



New Trends
in Psychology

Therapeutic Approaches Through the Use of Horses in the Recovery of Children with ASD

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Abstract: Hippotherapy is one of the modern techniques of therapy and is used to relieve and treat the symptoms of people with motor and neuro-motor deficiencies. As a result of using hippotherapy, the effects can sometimes be observed, marking in the case of people with disabilities, both physical and mental benefits. People can socialize much more easily, become aware of their body due to the interaction with the horse and also gain more control over their own body, they communicate more easily.

Keywords: Hippotherapy; people with disabilities; people with motor and neuro-motor deficiencies

Motto:

“Behind the closed doors of your child’s heart is a world that he is looking forward to sharing with you. All you have to do is give him the sense of security he needs to trust, open the door and let you go. To step inside”.

Barbara Chaignat – Schatzler

1. Introduction

Hippotherapy is one of the modern techniques of therapy and is used to relieve and treat the symptoms of people with motor and neuro-motor deficiencies. As a result

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of using hippotherapy, the effects can sometimes be observed, marking in the case of people with disabilities, both physical and mental benefits. People can socialize much more easily, become aware of their body due to the interaction with the horse and also gain more control over their own body, they communicate more easily.

At the same time, we want the interaction of children with motor and neuro-motor disabilities in order to socialize, to benefit from the help of specialists in physiotherapy, hippotherapy, speech therapy and the help of a psychologist to develop normally from a mental point of view and to improve disabilities. engines.

Thus, they will be able to change in a positive way aspect of their daily, social life.

Hippotherapy is a method in line with the needs of children with locomotor and neuro-motor disabilities, with the limits imposed by this type of disability and the current requirements of modern society. Working with children with ASD is a challenge for me, because they are also a challenge for society and their families.

2. The Benefits of Horse Therapy

It can be suggested that the higher standard of use of hippotherapy may result in superior results for people with ASD.

Therapists working with children and adults with ASD may consider it appropriate to acquire methods to apply outside of the traditional therapeutic environment (eg, therapy with horses, dolphins, or other pets).

One challenge is that psychologists must always focus on the things that people with ASD cannot do and the significant differences that these individuals possess. However, people with ASD can lead a life close to normal.

The art of working with children with ASD is the art of helping them discover. Hippotherapy is the method that leads to this discovery and allows people with ASD to lead a somewhat social and close to normal life.

Sensory modulation of children with ASD, allows the filtering of irrelevant stimuli, maintaining an optimal level of arousal that facilitates attention to environmental demands and thus allows responses, adapted reactions. In children with ASD, the first symptom of deficiencies is an unbalanced level of arousal, stimulation, which can be very high or very low. Children with a higher level of arousal require strong stimuli to perceive information, and children with a low level of stimulation are

much more sensitive to these stimuli. In both cases, daily activities become a big challenge, not only for children, but also for parents and therapists.

In order to modulate the levels of arousal, activities are performed that stimulate the vestibular system and the proprioceptive system. When children with sensory impairment reach this adequate level of arousal, they improve their attention and interaction with the environment.

In horse therapy, the gait and speed of the horse have the role of stimulating the vestibular system, which helps sensory modulation, and lead either to calm the patient using easy and controlled gait of the horse, or in an effect of alerting him by walking. Fast or even trot. Activities that stimulate the proprioceptive system include counter-gravity movement, such as exercises to lift the patient to the steps on the saddle.

An important clarification that needs to be made in relation to sensory stimulation is that of the relationship between vestibular stimulation and communication. By stimulating this system, the visual contact with the surrounding people or objects is promoted, which facilitates the patient's communication with them. Research shows that stimulating the vestibular system helps increase the number of words used in patients with cognitive impairment and also in children with autism.

It is noted that the benefits of horse therapy, the development of the child's daily skills, such as: the development of self-service skills, self-direction, fine motor skills. Communication skills are a goal in any therapy for children, it designates the way of relationship between the therapist and the beneficiary of horse therapy.

The benefits of incorporating animals into therapy sessions are many, due to the child's affinity for animals. In the case of children with ASD, participation in therapy is facilitated, due to the fact that performing this type of therapy results in mental benefits, benefits of motor, communication, sensory, cognitive, social functions, reduction of spasticity, perception of pain, stress, anxiety and depression.

The attraction for animals in the case of children with ASD is high, it helps them feel good, and communication with them is done through body language.

Following the intervention through hippotherapy, we obtain the resulting physical benefits such as improved posture, improved muscle strength, balance when sitting, gait and motor mobility in general, psycho-social benefits: self-confidence, self-esteem and intrinsic motivation and motivation extrinsic, focused attention and attraction to activities.

As a result of hippotherapy, Dismuke (1984) achieved significant improvements in speech and vocabulary skills, bilateral motor coordination, visual perception, and right / left discrimination.

Horseback riding involves intense physical activity, which means that the patient has fun practicing a sport, while obtaining amazing positive benefits.

The natural environment, the air, the plants, the trees, make the mental effort not be great, and the child practices calmly and relaxed activities. Due to the pleasure of being in nature, the child communicates and manages to express his needs, desires and to interact with others. When working with animal therapy, the child-therapist interaction is the main one, central to the development of communication, but the animal is the one who facilitates it.

Contact with animals is beneficial for the development of fine and gross motor skills, cognitive skills, social functionality, well-being, reduction of spasticity, pain, stress, anxiety or depression.

3. Autism Spectrum Disorder. Defining. Characteristics. Etiology

There are many ways to define autism. In 1988, researcher Lorna Wing made additions to the manifestations of autism, which is composed of a complex of symptoms of varying etiology, specific to the mental pathology of the young child. TSA is a disorder characterized by impaired ability to interact socially and to communicate, stereotypical and repetitive behavior, with symptoms that usually manifest. before the age of 3.

The term “autism”, which etymologically comes from the Greek *autos* (self), was introduced by the Swiss psychiatrist Eugen Bleurer, in 1911, to describe the disorder that describes the condition a person detached from social interactions and self-oriented, isolated in his own world

Indoor.

According to DSM V, the term “autism” no longer refers to a specific disorder, but to a category of disorders, called “Autism Spectrum Disorders (ASD)”, which include previous diagnoses of autism, Asperger’s syndrome, pervasive developmental disorder, disintegrative childhood disorder, less Rett syndrome (considered genetic syndrome).

Autism Spectrum Disorders fall into the category of neurodevelopmental disorders (along with intellectual disability, communication disorders, ADHD, motor development disorders and specific learning disorders), have a neurobiological substrate and early childhood onset.

TSA is generally characterized by difficulties in social interaction and communication, as well as inappropriate behaviors. Affected social functioning seems to be one of the most important features of the disorder. Symptoms may include limited understanding of nonverbal communication, poor or no eye contact, inability to develop peer relationships, and lack of social reciprocity. Examples of communication disorders include slow or limited verbal language, imitative language, echolalia, and delays in pragmatics.

Often people with ASD also have a marked repertoire of limited activities, which may be developmentally inappropriate, have the inability to initiate and sustain conversations. Many people with ASD show sensory oversensitivity, repetitive motor movements, concern for certain objects, and inflexible adherence to routines. The key to understanding TSA is recognizing that it is a “spectrum” disorder with great variability between individuals.

The DSM V also introduces, as a novelty, the classification of autism spectrum disorders according to the level of severity, as follows:

Severity level 1:

- Needs support;
- Social communication: in the absence of support, deficits in social communication cause difficulties remarkable. Has difficulty initiating social interactions and clearly presents atypical or failure to social initiative of others. He may seem to have a low interest in interactions social;
- Restrictive interests and behavioral stereotypes: concerns, fixed rituals and / or repetitive behaviors cause significant impairment in one or more operations many contexts. Resistance to attempts by others to interrupt their repetitive behaviors, rituals or distraction from fixed interests.

Severity level 2

- Requires substantial support;

- Social communication: significant deficits in verbal and nonverbal communication skills social; social deficits are obvious, even if they receive support; limited initiation a social interaction and reduced or abnormal response to the social initiative of others;

- Restrictive interests and behavioral stereotypes: concerns, fixed rituals and / or repetitive behaviors, which occur frequently enough to be obvious to the observer common and interfering with operation in different contexts. Suffering or frustration is obvious when interrupting repetitive behaviors; difficult to distract from fixed interests.

Severity level 3

- Requires very substantial support

- Social communication: severe deficits in verbal and nonverbal communication skills social, which causes severe impairment of functioning; very limited initiation of interactions and minimal response to the social initiative of others.

- Restrictive interests and behavioral stereotypes: concerns, fixed rituals and / or repetitive behaviors that cause malfunctions in all areas. Significant suffering when rituals or routines are interrupted; very difficult to distract from his fixed interests quick return to him.

Etiology: The causes of autism are not known exactly today. There are still many uncertainties about the nature of this disorder, but also some certainties. What is certain for now is that genetic factors are involved, that there is a special biochemistry of this disorder and certain different aspects related to the anatomy of the brain and its functioning, and especially that parents are not responsible for this disorder, that the occurrence a child with autism in the family does not mean that he was not wanted or loved. In addition to known etiological factors, there is ongoing research on the involvement of a multitude of other aspects, related to the role of viral or bacterial infections or exogenous toxins such as mercury, the role of vaccines, etc.

The role of the MMR vaccine - INFIRMED by the latest studies published in 2019 (studies conducted in Denmark, on 650,000 typical children and 6,517 cases of autism, for 10 years).

MTHFR (methylenetetrahydrofolate reductase) gene mutations - the gene responsible for the process methylation (transformation of folate - vitamin B9 - in the form used by the body - methyl folate, with an essential role in DNA repair, neurotransmitter synthesis and system functioning immune).

Although the exact prevalence rate is still under debate, it is believed that up to 30-50% of the global population could have a mutation in the MTHFR gene, which is inherited from parents.

About 14-20% of the population may have a severe MTHFR mutation, with an increased tendency to develop certain diseases, including ASD, ADHD, Alzheimer's, atherosclerosis, disorders autoimmune, against those who do not have this mutation. Studies conducted between 2013-2019: C677T and A1298C mutations - are associated with increased risk of ASD.

4. TSA Data and Statistics

4.1. Prevalence

About 1 in 68 children is diagnosed with autism spectrum disorder, data estimated by CD's Autism and Developmental Monitoring (ADDM) Network (2012), from 1 to 150 in 2000.

Autism Spectrum Disorder occurs in all races, ethnicities, and socioeconomic groups.

Autism spectrum disorder is 4.5 times more common in boys than in girls (1 – 42 boys compared to 1 - 189 girls).

Studies in Asia and North America have identified a prevalence of spectrum disorder autistic between 1% and 2% of the population.

Risk factors:

Studies have shown that in the case of identical twins, if one of the children has autism spectrum disorder, the chances of the other child being affected are between 36-95%. In the case of non-identical twins, if one of the children is affected, the chances of the other child having TSA are between 0-31%. In the case of parents who already have a child with ASD, there is a 2% to 18% chance that the second child will also be affected.

TSA tends to occur more often in parents who have different chromosomal or genetic disorders. About 10% of children with autism also have another disorder (Down syndrome, fragile x syndrome, tuberous sclerosis).

About half (44%) of children diagnosed with ASD have an overweight intellect.

Older parents are more likely to give birth to a child with ASD.

A small percentage of premature or low birth weight babies are at risk of had TSA.

TSA may occur in comorbidity with other developmental, psychiatric, neurological, chromosomal, or genetic diagnoses (83% - diagnosis other than TSA, 10% one or more psychiatric diagnoses).

Over 50% of children with ASD have gastrointestinal comorbidities (diarrhea, chronic constipation ...); gastrointestinal disorders are 4 times more common in children with ASD than in the neurotypical population; intestinal dysbiosis (totality of quantitative and qualitative changes in the intestinal microbiota) - risk factor;

Mitochondrial dysfunction - Study 2010 (University of Davis, California): 80% of children with ASD in the study had mitochondrial dysfunction.

5. Therapeutic Perspectives in Autism Syndrome

Autistic developmental disorder continues to be a “challenge” both in terms of knowing the causes of this disorder and the chances of recovery. Once the diagnosis is established, a series of problems arise, not at all easy to solve:

Autism brings a lot of suffering to the whole family. It is difficult for a parent to accept that his son or daughter will never have a normal relationship with you, that he will not run into your arms, that he will not seek your comfort, that he will not come to alleviate his pain, but rather he often rejects even violently.

Improvements may result in improvement, but no “cure” is known to date. It is important to note that it is important to accept that autism lasts a lifetime, that an autistic child will become an autistic adult, and that it will require ongoing supervision and care. The family and everyone around the autistic person must accept and learn to live with this problem. Another aspect about parents is the thought that they will grow old, that they will not be able to take care of their child, and that he will be left alone, in a world that is so foreign to him.

Based on the evaluation, it is established:

- the current level of functioning of the child in the fields of behavior, communication, socialization, imagination aspects highlighted more strongly;
- insufficiently developed dimensions;
- missing sides.

6. Personalized Intervention Program

I. Basic information:

Name and surname of child: A.B.

Age: 4 years

Educational unit: Private Kindergarten, Galați, Small group

Address:

Father: A.C. Age: 38 Profession: Teacher

Mother: A. A. Age: 32 Profession: Accountant

Other data: Biparental family, the only child in the family, the desired and long-awaited pregnancy, which appeared as a result of fertilization treatments; environment conducive to growth and education. The family shows a positive attitude towards the child; the parents were involved in remedying the disorder, being receptive to the suggestions given by specialists.

Therapeutic team: In the case of horse therapy, the team is interdisciplinary and consists of at least two people.

Stages of therapeutic intervention in hippotherapy: evaluation, intervention, establishing the therapeutic relationship between the child and members of the therapeutic team, contact, establishing balance, stabilizing the correct riding position of the child, stabilizing body components while riding, objectives, intervention plan.

Date of elaboration of the program: September 2021

Duration of the program: September 2021 - June 2022

II. Initial assessment:

Cognitive behavior:

Skills to participate in therapy in the office: sits on the chair while performing the work task; makes eye contact with the therapist, more difficult with the work material, due to the fact that it is a new material, different from the routine ones.

Imitation skills: relatively good; imitates gross motor movements and some phono articulatory movements (high resistance to the introduction of new movements); imitates actions with objects; imitates verbal responses; does not mimic graphic designs.

Receptive language: identifies family members, people in the immediate environment, objects, images, colors, shapes, numbers, capital letters, body parts; identifies / fulfills simple commands and usual commands in two acts; identifies common verbs in pictures; identifies some attributes (high-low); identify the pronouns eu / tu; does not identify possession, emotions, prepositions; gives objects on request; identifies some common objects by their function; identifies subordinate categories and items corresponding to the age of 4 years.

Difficulties in receiving spontaneous language. Answer the usual questions mechanically (What's your name? How old are you? What's your mother's name? What's your father's name?). Don't understand questions like Who? Where? When? How? about people, objects and images. Understands and answers by counting the question How many (objects) are there?

He does not realize the symbolic game, he does not pretend (he does not claim that...).

Expressive language: name family members, people close to you, objects, pictures (with notions: animals, vegetables, fruits, furniture, personal hygiene, etc., and pictures with common verbs), colors, shapes, numbers, capital letters, body parts, some actions;

It does not independently name pronouns, attributes, possession, emotions, prepositions. Name some objects according to their usefulness. Name the functions of body parts. It does not name the category to which an item belongs. Cannot name (exemplify) items in a category in response to the question Ex: What pets do you know? Formulate simple, elliptical, telegraphic sentences. Often, the word serves as a sentence.

In the articulatory aspect: it omits most of the consonants, so that the speech acquires an inarticulate, diffuse, hardly intelligible aspect. Affected sounds: f, v, s, z, ț, ș, j, ce, ci, ge, gi, l, r., m, n, p, b, che, chi, ghe, ghi), omitting them or replacing them with

other sounds, unsystematic. Sound inversions are also present, both in the syllable and in the word.

Manifested unconventional verbal behaviors: echolalia. Persevering speech is not present. Ecolalia is immediate, used to communicate. He does not answer the questions properly, but ecologically, repeating the question.

No verbal communication skills (capturing attention, waiting for a turn in a conversation); sporadically, initiates communication (to make a request and express a need), but does not maintain it. Does not solicit or exchange information. Do not forward a message.

He can't make a verbal choice. Don't answer yes / no questions. Doesn't answer questions like where? Who? How? or to questions related to the notions learned (eg: What does the horse eat? How many legs does the horse have?) than by repeating the question 2-3 times. Give some answers to the question What does face do? describing the image by a sentence or sentence word. In general, it does not discriminate between situations in which they have to ask a question and those in which they have to answer.

It does not answer social questions; greets on order or if he is reminded. He does not use other forms of politeness. Don't answer "I don't know" to unfamiliar questions. He says "I can't" when he can't accomplish a task on his own. It does not tell, it does not describe an event from the recent past, it does not describe an emotional state.

Preschool skills: matches identical objects / images, according to the criteria of color or shape; matches objects to images and images to objects; matches non-identical objects; does not match objects by association; identifies colors, shapes, capital letters, numbers; counts up to 10; realizes the number-quantity ratio.

Psychomotor skills: the child does not show psychomotor agitation; shows coordination and stability in basic motor movements, sometimes tends to lean forward, has deficiencies in phono articulatory motor skills. He has no difficulty handling a writing / drawing tool, but coordinating motor movements during drawing is difficult. Body pattern is incorrectly structured due to the forward bending movement, recognizes the fundamental parts of one's body, but does not express them correctly. Identifies the body diagram of another person or the image of the body diagram. It cannot represent the body diagram by drawing. Laterality is fixed (right).

Social skills: does not interact with children of the same age (does not imitate the play of a peer, does not answer the questions of a peer or the words in which a peer initiates the game, does not initiate play or communication with children of the same age, does not ask or offer help equals).

Instruments used in assessment: Portage test, ABA assessment tests, spontaneous and guided observation, conversation, Ozeretski motor test, curricular tests, language assessment tests.

III. Diagnosis: Autism Spectrum Disorder. Incorrect posture by leaning forward. TSA-specific language and communication disorders, polymorphic dyslexia, language retardation.

Capacities-skills-abilities-needs:

- skills in carrying out playful and educational activities that require a high degree of foresight and routine;
- relatively good behavioral learning ability through imitation;
- interest in visual stimuli;
- the need for affection, group integration, and support (support) in learning tasks;
- positive feedback in situations of individualization of learning tasks.

IV. Type of specialized intervention:

1. Improving body posture.
2. Improving motor coordination.
3. Formation of some basic skills of social behavior, in order to integrate in the preschool activity;
4. Stimulating the child's desire to enter into a relationship and to communicate with other children and adults with whom he comes in contact;
5. Development of verbal and social communication skills.
6. Sensory therapy to help increase the ability to coordinate and balance due to the regulation of sensory processing imbalances.

V. Purpose:

Capitalizing on the child's physical and mental potential in order to integrate him / her into the preschool activity and to function independently.

VI. Stages of therapeutic intervention

The transfer of the 4-year-old beneficiary, which consists in taking him from the accompanying parents, covering the distance to the location / position necessary for loading on horseback, the actual loading.

Beneficiary balance. After establishing the therapeutic relationship and making contact by identifying the horse through eye contact, tactile contact and identifying the body scheme, the beneficiary of the therapy is mounted on the horse. Balance considers the static and dynamic control of position and movement.

It is intended that the gait of the horse and the horse be correlated and adapted to the beneficiary with riding TSA, so as not to cause him physiological disorders, due to strong vestibular stimulation due to the movement of his head if the horse is too big, or, too small.

The position. Obtaining a position as correct as possible for the beneficiary on horseback, with the aim of maintaining the position while riding, the therapist considers the stabilization of the beneficiary on horseback while riding.

Aligning body segments by correcting the riding position and transmitting appropriate impulses is the first step in body awareness, and also in body control.

Stabilization of the trunk. The vertical longitudinal axis of the body, on the horse, is dynamically stabilized at the hip joints. Lateral support by direct action. Direct support of the pelvis by direct action by the therapist by correct induction of the position by the therapist so that the position can be maintained while walking, until the child acquires the ability to hold.

Stability of the thoracic spine by repeated prompts while walking, or by voice commands.

ARE YOU COMING. Objectives:

After the therapeutic relationship, the contact, the choice of the horse, etc. and the child can maintain a balanced position while walking, we can set therapeutic goals according to his needs.

Long-term goals:

Social and language development;

Developing skills for independent functioning.

Short-term goals:

Body awareness,

Improving posture with commands such as “stand up straight” (don’t lean forward).

During the kindergarten program to integrate in group and group games;

Solve simple tasks;

Express oneself in sentences;

To understand things, phenomena, life situations in their integrative dimension.

VIII. Parameters that can be adjusted during the session:

1. Development of oral communication skills, by choosing activities that stimulate intrinsic motivation and play.

This educational activity aims to: Want to communicate; receive a verbal message; to respond by behavior to what is said or requested; to verbalize actions, images, objects; operate with subordinate categories and units; to formulate sentences, using pronouns, adjectives, prepositions; to answer questions such as “where, who, what is he doing?” etc.; to be able to make a verbal choice; to verbalize primary emotions; to discriminate between situations when he has to answer and those when he has to ask, body scheme by brushing or stroking a horse.

Promoting eye contact, using clear and rare language, giving each child time to process the information they receive, using techniques such as different information or tactile stimulation to promote their focus and attention, improving vocabulary.” He is communicated specifically and calmly, what is the behavior that is expected of him and what consequences his behavior may have. The therapist must be as consistent as possible and let him know when he is overcoming the limits.

The therapist must respond with continuous positive feedback to his or her behavior, and to them lets know how well things are doing.

1. Improving the level of motor development and imitation.

These activities aim to form practical skills specific to the level of motor development: to be able to stand alone in the saddle; to perform tasks or movements to order, to imitate the phono articulatory gymnastic movements (to imitate sounds

from nature, to moan as the horse moans). The therapist will choose activities to stimulate intrinsic motivation and play, promoting the child's successful responses.

2. Develop the skill of being careful.

This activity aims to: transfer the eye contact from the therapist to the work material and vice versa; establish remote eye contact during the execution of tasks; to capture attention when he wants to communicate verbally, eye-hand coordination. The child-therapist interaction is the main activity, central in the development of communication, but the horse is the one who facilitates it. Increasing the motivation to participate in horse therapy, through attention games (catching and throwing the ball, recognizing the cards, colors, shapes, capitalizing on the elements of the environment). Positive feedback for each successful activity.

3. Cognitive stimulation: identifying images, sorting / recognizing colors, identifying shapes.

4. Develop relationship skills with therapy team members, and then with other children they can interact with.

This activity aims for the child during the kindergarten program: to establish contacts in play with other children; to share toys, pictures received with other children; engage in verbal interactions with playmates.

5. Distraction from routine

The circle of people around him is growing, the team consists of at least three people, even if there were problems of behavior or discipline, here they learn to follow the rule, to be disciplined, the therapeutic team being his allies, self-confidence increases, especially if the results are observable in a short time compared to the methods used before hippotherapy.

6. Sensory stimulation. Texture discrimination. Texture identification.

Horse stroking, horse brushing. The observation of the horse's eyes, the horse's breathing, his touch, are done from the side.

Resources, means: circles, colored balls of different sizes and textures, chips, leaves, stones, branches, sand, earth, grass.

Making an easy, strong and lasting connection between child and animal. From this point of view, horse therapy is an intrinsically motivated activity.

7. Development of fine motor skills. Practicing digital forceps.

Methods of accomplishment (volunteers are posted to the right / left / front / back of the horse): Voluntary attention; Ball catching skills; Trunk rotations; Direct handling of objects (placing circles at height, throwing the ball in circles); Conversation; Explication; Trunk extensions; The demonstration. The exercises are performed from the normal position in the saddle, facing the direction of travel and can include the following aspects: Facilitating the correct position, correcting the posture using verbal commands such as: "Straighten the back", Trunk rotations, Familiarization with sensory impulses for the system visual and vestibular.

At the end of the meeting, the beneficiary is unloaded and handed over to the accompanying parents.

8. Assessment methods and tools: oral assessment, direct observation, assessment sheets.

9. The role and the way of involving the parents in the program:

Parents will be involved in all sequences of the PIP, will be consulted about the proposed objectives and how to achieve them, will ask and provide systematic information about the child's development, progress and difficulties encountered, will find together with the specialist involved in program of ways, strategies to improve the intervention on the child.

10. Review of the personalized intervention program:

At the end of June 2022 (at the end of the small group), as a result of the evaluation, the objectives will be redefined and new contents will be designed.

Therapeutic Team,

Family,

6. Conclusions

Animals play many roles in the lives of people with ASD. For some people with ASD, animals can provide a strong social support relationship as both companions and pets. The horse through its gentleness, through the power, the heat emanated, can be a unique catalyst that leads the beneficiary to a positive result. Therapists need to appreciate that people with ASD process information differently than others. These differential processes often have a major impact on how these individuals relate to others, including animals. The benefits of hippotherapy can be huge for

families with a member with such a disability. Another benefit can be the interaction of parents with such children, between them. Here they have the opportunity to observe the evolution of their own child and, at the same time, the evolution of other children, but at the same time they can socialize with each other, they can support each other, encourage.

References

- *** (2004). "Hope" Empowerment Foundation "Hope" Special Education Center, Child with Autism. *Beyond the closed doors of the soul, Second Edition*. Timisoara.
- Aubrey H. (2015). *Fine, Handbook on Animal-Assisted Therapy Foundations and Guidelines for Animal-Assisted Interventions, Fourth Edition*. Pomona: Department of Education California State Polytechnic University, CA, USA.
- Bilbă, Anca Nicoleta (2021). *Animal Therapy-Master Course year II*. Constanta: Andrei Șaguna University, Faculty of Psychology.
- Cucuruz, Daniela (2004). *Autism. Book for parents*. Bucharest Publishing license.
- Leaf, Ron; Dayharsh, Jamison & Boehm, Marlene (2010). *ABA Therapy Guide Part I Strategies for Changing the Behavior of Autistic Children*. Translated from the English by Achim Ileana. Bucharest: Frontiera.
- Leaf, Ron; Dayharsh, Jamison & Boehm, Marlene (2011). *ABA Therapy Guide Part I Strategies for Changing the Behavior of Autistic Children*. Translated from the English by Achim Ileana. Bucharest: Frontiera.
- Tustin, Frances (2013). *Protective shell Autistic functioning in children and adults*. English translation Dumitru, Camelia. Bucharest: Trei.