

# **Experiential Therapy**

**(Animal Assisted Therapy/  
Equine Facilitated Mental Health/Animal  
Assisted Activities & Nature Based  
Therapeutic Intervention)**

## **Specific Forms**

**The forms following are specific for those who are interested in working with or having contact with the animals and/or involved in nature based intervention on the farm.**

## **Informed Consent for Experiential Therapy Services**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Person Requesting Service: \_\_\_\_\_ Date: \_\_\_\_\_  
Services Requested: ( ) Individual AAT ( ) Group AAT ( ) AAI/NBT – cash pay

### **Experiential Therapy**

Experiential Therapy is a method of doing that brings current challenges into the moment rather than just talking about what has happened in the past. How we do one thing is how we do all things, so current past difficulties will be reflected in current relationships if we create the right environment for them to appear. When we resolve a conflict in the moment, we can apply that learning to other aspects of our lives. LHH utilizes two three primary methods of Experiential Therapy: Nature Based Therapeutics (NBT) and Animal Assisted Interventions (AAI). NBT is engagement with the natural world in terms of observation of nature and wildlife, gardening, hiking, kayaking etc. that allows engagement with the natural world aimed to facilitate personal growth and development. AAI is engagement with animals either with a focus on skill building (learning) or interpersonal growth (therapy). At LightHorse Healing, Inc., AAI is provided in partnership with a diverse team of animals including horses, donkeys, visiting wildlife and either licensed mental health providers (Animal Assisted Therapy) or para-professional Equine Specialists (Animal Assisted Activities).

### **Animal Assisted Activities (AAA)/Nature Based Therapeutics (NBT)**

Animal Assisted Interactions or AAI/NBT include horsemanship, therapeutic gardening or other farm based experiential learning activities conducted as an ADJUNCT to traditional counseling in the office or AAT provided at the farm. The services are provided by specially trained, non-clinical, para-professional staff or volunteers. A therapist is on the property but not necessarily in the session. The person's primary therapist sets the interaction goals carried out in the process. AAI/NBT is not reimbursable by insurance. Fees range from \$25 for social skills group to \$50 for individual skill building sessions.

### **Animal Assisted Therapy**

Animal Assisted Therapy or AAT, partners trained and certified animals, licensed mental health professionals (with specialized expertise) and volunteers with patients to enhance physical, emotional and social wellbeing, thus improving self-esteem, reducing anxiety and facilitating healing. AAT is a form of mental health counseling and can either be provided as the sole form of counseling a patient receives, or may be used in conjunction with other behavioral healthcare services. AAT is a clinical service that meets the guidelines for insurance reimbursement as a clinical mental health services using evidence based practices (Process Experiential Theory).

### **Limitations and Potential Risks**

Although highly unlikely, there are always potential risks with exposure to any animal. Animals may be unpredictable and could bite, scratch, kick, knock into, or step on those around them. Animals may also carry diseases, it is important to know that a licensed veterinarian has conducted a thorough health examination of each animal and has authorized that the animal is healthy and current on all vaccinations required by state law.

It is important to alert the LightHorse Healing, Inc. staff if there are any pre-existing conditions that might make participation in an AAT service unsafe or challenging for you or your child. Such conditions could include asthma, allergies, or a health condition that would make being active outdoors unsafe. Furthermore, please alert the staff if you or your child has suffered any animal-related trauma or have fear or discomfort around animals.

Your services will generally be conducted outdoors, sometimes regardless of elements and will be with or around animals and the farm environment. You will need to be prepared for varying weather conditions and dress accordingly (see "Clothing" below). Drinking water is important year around so

make sure to bring a water bottle regardless of the season.

Occasionally program participants become so involved with the animals that they become possessive of those animals, and an atmosphere of competition rather than social cooperation develops. Patients may perceive that an animal has rejected them, usually because of unrealistic expectations of the animal's behavior toward them, and this can exacerbate low self-esteem. Death of an animal may generate intense feelings of grief and sometimes guilt in patients and staff. Our trained therapists will provide mediation and support if any of the above mentioned situations develop and make appropriate treatment decisions based upon the patient's reactions and responses.

### **Confidentiality**

You have already been provided with a copy of the Privacy Practices and Professional Disclosure Statement, which details the limits and expectations regarding confidentiality in a mental health setting. This confidentiality statement is inclusive to the farm location.

Due to the farm milieu, it is always possible that individuals will come onto the property without permission during your session. If this occurs during a session, the staff will cease conversation or the activity and a volunteer will escort the individual off the property. Due to this possibility, LightHorse Healing, Inc. cannot guarantee the same level of privacy as in an office setting.

If a patient is not comfortable with this, he/she is encouraged to discuss other options with the therapist. During your session an animal care provider, safety support staff or other volunteer may be present. If you are uncomfortable with this arrangement, please speak with your therapist.

There are also individuals who reside at the farm. Their residence is private and patients are asked not to go into areas of the farm marked "Private". These individuals may come and go during the course of a session, but will not interfere with a session or interact with the patients.

### **Attendance & Schedule Changes**

Clients should arrive at the farm 5 minutes prior to the start of the session to allow the maximum use of the scheduled session time. Child clients are not to be left unattended at the farm or on the property before the therapist starts the session or after the session. LightHorse Healing, Inc. staff supervise child clients before or after the session time.

*A reminder about Non-Emergency Cancellations:* We require 48 hours-notice to cancel a session. Please be courteous about cancelling sessions as your therapist and volunteer's time is valuable.

**Cancellations received less than 48 hours prior to session time will be charged a cancellation fee of \$50.00 and a pattern of cancellations will result in termination from services.**

- *Emergency Cancellations:* We recognize that emergencies do happen. In the event of an emergency, call the number provided to you for the provider you are seeing or call our main number at (912) 673-1801 and leave a message or email your provider. Cancellation fee exceptions may be made due to an emergency.
- *Weather-Related Cancellations:* LightHorse Healing, Inc. may close or cancel sessions due to inclement weather or uncomfortable temperatures, however, that is very rare. Our staff will notify you with as much advance notice as possible.
- *LightHorse Healing, Inc. Cancellations:* There are times when the farm is closed for holidays or training sessions throughout the year or providers or animals sometimes get ill or have emergencies as well. LightHorse Healing, Inc. will notify you with as much advanced notice as possible and attempt to reschedule you for the next available day when possible.

### **Clothing**

Proper dress is required around the animals at all times:

- Fully enclosed shoes (tennis shoes or boots) – Mud boots may be necessary in the rainy months.
- Long pants, some exceptions for long shorts in June – August.

- No large necklaces, bracelets or earrings that dangle, or excessively loose-fitting shirts or pants.
- Rain coat/hat when needed for weather
- Sunscreen/light long-sleeved sun shirt

### **Forms**

Your safety and well-being is our most important concern. All forms will need to be updated on an annual basis. Cancellation will result if forms are not returned to LightHorse Healing, Inc. by the specified due date. If the significant physical condition of the client changes at any time, LightHorse Healing, Inc. should be notified immediately and a new Medical Information Form completed. All forms and waivers must be signed before a client can have contact with any of the animals at the farm.

### **Farm & Safety Rules**

- Listen to your therapist and volunteers at all times!
- Keep all gates closed all the time.
- Teasing, taunting, harassing, or purposely annoying, scaring, chasing, or irritating the animals at the farm is strictly prohibited.
- Treat animals with respect. Use kind, even if direct, words with the animals. Anyone not being kind will be removed from them.
- Do not go into fields, barns, or stalls without supervision from a staff member.
- Family members and guests must stay in designated area only. If you wish to go anywhere other than designated visitor areas, please check with a staff member first.
- Everyone must wear appropriate clothing and footwear for the environment.
- Do not give the animals any treats without permission from staff. (Despite what the animals may tell you!)
- No dogs allowed on the premises with the exception of service animals. Please check in with staff prior to bringing the service animal to a session.
- Please allow our staff to conduct the session without interruption. When the session is taking place, please give the patient(s) and staff room to work and without distraction. Please keep conversation quiet.
- The most important rule: BE SAFE AND HAVE FUN!!!

### **Possible Reasons for Discharge**

Please be advised of the following reasons that may lead to discharge from LightHorse Healing, Inc. Decisions will be made by management with input from the therapists.

- Patient develops a health condition that makes Animal Assisted Therapy contraindicated.
- Inability to follow directions is interfering with progress toward treatment goals.
- Uncontrolled and inappropriate behavior that constitutes a safety risk to patient, staff, volunteers, and/or therapy animals
- Three scheduled sessions are missed without prior canceling (at the discretion of the therapist with management consult).
- Non-payment of funds after 30 days.
- Paperwork that is not returned within 30 days of due date.

### **Experiential Therapy Release of Liability**

This RELEASE FROM LIABILITY is made and entered into on this date of \_\_\_\_\_ of 20\_\_\_\_ and contains NO expiration date, by and between: \_\_\_\_\_ (Participant) and LightHorse Healing, Inc. hereinafter referred to as “LHH” and \_\_\_\_\_, herein designated as “Participant”, who hereby claims responsibility for self and his/her agents, friends, family and any and all guests present on their behalf, and if Participant is a minor, Participants’ parent or guardian: \_\_\_\_\_ who hereby claims full responsibility for Participant, in addition for Participant’s agents, friends, family and any and all guests present on their behalf. In return for the

use today, and on all future days, of the property and facilities that LHH uses and the services of LHH and any and all of LHH's representatives. The Participant, his/her heirs, assigns, family, guests, and legal representatives all herein referred to as Participant, hereby expressly agrees to the following rules:

- The animals have individual rights, just as each client has rights. Therefore, the animal is allowed to determine if and when it participates with others. While it may be planned to use an animal in session, the animal will never be forced to do so.
- The animals have their own quiet spaces where they can rest, sleep, or just take a quiet break. The animals should not be disturbed when they are in their private area.
- The animals are always treated gently. They should never be hit, tails or any other parts pulled, carried roughly or treated in any other way that is uncomfortable to them.
- The animals will always need their handler present in any therapeutic situation.
- If an animal becomes irritated, scared, or in any way acts in a negative manner, the handler will put the animal in a safe place. No other person should touch the animal at these times.
- The animal is always carried in a manner where it is fully supported. A LHH handler will teach, guide and assist you in learning how to handle, pick up or carry an animal. Do not pick up or carry an animal without prior training and permission.
- There is no climbing in trees or jumping from fences or ledges.
- Patients or visitors may not enter into private residence spaces and must remain in the designed waiting areas.

The Participant, his/her heirs, assigns, family, guests, and legal representatives all herein referred to as Participant, also hereby acknowledge and accept the following risks and liabilities:

- Animals have their own natural defenses. While the therapist/handler will do everything possible to prevent any injury, it is possible that someone will get scratched or bitten.
- Animals often use their mouths and heads in play. Therefore, even when playing, it is possible for light biting or nudging to occur.
- For their own safety and dignity our animals are not declawed. While we routinely trim their claws, when playing it is possible to get scratched.
- While all our animals have been screened by a veterinarian before commencing to work as therapy animals, animals do sometimes carry disease. Because your contact is minimal, this risk is very small.
- Our animals are in various stages of training and certification. Your therapist and animal handler will discuss these circumstances and provide additional information regarding each animal's unique circumstances, training, and stage of certification.
- Participants' potential allergic reactions to animal dander are always a concern. We ask that you fill out the medical information form fully and alert us if there any health concerns that might inhibit you or your child from safely participating.

- Participant agrees to assume any and all risks involved within or arising from Participant's interaction with animals or presence upon property and facilities that LHH uses including, without limitation but not limited to: the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, animals or stationary objects, fire or explosion, the unavailability of emergency medical care, and/or the negligence and/or deliberate act of another person.
- Participant is responsible for full and complete insurance coverage on his/her property and him/herself.
- Participant agrees to hold LHH and all its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, owners, partners, employees, tenants, volunteers, interns, and agents completely harmless and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of Participant's use of or presence upon horses, property, and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton gross negligence of LHH.
- Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving up the release does not know or expect to exist at the time of executing the release.
- Participant agrees to indemnify and defend LHH and all successors, assigns, subsidiaries, franchises, affiliates, officers, directors, owners, partners, employees, volunteers, interns, and agents against and hold harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arises from the Participant's use of or presence upon property and facilities that LHH uses.

This contract is non-assignable and non-transferable and is made and entered in the State of GEORGIA and shall be enforced and interpreted under the laws of this state. Should any clause conflict with State Law, then that clause is null and void. When LHH and Participant (and Participant's parent or guardian)/or volunteer, sign this contract, it will be binding on both parties, subject to the above terms and conditions.

I have read both pages of this liability release form. I fully understand and agree to this release.

\_\_\_\_\_  
Participant's Signature                      Participant's Printed Name                      Date

\_\_\_\_\_  
Parent or Legal Guardian Signature                      Printed Name of Parent/Guardian                      Date

\_\_\_\_\_  
LightHorse Healing, Inc.                      Date

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Patient's Medical History

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_  
 Tetanus Shot: Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Seizure: Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_ Controlled: \_\_\_\_\_ Date of Last Seizure: \_\_\_\_\_  
 Medications: \_\_\_\_\_

Please indicate if patient has a problem and/or surgeries in any of the following areas by checking YES or NO; if YES, please comment.

Areas	Yes	No	Comments
Auditory			
Visual			
Speech			___ sounds ___ words ___ sentences
Cardiac			
Circulatory			
Pulmonary			
Neurological			
Muscular			
Orthopedic			
Allergies			
Learning Disability			
Mental Impairment			
Emotional/Psychological			
Tactile Sensations			
Incontinence			
Coordination			
Balance			
Other			

**Other information that might impact patient's safety in a farm setting:**





### Medical Release Form

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize LightHorse Healing, Inc. and/or agents acting on its behalf to:

- 1) Secure and retain medical treatment and transportation if needed.
- 2) Release client records upon request to authorized individual or agency in the medical emergency treatment.

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

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

Phone: \_\_\_\_\_ (c) \_\_\_\_\_ (h) \_\_\_\_\_ (w)

Physician's name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by physician. This provision will only be invoked if the person below is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Participant, Volunteer, Parent or Guardian

#### Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required I wish the following procedures to take place:

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_  
Participant, Volunteer, Parent or Guardian

## Confidentiality Agreement & Photo Release

I, \_\_\_\_\_, desire to participate in experiential services at LightHorse Healing, Inc. By nature of the informal farm setting, I understand that confidentiality as to my identity and participation in a therapeutic program may be compromised. If I attend a public event such as a horse show or parade, it is likely that my identity will be revealed because of the public nature of competitive shows and/or parades. Self-disclosure of identity and therapeutic issues is assumed for therapy group participants in order to establish appropriate group therapeutic milieu. Group participants must agree to keep confidential the identities and issues of other group members, or they will not be able to remain in the group.

By signing below, I also agree to keep confidential the issues and identities of any other participants I see or meet while at the barn regardless of the context in which I see them.

\_\_\_\_\_ I DO NOT have concerns about others knowing my identity or the identity of my minor child and thus, expect to participate fully in the programs offered.

\_\_\_\_\_ I DO have concerns about others knowing my identity or the identity of my minor child and thus, do not wish to participate in public programs, and prefer scheduling at private, or at least, less busy times.

### Photo/Media Release

I hereby:  consent  do not consent

To authorize the use and reproduction by LightHorse Healing, Inc. of any and all photographs and any other audiovisual and printed materials of me (or my son/daughter/ward if participant is under 18 years of age) for promotional and educational activities or other uses for the benefit of LightHorse Healing, Inc.

### Acknowledgement of Informed Consent to AAT Services

By signing below, I acknowledge that I have received and/or have access to copy of this Informed Consent document. I acknowledge that my signature below indicates that I have read the information included, have asked any questions needed, and am aware of the business practices of LightHorse Healing, Inc. and the risks and benefits associated with Animal Assisted Therapy services. I agree to abide by the terms and conditions stated in these documents.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date