

## Treatment Intervention Advisory Committee Review and Determination

**Date:** October 30, 2015

**To:** DHS/DLTC

**From:** Wisconsin Department of Health Services Autism and other Developmental Disabilities <sup>ACK</sup>  
Treatment Intervention Advisory Committee: Lana Collet-Klingenberg, Ph.D. (chairperson)

**RE:** Determination of Equine Assisted Psychotherapy (EAP) as a proven and effective treatment for individuals with autism spectrum disorder and/or other developmental disabilities

This is an initial review

This is a re-review. The initial review was November 22, 2013 and a previous re-review October 31, 2014 with a Determination Level of 3-Emerging Evidence.

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### Section One: Overview and Determination

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

#### Description of proposed treatment

According to the Equine Assisted Growth and Learning Association (EAGALA), EAP is an experiential education model that draws many of its tenets from the Association for Experiential Education (AEE). As an experiential modality, EAP contains several key principles incorporated from the AEE, as described on their website:

- Experiential learning occurs when carefully chosen experiences are supported by reflection, critical analysis and synthesis.
- Experiences are structured to require the learner to take initiative, make decisions and be accountable for results.
- Throughout the experiential learning process, the learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative, and constructing meaning.
- Learners are engaged intellectually, emotionally, socially, soulfully and/or physically. This involvement produces a perception that the learning task is authentic.
- The results of the learning are personal and form the basis for future experience and learning.
- Relationships are developed and nurtured: learner to self, learner to others and learner to the world at large.
- The educator and learner may experience success, failure, adventure, risk-taking and uncertainty, because the outcomes of experience cannot totally be predicted.

- Opportunities are nurtured for learners and educators to explore and examine their own values.
- The educator's primary roles include setting suitable experiences, posing problems, setting boundaries, supporting learners, insuring physical and emotional safety, and facilitating the learning process.
- The educator recognizes and encourages spontaneous opportunities for learning.
- Educators strive to be aware of their biases, judgments and pre-conceptions, and how these influence the learner.
- The design of the learning experience includes the possibility to learn from natural consequences, mistakes and successes. (AEE, n.d., The Principles section)

Anestis (2015) describes Equine-related treatment (ERT), a category that includes both equine-assisted psychotherapy (EAP) and therapeutic horseback riding (THR). EAP is a therapy that utilizes equines to facilitate personal exploration (e.g., awareness of thoughts, emotions, and behaviors) and provide a context within which the therapist and client can interpret the nature and meaning of the client's difficulties (e.g., Klontz, Bivens, Leinart, & Klontz, 2007). The equines are intended to serve as prompts for specific responses and as metaphors through which to understand internal experiences (e.g., Bachi, Terkel, & Telchman, 2012; Klontz et al., 2007).

#### Synopsis of review

In the case of Equine Assisted Psychotherapy, please refer to the attached reference listing that details the reviewed research. The committee's conclusions regarding Equine Assisted Psychotherapy include that there have not been any additional, peer-reviewed studies nor have authoritative bodies approved or rated the treatment package as having a strong evidence base.

A literature search was conducted for years 2014 and 2015 in order to find updates on empirical evidence on EAP published since the last review. There have been no peer-reviewed, experimental studies since the last review of EAP.

The previous review found the efficacy of EAP had limited but emerging empirical evidence to support as a treatment for ASD and/or other developmental disabilities. There have been 5 published studies that investigate the use of EAP with encouraging findings, as well as mixed findings and lack of scientific rigor. There are no published experimental studies which investigate impacts on children with ASD under the specific term "Equine Assisted Psychotherapy." This lack of evidence is concerning as there is no concise definition nor means for consistency or fidelity of implementation. Moreover there have been no scientific studies of animal therapy for individuals with ASD (Association for Science in Autism Treatment, 2010).

In sum, it is the decision of the committee that Equine Assisted Psychotherapy remain at a rating of Level 3-Emerging Evidence .

## Section Two: Rationale for Focus on Research Specific to Comprehensive Treatment Packages (CTP) or Models

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

- (a) **Focused intervention techniques** are individual practices or strategies (such as positive reinforcement) designed to produce a specific behavioral or developmental outcome, and
- (b) **Comprehensive treatment models** are “packages” or programs that consist of a set of practices or multiple techniques designed to achieve a broader learning or developmental impact.

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

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

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

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

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

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

### Section Three: DLTC-TIAC Treatment Review Evidence Checklist

Name of Treatment: Equine Assisted Psychotherapy (EAP)

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

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

*Notes:* At this level, include ages of participants and disabilities identified in body of research

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

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

*Notes:*

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

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

Notes: Ages 4-15 ASD

Level 4 – Insufficient Evidence (Experimental Treatment)

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

Notes:

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

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

*Notes:* At this level, please specify if the treatment is reported to be potentially harmful, providing documentation

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Date: October 30, 2015

Committee Members Completing Initial Review of Research Base: Brooke Winchell, Amy Van Hecke

Committee Decision on Level of Evidence to Suggest the Proposed Treatment is Proven and Effective: Level 3- Emerging Evidence.

**References Supporting Identification of Evidence Levels:**

- Chambless, D.L., Hollon, S.D. (1998). Defining empirically supported therapies. *Journal of Consulting and Clinical Psychology*, 66(1) 7-18.
- Chorpita, B.F. (2003). The frontier of evidence---based practice. In A.E. Kazdin & J.R. Weisz (Eds.). *Evidence-based psychotherapies for children and adolescents* (pp. 42---59). New York: The Guilford Press.
- Odom, S. L., Collet-Klingenberg, L., Rogers, S. J., & Hatton, D. (2010). Evidence-based practices in interventions for children and youth with autism spectrum disorders. *Preventing School Failure*, 54(4), 275-282.

## **Section Four: Literature Review**

- Anestis, M. D., et al. (2014). Equine-Related Treatments For Mental Disorders Lack Empirical Support: A Systematic Review of Empirical Investigations. *Journal of clinical psychology*, 70(12), 1115-1132.
- Notgrass, C. G., & Pettinelli, J. D. (2015). Equine Assisted Psychotherapy The Equine Assisted Growth and Learning Association's Model Overview of Equine-Based Modalities. *Journal of Experiential Education*, 38(2), 162-174.