

A TRIBUTE TO OUR PIONEERS

NANCY MCGIBBON, PT, HPCS AND CLAUDIA MORIN, OT, HPCS

By LISA HARRIS, PT, MS, HPCS, CERT MDT, MSVSC



“When the President introduces himself he simply says, ‘I am the President of the United States.’” These words were spoken to me by Claudia Morin during the first AHA, Inc. course she and I taught together after I introduced myself to the class apparently a bit too exuberantly. Claudia and Nancy need no introductions. However, if one were to introduce them, one might use descriptors such as *founders*, *Presidents of AHA, Inc.*, *AHA, Inc. Therapists of the Year*, and *wise senseis*. When I was given the honor of writing this article, I thought to myself: with much gratitude, how can we address all the contributions these ladies have made?

So, once again, I sought wisdom directly from my mentors:

“What do you feel your most significant accomplishments were for AHA, Inc.?” I asked. Both answered, “Getting it started.” These two founders of AHA, Inc. were a part of the group originally invited to Wilbad, Germany in 1987. The trip was organized by Jean Tebay and was scheduled to attend a 10-day course to learn about classic hippotherapy, meaning “only the movement of the horse,” and to develop curriculum to be disseminated in the United States. Nancy and Claudia each cite this invitation/trip as a pivotal point in their careers. “Early curriculum development involved intense problem solving with a core group of people,” said Claudia. Both Nancy and Claudia recall three- and four-day meetings at a variety of sites in the United States and Canada several times per year, working long days and nights. “It was the brightest, most passionate, hardest working group. It included very different personalities and professional experiences, but everyone was absolutely driven to figure out what exactly was happening to our patients when they were on the moving horses. What was the scientific rationale? How could we teach others most effectively? How to get hippotherapy accepted into the medical profession as a whole?” remembered Nancy. Claudia described this time as “intense brain drain.”

Another significant accomplishment both leaders recall is developing the Hippotherapy Clinical Specialist (HPCS) exam. I also remember my first meeting with the AHA, Inc. board, wandering into a room covered with large post-it notes containing content for the HPCS exam. “What an exciting group to be involved with! What an exciting time!” I thought.

Nancy also remembers her research in improvements in muscle symmetry in children with cerebral palsy after hippotherapy with Dr. William Benda as being significant. I remember several therapists brainstorming at a conference, discussing potential research topics. “So what?” I can still hear Nancy saying, “The results of the research must stand up to

the “so what?” question.” In other words, do the results we have shown help to improve the way we practice? Certainly her research did just that, and it has become a gold standard for other research articles.

Each of these ladies not only initiated curriculum development for the two main courses offered by AHA, Inc., but they also later developed specialty courses. Nancy McGibbon contributed to the creation of the Neuro Connection and Claudia helped build the Sensory Connection.

Both therapists took time to reflect on the development of AHA, Inc. and proudly remarked how this organization has become the international leader with much growth since its beginning. They also reflected on challenges.

“What is AHA, Inc.’s biggest challenge moving forward?” Nancy mentioned hot topics such as scope of hippotherapy, terminology, and reimbursement. Claudia stated, “Don’t settle for putting in time (in the arena); settle only for outcomes that can be achieved. Hippotherapy is a dynamic setting, not black and white, and the dynamics are changing all the time even with the same horse going in a straight line. We need to be constantly problem solving all the time.”

So in light of these challenges, *“What is your advice to the current Board of Directors, faculty, and membership?”* Nancy said, “Keep it fun, become involved, be open to new ideas, and always question, learn, and share your knowledge with others.” Claudia added, “Get out in the arena, incorporate more hands-on learning, present more case studies at conferences that incorporate the conceptual framework, identify reasons for improvements of clients based on the conceptual framework, and focus on quality.”

Nancy and Claudia have followed their own advice. They plan to continue to share ideas by consulting and teaching therapy students and therapists, and having fun by riding and traveling with family. If you want to catch up with them, you may visit at their homes in Arizona or Georgia; in 2019 you may see Claudia traveling in Spain or Sicily or Nancy exploring Romania or Hungary.

As they ride into the sunset, I ask one more question: *“What did you enjoy most about AHA, Inc.?”* Both Nancy and Claudia remembered friendships made and discussions held, problem solving with passionate therapists who were eager to learn, debate, and think outside the box. These pioneers who have been our leaders, our mentors, and our friends throughout the years, and who now enjoy Faculty Emeritus status, have certainly left their mark in history and will continue to guide us as AHA, Inc. continues to grow. ◀



Brochures or any written materials

Professionalism: attire, appearance, documentation, state practice acts, client communication, and community presence

Logo

Website development: content, appearance, photos, and emphasis

How do you define hippotherapy? Do you subliminally present yourself as a “hippotherapist” instead of a physical therapist, occupational therapist, or speech-language pathologist?

Name of your practice

Employees, volunteers, clients, and board members: What is their “elevator pitch?”

CLARITY OF CONVERSATION: WHO IS THE AUDIENCE?

BY SUSIE REHR, PT, HPCS

Clarity in conversation means no one needs to guess or interpret the speaker’s meaning on their own. Instead, there exists such clarity, certainty, and precision that all audience members are driven to the same conclusion. For therapists who are incorporating hippotherapy into their plans of care, this is a critical conversation to have with all stakeholders.

**JUST LIKE IN THE SOUND OF MUSIC,
WE’LL START AT THE VERY BEGINNING,
A VERY GOOD PLACE TO START.**

When you read you begin with A, B, C; when you sing you begin with DO, RA, MI. Where does clarity of conversation begin? With YOU, the therapist.

AHA, Inc. has an accepted description of

hippotherapy that states, “The term *hippotherapy* refers to how occupational therapy, physical therapy, and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. In conjunction with the affordances of the equine environment and other treatment strategies, hippotherapy is part of a patient’s integrated plan of care.”

Can you translate this lengthy definition into an elevator pitch that describes your practice with clarity in a way that is meaningful for your audience? Are you clear on your practice pattern and that of your entire organization? It is critical to solidify your message so that all outward manifestations of your practice are consistent with

internal beliefs. This starts with the name of your practice and also includes websites, logos, brochures, written and oral communication, documentation, dress codes, organizational structures, and even casual conversations.

BRANDING, MARKETING AND SOCIAL MEDIA: IS THERE AN UNINTENDED AUDIENCE?

Marketing is designed to promote and sell products or services. You are reaching out to an audience that may not be familiar with your practice, and they are not always known to you. You may reach a larger audience than anticipated, especially when social media is utilized. In this setting, we must assume that every word counts and that clarity of conversation is essential to avoid misinterpretation. When creating marketing materials, it is best to refer to the AHA, Inc. terminology guidelines, Best Practice Statements, and Current Use of Hippotherapy document. These resources will provide assistance when uncertainty exists and you need help expressing yourself appropriately.

Once you have created your marketing materials, it can help to do some due diligence and ask a colleague or another AHA, Inc. member to review it. Your checklist might include (but may not be limited to) the following concepts:

- Did you lead with therapy first in all written words, photos, and messages?
- Do your photos depict equine and traditional therapeutic interventions?
- Do you describe your practice in such a way that you could exist in a concrete building or on a farm?
- Do you provide therapy services (as opposed to having a “hippotherapy program”)?
- Did you evaluate how the word *hippotherapy* is used in context throughout the materials? Do not avoid the word, but put it through the litmus test: does it sound like the “4th therapy” or is it described as part of your treatment strategies as a therapist?
- Did I misrepresent individuals as having credentials that do not exist?



DOCUMENTATION: THE BUCK STOPS HERE!

Do you know your state practice act requirements? Have you read the APTA Defensible Documentation or Documentation Essentials for Pediatric SLP’s: Articulating the Need for Skilled Services? These documents are essential for ensuring that you have done your due diligence. Every state has its own requirement, so be sure that you understand yours fully. The use of electronic medical record systems (EMRs) is becoming a management necessity to produce secure, complete, reproducible, and professional documents when needed. EMRs are typically preloaded with the required items for each state, which can serve as a template for thorough documentation. The theme of clarity of conversation is applicable here as well: it is critical to recognize the importance of word choice in describing your therapeutic interventions and outcomes with functional terms, not riding terms (e.g., transitions vs. mount, equipment vs. tack, acceleration vs. trot, bilateral motor

APPROPRIATE	NOT APPROPRIATE
Therapist professional information such as DPT, OTR/L, and CCC-SLP	Level 1 or Level 2 certified therapist
Hippotherapy Clinical Specialist (HPCS)	Certified in hippotherapy
AHCB Certified Therapist	
PATH Intl. Registered Therapist	
Completed Level 1 and/or Level II course	





control or directionality vs. steering). Sometimes the most well-intentioned therapist still stumbles. When describing results as pre- and post-session, there can be an implication that the equine movement was the only essential portion of the session to create change unless the treating therapist is careful to accurately describe his or her clinical process and general approach that included equine movement along with other tools and strategies.

We should think of clarity of conversation in the same way health care practitioners use universal precautions—they are there to protect us against germs both seen and unseen. Often it is the unanticipated issue that creates the biggest problem. So, what might be included in a therapist's list of universal precautions when incorporating hippotherapy into a practice?

- Choose your words with care.
All words have meaning.
- Arm yourself with knowledge.
- Ask for peer review.
- Reassess your documentation process.
- Use the Perry Mason defense: what you say you did does not go to court with you; what you document does. ◀

RESOURCES

APTA Defensible Documentation:
<http://www.apta.org/DefensibleDocumentation/Overview/>

Listing of State Practice Acts for Physical Therapy:
<http://www.apta.org/Licensure/StatePracticeActs/>



SUSIE REHR, PT, HPCS

Susie received her bachelor degree in Physical Therapy from Thomas Jefferson University, in Philadelphia, in 1987. Initially specializing in adult rehabilitation with a focus on spinal cord injury and traumatic brain injury, she quickly fell in love with pediatrics and the incorporation of hippotherapy into her practice. She has been the co-director of Special Strides, in Monroe, New Jersey since 1999. Susie is the Past- President of HRH of New Jersey, the Treasurer for the AHA, Inc. Board of Directors, the Executive Editor of Hippotherapy Magazine. Susie loves sharing the excitement of physical therapy, pediatrics and hippotherapy treatment with the many student physical therapists that have completed their clinical experiences at Special Strides. When not on the farm, you can find Susie on her snowboard with her husband, Eric, and two amazing daughters, Andrea and Melissa.



IMPLEMENT A VOLUNTEER PROTOCOL TO INCREASE PROFESSIONALISM IN YOUR PRACTICE

BY KELSY TRACEY, OTD, OTR

Video screenshots courtesy of The Children's TherAplay Foundation | Matthew Van Antwerp

Due to budget constraints, many not-for-profit organizations rely on volunteers for optimal operation. Volunteers have the opportunity to become a foundational asset to the organization they serve. However, it is the responsibility of the organization to ensure that all volunteers maintain a high level of professionalism while adhering to the ethical standards of the organization. Training volunteers in these areas requires time that many administrators do not have. Therefore, a clear, easy-to-use volunteer training protocol is an essential part of any thriving organization.

In January of 2018, I partnered with a not-for-profit pediatric therapy clinic, The Children's TherAplay Foundation Inc. in Carmel, Indiana for my 16-week doctoral capstone experience (DCE). Children's TherAplay provides occupational therapy and physical therapy sessions to approximately 170 children annually. Clients range in age from 18 months to 13 years old.¹ Each hour-long therapy session incorporates approximately 30 minutes of equine movement, or hippotherapy.

As a requirement for my DCE, I performed a needs assessment in

order to determine what type of additional programs could benefit the organization. The needs assessment included face-to-face interviews with the executive director, development assistant/volunteer coordinator, and one of the occupational therapists on staff. I also communicated by email with other therapy centers throughout Indiana and surrounding states that also include hippotherapy in their therapy practices. Through my assessment, I discovered that Children's TherAplay could benefit from improvements to their existing volunteer protocol in order to ensure optimal operation and maximum patient benefit.

Like many other therapy practices that incorporate hippotherapy, Children's TherAplay relies heavily on volunteers to be able to provide high-quality treatment to each patient. Throughout the course of a year, approximately 53 volunteers donate their time to Children's TherAplay. Volunteers assist with a variety of projects including but not limited to side walking, managing equipment, and cleaning the barn or clinic areas.

These volunteers graciously donate time and labor to ensure that

Children's TherAplay can provide the best therapeutic treatment to each client. However, because many of these volunteers do not have a medical background and are often new to helping with therapy sessions involving horses, proper volunteer training is a crucial part of organizational success. AHA, Inc. states, "All team members MUST have training in the application of equine movement, safety procedures, and confidentiality as determined by Health Insurance Portability and Accountability Act (HIPAA) regulations. It is ideal if all team members are knowledgeable about the expected outcomes of the therapy session".² At Children's TherAplay many of the volunteers dedicate their time weekly and truly become part of the Children's TherAplay team. Therefore, it was crucial that the new volunteer protocol provide each volunteer with sufficient understanding of the benefits of treatment that incorporates hippotherapy, safety rules and regulations when assisting with side walking, and an understanding of HIPAA guidelines.

With the newly instated

volunteer protocol set in place before beginning work, each volunteer at Children’s TherAplay is required to review a PowerPoint presentation outlining general HIPAA guidelines. Volunteers also watch a side walking video demonstrating the various responsibilities of the side walker during a therapy session. The video educates new volunteers on safety within the treatment area, teaches what to expect when assisting a therapist with a treatment session, and gives specific demonstrations on how to safely assist with an emergency dismount. The video also demonstrates correct hand positioning during the therapy session. Screen shots from the video are shown on this page.

To determine the effectiveness of this new protocol, a pre- and post-survey was administered. The research design was a quantitative quasi-experimental pre-survey/post-survey design for quantitative results. The data collection process included the pre- and post-survey results, allowing the researcher to assess the impact of volunteer protocol. Participant responses were assessed utilizing the Goal Attainment Scale (GAS). The results were based on an ordinal scale, ranging from negative two to positive two with the score of zero being the baseline, and therefore the expected outcome.³ The pre- and post-survey questions were the same, with a total number of ten questions. Questions seven, eight, and nine assessed knowledge regarding therapy services incorporating hippotherapy. Questions five and six assessed knowledge of HIPAA compliance.

Following implementation of the volunteer protocol, approximately 40% of post-survey participants showed improved knowledge and



understanding of therapy treatment that includes hippotherapy and 50% demonstrated improved knowledge of HIPAA regulations. This translates into increased efficiency and safety during therapy sessions.

Along with this quantitative data, qualitative data was also collected through comments volunteers left on their post-survey feedback. Qualitative results were also collected from participants, therapists on staff, and administrative staff. On the post-survey, several of the volunteers left comments about the video, such as, “great video” and “very helpful.” One volunteer stated, “Fantastic work on the new video and PowerPoint! The video was very thorough, and the PowerPoint was very informative and easy to follow” (S. Ferrell, personal communication, April 3, 2018). One of the newer occupational therapists on staff reported, “Great job! Starting off as a side walker, I appreciate the narration and video graphic timing”

(S. Hoyer, personal communication, April 4, 2018). All qualitative results confirmed the value of the newly instated volunteer protocol.

Despite the small sample size for this study, the qualitative and quantitative results demonstrate that increased knowledge regarding HIPAA and safety procedures when assisting occupational therapy and physical therapy sessions that include hippotherapy improve the quality of the volunteer and patient experience. The volunteer protocol ensures that all volunteers are aware of their ethical responsibilities to the patient’s health and safety and their professional expectations when volunteering at Children’s TherAplay. The implementation of the volunteer protocol also reassures therapists and administrative staff of the volunteers’ knowledge regarding patient confidentiality and hippotherapy, which will enable them all to work together as a team

for delivery of an optimal treatment session for the client.

By taking the time to train volunteers and give them the basic knowledge of the benefits of occupational therapy, physical therapy, and speech therapy services incorporating hippotherapy, the importance of patient confidentiality, and the responsibilities regarding side walking, Children's TherAplay is able to establish best practice among the entire therapy team. Striving for best practice, such as the standards recommended by AHA, Inc., is one of the key elements of continuous quality improvement for any organization.⁴

Because the administrators and therapy staff at most therapy clinics that include hippotherapy do not have a lot of time to dedicate to the training of volunteers, it is important to make your volunteer protocol simple and hands-off for the administrators. Your protocol should exist in a format that can be adjusted easily as societal needs change, versatile, and simple enough to use for an extended period of time.

As administrators and therapists, it is our professional responsibility to ensure that our patients receive high-quality care at each session. In order to make that possible, each member of the therapy team needs to have a clear understanding of his or her role. Implementing a volunteer protocol does just that.

If you would like to implement your own volunteer protocol to ensure ethical and professional conduct of your volunteers, take the time to follow the steps below:

1. Outline the various roles of the volunteers and their responsibilities in each role.
2. Outline the expectations of each volunteer and their role in upholding the regulations of HIPAA.
3. Review the guidelines with other therapy staff and administrators and make changes as necessary.
4. Place this information in an easy-to-use format that volunteers can review independently (video, PowerPoint, manual, etc).
5. Create an exit survey or quiz to ensure that all volunteers have retained the basic knowledge necessary to do their job effectively.
6. Have the materials readily available for volunteers to review at any time.

Creating a volunteer protocol takes time in the beginning, but it saves time in the long run. Volunteer protocols also ensure that all volunteers are upholding the ethical requirements of patient confidentiality and make everyone aware of their professional responsibilities. A clear, easy-to-use volunteer protocol is crucial for a high-functioning therapy center. ◀

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KELSY TRACEY OTD, OTR

Dr Kelsy Tracey graduated from the University of Indianapolis with a Doctor of Occupational Therapy Degree in 2018; she earned a Bachelor of Science degree in Community Health Education with a minor in Psychology from the same institution in 2015. She presented at the AOTA 2018 conference regarding her group research topic "Does Participation in an Occupational Justice Workshop Change OT Practice in the Nursing Home? An Exploratory Pilot Study." She plans to present her doctoral capstone research at the AOTA 2019 conference as well. Kelsy enjoys working with clients of all ages, ranging from pediatrics to geriatrics. She currently is working with the older adult population and is looking forward to exploring more of what the diverse, inspiring, and holistic career of occupational therapy has in store for her.



REFERENCES

1. The Children's TherAplay Foundation, Inc. (2018). Who We Are. Retrieved from <http://www.childrenstheraplay.org/who-we-are>
2. American Hippotherapy Association, Inc. (2015). Level I treatment principles. *Course Manual Fifth Edition*. (pp 30-39).
3. Shirvastav, N. (2014). Occupational therapy intervention to combat stress levels of mothers of children with Autism. *The Indian Journal of Occupational Therapy* 46(2), 55-60. Retrieved from <http://web.a.ebscohost.com.ezproxy.uindy.edu/ehost/pdfviewer/pdfviewer?vid=7&sid=891c1c5d-8dc5-48bd-83a5-007915d97a27%40sessionmgr4006>
4. Malnutrition Quality Improvement Initiative. (2016). Principles and models of quality improvement. Retrieved from <http://malnutrition.com/static/pdf/mqii-principles-and-models-of-quality-improvement.pdf>

HUMOR IS AN ADL

“Laughter is the shortest distance between two people.”

—Victor Borge, humorist and musician

**BY KAREN M. GARDNER,
OTR, MOT, HPCS**

All photos courtesy of Speech in Motion

Effective therapy begins with a relationship between you and your client. Many of our clients lack social opportunities to share fun, to laugh, or to express their sense of humor. The common phrase “laughter is the best medicine” reflects our society’s perspective that humor and wellness can go together. It is acknowledged that laughter can have direct and indirect positive effects on many of our physiological systems. It is recognized that a positive attitude, a sense of hope, and successful experiences can lead to improvements in function.

The intentional presence of humor during therapy sessions does not imply the use of a red nose and extremely large clown shoes, but does not rule it out either. The purposeful inclusion of therapeutic humor is a higher-level interaction between people and has significant impact on human cognitive, physical, and emotional function. Positive thoughts stimulate the immune system to produce stress-relieving biochemicals, and laughter can ease pain by encouraging the body to produce endorphins.

The terms *humor* and *therapeutic humor* may be used interchangeably, but for the purposes of this article we will discuss the purposeful use of humor during a therapy session. The Association of Applied and Therapeutic Humor (AATH) has defined therapeutic humor as any intervention that promotes health and wellness by stimulating playful discovery, expression, or appreciation of the incongruity of life’s situations.

Humor is an innately human experience that creates relationships and contributes to positive perceptions of success. Humor is situational—you cannot hold onto it, but you can plan for it. A humorous moment or opportunity for laughter can occur between people or between a single person and their self-perception. Used in a therapeutic context, humor can create a positive view of a challenging activity, increase motivation, improve engagement, and

provide encouragement. Laughter is contagious and can create a change in perception within a group, providing more social interaction and higher levels of satisfaction and enjoyment for all involved in the experience. Laughter can also be a response to stress or anxiety. Recognizing the difference between laughter for fun versus as a stress response is important, so the therapist needs to analyze the situation and observe the results to determine what type of laughter may be occurring.

When guided by a knowledgeable therapist, therapeutic humor can be part of a structured experience that has significant impact on the human body. Humor is an activity of daily living (ADL) that contributes to a sense of improved quality of life through an experience of pleasure in the moment. Having a sense of humor directly impacts our attitudes toward daily challenges and thus impacts our success rate in life. Because humor is recognized as an ADL, our clients need to experience fun and humorous situations appropriately and even have an opportunity to exercise their own sense of humor. When humor is incorporated into hippotherapy, clients have the potential to harness the power of humor to build resilience to life’s challenges.

Just as the horse enhances what we can accomplish during therapy, humor enhances what can be accomplished during physical, occupational, or speech-language therapy sessions including hippotherapy. Research has shown that laughter reduces stress, decreases blood pressure, improves a person’s self-concept, deepens respirations, releases endorphins, stimulates circulation, and can initially increase muscle tone and then promote relaxation. There is world-wide recognition of the value of laughter with the development of laughter clubs and the concept of “yoga laughter” which starts out as forced laughter that gradually becomes more spontaneous.

All horse people know that if you work with horses you need to have a sense of humor. Hippotherapy lends itself to a humorous, positive, and successful environment. One of the added benefits of including horses in the therapy session



is the strengthening of the therapeutic relationship between all members of the therapy team, including the client. Humor and a sense of fun can enhance this therapeutic alliance, creating a social group that is a model of a positive, hopeful outlook on life. One of the human qualities of humor is that laughter is contagious, so when the therapy team intentionally uses humor it can impact the client who may not typically spontaneously participate. Humor can be learned. Lack of social connections, limited social skills, and difficulty building relationships are frequently correlated with having a disability. Recognizing that humor is an ADL can help clients feel more a part of the group because it builds social cohesion and inclusion.

Scaffolding is the concept of layering on activities, interactions, and challenges within the treatment session to make the experience more rich and therapeutically intensive. Humor can be one of the layers that enhances the perception of successful therapy, an improved self-concept, an increased feeling of hope and positivity, and better-regulated physiological states.

Often our clients have limited opportunities for expressing their own sense of humor and as therapists we can get very fixated on goal attainment and not recognize the value of humor. Your client has specific strengths and weaknesses that are part of their everyday life. Working

on improving areas of weakness requires effort from all systems of the body. These systems are governed by our cognitive and emotional responses. A negative attitude or poor self-concept can have a deleterious effect on activity performance. Their attitude “colors” the results of the activity. Positive, fun attitudes lead to successful accomplishments and higher expectations.

SYSTEMS REVIEW OF THE THERAPEUTIC VALUE OF HUMOR

PHYSIOLOGICAL: Research has shown that the body has measurable physiological changes during laughter. A good sense of humor improves physical and mental health. Each hemisphere of the brain has a different reaction to humor; one side comprehends what is humorous, and the other controls the emotional response to what is funny.

CARDIOVASCULAR: Results from a study titled “Laughter Helps Blood Vessels Work Better” found that laughter causes the endothelium of blood vessels to expand and increase blood flow. In contrast, stress causes vasoconstriction that results in increases in blood pressure and muscle tone. For the heart and lungs, 20 seconds of “belly” laughing is equal to about 3 minutes of rowing.

RESPIRATORY AND IMMUNOLOGY: Laughter is comparable to deep breathing exercises that increase oxygen in the brain. Because laughing involves breathing, it has some rhythmic components and can increase volume of respirations. Belly laughs cause a deep exhalation of air. The resulting fluctuation of reduction in CO₂ and increase in O₂ leads to a rise in immunoglobulin A, with a subsequent decrease in respiratory infections.

PSYCHONEUROIMMUNOLOGY: Researchers in this field have studied the mind-body connection for 30 years. Their work has demonstrated many physiological benefits of humor, particularly in the immune system. Therefore, utilization of humor during therapy can be expected to show improvements in immune system function and a positively correlated decrease in frequency of illness.

MUSCLES AND TONE: Initially, an emotional response like laughter can cause an increase in tone, but this is followed by a release of endorphins that promotes relaxation. Laughter not only affects the muscles of the face, but also the diaphragm, abdomen, arms, legs, and back. Laughing tones these muscles and helps to relieve tension.

ENDOCRINE SYSTEM: Evidence from a study titled “Humor as a Technique for Modulating Pain” found that laughter increases endorphins that diminish the perception of pain. The American Cancer Society states that humor therapy can be used to promote health, enhance immune system function, and cope with illness.

COGNITIVE AND EMOTIONAL: Effective use of humor enhances one’s self-concept and increases positive feelings. We all know that patients who want to come to therapy and have positive expectations are the ones who are most successful in reaching their goals

THERAPEUTIC ENVIRONMENT

Creating an atmosphere that supports success is part of an effective treatment strategy. Humor helps to create the ideal therapeutic environment by creating an atmosphere of acceptance and positive expectation. A fun, successful environment promotes volunteer retention, client satisfaction, and horse happiness. A humorous atmosphere creates opportunities for trial and error—willingness to try something difficult because of the social bonds that support the experience.

Because humor can affect so many human aspects, we need to consider our client’s sensorimotor processing,



cognitive functioning, emotional lability, and physiological state; remember the dynamic systems model. The ability to control the environment and keep the humor appropriate is important. Humor should be age-appropriate, not too silly or degrading/offensive.

CASE STUDY

Austin is a 7-year-old boy diagnosed with Autism Spectrum Disorder. He is verbal and discoordinated, with inconsistent and often stressed social interactions during extended family gatherings. He enjoys magic tricks but is unable to perform them during family events due to stress. Austin is receiving occupational therapy intervention including hippotherapy to improve overall coordination, increase attending skills, and improve ability to respond appropriately at school. Based on parent concerns about upcoming holidays, the therapist initiated a “joke a week” concept. Every week, each member of the team would bring a joke and read it to each other at various times during the session. Austin began to plan his joke for each week and exhibited improved mood and increased engagement with longer responses during therapy. This carried over to family gatherings, where family members were also encouraged to share jokes which resulted in an obvious decrease in Austin’s anxiety based on parent report. The shared enjoyment was obvious to his mother. The rationale for this choice was that having a written joke allowed Austin to have a structured interaction with an expectation of a response: laughter. Because he was reading the joke, eye contact was not required to start the interaction.

In summary, most people can identify when something is humorous, but creating an atmosphere that supports humor within some control parameters can be challenging. Our clients are working on their most

significant problem or deficit during their treatment session and a light-hearted, positive environment can support their success. Intentional use of humor not only helps our clients, but our volunteers and staff also enjoy the benefits. Because the humans become relaxed and focused, the horses benefit also. Support the development and experience of everyone's sense of humor because it is an ADL. Take your work seriously, yourself lightly, and keep on laughing. ◀

RESOURCES

Adams, Patch, MD & Maureen Mylander (1993), *Gesundheit! Bringing Good Health To You, the Medical System, and Society Through Good Physician Service, Complementary Services and Humor*, Vermont: Healing Arts Press

American Hippotherapy Association Level I Manual, Benefits of Hippotherapy.

Applied and Therapeutic Humor. <http://www.aath.org>. Accessed August 31, 2018.

Cousins, Norman (1985), *Anatomy of an Illness as Perceived by the Patient*. New York: Bantam Books

Gelkopf, Marc (2011), *The Use of Humor in Serious Mental Illness: A Review*, Evidence Based Complementary and Alternative Medicine, Vol. 2011, Article ID 342837

How Humor Contributes to Physical Health, Part 1, Psychoneuroimmunology and Humor, Part 2, and The Humor-in-Hospitals Movement, Part 3 from <http://www.nurseslearning.com> online course. Accessed August 31, 2018.

Humor Therapy, Larry Hartweg. <http://www.joyfulaging.com>. Accessed August 31, 2018.

Laughter Helps Blood Vessels Work Better, University of Maryland School of Medicine, March 2005.

McGee, Paul MD (2010), *Humor The Lighter Path to Resilience and Health*, Indiana: Authorhouse.

Pierce-Baba, OTR, Jae, "Motivating the Older Adult" Workshop: Professional Education Programs, Inc.

Ruppert, Terra PhD OTR, Johnston, Stephanie MA OTR, *Humor In Therapy*. PowerPoint presentation at Mountain Central Conference 2008, Lone Star College Occupational Assistant Program, 2008.

Stress Management. <http://www.mayoclinic.org/healthylifestyle>. Accessed August 31, 2018.

Therapeutic Benefits of Laughter, Berk, Lee MD, Tan, Stanley MD. http://www.holisticonline.com/Humor_Therapy/humor_therapy_benefits.htm. Accessed August 31, 2018.

Wojciechowski, Michel, *Tickling My Funny Bone, The Use and Benefits of Humor in Health Care*, PT Magazine, December 2007.



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Click it and forget it! It's that simple to join AHA, Inc.'s monthly giving program!

Just go to <https://www.coloradogives.org/AmericanHippotherapyAssociation/overview>. Click our fundraising option and set up your monthly contribution of \$10 or more. If you would rather make a different contribution, you can complete the donation form found on the AHA, Inc. website and we will set this up for you.

Why join the AHA, Inc. monthly giving program? It is a simple way to show your support and helps AHA, Inc. to develop the extra projects that enhance your membership experience. The funds will also help AHA, Inc. to produce a video explaining hippotherapy for the general public, expand programs in new areas of the world, and represent AHA, Inc. internationally at world events.

Learn more about the benefits of monthly giving by calling the AHA, Inc. office at (970) 818-1322. Thank you in advance for considering this great new opportunity.