



COX
COUNSELING
SERVICES

AMBER COX, MSW, LCSW
OUTPATIENT THERAPIST

Informed Consent for Equine Assisted Psychotherapy

This document is an additional “Informed Consent” for Amber Cox, LCSW of Cox Counseling Services, PLLC to provide you, the client, with information specific to this experiential modality of therapy including horses. All of the additional information you reviewed and signed when you became a client is still in place.

I. SERVICES

Amber Cox, LCSW, as a sole practitioner of Cox Counseling Services, PLLC, offers a mental health treatment modality called **equine-assisted psychotherapy (EAP)** which is an experiential form of psychotherapy where horses are involved in the sessions.

Why horses? There are several reasons we choose to work with horses in this work. Primarily it is due to their nature as a social and prey animal, which typically results in an extraordinary ability to read our nonverbal communication – picking up on messages we are sending which we are not always conscious of. With this, they start responding to us in familiar ways reminding us of other people, patterns, and behaviors in our life. This provides us the opportunity to work on ourselves in relation to those aspects of our lives and in relationship with the horse. The horses tend to play out our life stories, and then may either show us or provide opportunities to change what those stories look like.

Horses do not know our past, education, gender, race or other labels we may apply to ourselves and each other. They are in the moment and can be a part of this relationship without the biases we humans put on each other. This provides even more value in the insight they can provide us about ourselves.

There are some risks in being around horses due to their size and nature of being an animal. This is covered in the Liability Release Form provided for your review and signature and which was covered verbally with you. It is important you understand the risks and benefits and ask any questions you may have about that in making your decision to be involved in these services.

There are some differences in what talk therapy and EAP may look or feel like:

- **“Experiential”** means that you will be involved in hands-on experiences with the horses designed to allow you to explore the aspects of your life you want to work on, in the ‘external’. You will be invited out into the space with the horses and the environment. The process is about “doing” along with the “talking.”
- By **working in the external**, the horses and the entire space can become potential symbols of aspects in your life you are here to work on. Your interactions with the horses and the environment may influence you to think or feel in certain ways that are familiar, which allows you to be curious and learn about them in the moment with the horses.

- **Unlike talk therapy**, our focus will be on the horses and the space – the external. As facilitators we may be standing beside you, looking out toward the space instead of looking directly at you.
- There will be times when you are in the space with the horses and the facilitation team is standing to the side, with no talking, so it may sometimes feel like you're being judged for “not doing it right”. Please rest assured, **we are observing the horses** and are not judging you. There is no wrong answer, there is only your process.
- The process is not always about interacting with the treatment team, although that will happen at times. **It is about providing you the opportunity to experience, explore, problem-solve, discover, be creative, gain insight and experience practical applications of what you are learning in the moment.**

Sessions follow an integrative model that is influenced by multiple modalities including **EAGALA (Equine-Assisted Growth and Learning Association), Natural Lifemanship, PATH (Professional Association of Therapeutic Horsemanship) International, and ARCH.** This means that:

1. **Sessions are conducted by a facilitating team (treatment team) of a Licensed Mental Health Professional (MH) and a qualified Equine Specialist (ES) in all your sessions.** These professionals are trained and/or certified in one of the above modalities, which means completion of specialized training, requirements of ongoing continuing education and adherence to high standards of professionalism and practice. While both members of the team are involved in your therapy process, the role of the ES is to oversee physical safety needs and provide observations on the behaviors of the horses. The MH is there to oversee the psychotherapy process and help you make the parallels of the horse observations to your therapy goals and life. Both team members are bound by Confidentiality.
2. **Sessions are based in ground work** – you should not expect to ride horses during the course of your treatment. This is psychotherapy and even though you may learn a thing or two about horses, it is not the intent of the treatment team to provide rote horsemanship skills. We are here to address your therapy goals and we commit to utilizing the methods we have found to best support that focus.
3. **The process is solution-oriented** – meaning we believe you have the best solutions for yourself when provided the opportunity to discover them. We are here to provide the space and guidance through exploring what is happening in the process. You are an individual, and every life situation you are involved in will have its own unique solutions which fit best for you – we are here along with the horses to help you find them.
4. The modalities listed above are international certification organizations for EAP and each have **standards and a code of ethics** which we follow as trained professionals. You may request a copy of the Code of Ethics for each organization or visit their websites for more

information: www.eagala.org, www.naturallifemanship.com, www.pathintl.org,
www.arenasforchange.com.

If you have questions about procedures, please discuss them whenever they arise!

II. CONFIDENTIALITY

All sessions and their content, as well as your records, will be kept strictly confidential. To the extent possible, you will be informed before confidential information is disclosed, and in that event only the essential information required by law or to collect payment will be revealed. Both the Mental Health professional and the Equine Specialist professional are bound by confidentiality.

There are legal limits to this confidentiality creating circumstances in which we may disclose mental health records without consent or authorization which include: 1) If we feel you are a danger to yourself or others, 2) If we suspect a child, elderly, or incapacitated person is abused or neglected, 3) Disclosure is required by the court.

Information about your privacy rights is described in a separate document entitled HIPAA Notice of Privacy Practices. You have been provided with a copy of that document and we have discussed those issues. Please remember that you may reopen the conversation at any time during our work together.

III. OTHER RIGHTS

If you are unhappy with what is happening in therapy, we hope you will talk with the treatment team so that we can respond to your concerns. Such comments will be taken seriously and handled with care and respect. You may also request that we refer you to another therapist and are free to end therapy at any time. You have the right to considerate, safe and respectful care, without discrimination as to race, ethnicity, color, gender, sexual orientation, age, religion, national origin, or source of payment. You have the right to ask questions about any aspects of therapy and about our specific training and experience. We are accountable to our licensure board (NC Social Work Certification and Licensure Board) and its Code of Ethics. You have the right to submit formal concerns to our professional agencies in the event your concerns are not addressed by us following our professional codes.

Your signature below indicates that you have read and understand this Agreement and agree to their terms.

Signature of Client or Personal Representative

Printed Name Client of Personal Representative

Description of Personal Representative's Authority: _____

Date: _____