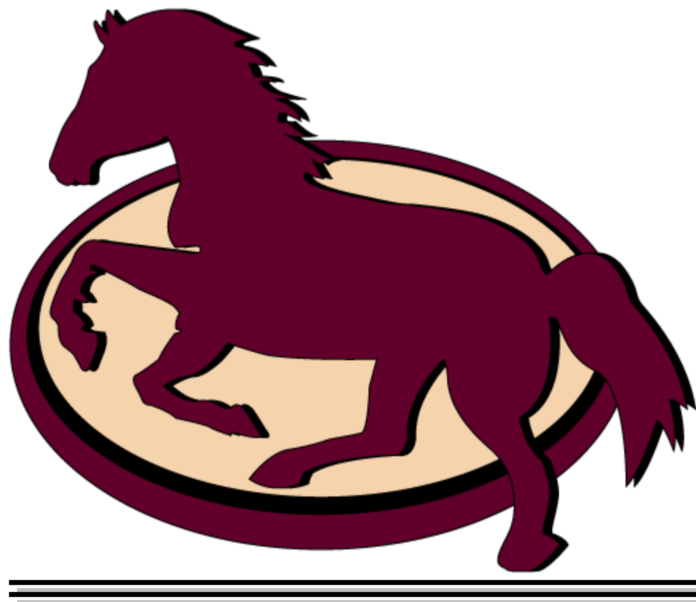
THERAPEION THERAPEUTIC RIDING CENTER, INC.



VOLUNTEER MENTOR PROGRAM

Therapeion Therapeutic Riding Center, Inc.
Volunteer Mentor Handbook

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Therapeion Therapeutic Riding Center, Inc.
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THERAPEION OFFICE ADDRESS

Therapeion Therapeutic Riding Center, Inc.
11030 South 200 West
Brookston, IN 47923
(765) 414-8066
www.therapeiontrc.com

THERAPEION THERAPEUTIC RIDING CENTER, INC.
IS A MEMBER OF THE PROFESSIONAL ASSOCIATION OF
THERAPEUTIC HORSEMANSHIP INTERNATIONAL

WELCOME TO THERAPEUTIC RIDING AND THE THERAPEION TEAM!

Therapeutic riding, which originated in Europe, has been actively helping individuals with disabilities since the 1950's. Therapeutic riding uses equine-oriented activities for the purpose of contributing positively to the cognitive, physical, emotional, and social well being of people with disabilities. It provides benefits in the areas of sport and recreation, education and medicine.

In 1952, Liz Hartel brought world-wide attention to the rehabilitative value of horse back riding by winning a silver medal at the Helsinki Olympic Games. It was an incredible victory since she had been a victim of polio and confined to a wheelchair for many years. In 1953, Pony Riding for the Disabled Trust was founded. From this beginning grew approximately 100 centers in England, with more centers developing rapidly through Europe.

The North American Riding for the Handicapped Association (NARHA) was founded in 1969 and is headquartered in Denver, Colorado. In 2006 NARHA became an international organization with the opening of a center in Spain. In July 2013, NARHA changed its name to the Professional Association of Therapeutic Horsemanship International (PATH Intl) to better reflect its membership and responsibilities.

There are almost nine hundred PATH Intl member centers around the world. They vary widely as to the populations they serve, the goals they set for their riders, and in how they deliver their services. Most programs place a high degree of emphasis on the combination of learning a rewarding activity while attaining the best physical and functional levels possible. PATH Intl sets accreditation standards for therapeutic riding programs and certification standards for instructors.

PATH Intl defines and sets standards for the development and implementation of Equine Assisted Activities and Therapies (EAAT). As a PATH Intl Premier Accredited Center (PAC) Therapeion abides by all PATH Intl standards that apply to us.

All of Therapeion's instructors are either PATH Intl certified or PATH Intl instructors in training.

Though the respect and acceptance of the benefits of therapeutic riding by persons in the medical, educational, and social services fields, the number of programs in the country continues to grow. This respect and acceptance, coupled with the continued dedication of volunteers, staff and supporters, helps

to ensure that riders will continue to have the opportunity to benefit from their relationship with the horse.

Therapeion's mission is to facilitate the healing of body and spirit through the interaction between humans and horses.

DO YOU HAVE QUESTIONS? READ HERE FOR SOME FREQUENTLY ASKED QUESTIONS AND PLEASE CONTACT THERAPEION IF YOU DON'T FIND YOUR ANSWER. (765) 414-8066

Question: *Why does Therapeion have such a strange name?*
Answer: Therapeion is a Greek word that means healing of body and spirit. Since our mission is to provide equine assisted therapy to victims of abuse and neglect, allowing to heal both emotionally and physically, he name Therapeion is a perfect fit! It's pronounced Ther-ap-pea-on, just in case it wasn't obvious.

Question: *What is a Therapeion mentor?*
Answer: Our volunteer mentors are an integral part of the Therapeion Therapeutic Riding Center programs. As a Therapeion volunteer you will receive training in safety, horse handling and grooming, behavior modification, and listening skills. You will also be receiving program specific training by an employee of Tippecanoe County CPS or another appropriate agency prior to working with our special riders.

Our volunteer mentors work alongside the Therapeion instructor, helping the youth and adults in our programs build competence, confidence, cooperation, and improve communications and learning skills.

Question: *How much should a volunteer mentor assist in the lesson?*
Answer: The volunteer mentor should assist the rider during grooming and riding if needed. However, let the student do as much as they are able to do by themselves.

The volunteer mentor should reinforce what the instructor says to the student, but not take over the instruction.

The volunteer mentor should assist in keeping the student's attention on riding.

Most importantly, our volunteer mentors establish a relationship with the riders that helps them feel comfortable, develop confidence and self esteem, and allow them to open up to being cared about.

Question: *When is it appropriate for a volunteer to step in and assist the student?*
Answer: If it's a potential safety issue, such as getting too close to another horse or a student crawling under a horse, PLEASE use your common sense and intervene!

Question: *Should a leader and a side walker work communicate during the lesson?*
Answer: Of course. The safety of the riders is very important. If either the horse handler or the side walker sees a potential problem they should communicate that concern. However, idle conversation is discouraged since it will cause the rider to become distracted. Please feel free to come in early or stay after class to visit!

<u>VOLUNTEERS are the backbone of our program.</u>
<u>Without you there could be no program.</u>
<u>PLEASE let us know if you have concerns or questions!</u>

THERAPEION VOLUNTEER MENTORS

Our volunteer mentors are an integral part of the Therapeion Therapeutic Riding Center programs. As a Therapeion volunteer you will receive training in safety, horse handling and grooming, behavior modification, and listening skills.

Our volunteer mentors work alongside the Therapeion instructor, helping the youth and adults in our programs build competence, confidence, cooperation, and improve communications and learning skills.

There is no way to describe the rewards you will receive as a therapeutic riding volunteer mentor. As a member of the Therapeion team you will experience the joy of helping others!

Therapeion TRC offers several ways to volunteer. Below is a list of some of the ways you can become a part of the Therapeion team.

Lesson Volunteer Mentors As a lesson volunteer you will work directly with our riders. In order to do so we require that you complete the New Volunteer Orientation class to better serve the population you will be working with. Your input into their lesson is invaluable. Lesson volunteers are usually 'Side walkers" or "Horse handlers". Lesson volunteers often also help with lesson set-up and clean-up and classroom teaching. Detailed descriptions of the duties for a lesson volunteer are outlined in this manual.

Equine Care Team member: The ECT is responsible for the physical and mental health of our equine staff members. One or two horse knowledgeable volunteers organize the ECT and provide training as appropriate. A volunteer must participate during class time to be eligible to join the ECT.

Volunteer Coordinator: This individual assists in recruiting volunteers, scheduling training, conducting volunteer training, scheduling volunteers and "other duties as assigned".

Brookston Tack & Feed: Since Therapeion is unable to offer year around programming until we build our new facility we do not have year around income. In 2011 we opened Brookston Tack & Feed with the goals of providing income during the months we are closed and having an affordable way of providing first quality horse feed for our equines. Brookston Tack & Feed is located in the horse barn at Shepard Stable, the same barn that houses Therapeion's programs.

Other Opportunities And there are many! You may become a Board member, join a committee, help with barn maintenance, make landscaping your special project, organize a work day, or help by speaking about Therapeion at service clubs or other organizations. Do you have something else in mind? Let us know!

THE RESPONSIBILITIES OF A THERAPEION LESSON VOLUNTEER MENTOR

GENERAL INFORMATION

1. You should make an effort to not miss any classes that you have volunteered for. While we recognize that emergencies happen and people get sick, you are the safety net for your riders and the extra set of hands for the instructor. **CALL THERAPEION AT (765) 414-8066 IF YOU KNOW YOU ARE GOING TO MISS A CLASS! We will need to find a replacement.**
2. The instructor has the TTRC phone on her while teaching in case of emergency. She will not answer it while she is teaching. If no one answers please leave a message.
3. It is your job to know the responsibilities and expectations of a horse handler and side walker. If you have any questions, PLEASE ASK!
4. Please learn the Therapeion TRC safety and emergency procedures.
5. To volunteer in the classes you will need to physically fit enough to walk approximately one hour and jog occasionally. As a side walker you must be able to hold arms up at shoulder height to support a rider when necessary.
6. You are covered by our insurance while on the premises. Please inform us of any accidents, no matter how minor.
7. Please be conscious that some of our participants may be very sensitive to any physical contact. Please only handle them as needed to keep them safe.
8. Yes, you will be working in a barn! Please wear comfortable <u>closed-toes shoes</u>, preferably with hard soles that offer protection. Do not wear dangling jewelry or large earrings. Perfume, hair spray, and other strong smells such as hairspray will attract insects! Clothing that advertises alcohol or tobacco, any type of profanity or other inappropriate material should not be worn, include *Harry's Chocolate Shop* t-shirts. Please dress for the weather. If you wear shorts in the summer they must be a longer style and closed toe shoes must still be worn.

Required Attire

1. Closed toe shoes or boots
2. Long pants or long shorts.
3. No underwear showing, including bra straps
4. Coats, hats, and gloves if weather appropriate

THERAPEION THERAPEUTIC RIDING CENTER
BARN RULES

THESE RULES ARE TO BE TAUGHT AND REINFORCED WITH OUR RIDERS.

1. ALL PARTICIPANTS MUST WEAR A HELMET WHEN WORKING AROUND HORSES AND WHEN RIDING. IF THE PARTICIPANT TAKES OFF HIS HELMET HE MUST STOP WORKING WITH THE HORSE OR MUST DISMOUNT UNTIL IT IS BACK ON. NOTIFY THE INSTRUCTOR IMMEDIATELY.
2. NO RUNNING IN THE BARN OR AROUND THE HORSES.
3. NO DRAGGING YOUR FEET TO MAKE DUST IN THE BARN OR ARENA.
4. NO CRAWLING UNDER THE HORSE.
5. NO CRAWLING UNDER THE HORSES HEAD IF IT IS TIED TO THE WALL.
6. REMEMBER THAT HORSES HAVE BLIND SPOTS AND ALWAYS LET THEM KNOW WHERE YOU ARE BY KEEPING YOUR HAND ON THEM WHEN GOING BEHIND.
7. PUT AWAY YOUR OWN EQUIPMENT. PLEASE WIPE IT DOWN IF IT IS WET OR MUDDY.
8. ALWAYS BE KIND TO THE HORSES. THEY HAVE FEELINGS TOO.
9. ALWAYS BE KIND TO THE OTHER HUMANS. TREAT THEM LIKE YOU WOULD LIKE TO BE TREATED.
10. ONLY RIDE WHEN AN INSTRUCTOR IS WITH YOU, EVEN IN THE ARENA.
11. NO THROWING OR KICKING THINGS.
12. NO YELLING IN THE BARN OR IN THE ARENA.
13. NO FOOD OR DRINKS DURING CLASS TIME, INCLUDING GUM AND CANDY.
14. HAND FEEDING THE HORSES IS NOT ALLOWED.
15. ASK PERMISSION BEFORE FEEDING THE HORSES SNACKS AND SNACKS MUST ALWAYS BE FEED FROM BUCKETS. ONLY HEALTHY SNACKS ARE ALLOWED.
16. DO NOT ENTER THE STALLS OR OPEN THE STALL DOORS WITHOUT PERMISSION.
17. PAY ATTENTION TO BOTH YOUR INSTRUCTORS AND YOUR VOLUNTEER MENTORS.
18. SOME OF THE FENCES MIGHT SHOCK YOU, SO PLEASE DO NOT GET CLOSE.
19. ALWAYS CLOSE A GATE AND LATCH IT IF YOU OPENED IT.
20. **NEVER** WRAP THE LEAD ROPE AROUND YOUR HAND OR ARM OR THROW IT OVER YOUR SHOULDER. **FOLD** THE EXTRA ROPE IN YOUR LEFT HAND.

SUMMARY FOR VOLUNTEER MENTORS

1. LISTEN TO THE INSTRUCTOR. DIRECTIONS MAY CHANGE MID CLASS. YOU SHOULD ALSO BE AWARE OF SPECIFIC INSTRUCTIONS TO YOUR RIDER.
2. PLEASE READ YOUR PARTICIPANT'S LESSON OBJECTIVES BEFORE CLASS BEGINS.
3. IF YOU HAVE QUESTIONS, ASK! PERSONS WITH COLORED NAME TAGS ARE EXPERIENCED VOLUNTEERS WHO WILL BE GLAD TO HELP.
4. WEAR PROPER ATTIRE AND KEEP WARM CLOTHES IN YOUR CAR.
5. HAVE FUN!! WE WANT YOU TO ENJOY YOUR VOLUNTEER MENTOR EXPERIENCE!
6. USE A NORMAL VOICE. DON'T SHOUT UNLESS YOU NEED TO GET THE ATTENTION OF THE INSTRUCTOR AND SHE'S ON THE OTHER SIDE OF THE ARENA.
7. DON'T LEAVE EQUIPMENT OUT. PLEASE PUT IT BACK IN THE ORIGINAL LOCATION SO THE NEXT PERSON CAN FIND IT.
8. ENCOURAGE OR HELP PARTICIPANTS RETURN THEIR EQUIPMENT TO ITS PROPER LOCATION.
9. PLEASE DO NOT CHEW GUM OR EAT CANDY WHERE THE RIDERS CAN SEE YOU. THEY ARE NOT ALLOWED TO DO SO PLEASE SET A GOOD EXAMPLE.
10. NO RUNNING OR QUICK MOVEMENTS AROUND THE HORSES.
11. DO NOT CLIMB ON GATES OR FENCES AND DO NOT ALLOW OTHERS TO DO SO. IF THIS IS AN ISSUE LET THE INSTRUCTOR KNOW SO SHE CAN ADDRESS IT.
12. DON'T FEED THE HORSES BY HAND.
13. ECT MEMBERS SHOULD NEVER RIDE ALONE. ALWAYS RIDE WITH A BUDDY.
14. PLEASE DO NOT RIDE OR WORK WITH TTRC HORSES UNLESS YOU ARE AN ECT MEMBER OR HAVE BEEN ASKED TO DO SO BY AN INSTRUCTOR.
15. NO DOGS ARE ALLOWED AT THERAPEION, SO **PLEASE LEAVE YOUR PET AT HOME. THIS IS A VERY BIG INSURANCE ISSUE!**

EMERGENCY PROCEEDURES

PLEASE READ BEFORE YOUR FIRST CLASS!
Also, please note the location of the fire extinguisher(s), water hydrants and hoses, human first aid kit, and horse first aid kit.
NO SMOKING IS ALLOWED ON THE PREMISES.

FALLS

1. The Instructor will stop the class and have the leaders hold their horse by standing in front. Side walkers will remain with the mounted students. If the class has independent riders, have the riders dismount and hold their horses.

2. The instructor will go to the aid of the fallen rider. Do not let the rider get up and keep him still until he can be checked for signs of injury. If signs of a serious injury are present, a volunteer or assistant will be instructed to call for emergency help (911) while the instructor remains with the rider.

3. Signs of serious injury include:
    a. Unconsciousness (even for a moment)
    b. Bleeding or fluid draining from the mouth, nose, or ears
    c. Serious bleeding (apply direct pressure)
    d. Limb at an unnatural angle or pain with movement (don't move limbs)
    e. Pupils contracting unevenly
    f. Signs of shock (paleness, mottled color, sweating, nausea, fainting)
    g. Consider the possibility of a head injury and/or spinal injury in ANY fall. If either is suspected, keep the victim absolutely still until skilled help arrives.

4. If the rider is uninjured, reassure him and explain what caused the fall (get him to tell you what he thinks happened.) You will be given further instructions to prevent reoccurrence.

5. When the situation is under control, the instructor will reassure the rest of the class and explain to them what happened. You will monitor your rider.

6. The instructor will fill out an Occurrence Report and have witnesses sign it.

RUNAWAY HORSE

1. Immediately have the riders halt near the arena wall. Leaders and side walkers need to stay with their horse and rider helping them to stay calm.

2. Do not yell "whoa" at the horse, try to catch the reins or bridle, or do anything that may cause the horse to further act out or spook. This may cause the rider to fall off.

3. Don't step in front of the runaway horse as this may make him dodge and will dislodge the rider. Do not chase the runaway horse.

4. The instructor will call out simple quick instructions to the rider: "Sit up. Pull back." The instructor will approach the horse from the side, walking slowly and saying "whoa" in a low, soothing voice. When possible, the instructor will quietly take hold of the reins.

FIRE

As mandated by our insurance, smoking is not allowed on the premises; not even in your private vehicle. Please respect this policy.

1. Evacuate the barn of students, families, and volunteers TO THE SMALL ARENA as calmly and quickly as possible through the nearest passable exit. Try to keep everyone quiet and close the arena gate when everyone is inside so no one can leave until told it is safe.

2. Call the fire department (911) Give your name, say you are at Shepard Stable and give the address (which is posted in the barn), and any other pertinent directions. Do not hang up until you are sure the information has been understood.

3. **DO NOT PUT ANYONE AT RISK! IF IT IS NOT SAFE TO RETURN TO THE BARN, DO NOT DO SO.**

4. Evacuate the horses if possible:
    a. Halter and lead each horse out to THE BIG ARENA away from the barn. (If you turn them loose they will probably attempt to return to their stall.)
    b. If the horse won't lead, blindfold him with a towel, saddle pad, or coat. If possible, wet the blindfold in the horse's water before putting it on the horse's head.

5. Make sure the drive is clear for fire equipment to get into the fire.

6. Save equipment only after the horses are out and if it is safe to do so.

7. Once help arrives, immediately check the horses for injuries. Call a vet if the horses are burned or have inhaled a lot of smoke.

SEVERE WEATHER… TORNADO OR HIGH WINDS

Storm Warnings:

A tornado WATCH means conditions are favorable for the development of a tornado. A Tornado WARNING means that a tornado has been sighted and may be headed to our area.

PLEASE NOTE: THERAPEION IS IN THE FRONTIER SCHOOL DISTRICT OF SOUTHERN WHITE COUNTY. WE WILL CANCEL CLASSES IF SEVERE WEATHER IS IMMENIENT IN OUR AREA. Please call before assuming we will not be having classes.

1. If a tornado WATCH is issued during class all riders will dismount and the families and volunteers may leave if they wish.

2. When a WARNING is issued during a lesson, riders will be dismounted by the instructor and volunteers will assist parents with the students. All students, parents, and side walker volunteers should find an area with a sturdy **OUTSIDE WALL inside the barn** (BTAF, tack rooms, stalls) and drop down into the "tornado tuck" position. Have the students keep their helmets on as an additional safety measure.

3. If time permits, Instructors and horse leaders will either put horses in their stalls or leave them loose in the arena with the arena gates closed. If horses are left in the arena, and time permits, leaders should remove their halters, reins and lead rope. Do not remove tack unless directed to do so by an instructor.

4. If the storm is approaching so rapidly that there is not enough time for the instructor to safely dismount all the students, volunteers may be instructed to assist in dismounting students. Emergency dismounts will be demonstrated and practiced in lessons.

5. Before leaving the barn, the instructor will check for downed power lines, trees, or unsafe destruction. If there is damage she will call 911.

SEVERE WINTER WEATHER

Please call Therapeion to check on the class schedule if severe winter weather is expected.

For the safety and comfort of our riders, no classes will be held when the temperature is below 28 degrees.

1. **In the event of severe weather that has made the roads dangerous, classes will be cancelled.** Please call Therapeion to verify before class. ***THERAPEION IS IN THE FRONTIER SCHOOL DISTRICT OF SOUTHERN WHITE COUNTY. WE WILL CANCEL CLASSES IF FRONTIER SCHOOLS, TIPPECANOE COUNTY SCHOOLS, WEST LAFAYETTE SCHOOLS, OR LAFAYETTE SCHOOLS ARE CLOSED. IF IT ISN'T SAFE FOR THE BUSES TO BE ON THE ROAD IT IS ALSO NOT SAFE FOR YOU.***

2. In the event of severe cold (below 28 degrees) no classes will be held. Please call Therapeion to verify class status. If we are able to have an indoor class we will do so, so please don't assume that we will be totally cancelling classes due to weather.

3. If a severe winter storm should hit during class time, riders will be dismounted by the instructor and volunteers will assist parents with the students. Parents and volunteers may choose to leave or wait in the tack shop.

4. If time permits, instructors and horse handlers will put horses in their stalls.

5. If the storm is approaching so rapidly that there is not enough time for the instructor to safely dismount all the students, volunteers may be instructed to assist in dismounting students. Emergency dismounts will be demonstrated and practiced in lessons.

6. Before leaving the barn the instructor will check for downed power lines, trees, or unsafe destruction. She will call 911 if any unsafe situation exits.

EARTHQUAKE

While this is not a likely occurrence, much of Indiana is located on a major fault line, so we must be ready.

1. Immediately dismount the students. If the earthquake is very sudden and safety of the student's are in jeopardy so that there is not time for the instructor to safely dismount all the students, volunteers may be instructed to assist in dismounting students. Emergency dismounts will be demonstrated and practiced in lessons.

2. Have volunteers take riders to the inside grooming area wall or into an empty stall next to a wall and drop down. Leave helmets on.

3. If the aisle and stall areas appear to be structurally safe and are clear of debris, take horses to their stalls.

4. Expect after shocks: each time a shock is felt, DROP, COVER, HOLD ON.

5. Before leaving the barn the instructor will check for downed power lines, trees, or unsafe destruction. She will call 911 if any unsafe situation is found.

THE THERAPEION SIDE WALKER

Some riders have trouble staying balanced when mounted. In addition, some participants doing ground work (Equine Assisted Learning, (EAL)) require help to follow directions or to stay safe. A Therapeion instructor will determine if there will be one or two side walkers assigned to each individual rider. The instructor will also inform you as to the needs of the participant you are working with during each lesson.

GROOMING AND TACKING PROCEEDURES

1. The Side Walkers are responsible for the rider. The Horse Handler is in charge of all things horse.
2. Do not let your participant wander without you. Stay with them no matter where they are going.
3. ALWAYS be attentive to your participant during class time and participate in their supervision. Do not just stand next to the horse, allowing the participant to lose focus.
4. **Some participants are "runners", which means they will take off running if you let go of their hand. Please keep a very careful eye on these individuals to prevent them from getting hurt or spooking a horse, causing others to get injured!**
5. Allow your rider to do as much as possible, including reading the tack list and pulling their tack. Assist if needed.
6. Do not take "*I can't do it*" as a reason for not participating in grooming and tacking activities. Assist the rider but encourage them to do everything possible. They can probably do more than they think they can and will never learn to do it if you do it for them.
7. **If your rider is low mobility or uses a wheel chair or walker** one side walker MUST remain at the horse's hip on the same side of the rider while the rider is grooming and tacking. This is to block the horse from moving into the rider. The other side walker will work with the rider.
8. **NEVER completely tighten the girth during grooming and tacking. It should only be tight enough to hold the saddle or pad in place but not ready to mount.** The instructor will do a tack check and tighten the girth before mounting.
9. If you have questions about what you are supposed to be doing, please ask!

MOUNTING

1. All mounting must be supervised or performed by an instructor.
2. Do not allow your rider to attempt to mount on their own.
3. DO NOT mount the rider yourself or allow the rider to mount himself. PATH Intl mandates that only a specially trained person may mount students. Some of Therapeion's volunteers have been trained to mount and dismount and will do so if asked by the instructor. A list of trained volunteers will be available in the barn.
4. Before mounting assist/remind the rider to pull down their stirrups and clip on their reins.
5. The rider should wait quietly by the head of their horse while waiting to mount. They may quietly stroke their horse's neck if they wish.
6. If there is only one side walker that person will act as a "spotter" on the "off side" (right side) of the horse during mounting.
7. If there are two side walkers, one side walker will assist from each side of the horse during mounting.

DURING THE RIDING LESSON

1. Side walkers should keep their bodies next to the rider and even with the saddle. Sometimes you will be instructed to place a hand or both hands on a rider to steady them. You will practice different types of appropriate holds during your New Volunteer Orientation class.
2. If a rider starts to slip, place your hands on both hips and pull them back into the correct position. Please avoid pulling arms and legs when adjusting the rider. It is safer to pull the rider towards you rather than pushing them away from you. If there is a second side walker, have them support the rider when necessary to avoid pushing the rider too far. If there isn't a second side walker, you may want to ask the instructor for assistance.
3. You will find they will want to talk to you. Please respond to direct questions that concern the lesson, but then redirect their attention to the instructor. If your rider is not paying attention or doesn't hear the instructor, you can help by reinforcing the directions by repeating them to the rider.
4. Excessive talking is a distraction during the lesson. Please keep your conversation with the rider and with the horse handler or other side walkers to a minimum.

You will be using one of these basic techniques when side walking

1. Floating : As a floating side walker you are there to encourage the rider and reiterate what the instructors is saying when appropriate. The floating side walker should be aware of the rider's position on the horse

and encourage the rider to correct himself. You will also need to remain aware of anything that could become a safety issue and notify the instructor. If the rider would begin to fall you will step in and assist them.

2. Stabilizer with ankle hold: This side walker keeps one hand on the rider's ankle or foot. Your goal is to keep the rider's leg and foot in the correct position as well as performing the floating side walker's duties. This type of hold would typically be used with a rider who has problems pushing his legs forward or backward or just needs the security of having someone touch them. The ankle hold may also be used to keep the rider from kicking the horse as well as keep the rider's foot in the stirrup.

3. Stabilizer with thigh hold: The side walker keeps one arm over the rider's thigh while holding onto the saddle to provide support. This type of hold is typically used with a rider who has balance, security, or stability problems but does not require a trunk hold. It is also used during trotting.

4. Stabilizer with truck hold: This hold is used for the rider who doesn't have the balance or trunk stability to stay on top of the horse independently.

5. Using a Gait Belt: Most of our riders who need assistance sitting up or staying centered will be wearing a gait belt during class. We have two types. The black gait belts come in small, medium, and large and have "holds" . The white webbing gait belts are for riders who are too small for the small black belts. When working with riders who need extra support you will be holding the gait belt and not the rider's clothing.

DISMOUNTING

1. Do not allow the rider to dismount himself.
2. If there is one side walker that person will spot from the "off side" (right side) of the horse during dismounting.
3. If there are two side walkers one person will assist from each side of the horse.
4. After the rider has dismounted remind/assist him with putting up the stirrups and unclipping the reins.
5. The rider should remain quietly with his horse until asked to return to the barn.

6. The side walkers are responsible for making sure the rider puts all tack back where it belongs after untacking.
7. The side walkers will then escort the rider back to his parent or care giver.
8. Do not allow the rider to re-approach their horse without a helmet.

THE THERAPEION HORSE HANDLER

Knowing how to ride a horse is not a necessary skill to become a Therapeion Horse Handler. However, the desire to learn is! Most of our riders will need assistance when they first begin riding. In addition, even after they have gone "off clip" they still need the security of your presence as their safety net. Our horse handlers are essential for our program to work. As a Therapeion Horse Handler, your focus and responsibility is the horse. Our Side Walkers are responsible for the riders.

Even our most experienced horsemen and horse women must complete our horse handler training before volunteering in a class. We have PATH Intl standards we must abide by. Handling a horse for a therapeutic riding student is similar to, but different from, the way you normally handle a horse.

GROOMING AND TACKING PROCEEDURES

1. The Horse Handler is in charge of all things horse. The Side Walkers are responsible for the rider.
2. Some riders do not need a Side Walker to stay safe so you will be also be supervising their grooming and tacking procedures if you are their only volunteer.
3. During grooming and tacking please remain at the head of the horse to keep the horse from weaving when tied. **Some participants can't move quickly so a horse that is weaving could knock them over and step on them.**
4. You need to keep the horse as still as possible then the rider is picking out the horses feet.
5. **NEVER completely tighten the girth during grooming and tacking. It should only be tight enough to hold the saddle or pad in place but not ready to mount.** The instructor will do a tack check and tighten the girth before mounting.

LEADING A HORSE

1. Your horse's halter has a maroon lead rope attached. This lead rope is to remain with their halter at all times EXCEPT during classes. During classes replace it with a purple "lesson lead" that has been cut to be much shorter.
2. The proper position for the leader is to walk with the horse on their right side in the area between the horse's head and shoulder. Even though our horse have been or are being trained to lead from both sides, for class purposes we always lead from the "near side" (left side), with the horse to your right.

3. Do not drag the horse or let the horse drag you. If your horse is being pushy or lagging behind please tell the instructor. That is an issue that requires some retraining. However, please be aware that you may have to adjust your step to that of the horse. Long legged horses have longer strides than the short models. The lead should be slack. A quick pull and release is the most effective way to get a horse to cooperate.
4. With the right hand, hold the lead six to twelve inches from the horse's mouth. Do not hold the snap or any part of the halter. Be sure that when the horse is walking he has enough room to move his head freely without bumping on the lead. Hold the extra part of the lead in your left hand, **<u>fold it</u>** and hold it lightly. Never wrap it around your hand as *rope burns and broken or ripped off fingers* are not fun.
5. The lead should NEVER dangle or touch the ground. Getting a lead wrapped around your foot or the horse's legs is a safety issue.
6. The rider should be encouraged to do as much leading as possible to strengthen their horsemanship skills. However, many of our riders will need you to help lead to be safe. If in doubt, please ask.
7. The commands we use are 'Walk On", "Trot", "Whoa," "Walk Up", and "Back". You will learn how to use these as we practice during New Volunteer Orientation. Always use these verbal commands when working with our horses in order to reinforce their use.
8. During class times the riders are responsible for giving the verbal commands or appropriate physical commands. Do not move the horse until the rider uses the appropriate command.

MOUNTING USING THE RAMP

1. Before mounting begins the instructor will do a tack check and tighten the girth. **DO NOT TIGHTEN THE GIRTH BEFORE THAT TIME.**
2. If you are to horse handle for a rider that is mounting from the ramp, the instructor will tell you where to position your horse at the mounting ramp. You will want to place the horse as close as possible to the side of the ramp on which the student will be mounting to decrease the fall risk. There will be an "off side" volunteer to help position the horse and to assist the rider while mounting.
3. Keep an eye on your horse's shoulders, knees, and the stirrups to make sure that nothing gets caught on the ramp as you are getting into mounting position.
4. Keep the horse as quiet as possible while the rider is mounting. Stand directly in front of the horse. Do not hold the bit or the side of the halter as this will cause the horse to throw his head.
5. After mounting has taken place and before the stirrups are adjusted, wait for the instructor to direct you to move the horse forward to the end of

the mounting ramp. At this point the instructor will make necessary adjustments. After the adjustments have been made, turn the direction you will be walking and listen for further instructions.

MOUNTING IN THE ARENA

1. If your rider is mounting in the arena, the instructor will give you instructions for that particular student.
2. The students may lead their horses to the arena with your assistance or you may be asked to lead the horse into the arena prior to the student entering.
3. DO NOT mount the rider yourself or allow the rider to mount himself. PATH Intl mandates that only a specially trained person may mount students. Some of Therapeion's volunteers have been trained to mount and dismount and will do so if asked by the instructor. A list of trained volunteers will be available in the barn.
4. The instructor or trained volunteer will do a tack check and tighten the girth before mounting. **NEVER tighten the girth yourself.**
5. During mounting or anytime the horse is to be standing quietly position yourself in front of the horse's head and slightly to the side.
6. The rider should be standing with you or with a side walker before mounting. They should never be allowed to wander.
7. After the rider has mounted wait for them to signal their horse to "Walk On" before moving.

DURING THE LESSON

1. Before the lesson be sure to learn the name of your rider and the name of any volunteers that will be working with your horse and riders.
2. Once the lesson has begun, the instructor will be giving instructions. Please listen carefully and if you can't hear the instructor, tell her.
3. Be sure you are a safe distance from the other horses (at least two horse lengths, or as we tell the riders, a distance as big as an elephant).
4. All horse handlers will be notified if one of the horses kicks or is sensitive about "his personal space".
5. Instruction will be given directly to your rider. Please focus on your horse and the instructor and try to discourage conversation that does not pertain to the lesson because it may distract your rider.
6. When asked to stop, stand in front of your horse to keep them from moving. If the horse should get restless, a good way to calm them down is to rub their necks. Remember, this is a breather for the horse, so don't hold him too tightly.

7. Horse Handlers must pay close attention to spacing. Leave enough room for side walkers along the arena wall so then don't get squashed. Also, make sure to keep plenty of room between you and the horse in front of you. If you are getting too close, either stop or ask permission to move to another position.
8. If you wish to pass the horse and rider in front of you have your rider say "Horse passing!" and go around the horse towards the inside of the arena. Never pass on the side closest to the arena wall.
9. Avoid sharp turns or sudden stops so your rider is not thrown off balance.
10. If your rider is "off clip" and cannot maintain a safe distance, then you may step in to help the rider to do so. If you see your rider getting into trouble or not following directions given by the instructor, you may certainly offer your help.
11. Sometimes your rider will be instructed to try a task and they are unable to get it done. A common example is backing their horse. In this case you may discreetly assist so that the rider feels that they have accomplished their goal.

TROTTING

Often during a lesson, the students will be asked to trot. Trotting is faster than walking, so the leader has to be more alert. If you feel that you are not "up to trotting", please tell the instructor before the class begins.

1. Make sure the student is ready before starting to trot.
2. If the horse is reluctant to trot and you have a side walker, ask them to give him a light tap on the stomach or rump. Try to avoid pulling on the lead as this only makes the horse mad. Start to jog and say "trot".
3. Our horses either know or are learning voice commands. Stay with the horse, **next to his neck**, when trotting. When asked to walk or stop please make it a smooth transition and stay in a straight line so as not to unseat the rider.
4. Please keep the trot slow and consistent. Some horses will want to drag but others will be full steam ahead. Consistency is important to help the rider stay in position.

GAMES DURING CLASS

Every lesson will include one or more games. As a Horse Handler you will focus on safety and following the instructor's directions. It is important that you, the side walkers, and the rider understand the directions.

1. Allow the Rider to do as much as possible without risking a fall.

2. Your focus is on the horse during games. Please do not chase balls or move from the front of the horse. You are there for the rider's safety and a horse moving suddenly puts your rider at risk for a fall. The side walker(s) or instructor will retrieve balls, cones, etc. for the rider.

DISMOUTING

As part of the first or second class your rider will learn emergency dismounts. They are not to use this dismount unless instructed to do so by the instructor.

1. Unless otherwise specified, the instructor or trained volunteer will dismount the student.
2. You will receive instructions as to where to bring your student for dismounting.
3. Please stand in front of the horse and wait quietly until the rider has been dismounted.
4. Remind the rider to keep their hands on the reins and feet in the stirrups until the instructor is ready for them to dismount.
5. Do not allow the rider to attempt to dismount by himself.

EMERGENCIES

1 If there is an emergency the horse is your responsibility. Remain calm and wait for instructions.

2 If your rider or someone else's rider falls (which seldom happens), your concern is for the horse you are leading. Please lead your horse out of the way so the instructor can attend to the rider that fell. If another rider falls and the horse gets loose, step immediately in front of your horse and hold them as you would at the ramp.

3 The instructors are trained to handle any situation. You will help the most by just keeping your horse under control and allow the instructor to handle the situation.

SUMMARY
BASIC SAFETY TIPS FOR WORKING AROUND HORSES

1. Approach your horse from the side, talking to him in a low voice.
2. Keep your hand on your horse when walking around him.
3. Always speak to a horse before approaching or touching him. Horses are more likely to become startled if you surprise them.
4. Walk beside the horse when leading, not ahead of or behind him. Lead your horse with one hand six to twelve inches from the halter and the other hand holding the remaining lead shank. Do not wrap it around your hand. That's a good way to loose fingers if your horse should spook.
5. You weigh a lot less than any horse and therefore you cannot out-pull him. If a horse pulls back, step with him rather than pull against him.
6. Do not discipline the horse with a rider on his back.
7. Never wrap a lead shank or reins around your hand, wrist or body. Do not carry the extra portion of your lead rope over your shoulder.
8. Pet a horse by placing your hand on his shoulder or neck. Please do not pet a horse on the front of his face, which may cause him to startle.
9. When leading into a gated stall, turn the horse around so that he faces the aisle before removing his halter. Close the gate leaving enough space for yourself, but not the horse, to escape. Do not lock yourself into the stalls with the horses!
10. When cleaning hooves, do it from the side, facing rear. Stay up on both feet.
11. Keep your head in the clear when bridling or haltering the horse. You don't want your face bonked if he jerks his head up.
12. Stand with your feet well back in the clear and saddle from the side when tacking your horse.
13. Adjust the saddle carefully and **cinch tight enough to keep the saddle in place until the rider is ready to mount.** You should be able to slide your fingers between the horse and the girth. Be aware that some horses are "cinchy", meaning they pin their ears and may try to bite when cinching up.
14. Make sure no one is standing in front of or behind of the horse at cinching time. **The instructor will tighten the cinch before mounting the rider.**
15. Keep the reins and lead shanks off the ground so the horse won't step on them. Do not tie the horse by the reins or by a lead rope attached in any way to a bridle.

APPENDICES

I. Working with people with disabilities

II. An Overview of some common disabilities

III. Working with persons who have been abused or neglected

IV. Confidentiality Issues

V. Volunteer Dismissal procedures

APPENDIX I

WORKING WITH PEOPLE WITH DISABILITES

Please remember that the person with a disability is ***a person*** *first and foremost. They are just people with their own individual goals, limits, capabilities, attitudes and experiences just like you!*

Be yourself when you meet the individual.

Talk about the same things you would with anyone else.

Help only when it is needed. Use your own judgment! Don't let yourself constantly assist students who need to develop more independence.

Be patient. It is often harder to wait for an inexperienced person to do something than it is to do it yourself. As you know, when you <u>actually do a task</u> you learn the task faster AND gain confidence!

Don't be over-protective or over solicitous. Don't shower your students with kindness or be overly-sympathetic. Do not give undeserved praise.

Enjoy your friendship with the student. Their good humor and achievements will amaze you!

As our society becomes more aware of the needs of persons with disabilities, it is paramount that we understand that more is involved than the removal of structural barriers and the use of assistive technology. Even more important is the removal of attitudinal barriers.

Attitudes not only define the way we view things, but they also direct our actions. If we remember that people with disabilities are people first, and that the disability is not who they are, we are able to focus on them as individuals. Interacting with persons with disabilities may be awkward at first. You may feel like you don't know what to say or do. You may be concerned that the wrong thing will be said. Most individuals with disabilities understand this. The important thing is to try. After all, we all have the same needs… to be loved, appreciated, respected, and productive. By projecting an attitude of openness and acceptance, we focus on the individual's ability - and that's where the progress and productivity begin.

An additional barrier that we need to become more aware of is language. Language can project negative images that cause misconceptions and limit how individuals with disabilities can participate in our society.

The following are suggestions that will help in appropriate language use:

- Put people first, not their disability. Say "a person with a disability," not "a handicapped person," or "person with a hearing impairment," not "a deaf person."

- Don't use labels for disability groups such as "the retarded" or "the deaf." Emphasize people, not labels. Say "people who are deaf" or "people with mental impairments."

- Terms that should never be use to describe people are "crippled," "deformed," "suffers from," etc.

- Don't sensationalize or emphasize a "superhuman" quality to persons with disabilities who are successful. They don't want recognition because of what they have overcome, but prefer recognition of what they have accomplished because of who they are and their abilities.

- Emphasize abilities, not limitations. For example, say "uses a wheelchair" rather than "wheelchair-bound."

- The key is to remember that people HAVE disabilities; THEY are not disabilities.

When interacting with a person who has a disability, first of all, be yourself. Talk directly to the person in a normal voice.

If you are speaking to a person with speech impairment and can't understand what they are saying, ask them to repeat it. Be patient and encouraging. Ask questions that they can answer by nodding or with short answers. It may be helpful to have something for them to write on. Don't pretend to understand if you really do not. Repeat what you understand and the person's reaction will let you know if you really do!

If you are talking to an individual with a mental disability, speak simply, not loudly, and don't use childish language.

When meeting a person with a visual impairment, identify yourself and introduce others who might be with you. Repeat the person's name to which you are speaking so the individual will know where the comment is being directed. If you want to offer assistance, allow the person to take your arm. Don't grab theirs and try to propel them. As you guide them, describe the terrain – let them know of approaching obstacles. Be specific. Say, "There is a step approximately five steps in front of us."

For the person with a hearing impairment, you may need to get their attention first. Tap them lightly on the shoulder or wave an arm. Look directly at the person and speak clearly. Try to position your face so they can clearly see your lips move. It helps them in understanding what you are saying if they can see your facial expressions and body language. This is another instance where it may also help to have something to write on. If they have an interpreter, direct your conversation to the person you are communicating with, not the interpreter.

If you become aware that a person with a physical disability may need assistance, ask them first if you can help. Don't assume! Grabbing someone's wheelchair and pushing them without asking can be an invasion of their privacy and independence. Also, don't lean on their wheelchair – it's considered part of their body space. And when talking to someone in a wheelchair, get down to their level so neither of you end up with a stiff neck. If you are giving directions to someone using a wheelchair, make sure to take into account barriers such as curbs, hills, narrow doorways, etc. that may pose a problem.

When you are planning public events, make sure you consider the needs of those with disabilities.

It may take extra time for a person with a disability to express himself or to get things done. Be sensitive to the situation and don't express impatience. Let him or her set the pace.

All of these suggestions boil down to three things: common courtesy, common sense, and respect. Interacting with persons with disabilities may seem awkward, but by focusing on who they are and what they CAN do, you'll discover individuals just like you who want to be productive and respected. You will be encouraged by the contributions they will make to life and how much progress can be made if we all work together!

WORKING WITH PERSONS WITH SPEECH DIFFICULTIES

- Be responsive to ALL the communicative attempts made by the students, whether they are words, gesture, smiles, etc.

- Give the students plenty of time to respond to you.

- Give the student lots of positive feedback for successful communication.

- If you don't understand what the student is saying, you can:

  - ask them to repeat what they said
  - ask them various questions
  - repeat any part you did understand
  - ask them to show you.

- As a general rule, talk more S-L-O-W-L-Y!

- Don't overwhelm the student with too many questions or instructions.

- Look at the student and make sure they are looking at you before you talk to them.

- Give the student as much responsibility for communication as possible.

- Tell the student ahead of time what will happen next, so they will know what to expect.

- Improve the student's social use of language by encouraging them to greet people, interact with their peers, tell jokes, etc.

- If a student does not respond to your question, do not repeat it more than one or two times – instead, change the questions or find a different way to get the information.

APPENDIX II
AN OVERVIEW OF COMMON DISABILITIES

In order for you to be more aware of terms that you may hear throughout your involvement with Therapeion, the following overview is offered for your information.

LEARNING DISABILTIES

There are many terms for the condition known as learning disability: dyslexia, maturation lag, central nervous system dysfunction, to name a few. The child with learning disabilities usually has average or above average intelligence. The child with a learning disability often appears to be lazy, underachieving and uncooperative. These are all symptoms that accompany the disorder. The cause is often unknown. Behavior is sometimes unacceptable due to the frustrations that are experienced.

BLIND

Vision ranges from severely limited to totally absent. The definition for legal purposes is 20/200 vision or less in the better eye after correction. This indicates that the person sees at 20 feet what the sighted person sees at 200 feet. Partially sighted persons have visions between 20/70 and 20/200.

Children who are blind at birth or during the first five years of life are called "congenitally blind." At age five or older they are termed "newly blinded." This system has been adopted because before age five a child has no visual memory. If he is blinded at this stage of development, he should be treated as a child who is born blind because he does not remember what things look like. The child who is blinded at age five or older will retain an image in his mind of how things look, even though he can no longer see them.

DEAF

True deafness is defined as hearing loss in both ears severe enough to prevent communication through the ear, even with amplification. Hearing losses can vary from mild, when the child has difficulty hearing faint or distant speech, to severe, when the child feels only vibrations. Many persons with deafness due to nerve damage will have associated disabilities. Deaf persons can communicate through various means such as oral speech, finger spelling, sign language and writing. Riding signals are given to deaf persons through hand signals.

AMPUTATION

An amputee has experienced partial or total loss of one or more limbs. The adjustment is often easier for a child born without a limb than an amputation occurring when the child is several years old or an adult. Upper extremity amputations are more common than those of the lower extremities among youth. In most cases an artificial device (prosthesis) is fitted to replace the missing limb.

EPILEPSY

Epileptic seizures are due to abnormal discharges of nervous energy in an injured portion of the brain. At present more than half of all youth with epilepsy can achieve full or partial control of their seizures with medication. You will find that many persons with epilepsy are the same as everyone else in appearance and intelligence. However, the epileptic seizures of some persons are the result of a general brain damaged condition. These persons may also show abnormal body movements, lower intelligence or abnormal behavior. The three most common types of seizure are:

Grand Mal – Violent shaking of the entire body accompanied by temporary loss of consciousness. The person may lose bowel or bladder control. Seizures usually last two to five minutes followed by a period of deep sleep.

Petit Mal – A simple staring spell (often mistake for daydreaming.) Usually it lasts less than a minute, often seconds. The person usually is not aware of his seizure and does not require aid. Seizures may occur repeatedly.

Psychomotor – Inappropriate or purposeless behavior with subsequent loss of memory regarding the episode. Usually lasts two to five minutes.

If a person begins to have a grand mal seizer, remain calm. Do not try to restrain him. Let him lie down and clear the area of any objects that could injure him. Turn him on his side if it does not interfere with his movements. Following the seizure leave the person on his side and let him sleep.

CEREBRAL PALSY

Cerebral palsy is a condition resulting from a lack of oxygen to the brain before, during or right after childbirth. Cerebral refers to the brain and palsy refers to lack of control over the muscles. The muscles are not paralyzed but uncoordinated.

There are many different types of cerebral palsy, and in many cases there will be a combination of two or more types. Common types of “CP” are:

Spastic – Tense contracted muscles with inability to move smoothly. May involve one or more limbs or one side of the body.

Athtoid – Uncontrolled motion even at rest. Movements intensify with excitement.

Ataxic – Damage in the area of the brain concerned with balance. Muscles are limp.

Tremor – Constant shaking, especially in arms or hands.

Because the brain controls all bodily functions, damage to the brain cells can result in impairment in other areas besides muscle functions. In addition to lack of muscle control, there may be seizures, spasms, abnormal perceptions, or impairment of sight, hearing or speech, all in varying degrees.

MUSCULAR DYSTROHY

The term muscular dystrophy refers to a group of diseases which are characterized by weakness and wasting of the voluntary muscles. The most common and serious type of MD (Duchenne's) usually affects young boys between the ages of two and six. Fat replaces the muscle fiber and weakness progresses rapidly. Children with this type of dystrophy usually start using a wheelchair in their early teens. Life expectancy is rarely past 20 as they are unable to cope with respiratory infections. Exercise is important to the child with MD. By keeping the remaining muscles as functional as possible, it is often possible to avoid or slow down the development of complications that come from progressive muscle loss. In advanced states of the disease, the bones become very fragile.

SPINA BIFIDA

Spina Bifida is a birth defect in which part of the backbone that covers the spinal cord fails to develop, leaving the spinal cord exposed in one spot. There are five major types of spina bifida. Some babies are born with a thin-walled sack called a meningocele protruding from their back. When this sack contains a part of the defective spinal cord, it is called myelomeningocele. It occurs during the end of the first month of pregnancy. The child with spina bifida is likely to have a number of problems, including paralysis of the lower limbs, loss of sensation, lack of bowel and bladder control, deformity, susceptibility to infection and hydrocephalus (excess fluid on the brain.)

MENTAL IMPAIRMENT

Persons with mental impairments are those who develop at a below-average rate and experience difficulty in learning and often social adjustment. Mental retardation should not be confused with mental illness. It is not inherited.

DOWN SYNDROME

Down Syndrome is caused by an extra chromosome. Physical and mental developments are usually retarded. It causes certain physical characteristics such as heart abnormalities, slanted eyes and short fingers.

SOME BENEFITS OF THERAPEUTIC RIDING

- Improved balance and coordination
- Increased muscle strength
- Increased range of motion
- Improved posture
- Increased awareness and mobility
- Development of anticipatory responses
- Development of body localization and spatial organization
- Enhanced self-esteem and socialization skills

POST TRAUMATIC STRESS DISORDER (PTSD)

Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Many people who go through traumatic events have difficulty adjusting and coping for a while, but they don't have PTSD — with time and good self-care, they usually get better. But if the symptoms get worse or last for months or even years and interfere with your functioning, you may have PTSD.

Getting effective treatment after PTSD symptoms develop can be critical to reduce symptoms and improve function.

MILITARY SEXUAL TRAUMA (MST)

Military sexual trauma (MST) is the term that the Department of Veterans Affairs uses to refer to sexual assault or repeated, threatening sexual harassment that occurred while the Veteran was in the military. It includes any sexual activity in which one is involved against one's will.

APPENDIX III
WORKING WITH PERSONS WHO HAVE BEEN ABUSED OR NEGLECTED

Developmental Milestones Summary
Development tasks are typically divided into four primary categories, referred to as Domains. The four primary domains are *physical, cognitive, social, and emotional.*

Physical development consists of the development of the body structure, including muscles, bones, and organ systems. Physical development generally consists of sensory development, dealing with the dealing with the organ systems underlying the senses and perception: motor development, dealing with the actions of the muscles; and the nervous system's coordination of both perception and movement.

Motor activity depends upon muscle strength and coordination. Gross motor activities, such as standing, sitting, walking, and running, involve the large muscles of the body. Fine motor activities, including speech, vision, and the use of hands and fingers, involve the small muscles of the body. Both large and small muscles activities are controlled and coordinated by the central nervous system.

Sensory development includes the development of vision, hearing, taste, touch, and small, and the coordination and integration of perceptual input from theses systems by the central nervous system.

Note that vision has both motor an sensory components. Muscles regulate the physical structures of the eye to permit focusing; neurological pathways transmit visual input to the brain.

Cognitive development is sometimes referred to as intellectual or mental development. Cognitive is the proper term. Cognitive activities include thinking, perception, memory, reasoning, concept development, problem-solving ability, and abstract thinking. Language, with its requirements of symbolization and memory, is one of the most important and complicated cognitive activities.

It is important to differentiate language and speech. Understanding and formulating language is a complex cognitive activity. Speaking, however, is a motor activity. Language and speech are controlled by different parts of the brain.

Social Development includes the child's interactions with other people and the child's involvement in social groups. The earliest social task is attachment. The development of relationships with adults and peers, the assumption of social roles, the adoption of group values and norms, adoption of a moral system, and eventually assuming a productive role in society are all social tasks.

Emotional Development includes the development of personal traits and characteristics, including a personal identity, self-esteem, the ability to enter into reciprocal emotional relationships, and mood and affect (presentation of feelings and emotions) that are appropriate for one's age and for the situation.

While each of these four developmental domains can be examined individually, it is misleading to suggest tht development occurs separately in each of the four domains. Development in any domains affects, and is affected by, development in all of the other domains.

Summary of Normal Developmental Milestones

School Age (6-11 years)

Physical

The child practices, refines, and masters complex gross and fine motor and perceptual-motor skills.

Cognitive

Concrete operational thinking replace egocentric cognition

Black or white thinking (give two options!)

The child's thinking become more logical and rational

The child develops the ability to understand others' perspectives

Social

Relationships outside the family increase in importance, including the development of friendships and participation in a peer group.

The child imitates, learns, and adopts age-appropriate social roles, including those that are gender-specific.

The child develops an understanding of rules. Rules are relied upon to dictate proper social behavior and to govern social relationships and activities.

Emotional
The child is industrious, purposeful, demonstrates goal-directed activities and is confident and self-directed.
The child is developing a better sense of herself as an individual, with likes and dislikes and special areas of skill. She is capable of introspection.
The child evaluates her worth by her ability to perform. Self-esteem is largely derived from one's perceived abilities.

Adolescence (12-17 years)
Physical
Physiological changes at puberty promote rapid growth, the maturity of sexual organs, and development of secondary sex characteristics. The youth just become accustomed to the changes in his or her body and adapt behavior accordingly.

Cognitive
During early adolescence, precursors to formal operational thinking appear, including a limited ability think hypothetically and to hold multiple perspectives.
During middle and late adolescence formal operational thinking becomes well-developed and integrated in a significant percentage of adolescents.

Social
Social relationships in early adolescence are centered in the peer group. Group values guide individual behavior. Acceptance by peers is critical to self-esteem. Most peer relationships are still same-sex.

Young adolescents become interested in sexual relationships, but most contact is through groups. Some youth may begin to experiment with sexual behavior, but many early adolescents are not sexually active with partners.
Social roles are still largely defined by external sources.
During late adolescence, values become individualized and internalized after careful consideration and independent thought. The middle adolescence period is a transitional period which can be very difficult for a child to move from the peer pressure state to being comfortable being an individual.
Friends are more often selected on personal characteristics and mutual interests. The peer group declines in importance, individual friendships are strengthened, and more youth date in one-on-one relationships.

The youth experiments with social roles and explores options for career choice.

Emotional

The early adolescent is strongly identified with the peer groups. Youth depends upon their peers for emotional stability and suppor and to help mold the youth's emerging identity. Self-esteem is greatly affected by acceptance by peers.

Early adolescents are emotionally labile with exaggerated affect and frequent mood swings. They are very vulnerable to emotional stress. During middle and late adolescence, identity is moving towards the importance of their feelings and emotions and away from the peer group, and a sense of who they ae develops and becomes more stabilized. This sense of self is separate from either family or peer group.
The self-esteem that has been developed is now influenced by the youth's ability to live up to an internalized standard(s) of behavior. Self-assessment and introspection are common at this stage.

Effects of Abuse and Neglect on Development

School Age

Physical
The child may show generalized physical development delays or may lack the skills and coordination for activities that require perceptual-motor coordination. The child may be sickly or chronically ill.

Cognitive
The child may display thinking patterns that are typical of a younger child, including egocentric perspectives, lack of problem-solving ability, and inability to organize and structure his thoughts.
Speech and language may be delayed or inappropriate.
The child may be unable to concentrate on school work and may not be able to conform to the structure of the school setting. Some children may not have developed basic problem-solving or attack skills and may have considerable difficulty in academics. Others may have developed survival skills that have served them well but are not successful in the school setting.

Social
The child may be suspicious and mistrustful of adults or overly solicitous, agreeable, and manipulative, and may not turn to adults for comfort and help when in need.
The child may talk in unrealistically glowing terms about her family and may exhibit role reversal and assume a parenting role with the parent.
The child may not respond to positive praise and attention or may excessively seek adult approval and attention.
The child may feel inferior, incapable, and unworthy around other children; may have difficulty making friends, feel overwhelmed by peer expectations for performance, may withdraw from social contact, and may be scapegoated by peers.

Emotional
The child may experience severe damage to self-esteem from the denigrating and punitive messages received from the abusive parent, or the lack of positive attention in a neglectful environment.
The child may behave impulsively, may have frequent emotional outburst, and may not be able to delay gratification.
The child may develop coping strategies to effectively manage stressful situations and master the environment.
The child may exhibit generalized anxiety, depression, and behavioral signs of emotional distress; may act out feelings of helplessness and lack of control by being bossy, aggressive or destructive, or by trying to control or manipulate other people.
The child who is punished for autonomous behavior may learn that self-assertion is dangerous and may assume a more dependent posture. He may share few opinions, show no strong likes or dislikes and may not be engaged in productive, goal-directed activity. The child may lack initiative, give up quickly, and withdraw from challenges.

Adolescents
The following are common outcomes of abuse and neglect in adolescents:

Physical
The youth may be sickly or have chronic illnesses.
Sensory, motor, and perceptual motor skills may be delayed and coordination may be poor.
The onset of puberty may be affected by malnutrition and other consequences of serious neglect.

Cognitive

The youth may not develop formal operational thinking: may show deficiencies in the ability to think hypothetically, logically, or problem solve systematically.
The youth's thought processes may be typical of much younger children, the youth may lack insight and the ability to understand other people's perspectives.
The youth may demonstrate caregiver skills because of the circumstances in their family but they will be missing many developmental skills that they were not exposed to.
The youth may be academically delayed and may have significant problems keeping up the demands of school.

Social

The youth may have difficulty maintaining relationships with peers; they may withdraw from social interactions, display a generalized dependency on peers, adopt group norms or behaviors in order to gain acceptance, or demonstrate ambivalence about relationships.
The youth is likely to mistrust adults and may avoid entering into relationships with adults.
Maltreated youth, particularly those who have been sexually abused, often have considerable difficulty in sexual relationships. Intense guilt, shame, poor body image, lack of self-esteem, and a lack of trust can pose serious barriers to a youth's ability to enter into mutually satisfying and intimate sexual relationships.
Youth may display limited concern for other people, may not conform to socially acceptable norms, and may otherwise demonstrate delayed moral development.
Maltreated youth may not be able to engage in appropriate social or vocational roles. They may have difficulty conforming to social rules.

Emotional

Maltreated youth may display a variety of emotional and behavioral problems, including anxiety, depression, withdrawal, aggression, impulsive behavior, antisocial behavior, and conduct disorders.
Maltreated adolescents may lack the internal coping abilities to deal with intense emotions, and may be excessively labile, with frequent and sometimes volatile mood swings.
Abused and neglected youth may demonstrate considerable problems in formulating a positive identity. Identity confusion and poor self-image

are common. The youth may appear to be without direction or immobilized.
The youth may have not trust in the future and may fail to plan for the future. The youth may verbalize grandiose and unrealistic goals for himself, but maynot be able to identify the steps necessary to achieve the goals. These youth often expect failure.

Recognizing Continuing Abuse

The Yellow Flags
Not an emergency to report, but does need to be reported to their case worker

Behaviors that need redirected
- In appropriate touching
- Too much affection

Behavior not consistent with his/her usual behavior

The Red Flags
Must be reported to DCS immediately

Suspected continued abuse
- Bruises or signs of injury
- Radical change of behavior for the worse

Abusive behavior in your presence by the parents/caregivers
Child confides that abuse has continued

The Characteristics of Non-Abusive Families

- Clear roles
- Solve problems with words
- Loving, kind, nurturing
- Reasonable structure and routine
- Flexibility for exceptions
- Supportive, encouraging
- Resourceful
- Positive support system
- Clear communication
- Relatively stable life

The Characteristics of Abusive Families

- Use violence to solve problems
- Intermittent nurturing
- Poor problem solving skills
- Not very resourceful
- Absent or poor support system
- Unclear emotional boundaries
- Communication difficulties
- Roles between parent and child are reversed
- History of abuse and neglect of parents
- Stressful life

Children Misbehave Because:

- They are impulsive
- They are striving for independence
- They do not understand the rules or expectations
- It brings them attention
- The need to release tension caused by intense feelings
- They are influenced by their peers
- They may lack the ability to control themselves (ADHD)
- They are normal, energetic, and exuberant

Therapeion's Role

Assist child with adjustment to new environment

  Barn Rules lend to stability

    Allow child to safely explore environment under the supervision of a Therapeion volunteer

Aid child in dealing with loss of family

  Allow child to talk about loss but keep them focused on riding

Give child a sense of security

  Consistency with volunteers and horse assignments

  Clear rules that are consistently and fairly enforced

Help child maintain cultural identity

  Do not put down the child's family

Reduce the number and scope of stressful situations with which the child must cope

Explain what they will be doing before starting

Respect concerns and fears

The skills you will need:

Reflective listening
Be non-judgmental
Be consistent
Learn, understand, and enforce the Barn Rules

APPENDIX IV

Confidentiality Issues

While volunteers at Therapeion are not health care professionals, we must be careful to not make our participants' confidentiality information public. Medical information is confidential. Therapeion's Director and instructors can not divulge any medical information to any other TTRC staff members, volunteers or paid. However, many of our parents and other family members are happy to discuss the issues their riders are dealing with. If a rider or family member wants to talk about their medical, emotional, or cognitive issues you are welcome to discuss those issues. However, never ask for information. To do so is in violation of Federal Privacy Laws.

HIPAA Regulations

Please read the Summary of the HIPAA Laws below. Be sure to ask if you have questions.

Your Health Information Is Protected By Federal Law

Most of us believe that our medical and other health information is private and should be protected, and we want to know who has this information. The Privacy Rule, a Federal law, gives you rights over your health information and sets rules and limits on who can look at and receive your health information. The Privacy Rule applies to all forms of individuals' protected health information, whether electronic, written, or oral. The Security Rule, a Federal law that protects health information in electronic form, requires entities covered by HIPAA to ensure that electronic protected health information is secure.

Background

The minimum necessary standard, a key protection of the HIPAA Privacy Rule, is derived from confidentiality codes and practices in common use today. It is based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function. The minimum necessary standard requires covered entities to evaluate their practices and enhance safeguards as needed to limit unnecessary or inappropriate access to and disclosure of protected health information. The Privacy Rule's requirements for minimum necessary are designed to be sufficiently flexible to accommodate the various circumstances of any covered entity.

How the Rule Works

The Privacy Rule generally requires covered entities to take reasonable steps to limit the use or disclosure of, and requests for, protected health information to the minimum necessary to

accomplish the intended purpose. The minimum necessary standard does not apply to the following:

- Disclosures to or requests by a health care provider for treatment purposes.
- Disclosures to the individual who is the subject of the information.
- Uses or disclosures made pursuant to an individual's authorization.
- Uses or disclosures required for compliance with the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Rules.
- Disclosures to the Department of Health and Human Services (HHS) when disclosure of information is required under the Privacy Rule for enforcement purposes.
- Uses or disclosures that are required by other law.

The implementation specifications for this provision require a covered entity to develop and implement policies and procedures appropriate for its own organization, reflecting the entity's business practices and workforce. While guidance cannot anticipate every question or factual application of the minimum necessary standard to each specific industry context, where it would be generally helpful we will seek to provide additional clarification on this issue in the future. In addition, the Department will continue to monitor the workability of the minimum necessary standard and consider proposing revisions, where appropriate, to ensure that the Rule does not hinder timely access to quality health care.

Uses and Disclosures of, and Requests for, Protected Health Information

For uses of protected health information, the covered entity's policies and procedures must identify the persons or classes of persons within the covered entity who need access to the information to carry out their job duties, the categories or types of protected health information needed, and conditions appropriate to such access. For example, hospitals may implement policies that permit doctors, nurses, or others involved in treatment to have access to the entire medical record, as needed. Case-by-case review of each use is not required. Where the entire medical record is necessary, the covered entity's policies and procedures must state so explicitly and include a justification. For routine or recurring requests and disclosures, the policies and procedures may be standard protocols and must limit the protected health information disclosed or requested to that which is the minimum necessary for that particular type of disclosure or request. Individual review of each disclosure or request is not required. For non-routine disclosures and requests, covered entities must develop reasonable criteria for determining and limiting the disclosure or request to only the minimum amount of protected health information necessary to accomplish the purpose of a non-routine disclosure or request. Non-routine disclosures and requests must be reviewed on an individual basis in accordance with these criteria and limited accordingly. Of course, where protected health information is disclosed to, or requested by, health care providers for treatment purposes, the minimum necessary standard does not apply. Reasonable Reliance. In certain circumstances, the Privacy Rule permits a covered entity to rely on the judgment of the party requesting the disclosure as to the minimum amount of information that is needed. Such reliance must be reasonable under the particular circumstances of the request. This reliance is permitted when the request is made by:

- A public official or agency who states that the information requested is the minimum necessary for a purpose permitted under 45 CFR 164.512 of the Rule, such as for public health purposes (45 CFR 164.512(b)).
- Another covered entity.

- A professional who is a workforce member or business associate of the covered entity holding the information and who states that the information requested is the minimum necessary for the stated purpose.
- A researcher with appropriate documentation from an Institutional Review Board (IRB) or Privacy Board.

The Rule does not require such reliance, however, and the covered entity always retains discretion to make its own minimum necessary determination for disclosures to which the standard applies.

APPENDIX V

Dismissal Policy for Volunteers

Not everyone is a perfect fit for every volunteer position. If the Volunteer Coordinator or Program Director feels a volunteer is mismatched with their position the following step will be taken depending upon the circumstances:

If there has been a complaint by a rider or family member the Program Director will investigate the complaint to determine its validity. If it is determined to be a valid complaint following will happen:

1. **If the incident has caused injury to the rider or to a volunteer**, **staff member, or equine** the Program Director may immediately dismiss the volunteer that caused the injury. The Program Director also has the option of reporting the incident in writing and placing it in the volunteer's file. This document will serve as the first step towards dismissal.
2. **If the incident did not cause injury** the verbal counseling will serve as the first step towards dismissal. The incident will also be reported in writing and placed in the volunteer's file.

If the Program Director or a Therapeion instructor witnessed an incident that caused them concern the Program Director will provide counseling as above.

In the event a volunteer has previously been counseled on an incident and a second incident has occurred the Program Director will counsel the volunteer involved and the volunteer will either be immediately dismissed or may be offered the following alternatives:

-Volunteering in a position that does not involve direct rider and/or equine contact
-Resigning from Therapeion's volunteer staff

If the Volunteer accepts a transfer to a different position the written documentation stays in their file. An additional incident is cause for immediate dismissal by the Program Director.