

*High Horses*

Therapeutic  
Riding Program



## Connections Program

When people think of mental health counseling, they often envision going to a professional office space, sitting on a couch, and talking about their problems with the counselor. Now imagine meeting with your counselor in a beautiful Vermont outdoor environment, or in a well-kept barn with the additional presence of a gentle, curious horse. The traditional office setting is not for everyone!

Including a horse as part of psychotherapy can bring many benefits; including making the process of self-discovery more enjoyable, learning more adaptive ways of engaging in relationships, motivating children and adults to engage more in the therapy process, and research continues to show that experiential based therapy methods are more effective for treating trauma and other somatic based conditions than standard talk therapy. Many people have found the calm, gentleness, and curiosity of the horse, along with a more relaxing environment can enhance the therapeutic experience. The barn setting also provides the counselor with even more creative tools and options for working together to help you achieve your therapy goals.

The Connections program is a mental health counseling program, it is not a riding program. This means your unique treatment plan will determine which equine-based activities are best suited for achieving your therapy goals. Most of the clinical work will be done on the ground, however occasional mounted work may be included if your clinician deems it clinically appropriate.

Prior horse experience is not a requirement for including horses into the counseling work, although having an appreciation for animals can be helpful. Many clients start this work having never interacted with a horse prior to their first visit. An initial conversation with a member of our clinical staff is required prior to the start of any clinical work. This allows you and the clinician the opportunity to discuss the issues and concerns you are looking to address, any questions you may have, and it helps both of us determine if this program is an appropriate fit for you.

### **Connections Program details**

High Horses is partnering with MoonRise Therapeutics to offer experientially based mental health counseling that incorporates horses into the therapy. Each client works with a fully licensed mental health clinician and a certified equine specialist.

### **Scheduling and cancellations**

Sessions are 55-minutes in duration and are typically scheduled weekly. High Horses operates on a year-round basis that includes scheduled rest breaks for the horses, therefore there will be one or two week breaks in the treatment process every few months.

<i>Winter 2 2021 Term</i>	<i>Early Spring 2021 Term</i>	<i>Spring 2021 Term</i>	<i>Summer 2021 Term</i>	<i>Autumn 2021 Term</i>	<i>Winter 1 2021 Term</i>
1/11-2/20 (6 weeks)	3/1-4/17 (7 weeks)	4/26-6/12 (7 weeks)	6/28-8/14 (7 weeks)	8/30-10/23 (8 weeks)	11/1-12/18 (7 weeks)

You should plan to arrive early enough to obtain your helmet and be ready to start your session at the scheduled time. If you must miss your scheduled session, 24-hours advanced notice is required, otherwise you will be responsible for paying for the missed session (insurance does not cover for missed sessions). Exceptions to this cancellation policy are illness and unsafe weather conditions. In these instances, both client and clinician may cancel at any time without incurring a fee. Please call your clinician directly to notify them of inability to attend or if you are running late.

### **Confidentiality**

All clinicians working with the Connections program are bound by the ethical and legal requirements to maintain client confidentiality. Equine specialists also agree to maintain confidentiality. There are a few legally required exceptions to confidentiality that will be discussed by the clinician and more information can be found about this in the clinician's informed consent form. There may be other non-clinical programs being offered at the High Horses facility concurrently with the Connections Program. We will do our best to protect client confidentiality, however, because we are in a small community, there is a possibility that someone you know may recognize you while you are on site.

### **Insurance and fees**

MoonRise Therapeutics' clinicians are contracted with a few major insurance companies (Vermont Medicaid and Blue Cross Blue Shield of Vermont)<sup>1</sup>. We will bill insurance for those companies that we are contracted with and you will be responsible for paying any co-pay or co-insurance amounts required under your plan. In the case of insurances where we are not contracted, we ask for full payment at time of service for each session and we will provide a receipt with all the relevant information needed for you to pursue reimbursement directly from your insurance company under your out-of-network benefits if you have such benefit. Scholarships and/or rate adjustments may be available for clients who qualify.

Current clinical fees<sup>2</sup>:

Initial diagnostic & assessment 55-minute session: \$135

Individual 55-minute session: \$130

Couple/family 55-minute session: \$150

<sup>1</sup> As of July 2021, subject to change

<sup>2</sup> As of July 2021, subject to change



## PARTICIPATION GUIDELINES AND POLICIES

High Horses has established the following requirements to protect the safety of all High Horses program participants, staff, volunteers, barn cats, and horses.

**For minor clients, a caregiver must remain on site while the client is in session.** In the rare instance that a client is excused from the session by the clinician because of behavioral problems or because of illness, High Horses cannot maintain responsibility for the care of that client.

### Basic Rules for Clients and Visitors:

- Please drive slowly into the facility
- Smoking (including vaping) is prohibited anywhere on the property
- Leave your dogs at home, dogs are not allowed on the property
- Horses can spook when presented with sudden movements, loud noises, or unfamiliar objects that flap in the air.
  - Please refrain from using umbrellas near the horses and riding areas
  - When walking, use appropriate voices and avoid sudden movements particularly near the horses.
  - Please, no running, skipping, yelling, or boisterous yodeling.
- Some of our horses and cats are on special diets, therefore do not feed any animals unless accompanied by a High Horses staff or volunteer who has been given explicit permission by the staff person.
- Please do not approach any horses unless you have been given explicit permission by a High Horses staff person or volunteer.
- Closely supervise minor clients, siblings of clients, and visitors while waiting in the designated waiting/observation areas.
- Parents, guardians, and visitors are to always remain outside of the paddocks and indoor and outdoor arenas.
- The taking of photographs and videos are not allowed during sessions unless explicit permission has been given by client and clinician.
- An equine specialist or clinician will always assist client with all mounting and dismounting.

### Dress requirements:

- Closed toe and closed heel shoes are required. Sandals, crocs, high heels, moccasins, slippers, etc. are not considered appropriate footwear for equine interactions. For the client's safety, they will not be allowed to be near any horses while wearing inappropriate footwear. Ideal footwear will have some structure that can protect the foot if a horse was to accidentally step on client's foot.
- Approved helmet (client can bring their own or use one from the High Horses collection). High Horses requires all program participants to wear an approved

helmet when working around horses, regardless of it being ground or mounted work. Helmets must meet the ASTM-SEI specification and be no more than 5 years old. High Horses staff will verify fit and help with adjusting if needed.

- Shirts are required at all times regardless of the season.
- Long pants are recommended if client is engaging in mounted work.

### **Conditions for acceptance and continuation in the Connections Program:**

The client shall:

- Complete all High Horses Connections Program enrollment forms annually; medical form **MUST** be resubmitted after any hospitalization, major illness, surgery, fracture, or seizure.
- Have sufficient tolerance to benefit from a period of sustained activity and be evaluated by a High Horses representative to be capable of benefiting from equine activities.
- Notify clinical staff prior to the session if client has:
  - Had a seizure since the last session.
  - Has been hospitalized for any reason.
  - Has had a change in medication type or dosage that would affect behavior, safety or functioning while in session.
  - Has undergone any changes from the information listed on the medical form when having started counseling.

Contraindications to client participation:

- Active seizure disorders unless controlled medically.
- Atlanto-axial instability (a condition that affects the bones in the upper spine or neck under the base of the skull).
- Uncontrolled and/or unmanageable behavior that may pose safety risk for client and/or horses.
- Unstable spine.
- Spontaneous bone fractures or recent fracture.
- Recent surgery without subsequent physician's release.

### **Directions to Our Site:**

High Horses TRP is located on 138 Horse Farm Rd, Sharon, VT. Take I 89 to the Sharon exit, take Route 132 to Route 14 then look for Fay Brook Rd. Horse Farm Rd is about a ¼ mile down Fay Brook Rd on Left.

### **High Horses contact information:**

PO Box 278

Sharon, VT 05065

802-763-3280

Fax: 802-552-4087

[www.highhorses.org](http://www.highhorses.org)



## Connections Program Application

*If reapplying, check here to denote change in any of the below information*

### Client's information

Name: \_\_\_\_\_ Date of application: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Current age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Town, state, zip: \_\_\_\_\_

Mobile phone num: \_\_\_\_\_ Home phone num: \_\_\_\_\_

Permission to leave message on mobile phone:  Yes  No Home phone:  Yes  No

Email address: \_\_\_\_\_

Permission to communicate with you via email?  Yes  No

Employer / school: \_\_\_\_\_

### Parent/legal guardian's information (if applicable):

Name: \_\_\_\_\_

Relationship with client: \_\_\_\_\_

Provide parent/legal guardian's contact information if different than client's

Address: \_\_\_\_\_

Town, state, zip: \_\_\_\_\_

Mobile phone num: \_\_\_\_\_ Home phone num: \_\_\_\_\_

Permission to leave message on mobile phone:  Yes  No Home phone:  Yes  No

Email address: \_\_\_\_\_

Permission to communicate with you via email?  Yes  No

Employer / school: \_\_\_\_\_

How did you learn about the Connections Program? \_\_\_\_\_

Describe client's prior experience with horses and companion animals:

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Briefly describe your goals for this counselling work:

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Client, parent, or legal guardian:

By signing below, I attest that I have read and agree to follow the High Horses Participant Guidelines and Policies and I have provided accurate information on the Connections Program Application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_



## Participant's Medical History & Physician's Statement

(completed by physician)

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Diagnosis(es) \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Past/Prospective Surgeries: \_\_\_\_\_  
 Medications: \_\_\_\_\_  
 Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure \_\_\_\_\_  
 Shunt Present: Y N Date of last revision \_\_\_\_\_  
 Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N Assisted Ambulation Y N Wheelchair Y N  
 Braces/Assistive Devices: \_\_\_\_\_  
 For those with Down Syndrome: AtlantoDens Interval X-Rays, Date: \_\_\_\_\_ Result: Pos Neg  
 Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

**Please indicate current or past special needs in the following systems/areas, including surgeries:**

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

I have reviewed the list of precautions and contraindications to therapeutic equine activities as listed on the following page. To my knowledge, there is no reason why this person cannot participate in psychotherapy that includes equine. However, I understand that High Horses will weigh the medical information above against existing precautions and contraindications, I concur with a review of this person's abilities/limitations by a licensed/credentialed mental health professional in the implementation of psychotherapy that includes equines.

Printed Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_

(continued)

List of precautions and contraindications to therapeutic equine activities:

In order to safely provide this service, our center requests that you complete/update the Medical History and Physician's Statement Form on the previous page. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, when completing this form please note whether these conditions are present and to what degree. Thank you.

**Orthopedic:**

Atlantoaxial Instability-include neurologic symptoms  
Coxa Arthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

**Neurologic:**

Hydrocephalus/Shunt  
Sensory Deficit  
Seizure  
Spina Bifida/Chiari II Malformation/Tethered Cord/Hydromyelia

**Medical/Psychological:**

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions (i.e. RA, MS)  
Fire Settings  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

**Other:**

Age-Under 4 years  
Indwelling Catheters/Medical Equipment  
Medications-i.e. Photosensitivity  
Poor Endurance  
Skin Breakdown



## Acknowledgement/Assumption of Risk and Liability Release

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency contact #1: \_\_\_\_\_ Contact #1's phone: \_\_\_\_\_

Emergency contact #2: \_\_\_\_\_ Contact #2's phone: \_\_\_\_\_

### Acknowledgement/Assumption of Risk

I would like to participate in the High Horses Connections Program. I acknowledge the inherent risks and potential for risks of equine activities and the risks associated with the COVID-19 Coronavirus. However, I assume these risks and feel the possible benefits to me/my child/my ward are greater than the risks assumed.

If I have any underlying medical condition, I have discussed restarting my High Horses Connections Program and the risks of contracting the COVID-19 virus with my primary care doctor.

I agree to follow all precautions and procedures that High Horses Therapeutic Riding Program (HHTRP) mandates to prevent the spread of COVID19.

### Warning Under Vermont Equine Activities Law

I further acknowledge that under Vermont law (12 V.S.A. 1039), an equine activity sponsor is not liable for injury to, or the death of, a participant in the equine activities resulting from the inherent risks of equine activities that are obvious and necessary. The term "equine activity sponsor" includes the HHTRP, its employees, volunteers, instructors, therapists, mental health clinicians, contractors, agents, and members of its board of directors.

### Liability Release

In consideration for the opportunity to participate in the HHTRP, I release the HHTRP and its employees, volunteers, instructors, therapists, mental health clinicians, contractors, agents, and members of its board of directors from all claims, suits, judgments, losses, and expenses, including those associated with the COVID-19 Coronavirus, arising in whole or in part from my participation in the HHTRP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client, Parent or Legal Guardian