



EEATN Guidelines for Writing a Case Study in EAT - Equine Assisted Therapy

These guidelines were developed to address the lack of a common language for reporting case studies and to support EAT documentation within the European Equine Assisted Therapy Network. The aim is to develop simple guidelines for Equine Assisted Therapy (EAT) education and client documentation, to set similar “standards” for the practical and written assignments, and to enable the utilisation of the collected data later, for example, for a larger study. This guide is tailored for students and practitioners of Equine Assisted Therapy.

Designing a case study: *For a student*, present your teacher or supervisor with a case you want to include in your studies. *For a practitioner*, select a case study or use the template to document everyday practice. The design of your study consists of the equine, client/client, theoretical, and methodological approaches. You can use qualitative or quantitative outcome measures, or a descriptive approach, as necessary and feasible for further data analysis.

Supervision: *Students are* recommended to have a supervisor. A supervision agreement is preferable when supervision guidelines are established. Within your agreement, you can state what technical equipment is used in the supervision process, how you learn best, and what kind of supervision you wish for. *For a practitioner*, if the process is new, you can choose a peer colleague to mentor you.

Purpose and Scope of the Guidelines

- **Objective:** To explore the therapeutic benefits of Equine-Assisted Therapy (EAT) by applying professional knowledge and approaches in a similar way (transferable).
- **Scope:** Focus on a specific client, showcasing professional and knowledgeable approaches that aim to promote the client’s independence, overall health, satisfaction in their daily life, and socialisation. Additionally, consider addressing emotional well-being, functional abilities, and quality of life. You may consider using the International Classification of Functioning (ICF) as the framework (see later).

Ethical and Cultural Considerations of the Guidelines

- **Confidentiality:** Use pseudonyms and anonymise any identifying information.
- **Informed Consent:** Secure written consent from clients or guardians for using their information. Be clear in the consent about how you use the collected data and whether the data can be transferred for later use.
- **Cultural Sensitivity:** Be mindful of cultural differences and their impact on therapy.
- **Ethical Approval:** Where applicable, ethical approval should be obtained from a relevant university or institutional ethics committee (e.g. ethics committee, IRB, or research ethics board), in accordance with local and institutional requirements.



1. Structure of the Case Study

A. Title Page

- a. Title of the case study
- b. Your name and professional designation
- c. Course title and date

B. Abstract

- a. A concise summary (150-250 words) of the case study, including the client's background, interventions, outcomes, and implications.
- b. Name 3 keywords

C. Introduction

- a. Write clearly the rationale for the selection of your case, which is supported by the literature. Building the theory starts with a client's rehabilitation objectives. Seek a relevant and valid theory of rehabilitation based on the client's diagnosis and then apply the theory of EAT for the client.
- b. What basic rehabilitation principles apply to the treatment of your client? What are the relevant objectives when you start to design the therapy process with an equine? If applicable, use ICF (International Classification of Functioning, WHO). What is the best practice for rehabilitating a particular client group?
- c. Background: Introduce EAT and its relevance to your profession
- d. Literature Review: Briefly review relevant research and theories.
- e. Purpose: State the objectives of your case study.

D. Client Profile

- a. Demographics: Age, gender, and relevant background.
- b. Medical and Therapy History: Overview of diagnoses and previous interventions.
- c. Aetiology of Diagnosis: Provide a brief explanation of the client's condition.
- d. Cultural Context: Consider cultural influences on therapy.
- e. Client Selection: Explain why this client was chosen for the case study, considering factors such as therapeutic potential, specific needs, and suitability for EAT.

E. Client Assessment

- a. Initial Evaluation: Conduct a standard evaluation, appropriate to your profession
- b. Findings: Present the client's strengths, challenges, and areas of need.
- c. Goals: Write 3-5 short-term and 2 long-term therapy goals.

F. Equine Profile

- a. Demographics: Age, gender, breed, and relevant background.
- b. Photographic Documentation: Include a photo of the equine in a standing position from the side, showing body conformation with only a halter or bridle.
- c. Conformation Description: Describe the equine's physical attributes, including size, build, and any notable features that make it suitable for EAT.



- d. Walking equine description:
 - i. Planes of Movement
 - ii. Rhythm and Symmetry
 - iii. Stride Length
 - iv. Cadency
- e. Training and Preparation: Detail the equine's training background, including any specific preparation for EAT work.
- f. Way of leading the equine during the session
- g. Management: Discuss the daily care and management practices that ensure the equine's well-being and readiness for therapy sessions.
- h. Selection Rationale: Explain why this equine was chosen for the client, considering its movement, character, and suitability for the client's needs.

G. Intervention Plan

- a. Therapeutic Approach: Detail the Equine-Assisted Therapy (EAT) methods used, including specific techniques, positions, and tools applied during sessions.
- b. In case you need a therapy assistant trained for the work and familiar with the equine.
- c. Rationale: Explain why these methods and approaches were chosen, considering the client's individual needs, diagnosis, and therapeutic goals. Highlight the evidence-based reasoning behind the selected interventions.
- d. Consider the added value the equine brings to the client's rehabilitation.
- e. Session Structure: Describe the frequency of sessions, the planned progression, and the specific activities involved.
- f. Safety: Outline the measures taken to ensure client safety throughout the sessions. Describe any emergency protocols in place and strategies to minimise risks.
- g. Efficiency: Highlight how the intervention plan optimises time and resources to achieve therapeutic goals.

H. Implementation

- a. Session Documentation: Submit a complete, unedited video of an Equine-Assisted Therapy (EAT) session, capturing the entire process from the client's arrival to their departure. The video should clearly demonstrate your role as the primary therapist working directly with the client.
- b. SOAP Notes: Include three complete SOAP (Subjective, Objective, Assessment, Plan) notes documenting three sessions with the client. Indicate either the session number or the date to make it clear at which stage of the overall intervention the session occurred.

I. Outcomes and Evaluation

- a. Progress Monitoring: Describe how outcomes were measured using appropriate tools and methods.
- b. Outcome Measures: Use standardised tools to evaluate results if possible.



- c. Client Feedback: Include the client's perspective.

J. Discussion

- a. Analysis: Specify the number of sessions conducted during your intervention. Discuss any challenges encountered and insights gained and evaluate the outcomes. Reflect on whether the treatment goals were achieved, providing reasons for the success or any barriers that impacted the results.
- b. Professional Reflection: Reflect on the intervention's effectiveness.
- c. Cultural Considerations: Discuss the case's cultural impacts.
- d. Interdisciplinary Insights: Emphasise collaboration across health care professionals. Include whether the client could benefit from involvement with other disciplines.
- e. Literature Reference: Reference relevant studies and literature related to the case.

K. Conclusion

- a. Summary: Recap key findings and their implications.
- b. Recommendations: Suggest future interventions or research directions.

L. References

- a. Use a consistent citation style.
- b. Include recent and relevant sources.

M. Appendices

- a. EAT Tools and Equipment: Include photos and descriptions of the tools and equipment used during the sessions. Explain why each was chosen, how it worked for the client, and any challenges encountered.
- b. Supplementary Materials: Additional assessment tools or session plans.

2. Writing and Formatting Tips

- a. Clarity and Precision: Use clear, professional language.
- b. Objective Tone: Maintain an impartial and evidence-based perspective.
- c. Organisation: Use headings and subheadings for clarity.
- d. Proofreading: Check for grammatical accuracy and coherence.

3. Submission Guidelines

- a. Formatting: not specified
- b. Length: not limited
- c. Deadline: Submit by the specified date.

4. Additional Resources

- a. Professional Journals: Explore journals related to EAT.
- b. EAS Organisations: Refer to resources, for instance, from HETI, AHA, PATH Intl, etc.
Ethical Guidelines: Review codes of ethics.



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