EQUEST

Project result 3: Module 3 of 6

Module 3: Multi-Modal Communication & Inclusive Instruction

Practical Guidelines for AAC Visual Tools, Clinical Communication RCT Baseline, and Caregiver Trust Onboarding

Exercises in this module:

- 3.1 The AAC Visual Schedule Design [STAFF + HORSE]
- 3.2 The Caregiver Onboarding Interview [STAFF ONLY]
- 3.3 AAC Action & Emotion Card Kit [WITH PARTICIPANTS]

Exercise settings:

- [STAFF ONLY] no participants or horse
- [STAFF + HORSE] no participants
- [OBSERVING A LIVE SESSION]
- [WITH PARTICIPANTS]

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1. Theoretical & Scientific Baseline

1.1 Multi-Modal Communication & AAC

The Communication Mandate: In an inclusive equestrian environment, communication must be multi-way and adaptable. Practitioners must avoid relying exclusively on verbal commands, which can exclude or overwhelm participants with neurodevelopmental disorders or sensory processing differences.

Augmentative and Alternative Communication (AAC): AAC involves using a diverse set of communication tools, including visual symbols, pictograms, signs, clear physical body language, and changes in vocal volume and tone, to connect with non-verbal or sensory-sensitive participants.

The Strength of Words: Practitioners must learn to adjust the complexity and frequency of their language. Not too many words is a baseline rule; commands must be short, direct, and delivered with a calm, stable tone to prevent triggering sensory overwhelm in both the participant and the horse.

1.2 Clinical Efficacy: The Gabriels et al. (2015, 2018) RCT Evidence

To establish professional and clinical legitimacy, the EQUEST communication framework is grounded in empirical research:

- **The Study:** The landmark Randomised Controlled Trial conducted by Gabriels et al. (2015)[1] evaluated the impact of a 10-week Therapeutic Horseback Riding (THR) programme on 127 youth with Autism Spectrum Disorder (ASD).
- **Core Findings:** The THR group demonstrated statistically significant reductions in irritability and hyperactivity compared to a barn-activity control group. Furthermore, participants exhibited significant improvements in social cognition, social communication, and verbal fluency.
- **Adaptation Durability:** In a follow-up trial (Gabriels et al., 2018), re-evaluations conducted 6 months post-intervention confirmed that reductions in irritability and gains in social communication and verbal fluency were durably maintained, showing that the effects of therapeutic horseback riding in this group were sustained over time[2].

2. Relational Onboarding & Caregiver Trust

Building a safe and inclusive programme starts long before the participant is around the horse or mounts the horse. The onboarding phase must focus heavily on establishing trust slowly and understanding the participant's home environment:

- **Slowing Down:** A core good practice is to purposefully slow down the pace during initial sessions, allowing the practitioner and horse to cultivate trust with the participant and their caregivers.
- **Caregiver Partnership:** Caregivers and parents are vital secondary partners in the therapeutic ecosystem. The practitioner must actively listen to their lived experiences, gather comprehensive behavioural histories, and explain the process clearly so families feel safe and prepared.

3. Practical Exercises for the Arena

Exercise 3.1 The AAC Visual Schedule Design

[STAFF + HORSE] | **Who:** All team members (a colleague plays the participant) | **You need:** Four weather-resistant visual cards

Objective: Develop the practical skill of creating and utilising AAC tools during stable-based activities for non-verbal participants.

Instructions:

1. Design a set of four weather-resistant visual cards (using high-contrast pictograms or drawings) representing the sequence of grooming a horse: Brush, Hoof Pick, Saddle, Ride.
2. Work with a colleague playing the role of a non-verbal, sensory-sensitive participant.
3. Lead the colleague through the grooming routine using ONLY the visual cards, pointing, gestures, and a quiet tone of voice - do not speak any full sentences.
4. Observe how reducing verbal noise affects focus and the horse's ear position/breathing.

Builds on Professional Profile (R1) competency 1.4

Exercise 3.2 The Caregiver Onboarding Interview

[STAFF ONLY] | **Who:** Therapists, instructors (a colleague plays the parent)

Objective: Practise slow, empathetic, and professional communication with parents and caregivers during intake sessions.

Instructions:

1. Conduct a simulated intake interview with a colleague playing the role of a parent of a hyperactive, sensory-sensitive child with autism.
2. Structure the conversation around three trust milestones:
    a. **Validation:** actively listen to the caregiver's daily challenges at school and home without immediately offering solutions.
    b. **Sensory Profile:** identify the participant's specific sensory triggers (loud noises, textures, flies) and preferred coping strategies.
    c. **Collaborative Boundary Setting:** establish clear safety rules and explain how you will handle a challenging situation (using the autonomic self-regulation loop) so the caregiver is aligned.
3. **Reflect together:** did the interview establish a respectful foundation of trust?

Builds on Professional Profile (R1) competency 2.1

Exercise 3.3 AAC Action & Emotion Card Kit

[WITH PARTICIPANTS] | **Who:** All team members (staff prepare the kit; it is used with participants) | **You need:** Laminated pictograms; a lanyard or belt pouch

Objective: Assemble and maintain a versatile visual card kit for immediate arena deployment during moments of difficulty or dysregulation.

Instructions:

1. Print and laminate a portable set of AAC pictograms depicting routine session steps:
    a. Greet the horse
    b. Go to the horse
    c. Brush the horse
    d. Go to the mounting block
    e. Mount the horse
    f. Dismount
    g. Finished! (You may add additional steps which are usual for your rehabilitation centre and which might be useful for the work in your settings)
2. Include auxiliary cards for counting (1 to 10), breathing prompts, and basic emotion indicators (relaxed, curious, scared, in pain).
3. Keep the card kit on a lanyard or belt pouch during all sessions to assist non-verbal participants in expressing needs or processing transitions when overwhelmed.

Reflect

- After a week of sessions: which cards did participants use most?
- Which steps specific to your centre should you add to the kit?

Builds on Professional Profile (R1) competency 1.4

Notes and sources

1. Gabriels, R. L. et al. (2015). Randomized controlled trial of therapeutic horseback riding in children and adolescents with autism spectrum disorder. Journal of the American Academy of Child and Adolescent Psychiatry 54(7): 541–549.
2. At the 6-month follow-up, the sustained effects reported were in irritability (marginal), social communication and the number of words used; the follow-up sample was 64 youth. Gabriels, R. L. et al. (2018). Long-term effect of therapeutic horseback riding in youth with autism spectrum disorder: a randomized trial. Frontiers in Veterinary Science 5: 156.