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TITLE: Beck PRIDE Center – An Effective Solution for Combat Injured Student Veterans

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The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.
One purpose of the study is to evaluate the effects of hippotherapy on motor performance in individuals with disabilities. Fifty veterans will be recruited and receive traditional physical therapy and physical therapy including hippotherapy. Measures will be taken after each session and analyzed. This study will also evaluate the impact of the Beck PRIDE Center on health and well being and quality of life. It will document veteran completion of referrals and engagement with care across six domain areas. It will develop a program implementation manual that can be distributed to other educational institutions.
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INTRODUCTION

1) One purpose of the study was to evaluate the effects of hippotherapy on motor performance in individuals with disabilities. Fifty veterans were recruited and received traditional physical therapy and physical therapy including hippotherapy. Measures were taken after each session and analyzed.

2) This study also evaluated the impact of the Beck PRIDE Center on health and well being and quality of life.

3) It documented veteran completion of referrals and engagement with care across six domain areas.

4) It developed a program implementation manual that was distributed to other educational institutions.

The significance of these areas of investigation furthered the model for civilian institutions to engage combat veterans with disabilities and their families on reintegration post employment.
Summary of Hippotherapy DoD work

A collection of single subject case studies were used to examine the effects of motor performance in subjects while using hippotherapy. The study used an A-B design in which treatment A was traditional therapy and hippotherapy, while treatment B was traditional therapy. Several veterans participated in the study with a variety of neurological and orthopedic issues. Neurological conditions included stroke and traumatic brain injury. Orthopedic issues included back, neck, knee, and shoulder pain. A coin flip determined if the veteran received Treatment A or Treatment B first. The following is a synopsis of the presentations and publication that resulted from this study.

For the hippotherapy project, forty eight veterans were referred and signed the consent form to participate. All veterans were referred through the Beck PRIDE Center. Twenty four veterans completed the study with some data points in Treatment A and Treatment B. Fourteen veterans completed both phases of the study. Ten completed only a portion of the second treatment in the study. These ten did not return for unknown reasons/unable to contact (10). Twenty four veterans only completed one phase of the treatment. Of these twenty four, one moved out of town and the other twenty three did not return due to illness (4), work schedule (1), deployment (1), and unknown reasons/unable to contact to reschedule (16). Treatment A and Treatment B lasted one hour. Participants were assessed after each session using a variety of scales to examine changes as a result of the therapy session based on their limitations. All sessions were cancelled after injury to the principal investigator on 4-1-16.

The results of the study, in some of the single subject studies, showed a greater response to hippotherapy combined with traditional therapy than to traditional therapy alone. While statistical significance was not found in all cases with all areas assessed, data plotting did reveal a change with hippotherapy combined with traditional therapy as opposed to traditional therapy alone.

In the case that a veteran with neurological deficits participated, improvements in functional ADLs were noted with greater improvements while participating in hippotherapy. The measures chosen for motor performance were components of the Functional Independence Measure Test (FIM), tests used included bed mobility, transitional movements, transfers, and gait. Improvements were less evident in the treatment with traditional therapy. In some cases FIM scores decreased after removing hippotherapy from the treatment. Figure 1 gives an illustration of an increase in FIM scores after the addition of hippotherapy to traditional therapy (Treatment B) after only participating in traditional therapy initially (Treatment A).
Figure 1: FIM Scores with Ambulation Veteran with a Traumatic Brain Injury

Figure 2 shows similar results in changes in FIM scores in the area of toilet transfers. Treatment A is only traditional therapy while Treatment B includes the addition of hippotherapy.

Figure 2: FIM Scores with Toilet Transfers Veteran with a Traumatic Brain Injury

In the two figures above using an exact binomial calculator, statistical difference is noted at the .05 level. When the celebration line is extended from the initial treatment, all the data points in the second treatment are above the predicted line, showing statistical significance in these two figures.
In the cases where orthopedic issues were addressed, improvements in range of motion and reductions in pain were noted with greater changes documented while participating in hippotherapy. The measures chosen for motor performance were changes in range of motion and self-reported measures of disability and function that were obtained with scales that included the Sheehan Disability Scale (SDS), Upper Extremity Functional Index (UEFI), Lower Extremity Functional Index (LEFI), Oswestry Low Back Pain Questionnaire (OLBPQ), and the Neck Disability Index (NDI).

In the case of a veteran with low back pain, scores on the Oswestry Pain Scale decreased in the initial sessions that included hippotherapy (Treatment A), however scores plateaued and slightly increased at times after hippotherapy was no longer offered in the study (Treatment B). Figure 3 demonstrates this trend.

![Figure 3: Oswestry Scores in Veteran with Low Back Pain](image)

In another study looking at a veteran with low back pain, a similar result was seen. Treatment A includes hippotherapy while in Treatment B, only traditional physical therapy was used. This can be seen in Figure 4.
In another case study that looked at a veteran with decrease function, the Sheehan Disability Scale was used. In this case it was seen that while a decrease in scores were noted with the inclusion of hippotherapy (Treatment A), scores then increased after hippotherapy was removed (Treatment B). This change can be seen in figure 5.

In an additional case that involved a veteran with shoulder issues, increased active range of motion was noted when hippotherapy was incorporated as opposed to traditional physical
therapy only. Table 1 gives an illustration to the improvement in range of motion after the inclusion of hippotherapy.

<table>
<thead>
<tr>
<th>Action</th>
<th>L AROM PRE</th>
<th>L AROM POST</th>
<th>R AROM PRE</th>
<th>R AROM POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>148</td>
<td>176</td>
<td>142</td>
<td>178</td>
</tr>
<tr>
<td>Abduction</td>
<td>142</td>
<td>174</td>
<td>140</td>
<td>175</td>
</tr>
<tr>
<td>Extension</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>31</td>
</tr>
<tr>
<td>External Rotation</td>
<td>28</td>
<td>67</td>
<td>40</td>
<td>80</td>
</tr>
<tr>
<td>Internal Rotation</td>
<td>25</td>
<td>90</td>
<td>44</td>
<td>70</td>
</tr>
</tbody>
</table>

Table 1: AROM in Veteran with Shoulder Issues

Also in this veteran, a decrease in functional limitations was noted after the inclusion of hippotherapy to the traditional physical therapy program. Table 2 illustrates this.

<table>
<thead>
<tr>
<th>Outcome tool</th>
<th>Section</th>
<th>PRE</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheehan Disability Scale</td>
<td>Work/ School</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Social life</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Family life</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Days Lost</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Days Unproductive</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Table 2: Sheehan/UEFS in Veteran with Shoulder Issues

In some cases, the patients became disappointed when the horse was withdrawn and required strong encouragement to complete the data in the second phase of the program. After completion of the traditional treatment, the subjects were often eager to return to hippotherapy treatment. Thus, while hippotherapy produced effects that could be sustained over time, in these cases the decreased motivation and eagerness of participation and other external factors may have played a role in increasing disability levels during the traditional therapy portion of the study. Subjects ‘enthusiasm for horse-based therapy suggests that they would have responded
well to hippotherapy alone, but also demonstrated more willing participation in traditional therapy when combined with hippotherapy.

Subjects often after completing the study pursued additional interaction with equine based therapy. Several subjects enrolled in equine science courses at the university. Subjects also returned to the hippotherapy sessions to volunteer as assistance in hippotherapy sessions for other subjects. It is interesting to note that a majority of the veterans had limited exposure to horses before participating in the study.

**Impact of the Beck P.R.I.D.E. Center on the Health, Well-Being, and Quality of Life for Veterans**

As part of the Beck PRIDE Center’s *An Effective Solution for Combat Injured Student Veterans* project, a multi-faceted data collection plan was implemented to assess the impact of Beck PRIDE services on the health and well-being of the veterans it served, as well as their quality of life. As part of the data collection, project-end surveys were conducted to assess the perceived effectiveness of the program from the perspective of both the veterans it served and the various community members involved in the work of the center. A listing of data collection instruments, a brief description, and their administration timeframes is provided in the table below. More details about each instrument and the data obtained will be provided throughout this report.

### Data Collection Instruments

<table>
<thead>
<tr>
<th>Instrument</th>
<th>Description</th>
<th>When Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beck P.R.I.D.E. Intake Form</strong></td>
<td>The Beck PRIDE Intake form collects information on a wide range of participant demographics and needs as they enter the program.</td>
<td>Upon Entry only</td>
</tr>
<tr>
<td><strong>SF-12 Health Survey</strong></td>
<td>The SF-12 measures participant functional health and well-being.</td>
<td>Upon Entry and at Follow-Up</td>
</tr>
<tr>
<td><strong>Beck Pride Satisfaction Inventory (BPSI)</strong></td>
<td>The BPSI measures the general satisfaction and quality of life of veterans.</td>
<td>Upon Entry and at Follow-Up</td>
</tr>
<tr>
<td><strong>Quality of Life Index (QLI)</strong></td>
<td>The QLI assesses quality of life by measuring the general satisfaction with, and perceived value of, different areas of life.</td>
<td>Upon Entry only</td>
</tr>
<tr>
<td><strong>Project End Participant Survey</strong></td>
<td>The Project End Participant Survey assesses participant satisfaction with, and perceived effectiveness, of the Beck P.R.I.D.E. Center.</td>
<td>End of the Project</td>
</tr>
<tr>
<td><strong>Project End Community Agency Survey</strong></td>
<td>The Project End Community Agency Survey assesses satisfaction with, and perceived effectiveness, of the Beck P.R.I.D.E. Center.</td>
<td>End of the Project</td>
</tr>
</tbody>
</table>

This report is organized around 3 main questions: (1) Who were the participants? (2) Why did they come to Beck P.R.I.D.E.? and (3) Did Beck P.R.I.D.E. make a difference in the lives of the
veterans it served? Each section will include relevant data from across the life of the grant period.

**WHO WERE THE PARTICIPANTS?**

**Demographics.** Across the life of the project, 157 veterans took part in Beck P.R.I.D.E. services, far exceeding the original goal of 100 veterans. In order to receive services from the Beck P.R.I.D.E. Center, veterans must have been in a present day conflict (from the Persian Gulf War to present day). Most participants had been deployed either 1 (55%) or 2 (33%) times, with the remaining veterans having been deployed 3 or more times. The most common locations for deployment were Iraq (67% of veterans) and Afghanistan (68% of veterans). Other locations included the Persian Gulf, Africa, and Kosovo. When entering the program, 9% were on active duty.

The majority of participants were male (93%) and Caucasian (74%). Participant ages ranged from 23 to 70 years old, with a mean age of 36 years. Reports of marital status showed that around one-half were married (49%), about one-quarter were single (24%), and 17% were divorced. Fifty-six percent of participants had been married once, 29% reported never being married, and 12% had been married twice. The majority of participants (59%) had at least 1 dependent and 30% were enrolled in college.

**Existing Issues/Problems.** Beck PRIDE participants reported a number of medical or physical issues when they entered the program. The majority of those issues appeared to be a result of their combat-related experiences and exposure to a war-zone environment. Of the participants who responded to the impairment items on the intake form, 79% reported suffering from mobility impairments (e.g., back, knee, or shoulder pain), 76% reported suffering from sleep problems (e.g. sleep apnea or insomnia), and 72% reported hearing impairments (i.e., hearing loss or tinnitus). Other major issues affecting returning veterans were Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI); about two-thirds of participants reported having PTSD (64%) and about one-third reported having TBI (28%). Fifty-four percent were receiving VA Compensation at the time of entry into Beck P.R.I.D.E., with an average disability rating of 52%.

To assess whether any additional problems existed with participants (e.g., with functional health, well-being, satisfaction with life, and quality of life), 3 data collection instruments were administered at intake: (1) the SF-12 Health Survey, (2) the Quality of Life Index, and (3) the Beck PRIDE Satisfaction Inventory. Results from each instrument are provided below.

**Functional Health & Well-Being (as measured by the SF-12, a short form Health Survey).** All 157 Beck PRIDE Center participants completed an SF-12 when they first enrolled in the study. The SF-12 is a self-report measure of an individual’s perceived health. The possible score range for the SF-12 is 0 (poor health) to 100 (excellent health), with 50 being considered the population mean (with a Standard Deviation of 10). The table below provides a breakdown of physical-, mental-, and overall health of the participants at intake based on the SF-12 domains.
As shown in the table above, and in the figures below, when entering the Beck P.R.I.D.E. project, the majority of participants fared much worse than the general population both physically and mentally. For example, only about one-fourth of participants fell into the “average” range in both the physical- and mental-domains of the SF-12, and over one-half of participants fell in the “below average” range.

Quality of Life (as measured by the Quality of Life Index). Each veteran who participated in the Beck PRIDE study was administered the Quality of Life Index (QLI) Generic III Version during the initial intake interview. The QLI is a 66-item inventory split into two parts: Part 1 contains 33 questions relating to general satisfaction (e.g., How satisfied are you with your health in general?), and part 2 contains 33 questions relating to values (e.g., How important to you is your health?). QLI items are rated on a six point Likert scale, with 1 being “very dissatisfied” or “very unimportant” and 6 being “very satisfied” or “very important.” Five scores are calculated for the QLI: (1) Overall Quality of Life score, (2) Health and Functioning subscale score, (3) Social and Economic subscale score, (4) Psychological/Spiritual subscale score, and (5) Family subscale score. The following table shows the mean quality of life scores for veterans participating in the study on whom we have complete data (N=151). The range of scores is from 0 to 30 (with higher numbers reflecting higher quality of life).
The results from the QLI indicate that veterans came into Beck P.R.I.D.E. with a less than ideal view of their Quality of Life (mean of 17.66 on a scale from 0 to 30), especially when it comes to Health and Functioning concerns, Social & Economic concerns, and Psychological/Spiritual concerns. This is not surprising, however, due to the fact that so many reported having problems during their intake (e.g., mobility problems, hearing problems, PTSD).

*Satisfaction with Life (as measured by the Beck P.R.I.D.E. Satisfaction Inventory). As veterans entered the Beck PRIDE study, they were administered the Beck PRIDE Satisfaction Inventory (BPSI). There are 2 sections of the BPSI: (1) Section 1 of the BPSI assesses the general satisfaction participants have in eight different domains of life and (2) Section 2 measures veteran satisfaction with the services provided by the Beck PRIDE Center (section 2 was administered at follow-up and will be discussed later in this report). Complete BPSI data are available for 156 participating veterans. Overall, it appears that when participants came to Beck P.R.I.D.E., they were only a little satisfied with most areas in their life, especially their Work Life. This may be due to the fact that they are experiencing so many issues, as discussed above. The table below shows the mean satisfaction scores for each domain on a scale from 1 (no satisfaction at all) to 4 (a great deal of satisfaction).
WHY DID VETERANS COME TO BECK P.R.I.D.E.?
When first coming to Beck P.R.I.D.E., participants were asked what kind of assistance they were seeking. Many of the veterans came in seeking assistance for their education needs (e.g., educational advising), but also for career assistance and assistance with vocational rehabilitation. A listing of the various types of assistance veterans sought out is presented in the table below, along with the percentage of individuals requesting that assistance.

<table>
<thead>
<tr>
<th>Type of Assistance Sought</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Advising Assistance</td>
<td>51%</td>
</tr>
<tr>
<td>GI Bill Education Benefits Assistance</td>
<td>38%</td>
</tr>
<tr>
<td>Scholarship/Other Financial Aid Assistance</td>
<td>36%</td>
</tr>
<tr>
<td>Vocational Rehab Assistance</td>
<td>36%</td>
</tr>
<tr>
<td>Career Advising Assistance</td>
<td>33%</td>
</tr>
<tr>
<td>Testing/Placement/Assessment Assistance</td>
<td>20%</td>
</tr>
<tr>
<td>Tutoring/Mentoring/Study Skills Assistance</td>
<td>18%</td>
</tr>
<tr>
<td>Cultural/Social Enrichment Assistance</td>
<td>16%</td>
</tr>
<tr>
<td>Employment Services Assistance</td>
<td>12%</td>
</tr>
</tbody>
</table>

Most veterans appeared to be without existing social supports to help them when they came to Beck P.R.I.D.E. Although just over one-half of participants (55%) had been accessing services through a nearby VA facility (in Memphis, TN), very few appeared to belong to any community support organization (e.g., only 20% said they belonged to a community veteran organization, 13% said they belonged to the VFW Organization). Anecdotally, participants reported that they did not know how to receive benefits and services (e.g., they did not understand the paperwork or who to contact). As a result, Beck P.R.I.D.E. reached out to the 3 VA systems in the surrounding area to coordinate services and workshops for veterans. In addition, many veterans appeared to be lacking support from their family and friends (e.g., 50% said their spouse/lover was their support system, 38% said their parent[s] were their support system).

DOES BECK P.R.I.D.E. MAKE A DIFFERENCE FOR VETERANS?
One of the key aims of this project was to determine the extent to which Beck P.R.I.D.E. is effective for veterans. To assess that effectiveness, both intake and follow-up (about 6 months after they entered the project) interviews were conducted with participants to allow for a pre-post comparison of key indicators (e.g., functional health, quality of life). The interviews included the SF-12 (assessing functional health and well-being) and the BPSI (assessing satisfaction with, and quality of, life). Follow-up interviews were conducted with 53 participants. Overall, participants appeared to make some significant improvements after having received Beck P.R.I.D.E. services, especially in their mental health. Below is a more detailed summary of the findings.

Functional Health & Well-Being (as measured by the SF-12). As reported earlier, upon entering the Beck PRIDE Center project, veteran self-reports indicated that very few of them
fared better than the general population in both physical health and mental health. However, after having received services from Beck P.R.I.D.E., those reports improved quite a bit, some even significantly.

The figures below show that after having participated in the Beck PRIDE project, many participants were doing better **physically**. In fact, in the areas of General Health and Bodily Pain (higher scores indicate more freedom from pain), the changes were significant ($t > 1.7, ps < .05$). In addition, many more participants reported being “At” the general population average in the Physical Health component at follow-up than at intake. This indicates a great improvements in Beck P.R.I.D.E. participants after having received services.

Similar to physical health (above), it appeared that only a few Beck PRIDE participants fared better in self-reported **mental health** than the general population upon entering the program. At follow-up, however, participant mental health appeared to have improved significantly based on the SF-12; the Mental Health Component Score increased from 36.62 to 39.98 ($t=2.22, p<.04$). A couple of SF-12 mental health sub scores increased as well ($t > 2.1, ps < .05$): Social Functioning and Mental Health. In addition, the percentage of veterans who fell “below average” in the mental health domains of the SF-12 when compared to the general population decreased from 75% to 64%, while the percentage of those falling “At” and “Above” average increased (18% to 23% and 8% to 13%, respectively). The figures below depict the positive changes that occurred in veterans’ mental health after receiving services from Beck P.R.I.D.E.
Satisfaction with, and Quality of, Life (as measured by the Beck P.R.I.D.E. Satisfaction Inventory). The table below shows the mean life domain satisfaction scores from the Beck P.R.I.D.E. Satisfaction Inventory intake interview (pre) and the follow-up interviews. Although no statistically significant differences in any of the domains from Intake to Follow-up were found (t's ranged from .00 to 1.64, all ps>.05), there was movement toward improved satisfaction with life for those on whom we have follow-up data. For example, at intake, the least satisfaction appeared to occur in the Work Life and Social Life domains, but after having been part of the Beck P.R.I.D.E. project, there appeared to be a trend toward higher satisfaction with both of those areas. The most satisfaction appeared to occur in the Family and Education domains of veterans’ lives (consistent with responses from intake).

<table>
<thead>
<tr>
<th>LIFE DOMAIN</th>
<th>PRE MEAN SCORE</th>
<th>FOLLOW-UP MEAN SCORE</th>
<th>DIFFERENCE IN MEANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>2.58</td>
<td>2.67</td>
<td>.09</td>
</tr>
<tr>
<td>Career Prospects</td>
<td>2.50</td>
<td>2.50</td>
<td>0</td>
</tr>
<tr>
<td>Social Life</td>
<td>2.25</td>
<td>2.50</td>
<td>.25</td>
</tr>
<tr>
<td>Family Life</td>
<td>2.83</td>
<td>2.89</td>
<td>.06</td>
</tr>
<tr>
<td>Health</td>
<td>2.48</td>
<td>2.42</td>
<td>-.06</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>2.42</td>
<td>2.35</td>
<td>-.07</td>
</tr>
<tr>
<td>Recreational Activities</td>
<td>2.39</td>
<td>2.40</td>
<td>.01</td>
</tr>
<tr>
<td><strong>Work Life</strong></td>
<td><strong>1.92</strong></td>
<td><strong>2.10</strong></td>
<td><strong>.18</strong></td>
</tr>
</tbody>
</table>

*Complete intake and follow-up data are available for only 52 participants

Another factor that impacts participant quality of life is their VA Compensation Rating. There were 23 veterans on whom we had both intake and follow-up VA Ratings. Although there was not a significant change, there was movement toward an increased rating (67% to 69%), which translates into increased benefits for veterans.

Satisfaction with Beck P.R.I.D.E. (as measured by the Beck P.R.I.D.E. Satisfaction Inventory and the Project End Surveys). Throughout the project, the Beck PRIDE Center offered eight types of services to veterans: Educational Assistance, Mental Health Counseling, Social Services, Community Referrals, Mentoring, Socialization, Career Planning, and Rehabilitative Services. During follow-up, Section 2 (Satisfaction with Services) of the Beck P.R.I.D.E. Satisfaction Inventory (BPSI) was administered. Overall, veterans were generally satisfied with Beck PRIDE Services, with the exception of a small percentage who found the Social Services and Community Referral services at Beck PRIDE being “poor” at follow-up. However, over one-half of veterans report all services are working “great.” The Rehabilitative and Education Assistance services had the highest ratings at follow-up with 82% and 81%, respectively. Social services had the lowest overall “great” rating (68%), which suggests that this domain may be in need of the most improvement. That being said, over two-thirds of participants rated Social Services as “great,” indicating that it was working well for most. The table below shows the results for the 53 veterans who completed the follow-up interview.
**Satisfaction With Beck PRIDE Services at 6-Month Follow-up (N=53)**

<table>
<thead>
<tr>
<th>Services</th>
<th>Poorly %</th>
<th>Adequately %</th>
<th>Great %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education Assistance Service</td>
<td>0</td>
<td>19</td>
<td>81</td>
</tr>
<tr>
<td>Mental Health Counseling</td>
<td>0</td>
<td>25</td>
<td>75</td>
</tr>
<tr>
<td>Social Services</td>
<td>5</td>
<td>27</td>
<td>68</td>
</tr>
<tr>
<td>Community Referral Service</td>
<td>7</td>
<td>22</td>
<td>70</td>
</tr>
<tr>
<td>Mentoring Service</td>
<td>0</td>
<td>24</td>
<td>76</td>
</tr>
<tr>
<td>Socialization Service</td>
<td>0</td>
<td>30</td>
<td>70</td>
</tr>
<tr>
<td>Career Planning Service</td>
<td>0</td>
<td>28</td>
<td>72</td>
</tr>
<tr>
<td>Rehabilitative Service</td>
<td>0</td>
<td>19</td>
<td>82</td>
</tr>
</tbody>
</table>

*Due to rounding, percentages may not equal 100%.

In an effort to get feedback from the participants about what they thought about Beck P.R.I.D.E., a Project End Participant Survey was sent out in May, 2016, to those who had participated in Beck P.R.I.D.E. services. In all, 20 veterans completed a survey. Of those, the majority agreed that Beck PRIDE was a helpful resource that (a) meets the needs of veterans, (b) helps veterans gain skills they need to be successful, and (c) is something they would recommend to others. When asked to what extent Beck P.R.I.D.E. services were helpful to them, the responses were very positive. Although only some respondents received any given service, 100% of those who reported receiving Education Assistance, Mental Health Counseling, Social Services & Community Referrals, Career & Business Planning, and Personal Rehabilitation Services said those services were “very helpful.” When asked about the ways in which Beck P.R.I.D.E. has helped them the most, one person said, “Attending the combat support group has been helpful, even though I was reluctant to address those issues…” Another veteran said it was helpful in that they had “…someone to talk to when no one else understands.” Others said that Beck P.R.I.D.E. helped them with educational issues: “…Getting back into college was an overwhelming task for me. Not only did they help me with all of the paperwork, but they also seen me through my program…” Another person said, “I don’t know how I would have managed to feel comfortable going back to school after so many years of being out of school without the help of the Beck Pride staff.”

A Project End Survey was also sent out to various community members who have worked with Beck P.R.I.D.E. to get a broader sense of the perceived effectiveness of the project. Twelve individuals from the community who work with Beck P.R.I.D.E. responded to the survey, all of whom had worked with the program for at least 2 years. Community partner responses echoed those from the participants: Beck P.R.I.D.E. is helpful, meets veterans’ needs, and is a resource they would recommend to any veteran needing assistance. Respondents said that the program serves as a “strong advocate for veterans’ needs and resources.” In addition, it is clear that its community partners think that Beck P.R.I.D.E. is an invaluable service that deserves more recognition. One respondent said, “It is Jonesboro, AR (sic) best kept secret that others should know about.” Another said, “I am honored to be a volunteer that is involved in the Beck Pride Center. The whole United States should know about this center.”
SUMMARY AND CONCLUSIONS

As reflected in this report, when veterans come to the Beck PRIDE Center, they are likely to have a host of physical or mental health issues, they are not totally satisfied with their lives, and they are in need of various types of assistance. They also tend to come in without a strong support system in place. Based on the results gained from the data collection throughout the project, it appears that the Beck PRIDE Center has been a valuable mechanism to assist those veterans by providing them with numerous types of assistance they need (e.g., education, career), and in turn it helps to improve critical aspects of their lives, both physically and mentally. This project also allowed Beck P.R.I.D.E. to learn some important lessons and provided some direction for future efforts. For example, the issues of moral injury and spirituality came to light during this project (what veterans had to do while deployed is sometimes incongruent with their spiritual beliefs), and needs to be an area of attention in the future. In addition, Beck P.R.I.D.E. is in a great position to impact rural veterans in the area. In order to get to one of the 3 major VA Systems in the surrounding area, veterans have well over one hour of travel time. Beck P.R.I.D.E.’s coordination and promotion of VA services has been a positive step in helping those from rural areas, but systematic data have not been collected on those elements of assistance. The general consensus about the Beck P.R.I.D.E. Center can be summed up by one participant’s comment…”I feel the Beck P.R.I.D.E. is an outstanding organization…One of the best [veteran] programs that is out there.”

Part of the reason that Beck PRIDE has been successful is because it has adapted its services in response to veteran needs. For example, as part of the expansion of assistance provided by the Beck PRIDE Center in response to specific needs and concerns, a number of services were initiated to broaden its activities. The following illustrates those projects completed by the Beck PRIDE Center for veterans:

- Beck PRIDE Center staff are involved in a veteran’s court initiative in partnership with the 2nd Judicial District, Memphis VA system, and MidSouth Health systems. The veteran mentors have been recruited from the Beck PRIDE Center program.
- A community education series has been developed and presented to 410 mental health professionals and clergy. The 5 Topics included Addictive Thinking, Improving Treatment Outcomes with Substance Abuse, Understanding Moral Injury, Suicide Awareness, and Understanding TBI and PTSD.
- A VA vocational-rehabilitation counselor is located at A-State after negotiations by Beck PRIDE Center staff.
- Completing applications for VA services, such as eBenefits, and for medical benefits, was part of the service provided. All interns and VA work study students have been trained in this process and the process for enhanced enrollment.
- Two eBenefits workshops were conducted for veterans and staffed by VA personnel.
- A research project with the A-State Physical Therapy Department utilizing Yoga to address chronic pain and PTSD symptoms was developed and is being currently offered for the 2nd time.
Individual Counseling for veterans and family members has been provided for those with no payor source or their copays have been covered.

Funds for medication for veterans outside the VA system has been provided as needed.

Gas money has been provided for veterans as needed, including trips to the VA for medical appointments when they are not eligible for travel pay due to the distance.

A veteran’s claim workshop at BPC has been offered at the Beck PRIDE Center three times this past year with support from the Arkansas Department of Veteran’s Services.

An additional two claims assistance programs were offered at the Beck PRIDE Center with support of the Disabled American Veterans Association.

VA work study students (generally 4 per semester) have been through orientation and given assignments. This provides financial support to the veteran along with job training.

A VA Caregivers support group has been offered for two semesters.

Interns from bachelors and masters level programs in social work, occupational therapy, physical therapy, and counseling work with veterans each semester. Preference is given to veterans to fill these positions.

Community Service groups in coordination with the Beck PRIDE Center have supported social programs for veterans and their families for each holiday and at the start of school.

The Beck PRIDE Center served on the founding committee of the VA/Clergy Partnership of Rural Veterans to coordinate services.

Support is offered to The Order of the Purple Heart Association and meetings are held at the Beck PRIDE Center.

The Disabled American Veterans Association is supported by the Beck PRIDE Center and their monthly meetings are held at the office.

Free tax services were offered to veterans for 2015 and will be repeated in 2016.

Financial workshops on budgeting and understanding student loans has been offered twice and will be repeated in the fall, 2016.

Anger management classes were offered to veterans.

The Arkansas Student Veterans Association (ASVO) is supported by the Beck PRIDE Center staff.

Financial support is given to veterans to attend leadership courses and small business classes.

Financial support was given to a veteran to allow him to compete in state and national university business competitions. He placed first in the nation.

Two Dental clinics for veterans with no access to VA dental care have been coordinated with a dental clinic. One veteran received $16,000.00 in dental care.

Hosted Town Hall meeting for veterans with the Memphis and Little Rock VA Health Systems.

Provided physical therapy assessments and speech testing for veterans and family members.

Provided equine assisted psychotherapy (individual and family sessions) for veterans.
Implementation Manual

As there was more focus on Veterans in academic institutions, our research group felt it was important to provide information on how our Center was developed. It was a piece that we wanted to share with other institutions nationwide as they considered Veterans programs and support on their campuses. Our goal was to develop a draft manual in year one of the project, send it out for review and modification in year 2 and disseminate the manual in year 3.

Some preliminary meetings were held in February through April, 2012 with staff and media personnel to discuss the project, conceptualize it and move it to a draft outline. A more formalized meeting was held on May 4, 2012 with Dr. JoAnn Kirchner, consultant and media personnel to discuss the design of the implementation manual. The research group spent time outlining the chronology of the Beck PRIDE Center’s development and operationalization with a discussion of what specific materials were necessary to collect for the manual. They met again on July 9th, 2012 where the manual contents were decided upon. Group members were assigned tasks for the compilation of the content. Another meeting occurred on August 10, 2012 to refine that content. A timeline was established for continued draft development followed by external review, final compilation and manual dissemination.

An early draft of the manual was reviewed on October 12, 2012 by members of the Beck PRIDE Center National Advisory Council. They were asked to review design and content. They noted that it might be preferred to put diagnostic tools and other forms/materials in an electronic file versus trying to provide appendices to the printed booklet. Based on that feedback, a second draft of the implementation manual was sent out April 1, 2013 to that same group plus other individuals who were familiar with and/or affiliated with the program. Suggestions were taken into account and incorporated into a third and final draft.

In 2014, the manual was submitted for cost analysis and printing. Production occurred and manuals were disseminated to hundreds of higher education institutions, policy makers, veterans groups, visitors, and other interested parties. The manual won the Gold Award in its category in the annual competition sponsored by the Council for Advancement and Support of Education, District IV. The manual is still being utilized today although the working timeline is now a little out of date. The higher education cover letter, manual and resource sheet are attached.
KEY RESEARCH ACCOMPLISHMENTS

- Non-military installations/institutions have the ability to successfully implement veterans reintegration programs with impactful personal outcomes.

- Additional data to support the effects of hippotherapy on motor performance in veterans with disabilities.
REPORTABLE OUTCOMES

Publications:

Presentations:


CONCLUSION

The Beck PRIDE Center has been a valuable mechanism to assist those veterans by providing them with numerous types of assistance they need. The diversity of assistance provided and the development of additional needs based offerings has moved the veterans forward toward their goal of reintegration.

Using hippotherapy as an intervention modality has improved functional outcomes for veterans. The ability to apply this method to a variety of physical and mental health issues offers versatility in patient care versus using more traditional therapies.
REFERENCES

Publication/Presentations noted on page 22.
APPENDICES
The Effects of Hippotherapy on Motor Performance in Veterans with Disabilities: A Case Report

R L Aldridge Jr, A. Morgan, A. Lewis

Abstract
The purpose of this case report was to compare traditional physical therapy to hippotherapy combined with traditional physical therapy on the motor performance of a 34-year-old male military veteran with low back and neck pain. Hippotherapy, as a treatment strategy, uses the movement of a horse to improve the subject’s neuromuscular function and sensory processing through the motion of the horse in its variety of gait. Outcome measurements for this subject included the Sheehan Disability Scale, Oswestry Low Back Pain Questionnaire, and the Neck Disability Index. The combination of hippotherapy and traditional physical therapy resulted in greater improvements in disability scores on all three outcome measures compared to traditional physical therapy alone.

Key words: hippotherapy, veteran, low back pain, physical therapy, equine

Background
American Hippotherapy Association (AHA) defines hippotherapy as a physical, occupational, and speech-language therapy treatment strategy that uses equine movement as part of an integrated intervention program to achieve functional outcomes. Using a horse in therapy was beneficial for many reasons. The horse’s pelvis demonstrated a three-dimensional movement pattern similar to a human’s pelvis while walking, which provides rhythmic and repetitive physical and sensory input to the client. The variability of the horse’s steps allows the therapist to evaluate the degree of input to the subject, and then use this movement in combination with other treatment strategies to reach desired therapy goals. The horses’ gait established a foundation for improving neurological function and sensory processing, which can be instrumental to a wide range of daily activities in addition to addressing functional outcomes and therapy goals. According to Meredith S. Bazaar, a licensed speech-language pathologist, board certified hippotherapy clinical specialist, sensory integration via hippotherapy, simultaneously addresses the vestibular, proprioceptive, tactile, visual, olfactory, and auditory systems. Therefore, movement of the horse helps accomplish speech, language, swallowing, cognitive, physical, and occupational goals that were established in therapy.

Rationale
Hippotherapy is useful in physical therapy. Horse based therapy facilitates balance and posture control, increased strengthening and assists in an improved range of motion.
Current research demonstrates that hippotherapy is beneficial for those with developmental, skeletal, psychological, or neuromuscular conditions. Examples of such disabilities include cerebral palsy, arthritis, amputation, scoliosis, Down syndrome, traumatic brain injury, and spina bifida. Most commonly the patients were children, with lower extremity spasticity due to neuromuscular disorders receiving hippotherapy (e.g., cerebral palsy, spinal cord injury). Hippotherapy remained an experimental treatment for all diagnoses due to the limited quantity of published literature supporting its efficacy in individuals with disabilities.

Research Design
The researchers obtained approval for the hippotherapy study from the Arkansas State University Institutional Review Board. Participants are referred to the program either through self-referral, physician referral or through the Beck Pride Center. As not all participants present with comparable impairments, a single subject design permits reporting of outlying cases in the literature. Therefore, a single subject design examined the interactive effect of two or more treatments (control and treatment). In this study, the effectiveness of hippotherapy in conjunction with traditional physical therapy, the experimental treatment, was compared with the control treatment of traditional physical therapy in an individual patient. Several data points were collected after each treatment session to allow more accurate measurement of overall functional improvement. Sufficient data points permitted a publishable report based on the subject’s unique disability.

The risks associated with this study included but were not limited to falls, muscle injuries, and fractures. Therefore, subjects included must be 18 years of age or older and have a physician determined need for physical therapy. Individuals with severe horse allergies, unstable fractures, atlanto-axial instability (excessive movement at the junction between the first two cervical vertebrae), or the inability to balance in a seated position could not participate in the study.

After a licensed physical therapist determined that the subject was eligible for participation and obtained informed consent, the subject was randomly assigned to Treatment A via a coin flip. In this first treatment group, he received both hippotherapy and traditional physical therapy, each for one hour once per week. After 15 weeks in Treatment A, the subject moved to Treatment B, receiving traditional physical therapy twice a week for one hour. The study lasted for 30 weeks, and the same physical therapist oversaw the duration of the patient’s care in both groups. Three main outcome measures were collected after individual treatment sessions: the Sheehan Disability Scale (SDS; Sensitivity 0.83, Specificity 0.6912), the Oswestry Low Back Pain Questionnaire (OLBPQ; Sensitivity 0.76, Specificity 0.6313), and the Neck Disability Index (NDI; Sensitivity 0.74, Specificity 0.6614).

Case Presentation
The subject was originally referred to the study through the Beck Pride Center. He was a male with a history of low back pain, neck pain, and a moderate stutter secondary to post-traumatic stress disorder (PTSD). He has lived with all of his impairments since he was discharged from the service.

Intervention during a one hour hippotherapy session involved retrieving the horse from the pasture or stall; tacking the horse (putting on appropriate riding gear, i.e. saddle, etc.); brushing and grooming the horse; mounting the horse via the use of mounting ramps; riding the horse facing forward,
backwards, and sideways; performing strengthening and stretching exercises; changing directions and speeds while on the horse; dismounting the horse via the mounting ramps; untacking the horse and returning the horse to the pasture or stall. Every session was performed by a licensed physical therapist, certified in hippotherapy as recognised by the AHA, along with a trained horse handler, and two trained side walkers. At the end of each session a licensed physical therapist evaluated the patient, and the patient completed a questionnaire evaluating improvement.

A traditional physical therapy session lasted approximately one hour and was the same during both experimental and control phases of the program. Intervention for the subject included stretching and strengthening exercises, manual therapy, educational training, and physical agents such as hot packs, cold packs, ultrasound, and electrical stimulation. At the end of each session, the subject was evaluated by a licensed physical therapist and then filled out a questionnaire evaluating improvement.

Measurements of motor performance were taken following each session. Evaluations included a range of motion, strength, balance, gait analysis, and posture. The results were analysed and compared to see if they are similar or different.

Tools used to measure changes as a result of treatment included a NeuroCom Balance Master, Gait Rite, Parotec Gait System, Lite Gait, Biodex, and functional scales. Other equipment utilised in treatments included an equine approved helmet, tack equipment- saddle, bridle, brushes, etc., gait belts, mounting ramps, Life System, and therapeutic exercise.

Examination Findings- Data and Analysis
The results of the three main outcome measures (SDS, OLBPQ, & NDI) were graphed and visual analysis was used to evaluate the graphs of the single subject data. Visual analysis was selected because, with basic information, outcomes can be accurately predicted using this method. Data trends for all three measures showed the subject’s marked improvement with the addition of hippotherapy to his treatment program. The subject reported decreased low back and neck pain following hippotherapy sessions. In addition, as therapy progressed the subject’s stutter, present at initial evaluation, became less frequent and eventually disappeared.

While all three measures showed numerical improvement, only the Sheehan Disability Scale reached statistical significance according to visual analysis (Figures 1 & 2). The Oswestry Low Back Pain Questionnaire and Neck Disability Index both demonstrated clinical significance by improving function more than the minimal clinically important difference (MCID, Oswestry=1515, NDI=9.514) and both scores decreased over 50%. The figures below represent the data collected from the Sheehan Disability Scale in the experimental and control phases of treatment. The dates of treatment are located on the x-axis and the results of the day’s measures are plotted on the y-axis. The rate of improvement is the slope. By looking at the slope, a trend, or direction of change, can be seen in the data.
Discussion

The subject showed a greater response to hippotherapy combined with traditional therapy than to traditional therapy alone. While he was a compliant patient, he became disappointed when the horse was withdrawn and required strong encouragement to complete the data in the Treatment B of the program. The traditional physical therapy treatments were comparable during both experimental and control sessions. After completion of the control data, the subject eagerly returned to hippotherapy treatment. Thus, while hippotherapy produced effects that could be sustained over time, in this case the decreased motivation and eagerness of participation and other external factors may have played a role in increasing disability levels during the control portion of the program.\textsuperscript{4,5,16}

Among other factors, the subject was a university student whose course load varied between the two semesters and who experienced external stressors during the last half of the program due to family dynamics. His enthusiasm for horse-based therapy suggests that he would have responded well to hippotherapy alone, but he also demonstrated more willing participation in traditional therapy when combined with hippotherapy.

While single-case design studies provide rich data, several limitations should be noted. The small sample size did not allow the results to be applied as freely to larger populations. The Hippotherapy Program treated a wide variety of diagnoses, which also limited the ability to aggregate data and generalise conclusions. Power was limited in the statistical data secondary to single case design. Despite this, both statistically significant and clinically relevant improvements were demonstrated. Determining confounding factors is difficult in this study. Exclusion bias exists as there are several exclusion criteria due to using the equine center. Selection bias exists as subjects are primarily referred from the Beck Pride Center.

The Beck Pride Center was established in 2007 at Arkansas State University. Services offered by the center were designed to fill gaps in an underserved area and supplement, not duplicate, existing government benefits while providing support for United States Veterans returning from service and entering higher
education. Examples of services provided at little or no cost include physical rehabilitation, mental health
counselling, advocacy, benefit assistance, and career or vocational development.

Acknowledgements

The authors gratefully acknowledge the contributions of Cory Lawson, Jenny Massey, Sabrina Benton,
and Candace Chapman for their work in data collection and patient treatment. Financial support for
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U.S. Army Medical Research & Materiel Command (USAMRMC) and the Telemedicine & Advanced
Technology Research Center (TATRC), at Fort Detrick, MD. Finally, we are grateful to the patient who
gave his time to participate in this study.

Conclusion

The subject reported decreased disability with low back pain, decreased neck pain, and disappearance
of stuttering following hippotherapy sessions. This evidence suggests that hippotherapy may result in
physical benefits for some veterans. Hippotherapy has the potential to restore, maintain, and promote

Original Articles

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Volume 24 Number 3; July 2016

Roy Lee Aldridge Jr. PT EdD
Arkansas State University

Abstract

Title of Presentation: The Effects of Hippotherapy on a United States Veteran after a Stroke
**Problem:** The problem was to see what avenues in physical therapy might assist a United States Veteran from the Korean War after having a stroke. Few studies have addressed hippotherapy in individuals after a stroke. IRB approval was granted prior to the study and the participant signed informed consent.

**Purpose of the Study:** The purpose of the study was to investigate the effects of hippotherapy on a United States Veteran after a stroke as a medical diagnosis. Hypothesis is the addition of hippotherapy to a traditional physical therapy program will result in a greater functional improvement in an individual patient’s performance.

**Methods:** A veteran of the Korean War participated in this study. The individual participated in both hippotherapy based physical therapy (Treatment A) and traditional therapy (Treatment B). The individual was evaluated individually in a single subject trial design. Results were compared to individual and no one else. The first treatment A was randomly assigned and lasted for fifteen weeks followed by crossing over to the alternate treatment B for fifteen weeks. Treatments were scheduled to occurred twice a week for both groups.

**Results:** The results of the study showed that the individual responded with greater effectiveness to hippotherapy as opposed to traditional therapy. The testing revealed that while some gains were noted in traditional therapy, greater improvements were noted while the individuals were involved in hippotherapy. During the initial evaluation, the physical therapist determined the impairments to be measured.

**Data:** For this individual, each measurement of impairment was illustrated in a graph. The X-axis was the dates of treatment and the Y-axis were measurements for that day. The data analyses compared the rate of improvement between the two groups. The rate of improvement was represented by the slope in the graph for each treatment group. For each measurement the slope for Treatment Group A and Treatment Group B was be compared. Using an exact binomial table statistical significance was determined for each variable measured.

**Summary/Conclusion:** Based on these results, hippotherapy should be considered a treatment option when dealing with individuals after a stroke. While not all measured areas demonstrate statistical significance, the rate of improvement was noted more significant in the graphing of the individual in the study. While this study did show positive results with hippotherapy, additional studies should be performed.
The Effects of Hippotherapy on Motor Performance and Function in United States Military Veterans with Low Back Pain

Purpose: To investigate if any differences are found in motor functioning and function when adding hippotherapy to a traditional physical therapy program with individuals with Low Back Pain.

Methods: The subjects included veterans from various branches of the United States Military. Treatment A consisted of the traditional physical therapy program with the addition of hippotherapy for 15 weeks. Treatment B consisted of the traditional physical therapy program for 15 weeks. Veterans were randomly selected to receive either Treatment A or B initially. A-B Single-Subject Repeated Measures Design

Outcomes: The initial results of this study showed that there were differences found when adding hippotherapy as an adjunct therapy to a traditional physical therapy program.

Conclusion: The addition of hippotherapy to a traditional physical therapy program seems to improve motor functioning in an adult with functional issues.

METHODS

Two subjects volunteered to participate in this investigation through the Beck PRIDE Center. The study was approved by the University Institutional Review Board for human subjects. All subjects signed a written informed consent prior to testing.

Each subject received physical therapy for 30 weeks. Subjects either received physical therapy including hippotherapy or traditional therapy for fifteen weeks followed by the alternate treatment for fifteen weeks.

STATISTICAL ANALYSES

After each treatment protocol, slope and trend lines for each treatment were established and compared.

RESULTS

The slopes when compared for each participant Treatment A (therapy and hippotherapy) resulted in a greater decrease in pain and increase in function than Treatment B (therapy alone).

Presentation information:

- Names, credentials and brief biographical sketch of presenters (and non-presenting co-authors)
Roy Lee Aldridge Jr received a bachelor’s degree in Physical Therapy from The University of Tennessee in 1990 and an Advanced Physical Therapy degree in 2001 from The University of Tennessee. Roy received his Specialist Degree in 2004 and his Doctoral Degree in 2008 from Arkansas State University. Roy has been published and presented in the effects of hippotherapy.

□ Content description:
- Title of presentation
THE EFFECTS OF HIPPOThERAPY ON MOTOR PREformance AND FUNCTION IN UNITED STATES MILITARY VETERANS
- Abstract (with figures if appropriate) – Max. one page, any format.
  ▪ If research paper, include Intro, methods, results, discussion.
  ▪ References only on second page.
- Hypothesis/Issue to be Addressed: To investigate if any differences are found in motor functioning and function when adding hippotherapy to a traditional physical therapy program with individuals with Low Back Pain.
- Methods: The subjects included veterans from various branches of the United States Military. Treatment A consisted of the traditional physical therapy program with the addition of hippotherapy for 15 weeks. Treatment B consisted of a traditional physical therapy program for 15 weeks. Veterans were randomly selected to receive either Treatment A or B initially. A-B Single-Subject Repeated Measures Design
- Observations/Outcomes: The initial results of this study showed that there were differences found when adding hippotherapy as an adjunct therapy to a traditional physical therapy program.
- Conclusion: The addition of hippotherapy to a traditional physical therapy program seems to improve motor functioning in an adult with functional issues.
- Brief statement describing how this presentation adds to the body of knowledge about hippotherapy and how it will be beneficial to participants. For example, how it assists with care, improvement of equine and HPOT.
- This presentation will reveal the latest endeavors in the use of hippotherapy on our veterans as they return home and address their physical needs

□ Presentation process:
- Presentation outline (include ideal time requested for effective presentation)
  30 minutes
- 2-3 Learning objectives
  Describe the process of a single subject research design
  Describe the statistical analysis including slope and exact binomial scales
  Describe the benefits of hippotherapy in veterans
- Describe presentation process (e.g. lecture with ppt, workshop, activities, simulation)
  Lecture with ppt

February 15, 2015
Arkansas State University is pleased to release a manual documenting our journey to provide support services on our campus for disabled veterans seeking our assistance. The Beck PRIDE Center for America’s Wounded Veterans opened in October, 2007 and has been an award winning, signature program since that time. The Department of Defense provided funding in 2010 to study the effectiveness of our program. Part of that project included development of an informational and resource manual to be shared with college campuses. The booklet and enclosed resource sheet contains a variety of materials that may be of value in the development of your own program or enhancing existing operations.

It has been a privilege to serve our veterans and their families. They are so grateful for our attention, but our staff are the ones who are rewarded with this work. The experiences continue to be very enriching and memorable.

I hope you will contact us should we be able to assist your work in anyway.

Please share this document with the individual on your campus who is or might consider doing work in this area.

Have a great academic year!

Sincerely,

Susan Hanrahan, Dean
College of Nursing and Health Professions

Enclosure
Beck PRIDE Center  
For America’s Wounded Veterans

To the PRIDEVets – Charlie and I thank you for the service of you and your families. WELCOME HOME!

America is forever grateful to you for your service. We cannot do everything, but we do hope in some small way we can help with your transition back to a future in the great USA. God bless all of you and the United States of America.
personal rehabilitation:

Operating in the Joint TF2C (Team Future) program, the Walter Reed National Military Medical Center in Washington, D.C., is uniquely equipped to provide a comprehensive rehabilitation program. The program is designed to address the physical, emotional, and social needs of patients recovering from injuries. It incorporates the latest in medical technology and rehabilitation methods. The program is staffed by experienced professionals, including physicians, nurses, therapists, and rehabilitation coordinators.

The program focuses on individualized care, ensuring that each patient receives the best possible treatment. It offers a range of services, including physical therapy, occupational therapy, and mental health support. Patients are encouraged to take an active role in their recovery, setting personal goals and working towards their own rehabilitation plans.

The joint TF2C program is an example of the Department of Defense's commitment to providing the best possible care for our service members. It体现了部隊成员提供在道的承諾。
individual development:

The United States (US) Veterans Administration is a federal agency responsible for providing healthcare, benefits, and services to veterans of the United States military. The VA offers a wide range of services to support the health and well-being of veterans and their families. These services include medical care, financial assistance, and support services such as counseling and vocational rehabilitation.

The VA has a strong commitment to supporting the transition of veterans from active service to civilian life. To achieve this goal, the VA offers a variety of programs and services designed to help veterans adjust to civilian life, provide education and training opportunities, and connect veterans with employment opportunities. These programs aim to support veterans in achieving their personal and professional goals, while also fostering a sense of community and support among veterans.

The VA has a variety of programs and initiatives aimed at helping veterans transition to civilian life. These programs include the Transition Assistance Program (TAP), which provides guidance and support to veterans transitioning out of the military. TAP offers services such as resume writing, interview training, and a variety of other resources to help veterans make the transition to civilian life.

Another program offered by the VA is the Department of Veterans Affairs (VA) Employment Opportunities Program (EOP). The EOP is designed to help veterans find employment by connecting them with employers that are committed to hiring veterans. The EOP provides resources and support to both veterans and employers, helping veterans prepare for the job market and employers understand the skills and experiences of veterans.

In addition to these programs, the VA also offers mental health services to support veterans in managing the psychological challenges of transitioning to civilian life. The VA provides a range of mental health services, including counseling, therapy, and medication management, to help veterans cope with the stresses of transitioning to civilian life.

The VA places a strong emphasis on collaboration and partnerships with other organizations and programs to support veterans. The VA works closely with community organizations, educational institutions, and employers to ensure that veterans have access to the resources and support they need to succeed in civilian life.

Overall, the VA is committed to supporting veterans as they transition from military service to civilian life. Through a variety of programs and initiatives, the VA provides the resources and support necessary for veterans to achieve their personal and professional goals, while also fostering a sense of community and support among veterans.
The German poet Johann Wolfgang von Goethe once stated, "You can easily judge the character of a man by the way he speaks to the woman who says absolutely nothing for him." If this is true, then we all should be striving for the very same character exemplified by the staff at the Beth Fede Center. I came to that realization.

I was able to do nothing for them or myself or my family. Their confidence in me was noticed the first time I sat with them and discussed my future. True character is found at the Beth Fede Center.
facility:

The Bank of America Center is not only a workspace for veterans, but is also a place for study, social engagements, and camaraderie opportunities. The Bank of America Center is located within the College of Nursing and Health Sciences (CNHS) at the University of Florida. Initially, the program offered a small office on the first floor of the College of Nursing and Health Sciences building, later moving to two offices within the CNHS's social work department. In 2015, the center moved into a newly constructed Bank of America Center for Youth, Veterans, and Women's Studies and now operates through funds provided by the College of Nursing, social workers, and two graduate students. The center is responsible for training, coordination, and consultation with staff members. The facility is a large room with windows, couches, armchairs, television and kitchen area. This room is a place where veterans can feel at home in an unfamiliar environment. It is a place where they feel accepted and can talk in a safe haven. There is a sense of community and trust. These on-site services are provided in the Bank of America Center when physical therapy and other services cannot provide assistance. The Bank of America Center is a unique tool, not something much more than a place to visit a program. It services a place of comfort and community for student veterans.
awards:

THE ENTIRE STAFF BENEFITED WHEN AN ARKANSAS PROGRAM IS NATIONALLY RECOGNIZED! THE EUCOME CENTER HAS RECEIVED SEVERAL PRESTIGIOUS AWARDS.

Sept. 15, 2005 - Women's Self Help House ranked one of top 10 U.S. non-profit organizations providing innovative women's shelter and advocacy facilities.


Recipient of $500,000.00 from the General Education Bill Awarded by W.W. Graff


April 2008 - Woman's Self Help Center has been internationally recognized for its programs.

Awards and recognition continue to be awarded for the Center's outstanding work. The Center's continuing success has been recognized nationally and internationally for its innovative programs and services.

Oct. 2008 - Woman's Self Help Center has received recognition for its outstanding work.

The Center continues to receive international recognition for its programs and services. The Center's success has been recognized nationally and internationally for its innovative programs and services.

Dec. 2008 - Woman's Self Help Center has received recognition for its outstanding work.

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May 2009 - Woman's Self Help Center has received recognition for its outstanding work.

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July 2009 - Woman's Self Help Center has received recognition for its outstanding work.

The Center continues to receive international recognition for its programs and services. The Center's success has been recognized nationally and internationally for its innovative programs and services.
eligibility:

Since the Enlisted Reserve Component (ERC) was created in October 2002, more than 450 reservists and their dependents have been served by the program. This program is designed to meet the needs of reservists and their families. In order to be considered for the Direct Referral program, reservists must have served in the U.S. Armed Forces, or have been discharged from the U.S. Armed Forces within the past five years. Reservists who have served in the U.S. Armed Forces, or have been discharged from the U.S. Armed Forces within the past five years, may be eligible for enrollment in the Direct Referral program. Enrollment in the Direct Referral program is not mandatory, and reservists are not required to participate in the program. However, reservists who are interested in participating in the Direct Referral program are encouraged to enroll. Enrollment in the Direct Referral program is not mandatory, and reservists are not required to participate in the program.
relationships:

The purpose of the EnrichED Center is to provide services with short and long term rehabilitation (physical and mental), educate family members on coping, and assist with peer support services. The center is designed to be a center of excellence and a research site for students and faculty. The EnrichED Center was also implemented to build and enhance relationships. The institution recognizes the need for the center and the need for close relationships with local service providers and veteran organizations to support student and workforce development. The relationships within the EnrichED Center are vital to the success of this program.
problem solving therapy:

The center uses problem solving therapy (PST) for treating the extreme TBI patients. Problem solving therapy (PST) is the best practice approach for a short-term, acute-phase behavioral intervention that recognizes a systemic method for engaging, assessing, prioritizing, helping,-setting, working, constructing, and planning problem solving. This approach results in patients being able to identify new skills that are successfully solving interactional difficulties. The PST skills include increased situational awareness, problem detection, goal setting, planning, executing, and implementing a plan to achieve, decision making, adaptive communication, follow through, and eventually the ability to resolve their changes and outcomes. By successfully implementing these steps and making them part of their personal skill set, the CST patients have a concept of coping with their personal, relational, and professional challenges. PST skills are the basis for behavioral and emotional changes from the established program to the continuum of the early exit. The approach drives them along by prioritizing problems within the social or occupational lives. Through the PST process, the established conflict ratios with feedback for priorities of social or occupational actions has three levels addressed by direct solutions or possible solutions specific to the situation. These problems are discussed one-on-one with patients. If the patient remains on either a particular behavior that is a report of a symptom or another person, the goal of this approach is to solve problems, set their goals, improve behavior, expand to assessment, and improve overall quality of care.

| Program | October 2008
|--------|----------------|
| The focus is on trauma care to transition to different settings. |}

<table>
<thead>
<tr>
<th>Goal</th>
<th>To provide the best care possible to help patients transition back to their daily lives.</th>
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| The program focuses on providing care in a structured environment. |}

<table>
<thead>
<tr>
<th>Role</th>
<th>The role of the program is to support patients in their transition back to daily life.</th>
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| The program is designed to support patients in their transition back to daily life. |}

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<tr>
<th>Essential</th>
<th>The essential goal of the program is to support patients in their transition back to daily life.</th>
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| The program is designed to support patients in their transition back to daily life. |}
supporting agencies:

Sponsors for the Dixie DVES Center are not listed to recognize the Arizona State University campus. Some students were fed by the Dixie DVES Center.

The following agencies for the Dixie DVES Center include: the Arizona Department of Education, University of Arizona, City of Tucson, Pima County, Arizona State University, and the U.S. Department of Education.

The agencies are listed in order of their contribution to the program.

Dixie DVES Center is sponsored by the Beck PRIDE Center.

Please contact the Beck PRIDE Center for more information.

For information on how to support the Dixie DVES Center, please visit the Dixie DVES Center website or contact the Dixie DVES Center office.

Contact information:

Beck PRIDE Center

Address:

Phone:

Email:

Website:

Thank you for your support of the Dixie DVES Center!

Dixie DVES Center is a project of the Beck PRIDE Center.

Dixie DVES Center

Address:

Phone:

Email:

Website:

Thank you for your support of the Dixie DVES Center!
staffing:

The Bock PACE Center is currently staffed by two full-time employees with a background in social work who are making progress. For the next phase, the Bock PACE Center wishes to identify two more employees who could function as case managers, identity removals, and quality assurance. These positions are critical to the success of the program.

Staffing needs vary based on the needs of the community and are not static. Social workers need to be seen as the best professionals for the Bock PACE Center. It is not just hard work that is required, but an ability to precisely control and measure the program's outcomes. A background in social work provides the necessary skills to work in the mental health arena, an ability to identify appropriate resources and make connections for staffing needs has been a priority. Effective working with various organizations would require not just the ability to identify, but also to engage and measure the different areas together.
funding and research:

The U.S. Army Research Office (ARO) awards a $150,000 grant for the 2010 Fiscal Year (FY) to support U.S. Army and Department of Defense (DOD) researchers. The grant will support research on the development of new materials and technologies for the advancement of the nation's defense capabilities. The grant will be awarded to support the following research areas:

- Advanced Materials and Nanotechnology
- Advanced Manufacturing and Processing
- Advanced Computing and Information Technology
- Advanced Energy and Environmental Technologies
- Advanced Health and Medical Technologies

The grant will fund up to 12 projects, with each project receiving up to $12,500. The selected projects will be announced in March 2010.

The U.S. Army Research Office (ARO) is a component of the U.S. Army Research, Development, and Engineering Command (RDECOM) and is responsible for the support of the Army's Research and Development mission. The ARO is committed to the advancement of science and technology for the benefit of the nation.
BUDDY GENE BECK

Buddy Gene Beck graduated from A State with a Bachelor's degree in Business Administration. He later earned his Master's degree in Business Administration from the University of Southern California in 1969. He then served as an officer in the Army, where he earned the rank of Major. Beck was the President and CEO of Digital Vision, Inc. in 1998. He is currently a partner at the law firm of Beck, Beck & Associates, which he founded in 1987.

Following public service, Beck has become active in civic and community affairs. He has served on the boards of several non-profit organizations, including the National Association of Broadcasters, the California Broadcasters Association, and the Western Association of Broadcasters. He is also a member of the American Bar Association and the California Bar Association. Beck is married to his high school sweetheart, and they have four children. In his spare time, Beck enjoys golfing and traveling.
Below is a list of resources available at AState.edu/cpi/beckpride/

Forms
Intake: The Intake form provides information for qualification, identification, contact, and referral services.

Information and Referral (I&R): The I&R allows tracking of individuals that are outside the scope of services for the Beck PRIDE Center and where they were referred for services.

Consent for Services: The consent for services provides a description of the Beck PRIDE Center program and gives consent for their participation.

Informed Consent for Physical Therapy Research Project: A description of “The Effects of Hippotherapy on Motor Performance in Individuals with Disabilities” study and consent to be evaluated and participate.

Volunteer Application and Agreement form: Brief overview of skills, past experiences, volunteering, contact information and time available.

Beck PRIDE Center Brochure: Brief overview of the program and services.

Special Program Materials
Beck PRIDE Center PowerPoint: An overview of the development of the Beck PRIDE Center and services offered by the center.

Beck PRIDE Center Overview: Fact sheet detailing information in a quick format.

Bob Hope Show Fundraiser Flyer
Arkansas Veterans Referral Guide

Surveys/Standardized Instruments
Beck PRIDE Satisfaction Inventory (BPSI)

Ferrans and Powers Quality of Life Index Generic Version – III SF 12

Your Health and Well-Being SF 12v2 Health Survey: Medical Outcomes Trust and QualityMetric Incorporated.

Videos
Bob Hope Fundraiser video link – This video was the introduction to an evening fundraiser.

Veterans Online Resources
Arkansas State University Quick Links
Archer State University/Beck PRIDE Center
Federal Student Aid Application
Arkansas State University/Registrar’s Office - Veterans Representative
Enrollment Information for Student Veterans and Dependents of Veterans
Apply for Veteran’s Benefits: US Department of Veterans Affairs
Article contributed by June O’Neal, Veteran Education and Accredited Online Colleges

Military Education
Four Reasons to Choose your Military Education Benefit
Carefully: from Military.com
Army National Guard Tuition Assistance Program
JROTC Military Transcript
Student Veterans with Disabilities: VA Vocational Rehabilitation Services Online Application
Career Exploration and Job Analysis: O-Net Online

U.S. Department of Defense - Military Health System
TRICARE Benefit Information
Wounded Warrior Resource Center Website
Warrior Care Website - Service Programs, DD214, Labor and VA Resources
Veteran’s Information

The National Archives
Military Research
“eVerifier” The National Archives: Military Personnel Records

Arkansas Veteran Resources
ArkansasVeteran.com
GoogleforVeterans.com

Mental Health Issues and Programs
Online assessment tools, resources locator for veterans, family members and providers
ebenefits.va.gov

Arkansas State University
Jonesboro, Arkansas
**List of Personnel**

<table>
<thead>
<tr>
<th>Susan Hanrahan</th>
<th>Charles Carter</th>
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<tbody>
<tr>
<td>Susan Tonymon</td>
<td>Christin Eddinger</td>
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<tr>
<td>Kelly McCoy-Edwards</td>
<td>Kimberly James</td>
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<td>Roy Aldridge</td>
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<td>Nancy Clark</td>
<td>Brianna Segraves</td>
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<td>Margaret Horwatt</td>
<td>Wesley Gautreaux</td>
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<tr>
<td>Sandra Worlow-Brown</td>
<td>Rachel Meredith</td>
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<tr>
<td>Mary Williams</td>
<td>Randall Murray</td>
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<tr>
<td>Lynda Nash</td>
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