# References & Resources

WHERE DO WE START? Working differently with veterans through equine-assisted mental health

## Professional practice, ethics and evidence-informed counselling

Psychotherapy and Counselling Federation of Australia. (2026). Professional competencies for registration as a Certified Practising Counsellor. PACFA.

Psychotherapy and Counselling Federation of Australia. (2026). Evidence-informed practice statement. PACFA.

Psychotherapy and Counselling Federation of Australia. (2026). Scope of practice for Certified Practising Counsellors — consultation. PACFA.

Australian Counselling Association. (2022). Code of Ethics and Practice. ACA.

## Trauma-informed practice

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. U.S. Department of Health and Human Services.

Substance Abuse and Mental Health Services Administration. (2023). National strategy for trauma-informed care operating plan. U.S. Department of Health and Human Services.

The above resources informed the presentation's distinction between trauma-informed practice and trauma-specific treatment, particularly the emphasis on safety, choice, recognition of trauma responses and actively resisting re-traumatisation.

## Veteran mental health and Australian military context

Department of Veterans' Affairs. Mental health and wellbeing resources for veterans and families. Australian Government.

Open Arms – Veterans & Families Counselling. Health professionals: assessment, treatment and referral resources. Australian Government.

Open Arms – Veterans & Families Counselling. Referral options. Australian Government.

These resources informed the presentation's emphasis on military-aware practice, appropriate referral, collaborative care and the distinction between veteran identity/service context and clinical diagnosis.

## Depression, Anxiety and Stress Scale (DASS-21)

Lovibond, S. H., & Lovibond, P. F. (1995). Manual for the Depression Anxiety Stress Scales (2nd ed.). Sydney: Psychology Foundation of Australia.

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. Behaviour Research and Therapy, 33(3), 335–343.

Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. Psychological Assessment, 10(2), 176–181.

Henry, J. D., & Crawford, J. R. (2005). The short-form version of the Depression Anxiety Stress Scales (DASS-21): Construct validity and normative data in a large non-clinical sample. British Journal of

Clinical Psychology, 44(2), 227–239.

The DASS-21 was used in the Veteran pilot as an outcome measure. Lower DASS-21 scores were interpreted as indicating lower self-reported depression, anxiety and/or stress symptoms; they were not interpreted as evidence of causation or as a diagnostic measure.

## Equine-assisted mental health and veterans

Kinney, A. R., Eakman, A. M., Lassell, R., & Wood, W. (2019). Equine-assisted interventions for veterans with service-related health conditions: A systematic mapping review. Military Medical Research, 6, 28.

Li, J., & Sánchez-García, R. (2023). Equine-assisted interventions for veterans with posttraumatic stress disorder: A systematic review. Frontiers in Psychiatry, 14, 1277338.

Provan, M., Ahmed, Z., Stevens, A. R., et al. (2024). Are equine-assisted services beneficial for military veterans with post-traumatic stress disorder? A systematic review and meta-analysis. BMC Psychiatry, 24, 544.

Palomar-Ciria, N., & Bello, H. J. (2023). Equine-assisted therapy in post-traumatic-stress disorder: A systematic review and meta-analysis. Journal of Equine Veterinary Science, 128, 104871.

These studies informed the presentation's position that equine-assisted interventions show promising but still developing evidence, particularly in veteran populations.

## Equine agency, relationship and welfare

The presentation draws on contemporary equine-assisted practice principles that position the horse as a sentient participant with agency, boundaries and welfare needs rather than as a therapeutic tool or diagnostic instrument.

Relevant professional and educational frameworks include Equine Assisted Therapy Australia (EATA), Equine-Assisted Growth and Learning Association (EAGALA), and contemporary literature concerning horse-human relationships, equine agency, welfare and ethical participation in therapeutic settings.

The formulation “The horse is not the therapist” reflects the clinical position that the horse does not diagnose, interpret or deliver psychotherapy. Clinical responsibility remains with the appropriately qualified practitioner, while the horse retains agency and welfare considerations.

## Clinical formulation and integrated care

The presentation draws on an integrated, formulation-based approach in which diagnosis is considered one component of understanding a person rather than a complete description of their experience.

The framework presented — Safety → Presence → Self → Choice → Connection → Integration — is a developing clinical orientation rather than an established treatment protocol. It is informed by trauma-informed practice, relational and embodied approaches, client-led pacing, therapeutic use of self, experiential and non-verbal pathways, and the emerging evidence base for equine-assisted mental health.

Being Before Doing is presented as a developing clinical concept rather than a validated intervention. It does not propose that activity, task or horsemanship should be removed from equine-assisted work. Rather:

“Being before doing does not mean instead of doing. It means doing becomes a choice.”

The framework remains subject to ongoing clinical supervision, education, research and refinement.