



December 2020 Issue 4

# CHEFF CENTER VOLUNTEER NEWSLETTER

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## Volunteer Spotlight: Lilly Marsh



*Lilly with Bae, her 13 yr. old Irish Draft Cross*

Over the last four years, Lilly has gone from being a high school student and new Cheff volunteer to a college student with her own horse, working toward certification and degrees in Equine Therapy Management and Equine Studies.

It's a big journey in a short time. She credits Cheff with helping her find her career path and helping create a vision for possibly operating her own equine therapy center in the future.

Lilly was born in Russia and adopted by an American family. She's always loved horses. As a young kid in rural Dansville, Michigan, she would beg her dad to take her to trail rides. She took riding lessons at age 8-9, but then family changes and school demands took her in a different direction for several years.

In summer 2016, then an incoming junior at Portage Northern, Lilly was still interested in horses and in volunteering with them in some way. She'd also had positive experiences at school with fellow students who happened to have a disability and liked the idea of continuing that interaction. Her mom had learned about Cheff from a family friend, so Lilly signed up for the next orientation.

At Cheff, Lilly has helped in numerous classes, including most of the Read & Ride sessions, which she loves. She's also on the New Volunteer Orientation Team.

This year, after Cheff re-opened, Lilly served as a barn leader on various evenings. In this role, she kept things moving and on time for each upcoming class and answered many questions from fellow volunteers. If you've worked with Lilly, you may have noticed that she seems to sense when you're confused or struggling and often will magically appear and help you out! Lilly says the experience has helped her with job skills like prioritizing and time management.

Lilly's certificate program, which is through the University of South Carolina, requires an internship. She did this at Cheff in early 2020, working with Kim as her lead mentor, as well as Emily Kalin and Sarah Pizzie.

With Sarah, she focused on horse care skills, like stretching and lunging. She especially liked learning to recognize and address the individual needs of each horse. For example, she spent time helping Tess with her sensitive skin and feather issues.

Starting soon, she'll take an interesting sounding class on equine photography. Maybe we'll get to see the results of her practice work with Cheff horses!

When not volunteering, or working, or studying, Lilly enjoys time with friends, her younger brother, and her Golden Retriever Winston (!). And whenever possible, she heads up to Ludington where her horse Bae boards.

Regarding the herd, Lilly loves them all, and has an extra soft spot for Monte. "He seems like a grumpy old man sometimes, but he's really the biggest sweetheart," she said. She can usually get him on his best behavior. Sky is also a special one. "He's a little gem, so sweet."

What are Lilly's favorite things about volunteering at Cheff? There are many. "I really love the clients," she says. She loves seeing them open up to a volunteer. "Their determination is so admirable and a joy to see. It makes you want to work that hard toward your own goals."

Lilly said she appreciates observing the instructors and seeing how they interact with clients so each has the best possible class.

What's next? In about a year, Lilly plans to move to Florida to continue school.

As she thinks about a future in equine therapy, she is keeping in mind the idea of developing programs for kids in the foster system. She was a foster kid

herself for a time, so understands firsthand. "You want to feel you're important and that someone's looking out for you," she says. It's something that equine therapy can help with.

In the meantime, if you have not met Lilly at Cheff, we hope you have the chance in 2021. She's a great resource and a wonderful person to know and work with. Thank you, Lilly!

### December Fun Fact

Most Arabian Horses are born with one less rib, lumbar vertebrae, and tail bone. Arabian horses have **17 ribs** instead of the usual 18 ribs found in other horse breeds. This skeletal difference accounts for their shorter lengths. The higher tail set in Arabian horses is attributed to the missing tail bone.





## Horse of the Month: HARRY



Have you seen Harrison, aka Harry, one of the newest arrivals at Cheff? He's the tall (16.1 hh), good looking 13 year old Belgian Warmblood that arrived in late August to help fill out the Cheff herd.

Harry is a class A hunter/jumper that arrived from Barrington, Illinois, where he had daily workouts on a treadmill. Harry arrived in style in a semi horse hauler - perhaps you've seen the video of his arrival on the Cheff Facebook page. So beautiful and regal looking!

Harry really enjoys being in the arena and is fitting in nicely, although he dislikes it when his friends eat his breakfast.



Harry has a wonderfully expressive face!

Harry is very particular about his girth and it needs to be fuzzy, otherwise he isn't pleased, so he's asking for Santa to bring him a fuzzy dressage girth (size 28) and a Back on Track English pad for Christmas. He has been an awfully good boy!



## DECEMBER UPDATE

Cheff has made the difficult decision to end our therapeutic riding program for the remainder of 2020 in an effort to keep everyone safe and healthy. We are still committed to remaining as connected as possible during this difficult time.

The Cheff team will be creating a variety of educational content on topics such as horse care, people care, horsemanship, etc., and fun activities as we move through the coming weeks. These topics can provide a quick coping/centering strategy for whenever we are feeling a little overwhelmed.

Cheff welcomes any comments and suggestions for future topics; you can direct them to Sara Putney-Smith. They can be related to mental health, horses, education, or any of the other topics mentioned above.

The first videos have been created and are on the Cheff Facebook page, check them out!



## December Birthdays



Charlotte B  
James C  
Makenzie F  
Karolina J  
Rob K  
Elizabeth K  
Natashia LP  
Tamas N  
Katherine N  
Michelle P  
Rene S  
Clara S  
Jake S  
Larissamarie T  
Kyla T  
Lynn W  
Gretchen W



## Tack Talk - The Case of Cinch v Girth

Let's say you're at Cheff, working in the barn, getting our friend Killian ready for his next class.

You've got him groomed up and start tacking. Saddle pad – check. Western saddle – check. But wait, the strap that secures the saddle under his belly is missing. So, you head to the tack room to grab ... hmmm... a cinch? a girth?

If you're thinking: "A cinch, of course," you are right on track!

But, if you're like some of us who have trouble keeping them straight, here's an overview:

- A **cinch** is used with a **Western** saddle
- A **girth** is used with an **English** saddle

**Cinches have a single buckle at each end.**



To connect a cinch to a Western saddle, start on the off side (right side) of the horse and attach the "short latigo" (short strap) to the cinch.

Then, on the near side (left side), connect the cinch with the long latigo, which is that long strap you loop around a time or two between the cinch and a ring on the saddle. Use the long latigo to tighten, then tie it to the saddle ring, or, instead of tying, secure it with the pin from the cinch's buckle.

**Girths have two buckles at each end.**



These buckles attach to "billets" (straps) located on each side of the English saddle, under the saddle's flaps.

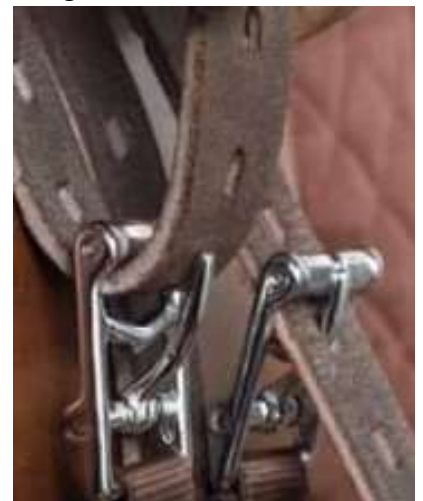


Dressage girths are similar to regular English girths, but shorter. The billets on a Dressage saddle are longer in order to reach the shorter girth.

When connecting billet to girth, run the billet through the top section of the buckle, where the roller is located. This makes it easier to tighten and causes less pulling on the horse than if you use the lower part of the buckle where there is no roller. See picture to the right. → →

The word cinch was first used in English in the mid-1800s; it comes from the Spanish *cincha*, meaning girth, which stems from the Latin *cingulum*, meaning girdle or belt. The word girth dates back to Middle English c1200-1300. It relates to the Old Norse word *gjorð*, meaning girdle or hoop.

Maybe this trick will help to remember which is which: **Cowboys** and **cowgirls** use Western saddles which use **cinches**. The words all start with **C**. And then girths are the other thing!





Hopefully it is useful, and maybe even fun, to know the difference between these terms. But don't worry too much about mixing them up. You may observe that even those with years of experience sometimes use the words interchangeably.

*Horses for Dummies* online has diagrams and additional info:

<https://www.dummies.com/pets/horses/all-you-ever-wanted-to-know-about-saddles/>

### **Important Cheff procedure for cinches and girths:**

*Please tighten the cinch or girth only enough to keep the saddle from sliding around when you walk your horse to the mounting area and during any pre-mounting warm-up laps you may do in the arena. This keeps the horse comfortable. The instructor will tighten further just before client mounts.*



### **SEASON 'S GREETINGS!**



## EDUCATION CORNER – SENSORY PROCESSING DISORDER

Have you ever met a child who doesn't like to get their hands dirty (literally does not like to touch dirt, sand, playdoh), doesn't like to walk in the grass because it feels like walking on needles, covers their ears when you are vacuuming, or doesn't even like to wear clothing because it "hurts"? These are only some of the issues that people with Sensory Processing Disorder may deal with.

**Sensory Processing** is what our body does when we are exposed to stimuli—it turns the messages received by the nervous system into appropriate motor and behavioral responses. **Sensory Processing Disorder (SPD)** is a condition where the sensory signals do NOT get organized into appropriate responses—sort of like a traffic jam preventing certain parts of the brain from receiving the information to interpret sensory information correctly. While many of us experience occasional sensory processing difficulties, for children and adults with SPD these issues are chronic and disrupt everyday life for them.

We have generally been taught that we have 5 senses: touch, taste, smell, sight and sound. We actually have 2 additional senses that are not often considered—movement & balance, and body position/muscle control. For example, a person with SPD may hear a doorbell and cover their ears because it sounds like a gong (over-sensitivity). Another child may not feel pain or hot and cold, and could become hurt without ever knowing/feeling it (under-sensitivity). Those who have sensory issues with muscle control and body position may be "Klutzy" or uncoordinated, or to the other extreme, those who experience issues with movement and balance may have sensory-seeking behavior that is in overdrive—running into walls, banging things, flailing limbs, etc. Sadly, these children can be incorrectly diagnosed and medicated for ADHD, as the symptoms are so similar.

The causes of SPD are not yet known. Preliminary studies suggest that SPD is often inherited, although there is some belief that SPD can be caused by premature birth or other birth complications. Children with SPD often have problems with motor skills and other abilities needed for success in school and other childhood accomplishments. These difficulties put them at high risk for many emotional, social and educational problems. They may have trouble making friends or being in part of a group, have poor self-concept, academic failure, and be labeled clumsy, uncooperative, belligerent, disruptive, or "out of control". What can follow is anxiety, depression, aggression or other behavioral problems.

Though they may have trouble in school, many children with SPD are intellectually gifted, their brains are simply wired differently. Just as with many other issues such as ADHD or Autism (which often come hand-in-hand with SPD), they just need to be taught in a different way—in ways that are adapted to how *they* process information. Of course, people with SPD do not always have ADHD or Autism, they may only have the SPD. Just as with Autism or ADHD, there is no *cure* for SPD, but treatment and learning how to manage symptoms can be highly effective in minimizing the symptoms' effects upon the child.

After being diagnosed, many people with SPD benefit from a treatment (or combination of treatment) programs of **Occupational Therapy (OT), Sensory Integration (SI), and Physical Therapy (PT)**.

**OT** is the use of assessment and intervention to develop, recover, or maintain the meaningful activities, or *occupations*, of individuals, groups, or communities. OTs work with people with mental health problems, disabilities, injuries, or other impairments.

An Occupational Therapist will:

1. Evaluate a client, where the family, client and therapist discuss goals for treatment,
2. Customize a treatment plan that will improve the person's ability to perform daily activities and reach their goals, and
3. Monitor the client's progress and treatment to ensure the goals are being met and change the plan if necessary to achieve the best possible outcome.

OTs have a holistic perspective, where the focus is on adapting the environment and/or task to fit the person, and the person is an integral part of the therapy team.

**SI** is designed to help children with SPD cope with the difficulties they may have processing sensory input. Sessions are usually play oriented and may use pressure, brushing, weighted vests, and other items to increase a child's threshold for dealing with sensory-rich environments. This will help make transitions less disturbing and reinforce positive behaviors.

**Physical Therapy** is used to improve a client's physical functions and manage pain (if it exists). Much like an OT, a PT will:

1. Assess a client and discuss goals with family and the client,
2. Come up with a treatment plan that may involve exercises consisting of stretching, strengthening and conditioning, health education, and may include the use of modalities appropriate for the specific dysfunction, and
3. Monitor the client's progress toward their goals and adjust the treatment plan accordingly.

**Hippotherapy** is derived from the Greek word "hippo" for "horse", literally meaning "treatment with the help of a horse". In a nutshell, it is Physical and/or OT/SI on horseback. You may sometimes see hippotherapy clients riding the horse backwards as the therapist gives input and direction to the horse handler to manage the horse's movement appropriate for the client's needs. The rider may be challenged with an activity like playing catch with a ball or some other fun activity. The client may be put in varying positions to challenge motor learning for gross motor development. Every movement or task is designed specifically for the individual client's needs. At the Cheff Center, Char Swain is a Physical Therapist specializing in hippotherapy as a treatment strategy, and Lauren Crabb is a physical therapy assistant—they head up our Physical Therapy team specializing in equine movement as a treatment strategy. It is amazing to observe and watch this dedicated group of people work with a client!

### **How do Therapeutic Riding and Hippotherapy help people with SPD?**

As SI involves exposing these people to new and different stimuli, the obvious senses that are first stimulated would be the sight, sounds and smells experienced just being in a barn/arena setting. Many of us LOVE the smell of the barn and arena, but to a child who may never have been exposed to a barn, this is all new and stimulating to their sense of smell. Sight can be stimulated tremendously on a sensory trail or simply by a less stimulating arena setting. Sitting on the back of a horse makes the child view their setting in an entirely new perspective (from above), which in and of itself is stimulating to them! The thumping of the hooves, the whinnies from the barn, the gas released from Harvey, and even the manure that falls during a lesson are all



sounds that they may experience during their ride, all of which are different stimuli than what they may normally be used to.

The sense of touch is also stimulated while with horses: Their coat, their noses, the saddle, climbing onto or sliding off of a horse, the mane, the tail, grooming equipment, etc., all are tactile sensations that aren't present throughout most people's everyday life. The pressure on the lower part of the body while sitting in the saddle, holding the reins tightly, squeezing with the legs—all are unique to riding and all stimulate the senses even more.

A horse is unique in that at the walk it puts the rider's pelvis through similar motions as when they are walking themselves. Horses walk in a rhythmic and repetitive motion which creates predictability for the rider which in turn, serves to help calm them and help them to focus.

For those with balance and body position issues, sitting on a horse helps them to pay attention to their body and engages their core. For those "sensory seekers", every time the horse takes a step the rider is jolted a little. This can give the seekers the sensory input that they need.

Of course, we have SPD clients in both programs at Cheff—TR (Therapeutic Riding) or Hippotherapy. Our team of instructors and therapists assess and determine the appropriate course of treatment best for our clients.

Children who do not receive treatment or go undiagnosed can become adults who struggle in many different ways throughout their lives. They often deal with similar issues: difficulty performing routines and activities involved in work, recreation, and personal relationships. If they do not understand why they struggle with these issues, they can become depressed, socially isolated, underachievers, and may have other secondary issues. Once an adult takes part in therapy, they may begin to understand why they are having these issues and can learn to deal with their symptoms in order to lead more fulfilling and happy lives.

If you are interested in learning more about SPD and similar issues, please take a few minutes to go to:

[www.sensory-processing-disorder.com](http://www.sensory-processing-disorder.com)

[www.spdstar.org](http://www.spdstar.org)

These are much more comprehensive websites that go into FAR more detail about the different aspects of SPD and give a lot of information about support, other links to informational sites, etc. This report is strictly a basic overview of SPD. I hope you have enjoyed reading it and will learn more about SPD in your spare time.



### Amazon Smile

HAAAAYYY everyone! Don't forget, today, while you're shopping those Holiday deals on Amazon, you can be supporting Cheff FOR FREE! To date, our supporters have earned over \$2,100 for Cheff simply by selecting Cheff Therapeutic Riding Center as their charity and shopping on <http://smile.amazon.com>. If you are already shopping with Smile, you may change your charity at any time or you may even have more than one charity that you support. If you do not already shop with smile, you can learn more about it at [smile.amazon.com/about](http://smile.amazon.com/about). It's a win-win situation! So shop with a feel-good benefit of supporting the Cheff Center!

### Harding's

For those of you who shop at Harding's, if you join their Community Rewards program and select the Cheff Center as your organization of choice, we will receive a rebate based on your purchase amounts. For more information, click on the link below.

<https://www.hardings.com/savings-and-rewards/community-rewards/>

Again, we thank you in advance, and please let your friends and family know—every little bit helps!!!

**Questions/comments?** Please contact Sara Putney-Smith, Volunteer Administrator, [sara@cheffcenter.org](mailto:sara@cheffcenter.org)

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*If you have suggestions for future newsletters, or are interested in submitting articles, please contact Sara Putney-Smith.*

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