

Date: November 22, 2013

To: DHS/DLTC

From: Wisconsin Department of Health Services Autism and/or other  
Developmental Disabilities Treatment Intervention Advisory Committee  
(TIAC); Lana Collet-Klingenberg, Ph.D. (chairperson) *LCK*

RE: Equine-Assisted Psychotherapy

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Please find below a statement of our determination as to whether or not the committee views Equine-Assisted Psychotherapy as a proven and effective treatment for children with autism spectrum disorders and other developmental disabilities. Following this page you will find documentation of our review process including a description of the proposed treatment, a synopsis of review findings, a listing of literature considered, and the treatment review evidence checklist. In reviewing treatments presented to us by DHS/DLTC, we implement a review process that carefully and fully considers all available information regarding a proposed treatment. Our determination is limited to a statement regarding how established a practice is in regard to quality research. We do not make funding decisions.

In the case of Equine-Assisted Psychotherapy, the committee's conclusion is as follows:

The current review was completed in two phases, in order to consider the term "equine-assisted psychotherapy" as an exclusive search term, distinct from broader equine-assisted activities, as well as within the larger context of equine-assisted activities (i.e., therapeutic riding, hippotherapy). Frewin and Gardiner (2005) describe equine-assisted psychotherapy as a "psychotherapeutic program or session that includes the use of a horse as part of the therapeutic team", and explains that "the practice falls broadly into the category of animal-assisted therapies. The American Hippotherapy Association (AHA) does not however, make reference to the term "psychotherapy" in its published works, and defines the equine-assisted therapeutic session from a physio, neuro-muscular context. According to the Equine Assisted Growth and Learning Association (EAGALA), "Equine Assisted Psychotherapy (EAP) incorporates horses experientially for emotional growth and learning. It is a collaborative effort between a licensed therapist and a horse professional working with the clients and horses to address treatment goals." The Professional Association of Therapeutic Horsemanship International (PATH Intl.) offers a for-purchase manual for establishing a program of equine-assisted psychotherapy, but this was not referenced or (ostensibly) followed in any of the published literature or experimental studies reviewed. Further, there is no clear distinction or definition of the "therapist" between these associated terms. The AHA

explains that speech, physical, and/or occupational therapists are trained to provide hippotherapy-based sessions, in conjunction with a trained “horse handler” or someone with expertise in handling horses. No citations or resources could be located that defined the training or designation of the “therapist” in the application of equine-assisted psychotherapy, or associated psycho-social outcomes that may differ from sensory or motor, as described with hippotherapy. It is assumed that the “therapist” would have a background in psychology and/or counseling or social work to apply a “psychotherapeutic” intervention, however no clear description of such was found. There is very little in the published literature that clearly distinguishes defining associated terms. While equine-assisted (or -facilitated) psychotherapy is referenced in specific articles as a specialized form of psychotherapy, distinct from other equine-assisted activities, many of the same articles identify terms related to “equine-assisted psychotherapy” to include “equine-assisted therapy, equine-assisted learning, therapeutic riding, and hippotherapy” (Lentini & Knox, 2009; EAGALA, n.d.).

In sum, there is little to no empirical research to support the use of Equine-Assisted Psychotherapy as an evidence-based treatment for Autism and/or developmental disabilities at this time. There are two published studies that investigate the use of equine-assisted activities with children with Autism (Bass & Duchowny, 2009; Kern, et al, 2011). There are currently no published experimental studies to investigate impacts on children with Autism using the specific term, “equine-assisted psychotherapy”. Further, there is no identifiable procedural manual, or means for assuring consistency or fidelity of implementation, nor is there a clear definition of the training or professional disposition of the “therapist”. A review by the Association for Science in Autism Treatment (2010) found succinctly, that “there have been no scientific studies of animal therapy for individuals with autism spectrum disorders”. The two studies identified in this review reported encouraging outcomes, however in both studies, dependent variables were poorly defined and methods lacked scientific rigor. Further research in this area is recommended, using clearly identifiable procedures, clearly defined dependent variables and rigorous experimental designs.

The committee concludes that there is **insufficient evidence** to support the use of Equine-Assisted Psychotherapy with ASD/DD populations at this time.

Supporting documentation follows:

Rationale for Focus on Research Specific to Comprehensive Treatment Packages  
Description of Proposed Treatment

In the professional literature, there are two classifications of interventions for individuals with Autism Spectrum Disorder (National Research Council, 2001; Odom et al., 2003; Rogers & Vismara, 2008):

(a) **Focused intervention techniques** are individual practices or strategies (such as positive reinforcement) designed to produce a specific behavioral or developmental outcome.

(b) **Comprehensive treatment models** are “packages” or programs that consist of a set of practices or multiple techniques designed to achieve a broader learning or developmental impact.

To determine whether a treatment package is proven and effective, the Treatment Intervention Advisory Committee (TIAC) will adopt the following perspective as recommended by Odom et al. (2010):

The individual, focused intervention techniques that make up a comprehensive treatment model may be evidence-based. The research supporting the effectiveness of separate, individual components, however, does *not* constitute an evaluation of the comprehensive treatment model or “package.” The TIAC will consider and review only research that has evaluated the efficacy of implementing the comprehensive treatment *as a package*. Such packages are most often identifiable in the literature by a consistently used name or label.

National Research Council. (2001). *Educating children with autism*. Washington, DC: National Academy Press.

Odom, S. L., Brown, W. H., Frey, T., Karusu, N., Smith-Carter, L., & Strain, P. (2003) Evidence-based practices for young children with autism: Evidence from single-subject research design. *Focus on Autism and Other Developmental Disabilities, 18*, 176-181.

Odom, S. L., Boyd, B. A., Hall, L. J., & Hume, K. (2010). Evaluation of comprehensive treatment models for individuals with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders, 40*, 425-436.

Rogers, S., & Vismara, L. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*, 8-38.

### Description of Proposed Treatment and Synopsis of Review

The Equine Assisted Growth and Learning Association (EAGALA) defines Equine Assisted Psychotherapy (EAP) as “incorporat[ing] horses experientially for emotional growth and learning. It is a collaborative effort between a licensed therapist and a horse professional working with the clients and horses to address treatment goals. Because of its intensity and effectiveness, it is considered a short-term, or “brief” approach.” Frewin and Gardiner(2005), describe it as, “a psychotherapeutic program or session that includes the use of a horse as part of the therapeutic team” and consider it a subset of the broader term “animal assisted therapies”. The American Hippotherapy Association (AHA) describes equine-assisted therapy as a physical, occupational, and speech-language therapy treatment

strategy that utilizes equine movement as part of an integrated intervention program to achieve functional outcomes. Equine movement provides multidimensional movement, which is variable, rhythmic and repetitive. The horse provides a dynamic base of support, making it an excellent tool for increasing trunk strength and control, balance, building overall postural strength and endurance, addressing weight bearing, and motor planning.”

### Literature Reviewed

- American Hippotherapy Association (AHA). (2010). Hippotherapy as a treatment strategy. Retrieved from <http://www.americanhippotherapyassociation.org/hippotherapy/hippotherapy-as-a-treatment-strategy/> on November 15, 2013.
- Bass, M.M., Duchowny, C.A., & Llabre, M.M. (2009). The effect of therapeutic horseback riding on social functioning in children with autism. *Journal of Autism and Developmental Disorders*, 39, 1261-1267.
- Equine Assisted Growth and Learning Association (EAGALA). (2010). Retrieved from <http://www.eagala.org/> on November 15, 2013.
- Frewin, K., & Gardiner, B. (2005). New age or old sage? A review of equine assisted psychotherapy. *The Australian Journal of Counseling Psychology*, 6, 13-17.
- Karol, J. (2007). Applying a traditional individual therapy model to equine-assisted psychotherapy (EFP): Theory and methods. *Child and Clinical Psychology and Psychiatry*, 12, 77-90.
- Kern, J.K., Fletcher, C.L., Garver, C.R., et al (2011). Prospective trial of equine-facilitated psychotherapy (EFP) in autism. *Alternative Therapies*, 17, 14-20.
- Professional Association of Therapeutic Horsemanship International (PATH Intl) (2013). Retrieved from <http://www.pathintl.org/> on November 15, 2013.
- Rothe, E. Q., Vega, J., Torres, R. M., Soler, S. M. C., & Pazos, R. M. M. (2005). From kids and horses: Equine assisted psychotherapy for children. *International Journal of Clinical and Health Psychology*, 5, 373-383.
- Schultz, P., Remick-Barlow, G., & Robbins, L. (2007). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health & Social Care in the Community*, 15, 265-271.
- Trotter, K., Chandler, C., Goodwin-Bond, D., & Casey, J. (2008). A comparative study of the efficacy of group equine assisted counseling with at-risk children and adolescences. *Journal of Creativity in Mental Health*, 3, 254-284.

DLTC-TIAC Treatment Review Evidence Checklist  
Name of Proposed Treatment: Equine Assisted Psychotherapy

**Level 1 - Well Established or Strong Evidence (DHS 107 - Proven & Effective Treatment)**

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have approved of or rated the treatment package as having a strong evidence base; authorities are in agreement about the level of evidence
- There exist ample high quality studies that demonstrate experimental control and favorable outcomes of treatment package
  - o Minimum of two group studies or five single subject studies or a combination of the two
  - o Studies were conducted across at least two independent research groups
  - o Studies were published in peer reviewed journals
- There is a published procedures manual for the treatment, or treatment implementation is clearly defined (i.e., replicable) within the studies
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities

Notes (at this level, include ages of participants and disabilities identified in body of research):

**Level 2 – Established or Moderate Evidence (DHS 107 - Proven & Effective Treatment)**

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have approved of or rated the treatment package as having at least a minimal evidence base; authorities may not be in agreement about the level of evidence
- There exist at least two high quality studies that demonstrate experimental control and favorable outcomes of treatment package
  - o Minimum of one group study or two single subject studies or a combination of the two
  - o Studies were conducted by someone other than the creator/provider of the treatment
  - o Studies were published in peer reviewed journals
- Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities

Notes (at this level, include ages of participants and disabilities identified in body of research):

### Level 3 – Emerging Evidence (DHS 107 – Promising as a Proven & Effective Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have recognized the treatment package as having an emerging evidence base; authorities may not be in agreement about the level of evidence
  - There exists at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package
    - May be one group study or single subject study
    - Study was conducted by someone other than the creator/provider of the treatment
    - Study was published in peer reviewed journal
  - Participants (i.e., N) are clearly identified as individuals with autism spectrum disorders or developmental disabilities
- Notes (at this level, include ages of participants and disabilities identified in body of research):

### Level 4 – Insufficient Evidence (Experimental Treatment)

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence
- There is not at least one high quality study that demonstrates experimental control and favorable outcomes of treatment package
  - Study was conducted by the creator/provider of the treatment
  - Study was not published in peer reviewed journal
- Participants (i.e., N) are not clearly identified as individuals with autism spectrum disorders or developmental disabilities

Notes:

Level 5 – Untested (Experimental Treatment) &/or Potentially Harmful

- Other authoritative bodies that have conducted extensive literature reviews of related treatments (e.g., National Standards Project, NPDC) have not recognized the treatment package as having an emerging evidence base; authorities are in agreement about the level of evidence.
- There are no published studies supporting the proposed treatment package  
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- There exists evidence that the treatment package is potentially harmful
  - Authoritative bodies have expressed concern regarding safety/outcomes
  - Professional bodies (i.e., organizations or certifying bodies) have created statements regarding safety/outcomes

Notes (at this level, please specify if the treatment is reported to be potentially harmful, providing documentation):

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Date: November 22, 2013

Committee Members Completing Initial Review of Research Base: Christine Peterson, Lana Collet-Klingenberg

Committee Decision on Level of Evidence to Suggest the Proposed Treatment is Proven and Effective: **Level 4 - Insufficient Evidence (Experimental Treatment)**