

BEYOND THE CLINIC WALLS: HOW EQUINE-ASSISTED SERVICES SUPPORT WHOLE- PERSON WELLNESS

Whitney Angelini, PT, DPT, HPCS, CTRI
Slippery Rock University



ACKNOWLEDGEMENTS

Storm Harbor
Equestrian Center

- ▶ Differentiate the range of services within the equine-assisted services (EAS) continuum and distinguish between at least two EAS modalities.
- ▶ Identify at least three evidence-based benefits of EAS for individuals with behavioral health needs, including veterans with substance use disorders.
- ▶ Explain how EAS aligns with integrated care principles by listing at least two ways it can complement conventional treatment in rural health settings.

LEARNING OBJECTIVES



POLL:

- What is your profession?
- Have you heard of equine-assisted services? What do you think they involve?

- ▶ 61.5 million U.S. adults had any mental illness in 2024. (SAMHSA, 2025)
- ▶ 34.5% of adults with any mental illness also had a substance use disorder (SUD). (SAMHSA, 2025)
- ▶ 8.4 million people age 12+ had a past-year SUD in 2024; only 12.3% received substance use treatment. (SAMHSA, 2025)
- ▶ SUD treatment dropout across in-person psychosocial treatments averages 30.4%. (Diaz et al., 2022)
- ▶ What could be a solution for improved retention and motivation???

THE ENGAGEMENT GAP IN BEHAVIORAL HEALTH CARE: QUICK STATS



A HORSE OF COURSE!

► Studies show....

- For adults receiving substance abuse use treatment in residential settings, there was a 44% completion rate in the equine group compared to 32% in the standard treatment group. (Gatti et al., 2020, as cited in Diaz et al., 2022)
- A review of mounted EAT found positive outcomes across multiple populations, including improvements in emotional regulation, confidence, social connection, self-esteem, stress reduction, and quality of life. (Ward et al., 2022)
- In residential substance use treatment, mounted EAT was described as a motivating intervention and, for some participants, a reason to remain engaged in treatment. (Ward et al., 2022)
- A veterans trauma review identified 23 EAS studies, with reported benefits for PTSD symptoms, depression, anxiety, craving, functioning, and treatment enjoyment. (Marchand, 2023)

A HORSE? REALLY?

WHY THE HORSE?





NATURE OF THE OF THE HORSE

Horses make a great partner in helping those with behavioral and mental health needs because they are:

- ▶ Prey animals
- ▶ Herd animals
- ▶ Nonverbal communicators
- ▶ Large and powerful
- ▶ Require calm leadership
- ▶ Nonjudgmental presence
- ▶ Present-focused



Horses communicate primarily through body language.

- ▶ Respond to posture, movement, breathing, tension, and space

Common signals participants may observe:

- ▶ Ears forward, back, or moving
- ▶ Head position
- ▶ Licking/chewing
- ▶ Tension or relaxation in the body
- ▶ Tail movement
- ▶ Attention toward or away from the person

HORSE COMMUNICATION: THE KEY FACTOR

Horses can...

- ▶ Create nonjudgmental environments
- ▶ Give immediate, honest feedback
- ▶ Support emotional regulation
- ▶ Encourage present-moment awareness
- ▶ Help build trust and connection
- ▶ Strengthen confidence
- ▶ Make treatment feel more engaging



SO, WHY THE HORSE?

WHAT ARE EQUINE ASSISTED ACTIVITIES?

THERAPY

- ▶ **Counseling**
- ▶ **Occupational Therapy**
- ▶ **Physical Therapy**
- ▶ **Psychotherapy**
- ▶ **Speech-Language Pathology**
- ▶ **Recreational Therapy**

LEARNING

Equine-Assisted Learning in:

- **Education**
- **Organizations**
- **Personal Development**

HORSEMANSHIP

- ▶ **Adaptive Equestrian Sport**
- ▶ **Adaptive Riding or Therapeutic Riding**
- ▶ **Driving**
- ▶ **Interactive Vaulting**

EQUINE ASSISTED SERVICES



► Typical Session:

- The participant may groom the horse, practice leading, complete a groundwork activity, or participate in mounted riding.
- The session involves horsemanship goals.
- The instructor may focus on skills like posture, balance, communication, following directions, confidence, and safe interaction.

► How may this be beneficial?

HORSEMANSHIP





► Typical Session:

- Introduce a theme, such as trust, boundaries, or communication.
- Participants may observe herd behavior, lead a horse through an obstacle, work together to move a horse without touching it, or complete a problem-solving activity using horsemanship skills.
- In conclusion, the facilitator leads reflection questions: What worked? What was frustrating? What did the horse respond to? How does this connect to relationships, recovery, or daily life?

► How may this be beneficial?

LEARNING



► Typical Session (With a mental health focus):

- May begin with a clinical check-in and review of the treatment goal.
- Therapist chooses a horse-related activity that connects to that goal, such as grooming to practice grounding, leading to explore boundaries, or observing horse behavior to discuss emotional awareness and relationships.
- Therapist helps the client process the experience clinically and connect it back to coping skills, trauma responses, communication, relapse prevention, or treatment goals.
- How may this be beneficial?

THERAPY

Type of EAS	Main Purpose	Who Leads It?	What a Session Might Look Like
Horsemanship	Riding/horse skills, recreation	Certified instructor/equine professional	Grooming, leading, riding, horse care
Learning	Life skills, communication, personal growth	EAL facilitator/equine professional	Group challenge, obstacle task, reflection
Therapy	Clinical treatment goals based on discipline	Licensed professional + equine specialist/instructor	Based on therapy goals, horse related activity (mounted or unmounted)

EAS: KEY DIFFERENCES



- ▶ Emotional regulation
- ▶ Stress reduction
- ▶ Engagement in care
- ▶ Healthy connection
- ▶ Community and purpose

BENEFITS OF EQUINE
ASSISTED SERVICES FOR
BEHAVIORAL HEALTH



DATA FROM STORM HARBOR EQUESTRIAN CENTER'S VETERAN'S PROGRAMMING

“ HORSES DON'T JUDGE YOU IN A WAY THAT A HUMAN CAN.

I LOVE IT — IT REALLY HELPS CALM ME.

VERY RELAXING. FELT LIKE I MADE A BOND WITH THE HORSE.”



1. Stress relief and relaxation

- ▶ “I love it — it really helps calm me.”
- ▶ “Everything! Made my anxiety go down dramatically.”
- ▶ “Stress relief 100/10.”

2. Connection with the horse

- ▶ “Very relaxing. Felt like I made a bond with the horse.”
- ▶ “Peace of mind connecting with the horse.”
- ▶ “Building a bond, brighten mood.”

3. Nonjudgmental environment

- ▶ “Horses don’t judge you in a way that a human can.”

4. Confidence and accomplishment

- ▶ “Exercise builds confidence.”
- ▶ “Camaraderie with staff and horse, relaxation, lower stress, confidence.”
- ▶ “It was enjoyable, relaxing, and I got some exercise.”

5. Enjoyment and motivation to return

- ▶ “I loved it so much — will always come here.”
- ▶ “Make the trip longer and more often.”
- ▶ “Good for your soul.”

**PARTICIPANT FEEDBACK: WHAT VETERANS REPORTED AFTER
EAS SESSIONS**

PARTICIPANT FEEDBACK: WHAT VETERANS REPORTED AFTER EAS SESSIONS

Across veteran program session evaluations, participants reported:

- ▶ **93.5%** improvement in positive thoughts
- ▶ **91.7%** improvement in relaxation
- ▶ **91.3%** improvement in social engagement
- ▶ **87.5%** improvement in mindfulness skills
- ▶ **87.0%** planned to use coping skills outside the session
- ▶ **83.3%** improvement in emotional regulation

Note: These are participant-reported session outcomes and should be interpreted as program feedback, not clinical outcome data.

HOW CAN EAS BE
INCORPORATED IN INTEGRATED
CARE FOR INDIVIDUALS WITH
BEHAVIORAL HEALTH NEEDS?

- ▶ Incorporated as a complementary support for mental health services
- ▶ Act as a bridge for engagement
- ▶ Practice emotional regulation and coping skills in real time
- ▶ Increase motivation and engagement in care
- ▶ Supports therapeutic rapport
- ▶ Reduce stigma through a nontraditional, community-based setting

HOW EAS CAN FIT INTO INTEGRATED CARE

POLL:

- ▶ Do you see equine assisted services fitting into your line of work?
- ▶ What was the biggest takeaway regarding equine assisted services and behavioral health?



PUTTING IT ALL TOGETHER

- ▶ Diaz, L., Gormley, M. A., Coleman, A., Sepanski, A., Corley, H., Perez, A., & Litwin, A. H. (2022). Equine-assisted services for individuals with substance use disorders: A scoping review. *Substance Abuse Treatment, Prevention, and Policy*, 17, Article 81. <https://doi.org/10.1186/s13011-022-00506-x>
- ▶ Substance Abuse and Mental Health Services Administration. (2026, March 24). *Recovery and recovery support*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/substance-use/recovery>
- ▶ Substance Abuse and Mental Health Services Administration. (2025). *Key substance use and mental health indicators in the United States: Results from the 2024 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. <https://www.samhsa.gov/data/report/2024-nsduh-annual-national-report>
- ▶ Marchand, W. R. (2023). Potential mechanisms of action and outcomes of equine-assisted services for veterans with a history of trauma: A narrative review of the literature. *International Journal of Environmental Research and Public Health*, 20(14), Article 6377. <https://doi.org/10.3390/ijerph20146377>
- ▶ Ward, J., Hovey, A., & Brownlee, K. (2022). Mental health benefits of mounted equine-assisted therapies: A scoping review. *Health & Social Care in the Community*, 30(6), e4920–e4935. <https://doi.org/10.1111/hsc.13904>

WORKS CITED

Continuing Education Information

Accreditation Statement:

In support of improving patient care, the University of Pittsburgh is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physician (CME)

The University of Pittsburgh School designates this live activity for a maximum of 6.75 AMA PRA Category 1 Credits . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nursing (CNE)

The maximum number of hours awarded for this Continuing Nursing Education activity is 6.75 contact hours.

Social Work (ASWB)

As a Jointly Accredited Organization, University of Pittsburgh is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Pittsburgh maintains responsibility for this course. Social workers completing this course receive 6.75 continuing education credits.

Physician Assistant (AAPA)

The University of Pittsburgh has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 6.75 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Psychologist (APA)

Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibility for the content of the programs.

Other health care professionals: Other health care professionals will receive a certificate of attendance confirming the number of contact hours commensurate with the extent of participation in this activity.

Conflict of Interest Disclosure:

No planners, members of the planning committee, speakers, presenters, authors, content reviewers and/or anyone else in a position to control the content of this education activity have relevant financial relationships to disclose.

Disclaimer Statement

The information presented at this CME program represents the views and opinions of the individual presenters, and does not constitute the opinion or endorsement of, or promotion by, the UPMC Center for Continuing Education in the Health Sciences, UPMC / University of Pittsburgh Medical Center or Affiliates and University of Pittsburgh School of Medicine. Reasonable efforts have been taken intending for educational subject matter to be presented in a balanced, unbiased fashion and in compliance with regulatory requirements. However, each program attendee must always use his/her own personal and professional judgment when considering further application of this information, particularly as it may relate to patient diagnostic or treatment decisions including, without limitation, FDA-approved uses and any off-label uses.