.

During step six, the working group submitted final recommendations to other summit attendees for their approval or disapproval, and the Boards of Directors of national organizations involved in the consensus-building process, in addition to American Horse Council, Certified Horsemanship Association, and Horses and Humans Research Foundation.

Ultimately, this process culminated in widespread endorsement of recommendations to adopt specific optimal terminology and to discontinue uses of specific problematic terms.

The Optimal Terminology consensus document will be published in the Journal of Alternative and Complementary Medicine soon.

We next present these specific terminology recommendations.



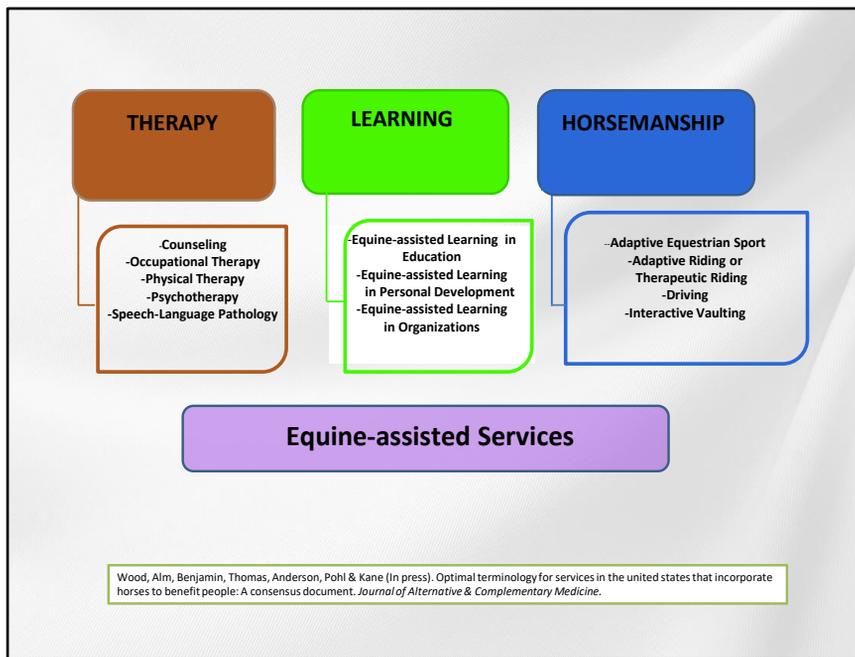
Michele

Equine-assisted services (EAS) is recommended as an optimal unifying term to refer to multiple services in which professionals incorporate horses and other equines to benefit people. *Services* refer to work done for, or on behalf of others. *Unifying* is defined in a manner that identifies the common thread that 12 otherwise different types of services share. Most contributors to the consensus-building process believed that this concise shorthand term was necessary both to refer to multiple services that incorporate horses and other equines, and to help diverse professionals who provide varied services collaborate, discuss, and resolve

common issues. Furthermore, in the absence of recommending EAS, uses of alternative terms that have shown to be problematic would have continued usage. *Optimal* thus refers to the succinctness and accuracy of EAS, which was deemed superior to other terms. Lastly, EAS is intentionally plural because its function is to serve as an efficient shorthand for referring to at least two or more services.

Although any one distinct service constitutes a type of equine-assisted services, clarity and precision would require that this service be named and marketed, not as an equine-assisted service, but rather by using the most appropriate optimal terminology next presented (e.g., physical therapy, equine-assisted learning for organizations, driving).

Next slide



Joann –

Drawn from results of the survey and discussions at the summit, a structure was developed as outlined in the figure. There are 3 distinct industries identified that may incorporate horses to benefit people.

Therapy or Healthcare encompasses medical and behavioral health. There are 5 licensed professional disciplines including Counseling, OT, PT, Psychotherapy and SLP.

Within the Learning industry is the establishment of 3 areas: EAL in education, EAL in personal development and EAL in organizations.

The horsemanship or equine industry takes existing disciplines such as riding, driving and vaulting and delineates areas of adaptive equestrian sport, adaptive riding or therapeutic riding, driving and interactive vaulting.

The paper identifies that the professionals working in these established industries have distinct training and possible licensing or certification. Beyond that, these professionals have sought out continuing education to be able to bring horses and people together safely and effectively within their work.

The term EAS is used to refer to more than one service at a time. This might happen when discussing common issues or interests that are shared such as the training of volunteers or the retirement of horses. Note that EAS is not sitting on top. It is not intended as an over arching term but as a unifying term. It is always most accurate and descriptive to speak about the individual service.

The American Hippotherapy Association has not endorsed use of the term EAS for therapy in order to avoid potential confusion.

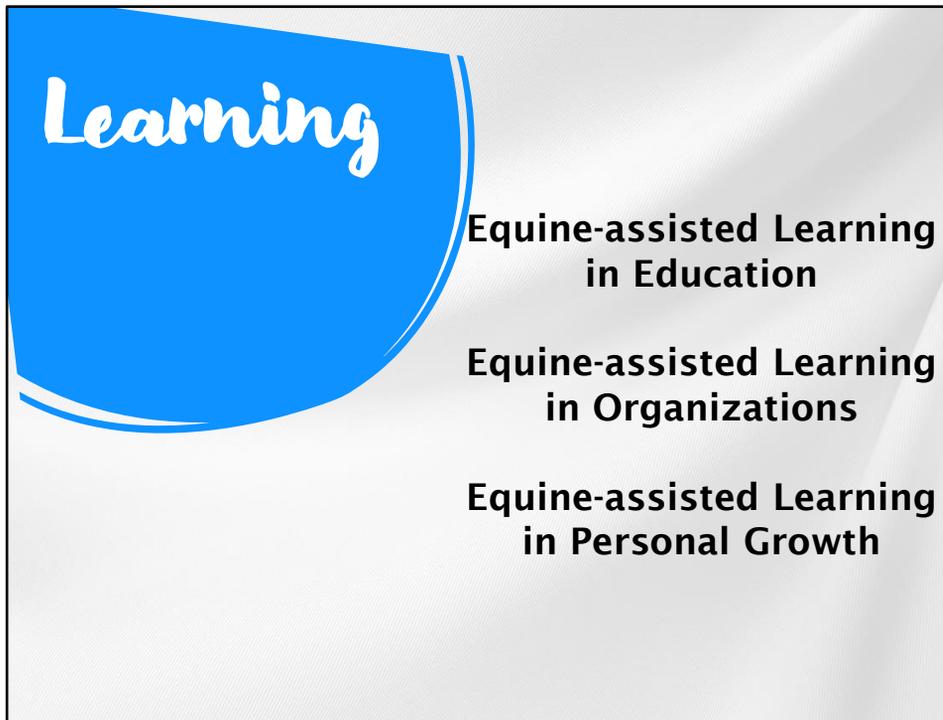


Lynn

The therapy area references services that are delivered by licensed therapy professionals within their scope of practice. Specific therapies, treatments or interventions may incorporate horses to address medical, cognitive, or behavioral health conditions as part of the individualized plan of care.

This section describes the value and importance of **using therapy-first language, and to precisely identify the type of therapy being provided. Some examples, these are not limited to, may include: physical therapy using equine movement, psychotherapy incorporating horses, or occupational therapy in an equine environment.**

Therapy first language clearly and accurately identifies that a professional therapy service is being provided and in which the choice to incorporate horses through their movement, environment or relationship, may be one part of an overall treatment plan. There is not a different stand-alone therapy involving horses. Referrals and billing are made to the professional therapy: namely counseling, occupational therapy, physical therapy, psychotherapy or speech-language pathology.



Debbie

Equine Assisted Learning is a broad term that host three distinct services, EAL in Education, EAL in Organizations and EAL in Personal Growth.

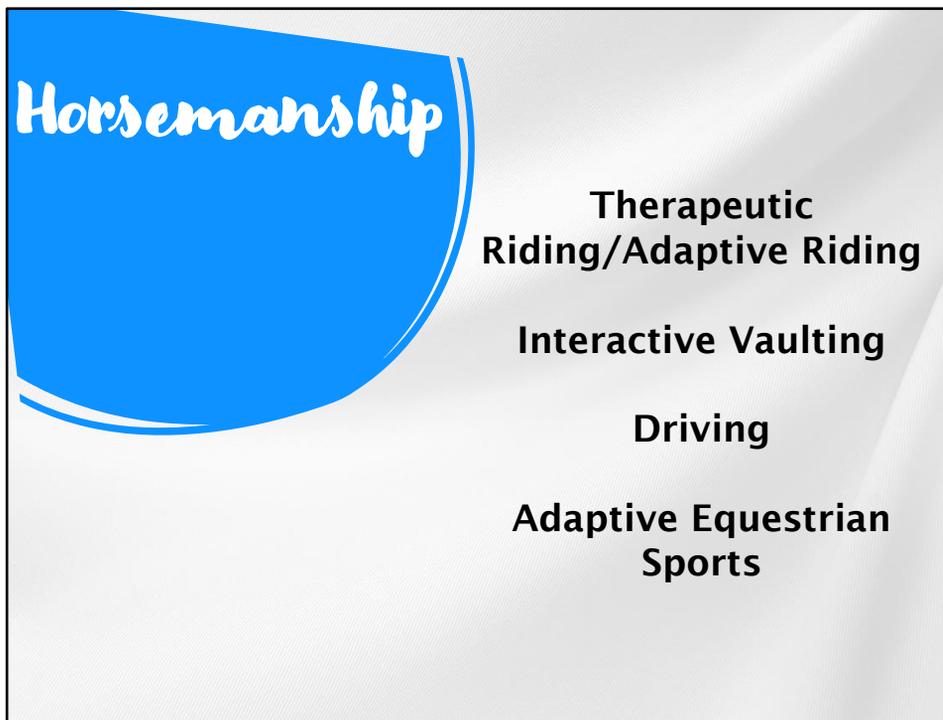
These services are non-therapy services and are delivered by specially trained or certified professionals. **these**

**professionals *must* possess appropriate training, experience, and skill in facilitating the particular content of the learning service.**

**In addition, the professional must have**

extensive knowledge of horse behavior and handling, knowledge of human-horse relationships, and the ability to design experiential learning activities involving horses.

Qualified professionals can facilitate the outcomes of the learning activities to promote valuable life skills and personal growth that provide benefits to the client. EAL activities can involve interactions with horses, can be mounted unmounted activities and can include the equine environment.



Kathy

This area references non-therapy services delivered by specially trained or certified professionals whose primary area of expertise is in the discipline of horsemanship (including, but not limited to, riding instruction) in which the primary goal is to provide access to the benefits of horsemanship for individuals or groups with a variety of special needs, specific conditions, diagnoses, and/or disabilities.

These are: Therapeutic riding or Adaptive riding, interactive vaulting, driving, or adaptive equestrian sports.

There was much discussion about the terms therapeutic riding and adaptive riding. They appear to be used interchangeably by 50% of the survey respondents and those 50% that thought they were different didn't significantly differentiate in the definitions they chose other than to show those that want to emphasize the natural therapeutic value of riding choose therapeutic riding and those that want to differentiate more clearly between therapy and riding activities choose Adaptive riding. Adaptive riding is a more recent term and consistent with terms in other adaptive sports whereas therapeutic riding is well-recognized and has been used for more than half a century and here and internationally

## Terms Recommended for Discontinuation

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- Equine Therapy
- Equine-assisted Activities and Therapies
- Equine-assisted Therapy
- Equestrian Therapy
- Hippotherapist
- Hippotherapy Program
- Horse Therapy
- Therapy Riding

Michele

These terms were found to be problematic as they don't specifically describe the type of service provided and contribute to the current confusion.

Equine therapy, Equestrian therapy and Horse therapy are especially problematic because it names something that doesn't exist, is not specific to the type of service being provided

# Summary

Meg

Those are the highlights from the soon to be published Optimal Terminology paper. This is the first step, a guide for organizations and individuals to promote consistent terminology that reduces confusion for consumers, researchers and funders. The panel will now address questions. I'm going to begin with a few, but I'll leave time for audience questions. Please type your questions into the "question" field. Note that it's different from the "chat" field.

Kathy – stop share and go to next slide



Introduce Kim