The Healing Ability of the Horse

CP: We use the healing ability of the horse to make a profound difference in the physical disabilities, cognitive disabilities, and psycho-social disabilities and challenges. And the humans that ride and even do the ground work.

CR: Welcome to Adjusting the Sails, a podcast for parents, caregivers, and service providers for children with disabilities. I’m your host, Courtney Ringstaff, Paths for Parents program manager, and this is my co-host, Melina Danko.

MD: Hello everyone.

CR: Melina is the Communications Officer at the Center for Excellence in Disabilities and the Project Director for the West Virginia Family to Family Health Information Center.

MD: We’re so glad you’ve joined us.

CR: I am a licensed social worker in Morgantown, West Virginia, and I’ve created this podcast to be a platform where parents, caregivers, and service providers can come together, exchange information, educate one another, and find support and connection through the relatable topic discussions. We cannot change the direction of the wind or the strength of the storm, but together we can adjust the sails.

CP: I’m Carol Pettito. I’m the executive director of On Eagles Wings. We started…[1:43] opened our doors on my home farm with not the facility we have now in 2007 after a few years of professional training, tests, those kind of things, because we’re a premier accredited center member of a group called Professional Association of Therapeutic Horsemanship. It’s kind of the gold standard for doing this kind of work. I got interested in it because I was a bored housewife [laugh], and had horses and wasn’t really quite sure what to do with them; and found out about – there’s a possibility out there that horses, and other types of animals of course, could really help people in a lot of ways much more than I ever dreamed of. A lot of people realize that animals help with mental health things and just was an active way of healing people with physical disabilities, cognitive disabilities, and psycho-social disabilities and challenges. So we got…[2:43] we did the training, we got another woman and I – that’s one of my best friends – began the process to start a center. We were part time because we didn’t have facilities from 2007 to 2016; we were just literally in my backyard with a couple of horses and started out with 5 riders, which has multiplied greatly to today. Once we realized the growth was going to happen and then we had the backing of a lot of agencies in the local community, including the local universities and colleges were really interested – especially WVU that actually tapped me to teach uh,[3:27] some coursework in therapeutic horsemanship – so early on I started with…had a rider that started over at my home, that really touched me cause she was about 4 and had never spoken a word, and she had a genetic disability that… they were told she had the ability of a 12-month-old and that’s where she was going to stay. The disability itself, what they knew of it, was going to keep her speechless and very limited in her abilities. So the hope, you know[3:58] of course the parents’ hoped this was a good way to get her active and you know [4:03] recreational type of thing. They…[4:08] they had no great aspirations, anything other that[4:10] great would happen; they were pretty much told she was going to be mute the rest of her life. She had ridden about 3 – 4 months. Literally on the way to our annual fundraiser, she blurted out the word, “Horsey”, which typically 12-month-olds don’t say. She was never going to be endlessly having a conversation with you, but she now says sentences and expresses her needs and thoughts and that kind of thing through speech. She’d been in every therapy known to mankind and not [4:43] none of them had made this type of change. That kind of showcased the science behind why this works if you’re riding, and that is: every time you ride for a set amount of time – say our average ride here at the center when we put children on our horses is about 30 minutes – for every 30 minutes they’re on the horse, they get 3,000 repititions of normal human movement imparted into their central nervous system. There’s nothing clinically that can match this. You cannot, in the clinic, replicate normal human experience movement but this does. And that’s why we see such dramatic, I mean I’m talking about speech, I’m talking about mobility, improvement in mental health, outlook, those kind of things; using the horses’ movement for that. On the other side of the coin is we also use the horses for groundwork, which is incorporated in everything we do; we learn to work with this beautiful, large, non-judgmental animal. It is science behind it that the horse’s movement is exactly like a human walk, and when nothing’s really going exactly right in your central nervous system this is what the human needs, and it can’t be done any other way. We work with children as young as 2. We’ve seen children where their mom and the therapist, just chatting with each other and all of a sudden the child starts saying a few things that they never done or the example of one of our riders: he was probably getting close to 3 and he'd never really walked well, certainly couldn’t run, and within a few months of riding was running. Nobody can really quite believe that…[6:35] that something so simple could work like that. And just so many things it covers, it’s unbelievable. So we’ve grown from a 2-horse, 5-child operation to a 52-hour a week uh [6:50] work week where we see 80-some riders that actually are riding and then a multitude of other things we do. My particular background was in raising 2 good humans up through high school, and I didn’t really know anybody with autism which is – I remember one client now really – or anyone with a physical disability in my family. I had to really learn. That part came into the education part; I started taking classes at WVU – they have a Disabilities Minor now. Back then, when I took it, it was a Disabilities Certificate; it was a graduate-level certificate. That really helped me. It took me into classroom work where I had to…[7:35] I worked in an autism classroom for an entire semester in the middle school; I [7:42]– and, Disability studies, a lot of the students have to volunteer at various agencies that deal with different disability um[7:53] aspects, and I worked with a couple of those agencies too. So I learned a lot. I think I was very awkward with individuals with disabilities; I didn’t understand that. I think there’s a huge education piece with working in this field, and WVU actually can provide that real well so…[8:11] I didn’t realize when I started working in the autism classroom that would become part of my passion.

CR: Can you tell us the difference between hippotherapy and therapeutic riding?

CP: Sure. Therapeutic riding is what we started with, and that’s what I’m trained to do. I’m a Therapeutic…[8:28] I’m a certified Therapeutic Riding Instructor through the National Organization. Very proud of that because there was a lot behind that moniker. We’re taught to teach regular riding lessons and adapt them to the needs of those that we’re working with with disabilities. And it can range from – here currently in therapeutic riding – we have those who are riding very independently and could go on a show and do things real well; and we have riders – one in particular I’m working with right now that I’m still working on trying to get him to wear a helmet; that comes with the sensory issues we were seeing a lot of that anymore. We’re just trained to have the patience and knowledge that we’re going to get it, it’s going to happen, it’s not because you won’t, it’s because you can’t right now; but we work on that. So that’s therapeutic riding: it’s regular riding lessons, we can call it “adaptive” or whatever. We have no special equipment. Everybody uses regular saddles, regular bridles. Nobody feels different. A lot of the students here don’t even know that it’s kind of[9:36] anything different from a regular riding program. Hippotherapy, on the other hand, is always treatment strategies by physical therapists, occupational therapists, and speech/language therapists. They not only have their license in their field, they have to do excessive training to become registered therapists that work in the field of Hippotherapy, and there’s no such thing as a Hippo-therapist. But they really – what they’re supposed to use, language – is they’re doing therapy using a treatment strategy that involves that motion; that motion I told you about that’s so wonderful. That’s all it is. And they’re trained to work with children as young as 2. Hippotherapy’s not a common addition to a lot of therapeutic riding programs. You have to find therapists that want to do the extra work. And they don’t have to have any horse knowledge, none of that’s that important because they have to find a center like us that has the trained volunteers, trained personnel. We provide the safety and the ability to provide that time for them. They…[20:44] their focus is on the child and its’ needs so whatever’s going on – right now we have a physical therapist that works with us…she has to work on physical therapy goal. However, here’s the great thing, some of the other goals, maybe from other therapists, end up getting addressed pretty quickly cause of that movement. The costs are different too. Therapeutic horsemanship or riding lessons are $30 an hour. The reason I say an hour – I said we ride for 30 minutes – but sometimes the students can help tack and get their horses ready, untack the horse, get the equipment off, brush, groom, those kind of nice things. That’s our non-profit charity rate, basically. Obviously it takes a lot more to put that hour on, but the therapists get paid what the common therapist wage is for the area you’re in. Sometimes insurance will cover those costs. What is currently being covered for both therapeutic riding and hippotherapy with certain types of riders is the Waiver program that they have here in West Virginia, and it’s just called Goods and Services. Since that program opened up to everybody that applies basically gets in if they meet the criteria, a lot of students are getting their lessons – their riding lessons – and/or their hippotherapy sessions covered up to a certain amount. So the big difference is the use of a certified instructor or a actually trained therapist in one of the main therapy fields.

MD: And, Carol, what signs would a parent look for to know if their child could benefit from therapeutic horsemanship?

CP: We’ve never really turned anyone down unless they don’t have good control, like if they’re extremely floppy or don’t have good control of their head. We’re…[12:45] we’re well trained to understand there’s…[12: 47] there’s a whole list of condernications for riding, but we’ve really not had anyone apply that couldn’t ride except for that head control problem. How we work this is: somebody’ll call and say we’d like to get our loved one or child in the program, we have them come to the center with their child and we don’t do this real, like,[13:10] I’m evaluating you every second. We just watch everything in motion, kind of thing. And we have a fake horse here named Sunny who has the same kind of[13:20] size as a real horse with a saddle on it, and we watch them: how it is they can get on and off, those kind of things. So we kind of[13:27] do uh[13:28] , not a huge eval, but we kind of[13:31] know pretty quickly if this youngster or adult’s going to be a good candidate. But you would be surprised the number of things and different types of disabilities this program addresses. What’s changed: the number of students in the last year and a half, two years, that are merely looking for some help with depression and anxiety. And we are well-trained in that, everyone here is double-certified; there’s another field called Equine Specialist in Mental Health and Learning; it’s a whole different training, testing process. Everyone here has both certifications. How often I hear people tell me this is the happy day of the week or the happy hour of the week, this is their safe space, happy time. We don‘t see anyone being sad about what’s going on or anything. Everybody’s just really…it’s really a happy place. Um [14:34] and nobody seems to have a doubt, what life has dealt them, nobody talks about that; they just are happy that we offer something that…a lot of kids can’t do other types of activities, sports or whatever. I’ve been told this too: the kids are in school and they’re talking, “I just hit the home run, won the game” kind of thing and the kids says, “Well, I ride horses”; everybody shuts up. It’s like, I can’t top that cause it’s not that easy to find places to ride anyway, at least in our area. It kind of makes them feel a little even for a lot of individuals. And we do have children involved in sports, of course, other sports.

CR: You said that you kind of[15:20] cater your riding sessions to the needs of the person, so is there uh [15:25] what you would consider like[15:26] a typical session then?

CP: Sure. We’re a little bit on the side of like[15:31] a school teacher. The instructor has to do a lesson plan, just like the regular teachers in school, they try to follow the lesson plan and it can go off track really quick, depending on what’s going on that day; but they have to do progress notes, but in that 30 minutes they do warm ups – which is great exercise – they review a skill – a riding skill if they’re doing therapeutic riding – they learn a variation of a new skill or that skill, you know,[16:03] they keep reviewing it, they often play games – we play baseball on the horses, we can play about any sport on a horse; you wouldn’t believe how you can adapt sports to horses; water games, whatever. Usually has to match the skill they’re working on, though, and…[16:20] for example, as a therapeutic riding instructor, some of our individuals have trouble crossing the midline, knowing where they are in space, their pre… [16:29] perception, those kind of things, so we work on those things with games too. And then they have a cool down and then they’re done. And the m…[16:38] one of the most popular things is we have to do a lot of this in a um [16:42] arena setting. We have an indoor and an outdoor; but we also have a beautiful trail system here, so we incorporate that a lot. And that addresses the…the[16:53] last child left in the woods concept, which is really going on. A lot of those kids have never take…[16:58] it’s not easy for them to take a walk in the woods. If you have physical issues or something, so we go out in those woods and we have a wonderful interactive trail that an Eagle scout finished up for us. A girl scout troop started it and a Eagle Scout troop, and we have…like[17:14] we can stop and read what kind of trees are out there and the native plants, those kind of things. And interactive games; we have a xylophone, we have…it’s a crazy thing, you’d have to see it to believe it, but they use a flip flop to make tones on a…like a[17:33] giant xylophone kind of thing so[17:35]

CR: And…[17:37] and how involved are the parents expected to be during the session?

CP: Okay, our number one rule is the parent does not help. The parent can watch if they wish, the parent can – like going out on the trail – sometimes a parent does want to walk behind the group and just be on the trail too. We have a lot of volunteers from all over; they’re the ones trained to walk along if the rider needs it. We basically do not let the parents be part of the lesson. I…[18:10] for a lot of parents, that’s their hour, half hour, when they can relax and do something else. And a lot of parents watch. We leave that, that’s your time away, but you can be involved if you want, if you want to watch. We probably are much more volunteer-based than a lot of non-profit agencies. It’s really really critical for us to have volunteers’ help directly with the lessons and help us out that way. We have other volunteers, you know,[18:38] do other things: clean stalls and that kind of thing, but a lot of them really enjoy working um [18:41] one-on-one with the riders.

MD: Carol, I know you mentioned that some of the skills can be OT, PT, Speech, Mobility, a lot of those. But do you have those types of therapists on your team, or would somebody bring their own team of OT, Speech…

CP: So far we have utilized physical therapists that, they are part of our team but they’re independent contractors so they bring their own patients in, so to speak. And then they contract with us to work a certain day a week and certain number of hours, and we provide the support. Somebody that works here because of an international standards we follow, they have to be specially trained through the organization we work with. I [19:34] and I…[19:36] I’ve had uh[19:38] OT and a Speech/Language pathologists reach out to me. They have to go through coursework through what’s called the American Hippotherapy Association before they can even…we can even start doing anything with them. We’re pretty strict, but that’s all because of safety.

CR: What are some ways that you are getting into the community?

CP: Okay, great question. We have a couple other programs. We have a Mobile Miniature Horse Program. For about 4 or 5 years, our star diva miniature horse named Stormy has been patrolling the halls of nursing homes, hospitals, public schools in the effort to bring literacy, care and compassion to wherever she goes. That program has grown by leaps and bounds. We just had Stormy for quite a number of years, but we purchased her brother and sister; and her brother just started going out with her into the community, actually just about a week or so ago. And we also got the donation of a minivan; it’s really for transit connect. Couples can go together. That makes it a lot easier when we’re seeing large groups of people. We like to personalize that so, there’s a lot of people in north central West Virginia know who Stormy is more than they actually know who we are, which is interesting; and she has the signature look: she wears Build-A-Bear pink sparkly shoes a lot, she also has some red um[21:08] converse sneakers, and she’s magical. She just seems to know when people need her, spend a few more minutes with her than everybody else, and a lot of people told me that, they said, “How did she know how bad I was hurting today?” And she’d go over and put her little head on their bed or whatever. Um[21:29] her brother is going to be the same way and we’re hoping her sister too. Go to uh[21:35] Preston County and as far south as uh [21:37] Buckhannon, Upshur County, all over with that program. And then we have…now they come to the farm, but we’ve been working pretty well up until COVID and it’s just re-started, of course, with the public school systems in Monongalia and Marion Counties where the students are struggling to stay in school. They come actually to the center. We’ve gone to them too when we needed to. We work mostly with ground lessons and we work on character development and also the development of learning, the assets of learning, the development assets of learning; so we’re trained in that as well, and we’ve done special coursework in that, and we work on what these students lack in getting along with their peers, relationships, boundaries, communication, the things that seem to really be problematic in getting them to become successful, and that’s been a huge success. We’ve been doing that up until COVID for about 4 years, and it just got restarted. Really the Mobile Outreach Program with the actual horses has made the biggest impact, and nobody really wants to see me just talk about it, they want to see a horse. Also we have chickens and rabbits that we’ve taken out in the community when Stormy’s not been available and do the same thing. We have therapy chickens and therapy rabbits. It’s a special breed of chicken that typically you have to use; they’re called Sylkies; they’re adorable. We have students that come here you know[23:10] they ride but then they have to go hang out in the chicken coop; and they’re able to get the eggs cause we made it real easy for them to lift the coop sides and get the eggs, I mean[23:21] it’s just the stuff they don’t…a lot of the kids don’t have access to. And adults. Our oldest lady we worked with was 83. Usually when you…[23:31] when you get to the adult stage, either they’ve grown with the program or they’re coming in during a like [23:36] a real health crisis. Good example is we had a lovely woman that was in late stages of Parkinson’s, and she had had horses when she was young…younger – family had horses actually – and she could not even walk to get on the horse. She had to be lifted on, they…[23:57] she had to be taken right up to where she got on the horse really close and to be lifted on, and when she was done riding, she walked out of the room. And people were just…”I can’t believe this is happening” but that’s how much it helped her.

CR: How would a listener go from hearing this episode today to getting their loved one into a session?

CP: Well…[24:24] Well, we do have a website oneagleswingswv.org. They can call the number on the website. We have a Facebook group *On Eagles Wings Therapeutic Horsemanship*, easy to find. Our formal mailing address is Fairmont, WV. We are in Monongalia County, though. We’re real close between the county line. People typically can call and request a tour. We like to offer tours, and so we can really get the lay of the land in what they’re looking for. I always say, “You gotta [*have to*?] like us and we have to understand what your needs are before we can just say “Sign them up”, so we don’t have an application for our services on our website just because of that. We feel like you have to come here to understand what we’re able to offer you. We’re a year-round facility; we’re the only facility like this in West Virginia that’s year-round and has paid staff and we…I think we’re up to about 7 certified therapeutic riding instructors right now, but teaching takes their time, and some are part time. It’s gotten pretty comprehensive. We do see a lot of WVU interaction, Fairmont State interaction, but WVU actually has a Minor in this in their Davis College of Agriculture, which a lot of people don’t know about. But a student can actually Minor in what we do and over the course of 4 years, come out as a certified professional; we provide that training. We actually trained one young woman from the country of Oman, and she started her own program over there. Pretty incredible.

MD: That leads me to my next question, which is: if somebody is outside of the Morgantown/Fairmont area and they wanted to get involved, is there a public directory that you know of that we could share with the listeners so they could find a provider in their own community?

CP: Yes, as a member of PATH International, they have their own website PATH International “Professional Association of Therapeutic Horsemanship”, you would go on that website, and there is a drop down menu that says where centers are located. West Virginia only has 4 centers: one in Martinsburg, one here, and then Hinton, and Beaver, WV. There’s about 850 centers in the United States and internationally, so hopefully there’d be one close enough to go to. There’s some in the Pittsburgh area. We’re in what’s called a Mentoring Center, meaning if somebody wants to get trained to do this as a profession they’d come to us a lot.

CR: And so how can our listeners support your mission?

CP: Well, we have fundraisers, um,[27:21] we’re a non-profit, a 5013C, a federal non-profit; so in order to survive, we have to do fundraisers, seek out donations from individuals, and write grants. And that’s an ongoing thing for most non-profits, but for us included. We just had a fundraiser called the On Eagles Wings Jamboree. It raises a certain amount to keep us going every year. We started our horse sponsorship program last year. We pretend that we’re auctioning the horses off, in real time we’re actually have it all set up, auctioneer comes in and does that whole shpeel [?], and each horse has a certain price on it to sponsor it for a year, which has been wildly successful. Love that. And then we do our mail campaign in the fall; we just started a holiday fundraising event where we have Stormy as a reindeer probably her brother is going to be a reindeer this year too. Santa and Mrs. Claus are here and you can walk through the barn and get pictures and do all the fun things. In the spring a major fundraiser, we called Horse Show Week, we call it the Time to Shine Horse Show, and every student that rides or even does ground work gets to show off their skills in their time slot; and we do ribbons, announcers, popcorn, the whole thing like you’re at a real horse show, it’s gone. That’s been fabulous, and we have sponsors for that. And anyone that wants to donate at any time, we welcome that gladly. And like I said, for therapeutic riding we charge $30 an hour but it costs around $130 to run the center for that hour. So that’s kind of dollars and cents. The grant writing is ongoing and always because – you guys probably have some awareness of – grants don’t sustain anyone for any long period of time.

CR: So if someone wanted to make a donation, is there like [29:32] a way to do that on the website?

CP: Yea, there’s a donate button or they can call us and if they don’t know much about what we do, we’ve done sessions just, you know, [29:33] you want to donate or, like I just had a call about a month ago – somebody wants to include us in their long range planning for their um [29:42] estate; you know, [29:45] that’s wonderful. So there’s avenues like that too, but uh [29:50] we have a monthly donor program; they can contact us on how to get involved with that. Those…yea…sure [29:55]

CR: And is there an event calendar or do you just post your events on your Facebook page for like [30:00] some of the holiday/family events?

CP: Yea…[30:02] yea, we do. We…it…[30:04] it’ll get posted in a timely manner. Fa…[30:07] if you don’t like to do Facebook, it’ll get posted on our website. And we have a…[30:11] we do a monthly mailing or sometimes bimonthly mailing on an email, so if they just want to sign up for that, then they’ll know when things are happening…okay [*background* 30:23] or what they can do to help. I think one thing about us, especially for younger children, we’re more fun. As I think I have it in our promotional literature, “What’s more fun than being outside on a beautiful day, you might see deer, you see all this stuff, and you’re riding a horse that is interacting with you, but what a workout you’re getting, you know, [30:44] and you don’t even know it.” It covers a lot of bases.

MD: Yea, that’s what I was thinking in you’re getting all this work in and you don’t even know it because it’s so much fun. And…right [*background* 30:55]…I think that’s why it’s so effective. [background noise 30:57]

CP: It is and I do want to do a little push for music therapy cause we in…[31:02] we incorporate music a lot. Music and horses – the beat, you know, [31:07] the four-measure beat of music – matches the horses’ movement, so we spend some time talking about that. That’s why music appeals to humans; that’s why riding appeals to humans; it matches their need for that movement. It’s really interesting. So that’s why moving, you know [31:25] having fun and seeing what types of music matches the horse you’re riding’s movements is really neat. We have slow horses, we have faster horses, we…[31:36] we have a good assortment of horses to match our riders’ needs.

CR: It was an incredible honor to have Carol join us and share her program and passions. It’s services like therapeutic riding and hippotherapy that aren’t as mainstream in the disability community but have remarkable results. See the show’s description for links to the PATH International website and directory of locations. Also, we’ve shared Carol’s contact information and a link to the On Eagles Wings Facebook page and website for further information or to arrange a tour of her center. Thank you for listening. Thank you for all you do. We’ll see you next time.

MD: This podcast is sponsored by the Children with Special Health Care Needs Program through the Office of Maternal, Child, and Family Health with the Department of Health and Human Resources and produced by Center for Excellence in Disabilities at West Virginia University.