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## Navigating into the ring : some of the many barriers keeping Equine Assisted Psychotherapy practitioners from connecting with prospective clients

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Shawn Young  
Navigating into the Ring: A  
qualitative study of some of the  
many barriers keeping Equine  
Assisted Psychotherapy practitioners  
from connecting with prospective  
clients

## ABSTRACT

This study was undertaken to explore some of the barriers that keep EAP(Equine Assisted Psychotherapist) practitioners from connecting with prospective clients and/or allowing them to make EAP a more viable part of their therapy repertoire. Similar to more traditional therapy, EAP can be used for a wide variety of disorders.

A qualitative study was conducted by having qualified participants fill out a questionnaire and collecting their ideas and thoughts about what barriers exist and some ideas of how to overcome said barriers. Supporting questions were also asked, such as the efficacy of EAP with certain populations and how EAP can fit into and with more traditional forms of therapy.

The findings were very revealing about different struggles that the participants are either going through at the time of answering the questionnaire, or had gone through in their past. Some spoke of how they have overcome or circumnavigated those barriers, and others stated their continuing frustrations.

Every participant stated that they have seen impressive results from EAP, especially with certain populations. Yet everyone has also mentioned that financial concerns were one of the biggest barriers standing between the therapy and those that would benefit from it.

NAVIGATING INTO THE RING: A QUALITATIVE STUDY OF SOME OF THE  
MANY BARRIERS KEEPING EQUINE ASSISTED PSYCHOTHERAPY  
PRACTITIONERS FROM CONNECTING WITH PROSPECTIVE CLIENTS

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work

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2009

## ACKNOWLEDGEMENTS

First, I would like to thank all of the participants who provided the information to help further cause of making EAP more accessible to those who can truly benefit from such a wonderful form of therapy.

Secondly I would like to acknowledge three people whom without their individual input this thesis would not have been possible. My thesis advisor Claudia Bepko for her invaluable advice and patience, Major Diane Baynon, USAF, who provided the passion needed for such an undertaking and finally Jennifer Leigh, and I think she knows why.

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## CHAPTER I

### INTRODUCTION

The purpose of this study is to collect and understand some of the barriers that clinicians may face while trying to connect with prospective EAP (Equine Assisted Psychotherapy) clients or even to integrate a more comprehensive EAP program into their therapy repertoire. For hundreds of years practitioners and lay people alike have discovered, some through research, and others by accident, that animals can have an amazing effect on people. Animal Assisted Therapy (AAT) as a general rule is used all of the time, one example being dogs being taken to a retirement home. More specific forms of animal assisted psychotherapy have really started to take hold over the last few decades, and the literature seems to support that (Scott, 2005) Specific equine therapy is still a growing and succeeding movement in the fields of Psychology and Social Work (Scott, 2005). Because of the lack of research there is an increased need for more research specifically dealing with horses; much more research has been done with others animals, such as dogs.

Therapy with horses can add a brand new dynamic to a therapy session, it typically gets the clients away from the office, and into the outdoors, or an atypical therapy setting, and the horses themselves are magnificent creatures that many people do not get the opportunity to work closely or especially directly with. Although this study is

more concerned with EAP, therapeutic riding is also a very large part of the equine therapy world.

The size, grace and beauty of horses is many times enough to break down some therapy barriers that may have existed in a more traditional type of talk therapy. Like more traditional therapy, AAT as a general rule, and specifically EAP can be used for a wide variety of disorders, including but not limited to, behavioral and mood disorders, substance abuse, trauma, and can be especially effective with children diagnosed along the PDD (Pervasive Development Disorder) spectrum. Therapeutic riding can be specifically helpful to those with neuromusculoskeletal issues. Current research on EFT(Equine Facilitated Therapy) has shown both quick and long lasting effects in a range of physical, social and psychological issues (Nilson, 2004).

This paper attempts to better understand the barriers that are holding back EAP practitioners from truly utilizing this amazing form of therapy with those that can truly benefit from it.

## CHAPTER II

### LITERATURE REVIEW

Current literature demonstrates that life experiences in the natural environment promote positive emotions. Our interactions with nature are an integral part of our overall health. Adventure based counseling programs have been shown to promote a variety of safe and unique experiences that help us learn about ourselves and our interactions with others.

This review of the literature will begin by exploring the special bond between humans and animals, with a focus on the human equine bond, and why horses are a great choice for a therapy animal. It will then go on to discuss the efficacy of EAP, Equine Assisted Psychotherapy and AAT (Animal Assisted Therapy) with some historical perspectives and references. It will address the reasons why building relationships is such an integral part of therapy. I will also explore experiential education, a topic that is closely tied to EAP and AAT.

#### *The Human-Animal Bond Throughout History*

For millennia history has told the story of the relationship between animals, and how those animals may remind us of our own origins and our partnership with nature (Levinson, 1978). "Man has had animal companions since prehistoric times as reflected in folklore, legends and literature"(Levinson, 1978, p. 1031). Fourteen thousand years ago, a dog died in the arms of a man in Iraq, the remains were found in a

cave, and suggest one of the earliest examples of companionship between human and animal (Bustad & Hines, 1988).

There are multiple examples, from many parts of the world that show the positive influence that a human-animal bond can provide. One of the earliest documented uses of animals for therapeutic measures took place in Gheel, Belgium in the ninth century. Gheel itself was a therapeutic community for those affected by many mental disorders. It was an open community, where the animal and humans lived together in a very natural way. "Patients seem naturally drawn to the cattle, others to birds, and some to cats. These simple and childlike pleasures ease suffering and help to re-establish the harmony of soul and body" (Bustad & Hines, 1988). In 1792 the York Retreat was founded in England by The Society of Friends. Many small animals such as rabbits and poultry were kept in the courtyards, so that patients might utilize self-control by caring for the animals dependent on them. In 1867, a home was founded in Bethel, Germany for people with epilepsy. Shortly after, the home was expanded to provide care for over 5000 patients, with a variety of diagnoses. Animals, including dogs, cats, birds, horses, and wild game were all an integral part of the healing therapy (Bustad & Hines). A very similar animal treatment idea was used at the Army Air Corps Convalescent Hospital in Pawling, NY back in the 1940s.

Early studies in animal assisted therapy were conducted by the psychologist Boris Levinson, and his dog Jingles. Levinson makes it clear that he is reporting on his own experiences, and that those very early experiences happened completely by chance. Overall Levinson wrote on 19 cases involving Jingles, and 49 other cases of therapeutically significant human-animal interactions. Levinson's first animal assisted

case was an unintentional intervention with a nine year-old boy. The child's mother asked Levinson to see her son for treatment because the boy was extremely withdrawn, and previous therapeutic experiences had not been successful. Levinson agreed to see the boy. By accident, Jingles, was present when the boy was brought in. Jingles greeted the boy enthusiastically and the boy reacted positively. Levinson believed that subsequent sessions with Jingles as his "co-therapist" established an atmosphere of trust and developed a solid relationship with the child (Levinson, 1969).

Even Sigmund Freud believed that dogs had a "special sense" that allowed them to judge a person's character accurately. His favorite Chow Chow, Jo-Fi, attended many of his therapy sessions. It is rumored that Freud considered Jo-Fi's assessment of a patient's mental state. Freud believed that Jo-Fi could indicate a patient's level of tension by where Jo-Fi would lay in the room. If he stayed close to the patient, the patient was more relaxed, if he lay across the room, the patient was more tense. Freud thought that the presence of a dog had a calming influence on all patients, particularly children (Archibald, 2006).

Elizabeth and Samuel Corson also started their animal assisted therapy by accident. They housed dogs used in experiments above an adolescent psychiatric unit. The patients heard the dogs, and requested to interact with them. This led to an implementation of a pet facilitated therapy program to be used alongside the established therapy program for psychotic patients that were otherwise non-responsive to treatment. They reported a positive response from 94% of the patients where the pet served as a catalyst to interpersonal interactions (Corson, Corson, Gwynne & Arnold, 1975). The Corson's believed that an animal can be an understanding, uncritical friend to the patients.

### *Building a Relationship*

As I have been told, and more importantly, have realized myself, the most important part of any type of therapy is the therapeutic alliance that is built between clinician and client (Singer, 2008). In EAP I see a very interesting addition to this basic model. One might think that when the horse is added to the equation, it is just another tool that a clinician may use. But the horse is another living, breathing, thinking and feeling animal. It does not care about the agenda of the client or the clinician. It takes part in the sessions because it wants to, for its own benefit. The horse has the unique role of being on all sides at once, it can ally with the client AND with the clinician. This will many times be very comfortable for the client, to not feel like there is a team of clinicians ganging up on the client

Many clients will translate caring for the animal into caring for self. Conversation and introspection are stimulated through interaction with the animal. Self-esteem may also be increased through positive interactions with the animal. The relationships between animals and human have throughout history been examined, evaluated, and clarified. This trend is continuing in some part by a growing field of mental health professionals. Ellis and Grieger suggest that this field of mental health specialist is trying to find ways of combining the natural interaction between humans and horses and the psychological theory that has dominated the field for the past 100 years (Ellis & Grieger, 1977).

The ability to identify with the horse can be a breakthrough moment that can occur very early in therapy. If a client is always feeling silenced, or marginalized, they

may have come to feel this is just the way it is, their place. But when the client can get the horse to respond to requests when being led, the client may get a sense of empowerment (Leimer, 1997). Through this interaction, communication and a rapport are being created between the horse and the client. Since much of this communication is non verbal, the client's skills are being built up without them being directly aware that therapy is happening. These skills can be transferred to human to human interactions (Corson & Corson, 1979). Since much of the communication that takes place is non verbal, empathy is developed through these interactions, and "a sense of identification develops between horses and people" (Lawrence, 1984, p. 39). A positive experience with a horse may be used as a starting point towards other experiences, can create feelings of self-confidence and an improved ability to relate and to communicate with others (Tyler, 1994).

Relationship theories (Hinde, 1981) suggest that we are able to describe relationships prior to determining their significance. When considering the relationship between human and animals, it can easily carry over to the relationship between other humans, and even our environment. And these human/animal relationships can be very vast and very complex. Consider the differences between having a pot-bellied pig as a pet, versus the experience of being a pig farmer, or the difference between owning a Chihuahua you might see being carried in a pocketbook on a busy sidewalk, versus owning a junk yard guard dog. Hinde (1981) creates parameters based around relationships that include both biological and social factors, some of these being about the diverse relationships that can be had (companion or guard dog), other variables may include commitment, intensity, sensitivity, etc.

### *Why Animals?*

So, all of this being said, why animals? The role of animal-human interactions has been suggested to promote wellness and prevent illness (Beck, 2000). A large component of the animal-human bond stems from the social support that individuals receive from animals that translate into positive health effects (Beck, 2000). The social support that animals provide humans such as love and acceptance, which is not dependent on appearance, social or economic status (Chandler, 2005) often fills a void that otherwise would remain empty. In contrast to human relationships, which may be complex, confusing, and at times painful, bonds with animals are relaxed and intimate. The need for animals to be cared for on a daily basis fulfills the human need to be needed, to nurture, and to love.

Research has shown that there is an increased engagement in treatment by those that have EAP as a part of their therapy. It has been especially true with populations that may be difficult to engage in traditional talk therapy, such as adolescents with anger issues, children in hospital settings, prisoners, and those along the autism spectrum (Hanselman, 2001; Kamisnski, Pellino, & Wish, 2002). Studies have also showed an increase to motivations for future therapy sessions (Hanselman, 2002). Working with horses in group sessions has led to quicker group cohesion, due to an increased willingness to help other group members with horse care and management (Vidrine, Owen-Smith, & Falkner 2002). According to Social Mediation Theory, animals can serve as a catalyst to human interactions. The animals may help the rapport building process between the patient and the therapist. Animals can stimulate conversation just by presence and unplanned behavior (Kruger and Serpell, 2006).

Working with animals has also been shown to increase overall mood and decrease depressive symptoms, increase positive mood and affect and reduce feelings of loneliness and isolation in many patients. Studies done in nursing homes, hospitals, psychiatric wards and prisons show an even greater gain by working with the animals (Kovacs, 2004; Kaminski, 2004). Employees of these facilities have reported higher morale in the workplace when animals are present (Deaton, 2005). Specifically, guards that worked in a prison where animal programs were utilized, reported a quieter and more relaxed atmosphere than usual, and that violence in the prison significantly decreased (Deaton, 2005).

Okoniewski and Zivan (1985) have demonstrated that the animal-human bond has the capacity to alleviate depression, decrease feeling of loneliness, and heighten self-esteem by creating feelings of beings needed, accepted and loved. Many studies have demonstrated the positive effects between animals and children, families, students, lonely people, prisoners, and the physically and mentally challenged (Cusac, 1988).

### *Why Horses?*

Winston Churchill once quipped "There is something about the outside of a horse that is good for the inside of a man." Horses offer us an opportunity to make a connection with a very powerful animal. Humans have used horses for thousands of years as tools, typically to perform physical tasks that we are unable or unwilling to do ourselves. Equine Assisted Psychotherapy exposes the mystique, the beauty, the empathy of the horses, not just their brute strength and speed. Many times clients will project their feelings onto the horse, and also may make a connection, metaphor about the horse and their own situation. A horse, being so large and powerful, can be a visible reminder of

how formidable a client's disorder can be (Christian, 2005). They are very social and empathetic animals, which, in the right circumstances, can make them very valuable therapy assistants. Horses are large prey animals that live in herds. They are designed to be fast, to be defensive. They cannot afford to take the time to think if they are being preyed upon, they must trust their senses, and the senses and emotions of others around them for their very survival. We as humans rely on words to communicate for the vast majority of information we trade. Words can be misinterpreted, they can be used to trick, to manipulate, to misrepresent. Horses have a way of sensing emotions, and they are quite willing to remove themselves from a situation that they do not feel comfortable in. As people, especially therapists, many times we do not have that opportunity, so we cannot truly mirror another's words with actions of our own, we rely on the spoken word, which again, can lead to misinterpretation, or misunderstanding. When a horse decides that it is not a safe location, physically or emotionally, the horse will move. There is little to misinterpret there.

As with humans, one can see differences in a horse's gender, individual character, appearance, age and social position. This tends to make horses ideal "projection screens" for individual relationship parameters (Siemens, 1993). Horses have been used in a multitude of different therapies, either alone, or in groups, including individual therapy, group therapy and family therapy just to name a few.

Horses can also be used to help treat a variety of mental health concerns, including substance abuse, eating disorders, learning disabilities, behavioral disorders (ADHD, ODD), and other emotional and mental disorders. Horses are very responsive to

any impulse control behaviors. They will distance themselves from loud noises, quick movements, out bursts of anger and potential threats very quickly.

Along with the therapy, working with horses can facilitate other skills as well. A study of people with schizophrenia who took part in a horse therapy program, learned basic horse care and barn management skills, which in turn, increased their sense of agency and self-esteem (Kovacs, 2004). Another advantage of working with horses is that as a general rule, participants must leave their usual environment to get to treatment. Being in a treatment program like this, gives the opportunity for many clients to leave their urban environment, and get to a more rural setting, some reporting positive feelings just by seeing more of a world that they are not accustomed to, and finding a more peaceful place (Christian, 2005).

#### *A More Hands-on Approach: The Experiential Learning Component*

Through my personal experiences, and through the literature I have reviewed, nature-based, or more physically involved experiences and challenges have become, and continue to become, a well accepted way of creating behavioral change and promoting social, psychological and physical health (Gass, 1993). This section often refers to the term of learning in an environment that allows clients to learn and implement new or improved ways of interacting with the world and themselves.

Experiential learning is based on the belief that the process of personal growth occurs through change as a result of direct experiences (Burnard, 1991; Dewey, 1938; Gass, 1993; Rogers, 1985). It is an active process (King, 1988) involving the learner being placed in unfamiliar environments, outside of their comfort zones and into states of feeling off balance (Gass, 1993). To return to a perceived status quo requires problem

solving, inquiry and reflection (Kraft & Sakofs, 1991). Kraft and Sakofs (1991) argued that experiential activities should be real and meaningful providing natural consequences for the learner.

Ford (1981) describes experiential learning as a holistic approach to teaching and learning which synthesizes knowledge, skills, and appreciation of nature. She proposed that the purpose of experiential education was to develop “skills for lifelong learning, for coping and contributing to social change, and for the continuous growth of the individual” (p.49).

#### *Summary*

Through this literature review I have tried to show the important role that therapy can have in the well being of people, especially children. I have also pointed out some of the things that make the human and horse relationships such a powerful tool. Combined with the information that I collect through my surveys, I hope to formulate some personal understanding into the Why's and How's of incorporating EAP as a more accepted and accessible option for therapy and treatment.

CHAPTER III  
METHODOLOGY

*Formulation*

Recent literature has demonstrated considerable benefits of EAP as a treatment for a range of clientele. However, the literature does not identify the difficulties that may come along with a desire to use EAP. The purpose of this study is to conduct and collect research on possible barriers that may hinder or stop clinicians from connecting and treating prospective clients using a form of EAP.

To learn more about these barriers, a questionnaire was administered to participants in the study asking the following (Appendix A): How do you identify yourself therapeutically? Have you ever had any training in EAP? What are 10 barriers that have either affected you directly, or that you perceive as a possible barrier while trying to connect EAP services with potential clients? Were there any defining reasons that started your clinical interest in EAP? Are there particular challenges/successes that you have experienced in your strivings to be an EAP clinician? Do you feel like you've become more competent in your clinical practice over time? Have you considered other animals for therapy? What do you know now that you wish you had known when you were starting out as an EAP clinician?

In order to get more specific answers to some questions, certain sub-questions were also asked; they included: How do you think of your own techniques, trainings and education? Can you tell me the time or events that really got you interested in EAP? Is

there a population that you have had or heard about very limited success with and why?  
Has EAP affected your views of or practice of your more traditional clinical practices?  
What specific values do you see that horses, or the bond between horse and human, bring to therapy?

This study uses the flexible research method. Anastas (1999, p. 55) recommends a flexible method when one is attempting to "map the nature of emergent, complex or poorly understood phenomenon." Since many times the barriers of EAP are not truly understood, this method allows for generating ideas and a more developed understanding of the issues. This qualitative study attempted to grasp the participants' thoughts in their own words. This approach helps to create genuine experienced information. The research was descriptive in nature, as it was designed to allow for description of the participants' experiences and understanding of these barriers.

Demographic data, such as education, cultural identification was collected and analyzed manually.

Using open-ended questions and participant narratives, qualitative data was collected. These questions included: What is your personal definition of EAP? In your experience, what population have you seen or heard about, in which EAP has been most successful and what is your thinking about why?

#### *Sample*

Inclusion criteria were as follows: Participants were required to be licensed mental health therapists, and/or those who are considered horse specialists. Valid licensure in the fields of social work, psychiatry, psychology and/or marriage and family therapy for mental health therapists was considered suitable. The criteria for horse

specialist was 6000 hours of hands-on work and 100 hours of continuing education in the horse profession, 40 of which must have been completed in the first two years. Horse specialists were not required to be mental health clinicians as well. Exclusion criteria included: Clinicians who were unlicensed, participants who did not have a self reported desire to work in the field of EAP or those who have not had at least six months working in an EAP setting. Additionally, those not conversant in English (the language used when conducting the interviews) were excluded from the study.

The sampling technique used was a non-probability, convenience sample. Not all participants had an equal probability to participate, as only two physical regions were utilized, those traveling to the EAGALA (Equine Assisted Growth and Learning Association) national conference in Ashville, NC and a smaller sample from the Claremont, NH and White River Junction, VT areas. Since the participants were selected based on ease of accessibility, as my internship was in the White River Junction area, and I attended the EAGALA conference, it was a convenience sample. Once participants were initially identified, a partial snowball sampling technique was used to better find EAP therapists and/or horse specialists who might be interested in participating. There was probably some bias by the participants as EAP is most likely an area of expertise for them, and they may have a preference for this type of treatment, therefore may have worked much more diligently to overcome many of these barriers that may have seemed insurmountable to others with only a vague interest in the field. Because of the criteria set, a wide age range was expected range was expected. A culturally diverse sample size was limited given the physical area in which the study was conducted.

There was a sample size of 12 participants. The participants had an age range of 28 to 60. The average age was 42. The median age was 41, and the mode was 40. All that answered the cultural question identified as white, 11 were female, and one was male.

Six of the participants considered themselves mental health specialists and had advanced degrees. There were two licensed mental health counselors, three Masters of Social Work, and one Nurse Practitioner. The others either had an undergraduate degree or had graduated high school and identified as horse specialists. Those who did not have advanced degrees had ongoing education and CEU's in the horse fields in general, and EAP specifically.

The experience ranged from four to twenty eight years, in regards to practicing EAP, with an average of 12 years and a median of 13.

#### *Data Collection*

I did not use any particular agencies that had their own human subjects review committee, or IRB, therefore this study was review by the Smith College School for Social Work's Human Subjects Review Committee. After approval, data collection was started. At the EAGALA conference, I provided an information booth that briefly explained the study, and the requirements. Possible participants were then able to decide whether they would like to participate in the research. They could then obtain an unmarked envelope that contained the research material. This researcher was available for any questions and clarifications that were needed.

Data was collected from all participants by the collection of a questionnaire that consisted of open ended questions that encouraged in depth narratives. The data was

collected directly by the researcher as a way of protecting the recipients and respecting their anonymity. All informed consent forms and data were kept in a locked, secure place that only the researcher had access to.

A strength of the chosen method was that the researcher was able to have the majority of participants from different parts of country that would not typically be accessible. Another strength is that there were very few time constraints on the questionnaire. The participants had two weeks to fill the questionnaire out, and return it, at their convenience. This method also reduced information bias by asking the participants all the same questions, in the same manner.

A limitation of the chosen method is that complete confidentiality was not possible for the participants. There was a chance that others might see participants taking the research package from the information booth. Although this did not automatically make them a participant, viewers might have seen it that way. Another limitation was that the researcher was not able to ask on-the-spot follow up questions that may have arisen.

### *Data Analysis*

The collected records were each coded numerically to ensure the participants' confidentiality. Descriptive statistics, such as demographics information, were analyzed manually. Basic content analysis was utilized in order to analyze the qualitative information. My main goal was to really delve into the reasons that prevent practitioners of EAP from participating in a more active level in this modality of therapy. The questions were posed in a way that would elicit this information. Recurring words and

phrases were noted and recorded, as were certain themes or categories. From the data, themes were generated and examined.

The demographics, questionnaires, and other data will be in a locked and secure environment for three years following the completion of the research, consistent with federal regulations. After that time, all material will be kept secured or destroyed.

## CHAPTER IV

### FINDINGS

This chapter outlines the findings gathered through the questionnaires from the participants. Many broad themes emerged in the findings. A few of the more significant ones include that there is a very significant lack of funding to either start or properly integrate an EAP program into a therapy plan. Many of the participants also felt that they were "on their own" for much of the time when trying to incorporate an EAP program. Many stated that location was an issue, the practitioners were either where the clients were, logistically, or they were where the horses were. Very few had both the horses and the majority of their clients in close proximity.

The first section of this chapter will include demographic information describing the participants. The second section will deal with what populations the participants have experienced the most success with while utilizing EAP. Section three will deal with how EAP has affected the participants' views on more "traditional" clinical practices. Section four will deal with the participants' ideas about what horses specifically bring to therapy. Section five will discuss the 10 most prevalent barriers as perceived by the participants that are hindering integrating EAP into their program, or that they find a day to day challenge in continuing their program. Section six will go into specific detail about the top three barriers that the participants have identified.

### *Demographic Information*

Participants were asked about their age, their gender and how they identify racially/culturally. Participants were also asked about the educational background, whether that be a traditional mental health degree program or horse specific education and experience. Participants were also asked how long they have been participating in EAP.

There were a total of 12 participants in the study. The participants' ages ranged from 25 to 60 years of age. The average age was 42, the median age was 41, and the mode was 40. All of the participants identified as white, 11 of them identified as female, and one identified as male.

Six of the participants stated that they have advanced degrees. Two of these were Licensed Mental Health Workers, three of these were Masters in Social Work, and one was a Nurse Practitioner. The others either had an undergraduate degree or had graduated high school and identified as horse specialists. Those who did not have advanced degrees had ongoing education and CEU's in the horse fields in general, and EAP specifically.

The range in years of practicing some kind of EAP was from four to twenty eight years, the average numbers of years practicing was 12 years with a median of 13.

### *Effectiveness of EAP*

Participants were asked about what populations that EAP had been most successful with, and why. This question was asked to get a better picture of what populations were being served, or possibly underserved.

The participants reported having worked with a range of clientele. These included "youth", "families", "adults", "victims of trauma/abuse", "addicts", clients who

are "depressed" or are dealing with "grief", those with "low self worth", "soldiers returning from combat", "children with autism", "kids with extremely high anxiety", "students who are socially awkward", and "children who are defiant".

Many of the participants noted that connecting with their clients, especially children, can be a very demanding start to most therapy. One participant stated why EAP works so well with younger clients: "Youth- more open to activities vs. talk therapy. They don't view the EAP process as "Therapy". Less stigma." Another participant was speaking of a family she had been working with who had seemed disengaged from one other and from therapy: "Family therapy sessions have been very rewarding since the participants are very engaged in what they are doing and open to sharing their thoughts & feelings." And another wrote: "Many clients deal with self esteem issues, these may stem from a host of reasons, body image, socio-economic status, cultural differences; one participant noted how her clients find a sort of escape when working with horses." One particular respondent said "Kids with low self esteem – they quickly find out that they can be successful relating to the horse – they realize they can be happy."

The following quote comes from a clinician who has worked in the corrections system for the majority of her career. She mentions that she has seen people from every walk of life, incarcerated for every reason. A lot of the prison population shows similar mindsets. When she was able to bring some out for some EAP sessions, these were some of her experiences:

Modifying peoples' behaviors through consciousness raising (youth and adults).  
Creating empowerment in those who have been victims of trauma/abuse.  
Improving interpersonal relationships by raising awareness. Breaking the cycle of addictions by improving coping skills/attitudes. Providing hope for those dealing

with grief and depression. Enhancing self esteem for those dealing with low self worth. Helping people get focused + mindful.

Most of the responses in the questionnaire about the actual EAP therapy were very positive. One notable one was a story of success with a client who had not responded well to more traditional group therapy.

My SUCCESS story is about this kid Tyler. I had him in an ACT group in the office with a group of six-eight early teenage boys. This kid couldn't sit still, couldn't concentrate, was very disruptive, could not concentrate on the task at hand. In general was just a nuisance the whole time. A few months later the team decided to try Tyler out in an EAP group session. The change in this child was phenomenal. He bonded almost instantly with his horse and the facilitators, he was smiling the entire time he wasn't concentrating on the task at hand, he had ZERO behavior issues for 5 weeks, and you could actually see the change in this kid, his self confidence, his direction following. Tyler just glowed the entire time he was at the barn. Now THAT is a success story!

#### *Views of Traditional Practice*

Participants were asked about how EAP has affected their views on more traditional clinical practices. This question was asked to discover what connections or disconnections were perceived by the participants between EAP and more traditional therapy. Many health care systems rely on brief therapy to get immediate results; many times this is not necessary with more traditional talk therapy. For example, one of the participants noted that she had worked in a University Health Care system, where the general rule was each student at the university was allotted six sessions, no matter what the issue or concerns may be. The participant was very frustrated with this system, especially considering the time it takes just to build rapport in more traditional office therapy. One participant had this to say about that very dilemma:

It has made me wonder if EAP is the way to go for Brief Counseling (required by insurance companies these days). What it takes in five sessions of verbal therapy, happens in one or two brief sessions of EAP!

People learn in many different ways, there are as many different personalities as there are people on this earth, some are thinkers, some are listeners, some are watchers, one participant spoke of children that tend to be more active and engaged in their learning style. "EAP is well suited for kids who like to learn while "doing". I didn't like traditional practices, however, some kids do well with them." And another had this to say on the same subject:

There are so many different learning styles out there. Likewise, there are so many different types of therapies out there. Each and every client is an individual, and they should be treated as such. It is our ethical duty to provide the safest, most effective modality that we have at our disposal. In my years of practice I have done many different types of therapy. CBT, DBT, Play Therapy, Art Therapy, the list goes on. What makes me a solid, and sought after clinician, is the fact that I treat all of my client as the individual they are. Is EAP the best therapy out there? Of course not, no one modality is. But, is EAP the best therapy out there for certain clients? Absolutely

Through working in many different agencies, and through my formal education, there are many themes that reoccur. One of those is that "you should not be doing more than the client is" One EAP practitioner addresses this point: "As the ES(equine specialist) – I am constantly amazed at the epiphanies people have on their own – with very little talking on our part." And another had this to say

I treat all of my clients as the individuals they are. Is EAP the best therapy out there? Of course not, no one modality is. But, is EAP the best therapy out there for certain clients? Absolutely.

### *Animal of Choice*

In this section, participants were asked to go into detail about what specific values do horses themselves, or the bonding between client and horse, bring to therapy.

Horses although very powerful, have a high sensitivity to emotions around them, as well as what is going on around them. They are capable of healing what hurts

through interaction and companionship. Their strengths are shared with those that can speak their language & understand their behaviors.

Many clients are always "looking over their shoulder", always wondering where the next insult is going to come from, when they will be put down next. This tends to be especially true with middle school age children and those that do not fit the "mold" of the community they live in. One participant mentions how a horse will react to some of these people: "Safety – the horse does not call the client names, scream at them, hit them, belittle them, shame them, disregard them..."

Another participant was mentioning how horses and the majority of her clients have similar difficulties in life, they always feel like they are being targeted and that they have no one to bond with. "The horse as a prey animal has a difficult life agenda. They have limited deception skills as those skills are usually developed in conjunction w/ hunting which they don't do."

One participant was mentioning how she deals with many clients who feel that others do not really know who they are, because of how they look, or how they talk, or who their family is, they feel like they are constantly stereotyped. Another participant addresses this issue while talking about the horses themselves:

Their size works in many ways in an EAP session. People's pre-conceived ideas about them also play a part. The most important ability they possess, in my opinion, is their incredible ability to pick up on people's feelings – I feel they are smart and intuitive beings and do some of the most interesting things during sessions.

### *The Top 10 List*

This section looks at the top 10 most prevalent answers to the specific question regarding what each participant feels are the hardest barriers to overcome when either

continuing or starting EAP sessions with clients. By far money, or financial barriers, were the biggest concern of the participants. All 12 listed financial barriers on their list and 60% of them had it as the largest barrier. The second most common answer surrounded concerns about creating a new EAP program from scratch, what the step by step procedures were, and not feeling they had all of the right "tools" to start the endeavor. Lack of awareness was the third most common response, this included both lack of awareness of EAP as a field, and also lack of awareness of qualified EAP practitioners in an area, even when those practitioners exist and have room on their case load. Most of the participants were EAGALA certified as either a Horse Specialist or Mental Health professional, in the EAGALA model, there is always one of each during a session. The fourth most common reported barrier was that of finding a "good teammate". One participant, who is an Equine Specialist, had this to say about the necessity of having a solid team, in this case, specifically, the Equine Specialist half.

Encourage more Equine Specialist training opportunities. Owning a horse is not enough. Many ES I met...cannot accurately interpret equine (body) language, nor do they understand natural herd behavior...Many horse owners do not have the opportunity to experience true herd behavior when horses live in stalls & separate paddocks. Instruction and training would help fill the knowledge gap.

Fifth most reported barrier was lack of, or access to, proper facilities. Next was fear or uncertainty of the legal issues that surround EAP, including safety, liability, insurance etc. Sixth was time. The amount of time needed to coordinate and facilitate an EAP session is typically much longer than that of a typical office visit. Sixth on the list was the fact that for many participants, EAP is not their primary "job" that they do not use EAP as their main therapy, followed up by organizations not hiring enough EAP

qualified therapists, and finally lack of straight forward policies and procedures for facilities or agencies that do provide EAP services.

### *The Three Most Reported Barriers In Detail*

Financial barriers are by far the most prevalent reported by the participants. These barriers may include start up money, facility maintenance, acquiring of appropriate horses, ongoing education for the facilitators, logistical costs of getting clients to the location where the EAP session will happen. A few of the participants have found ways to assure financial stability, they are through grant writing, small business loans, philanthropy, etc, but even the more stable programs typically struggle financially. "I love doing EAP work for many reasons. However, it is something I only do about once a week...So far I have not made too much money doing it therefore it cannot be my sole occupation."

Two of participant spoke about where the funding comes from, or in many cases does not come from. Until EAP or similar forms of therapies gain a bigger foothold, money will not be specifically earmarked for these modalities very often. The money has to be specifically raised for EAP work.

At my organization, our EAP therapy comes 100% from a grant that we get each year. Without that grant, our EAP services would cease. Each year there seems to be more and more agencies applying for grant money, so that makes our chances slimmer each year. On top of that, we are just lucky to have a therapist who is very good at grant writing, I am not looking forward to the day she retires, or decides that it is too much work for one person.

"Money is #1. We need to pay the EAP programs money which the counseling center does not have, our fundraisers (are) not focused on EAP."

The second most common barrier that was reported was not having the proper tools, support, and or information to create a viable EAP program. There are a lot of little details that go into a program, and getting them all in sync is what many participants had a hard time with. Some had a facility, but no competent mental health specialist, some were Mental Health Specialist without a facility. Many were leery about jumping into the field 100% of the time, although a great many participants wanted just that.

I fear "putting the horse before the cart". I want to have all my ducks in a row before starting yet I don't want to burn out before I begin. Wanting to get started doing EAP now, yet having to do all the preliminary work which might take another year or so, is frustrating. I fear failure of one of the steps above delaying everything even longer. My goal is "to remain positive" & "proceed" one step at a time. Being flexible is also a goal, so (knowing where to begin) is a challenge and I will learn from my mistakes. (How to negotiate Partnerships) and (Legal ramifications) will evolve through consultation and collaboration. Once these hurdles are overcome, we will have a clearer direction.

Lack of awareness was the third most common response, this included both lack of awareness of EAP as an effective field, and also lack of awareness of qualified EAP practitioners in an area, even when those practitioners exist and have room on their case load. Many times clients and clinicians both see EAP as something fun, and different, without actually realizing the benefits that EAP may provide, or they hear the word equine, and all they think about is trail riding. One participant mentioned how EAP may be seen as childish, or not adult worthy therapy: "We are in a rural area. Clients do not understand the program or benefits to themselves, however, they are very willing to support the program in conjunction with kids."

Another, when speaking specifically of community mental health centers, states that many times these agencies just see EAP as a side note: "Community mental health

centers generally do not put a high priority and focus on EAP services – thus they do not go out of their way to connect to services."

Money by far was the biggest barrier getting in the way of the participants pursuing the EAP program that they really wanted. There are many organizations, such as EAGALA, that offer workshops and similar services that help with the idea of raising funds, these include where to look for money, how to write grants, etc. But many participants noted that even with these tools, actually getting the money is frustrating, and enough to make some of them not want to pursue EAP as a therapy option anymore. There is not a lot of recent research that shows the benefit of EAP is worth the initial and on-going upkeep costs. More research on this particular question would go great lengths it on opening up more funding possibilities. The participants who have been successful in gathering funds have all been very persistent and very imaginative in they way they ask for and search for funding. Many also mention that too many are looking for that one huge grant that will start their business, where the reality is in building small, starting with "one horse, a shed and a dream", as one horse specialist mentioned.

## CHAPTER V

### DISCUSSION

This study was intended to partially gain some insight into the barriers that are keeping EAP clinicians and clients from working together. This study has identified a number of such barriers, as well as shedding some light on the education and background of the participants. The study also mentions some of the populations that the participants have felt they have had success using EAP with. These typically included children and families, and those with low self esteem, but were by no means limited to these populations. It is my hope that the information gathered might bring to the surface some of the obstacles that will face new or continuing EAP clinicians, and that this information will give them a background about what to expect.

#### *Demographics of Participants*

This study is similar to other studies that I came across in my research in the fact that it had a fairly small sample size, and it was similar to other studies based around EAP in the fact that the vast majority of participants were white females. This study also discussed some of the educational and professional backgrounds of the participants, which was a bit more varied, especially on the Horse Specialist side.

Through this research, it is clear that most of the data points to the fact that EAP practitioners are very dedicated to their work. When discussing the 10 barriers, as a

general rule, these were not perceived barriers, they were actual barriers that the clinicians had come up against.

*Some Noted Findings of EAP*

Group cohesiveness and better engagement with the therapy was frequently reported among the participants of the study. Many also mentioned that the clients tended to feel less self conscious with another being, the horse, in their midst. It seems that the horses could act as a "projection screen" or a "hiding place" for many of the clients. Sometimes the clients will tell the horses information or stories that they would not be able to tell the clinician. Many reported that the horses would act as a "jumpstart" to therapy, either then continuing with EAP specifically, or transitioning to a more traditional form of therapy after the initial rapport was built.

As earlier mentioned, increased engagement was often found by the clinicians implementing EAP. Some heard from clients that EAP "didn't feel like therapy", and therefore had less stigma attached to it. It was also reported by some participants as a form of therapy that was automatically reinforcing, because of the pleasure that the clients received during treatments. One participant noted a client who was not engaged in EAP therapy as saying:

I know therapy is supposedly good for me, and that is why I keep coming back, but it is typically a struggle for me to get here each week. Especially after we have had a particularly hard session the week before, many times I feel worse after a session.

Many participants also noted beneficial "side effects" that they were not expecting out of EAP for their clients. One who was speaking about a client she had who was working on recovering from a heroin addiction noted that working with the horses

...not only helped with the clients ability to let her self be loved, but after the first few sessions, she realized that she was worthy of being loved, and could love in return, this process allowed the woman to consider the option of trying to reconnect with her 4 sons, who she had lost to the system years ago. She had never tried to reconnect because she never felt she was worthy of being a mother or of being loved because of her addiction.

### *Research Comparison*

Early in Chapter II I mentioned the importance of the human-animal bond. The research that was collected for this project reflects the literature. Many of the respondents spoke of the bonds that are created, discovered, adjusted observed, and reflected upon by the clients, by the horses, and by the specialists. Without these bonds, the therapy would be of no use. The Gestalt concept, which is an experiential and action based approach, makes note of the notion of patients gaining insight into their own intrapsychic processes by discovery (Watson, Greenberg & Lietear, 1998, p.20).

The participants also noted that these bonds seemed to develop much more quickly than the bond typically takes in a more traditional person to person approach. This factor was supported in the literature by Hanselmen (2001). The participants also noted increased social interaction, and more initiation of conversation.

Gass (1993), mentions the added advantages of therapy taking part in an experiential fashion, not only is psychological health being worked on, but so is physical health. One of the participants had this to say, about the more physical benefits.

One of the greatest side effects of EAP is the health benefit. You can't say that about traditional therapy. How many times do you find yourself chasing after and trying to halter a 1000 pound animal in your office? Many times just being outside, away from the city, away from the commotion, is therapy in and of its self. Fresh air, walking, even as a horse specialist I'm getting a workout each and every session.

There were no major contrasts to the literature reviewed. This study supports many of the concepts mentioned in the literature.

#### *Needed Research*

Through this project I have found that there are many areas that still need to have more literature written and more research done about them. I feel that there needs to be more client based research, both in the areas of efficacy and in the areas of what would make it easier for them to bridge some of the gaps that may be limiting their access to EAP services. As money is the number one barrier noted by the participants in this study, more research on EAP specific ways of securing funding would be very beneficial to the field of EAP, and to the mental health field in general.

#### *How This Research Affects Social Work*

This research can benefit the field of Social Work by really showing the major barriers that are keeping prospective clients and EAP clinicians separated. The literature both reviewed in this project and at large typically shows that EAP is a very useful and efficient modality of therapy. I believe that the easier it is for Social Workers to get involved in EAP, the more likely they are to add it to their repertoire of theoretical models. The more tools you have in your belt, the better prepared you are for any situation.

#### *Limitations of the Study*

One limitation of the study is its small sample size. There were only 12 participants used in the study, a much larger study could be of benefit in many ways, including gathering more ideas on how to resolve some of the barriers faced and achieving a more diverse point of view on some of the barriers. All of the participants in

this study were white and all but one were female. Another limitation was that the data was collected by questionnaire, so I was unable to pick up on any body language, or ask for clarification on answers. This also limited the participants' ability to ask any of their own follow up questions.

#### *What I Would Do Differently*

If I were to conduct a similar study, I feel that I would do face to face interviews, preferably at the barns when possible. It would give me a better sense of what conditions participants are speaking of, and also would stimulate a more natural communication between myself and the participants. I would also like to include EAP clients themselves and/or those interested in receiving EAP services but unable to for the reasons noted.

#### *Personal Insights*

Through this research and through my educational, professional and personal experiences, I have seen the benefit that EAP can provide, and there is much literature to back up that assessment. But like any single therapy, it is not a good fit for every therapist or every client. It is, however, a superior tool that can be used with great success given the right circumstances. And for EAP to succeed there need to be ways of protecting it as a viable form of therapy, by showing its efficacy, and by making it more accessible to those who can make great use of its potential

#### *Summary*

This study supports the practice of a very viable form of therapy that is underutilized because of barriers that limit access. There have been other works on the efficacy of EAP, but none that I could find specifically on the barriers that I have identified. It is of great importance for social workers to be aware of and have access

to as many forms of treatments as they can for the benefit of their clients. As social workers our personal continued education and growth is vital to our profession and our clients, and it is the goal of this study to provide a bit of both.

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## Appendix A

### Human Subjects Review Application

#### Human Subjects Review Application

Researcher Name: Shawn W. Young  
Project Title: Navigating the Ring: Barriers Faced while trying to Incorporate EAP (Equine Assisted Psychotherapy) in Practice  
Contact Address: PO Box 156, Hillsboro, NH 03244  
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#### **Project Purpose and Design**

This project seeks to explore the barriers EAP (Equine Assisted Psychotherapy) clinicians have faced while trying to offer EAP services to clients. ) By asking EAP clinicians to reflect on their experiences in offering clients EAP services, I am interested in developing a portrait of these barriers by gathering data compiled using a small sample of clinicians (12-15) from around the United States.

EAP has become increasingly significant in mental health practice in recent years. Many publications cite the efficacy of EAP as it is used in treatment for a multitude of different populations. A recent study showed that EAP “could help with self-esteem, self-efficacy, depression and anxiety. Clinically significant results were found with 100% of clients reporting less depression, and 75% of clients reporting less anxiety, improved self-esteem, and improved self-efficacy” (Linton, 2008).

Through the research I have done so far, it seems clear that EAP is a very valid and efficient treatment for a multitude of populations. Less clear is why more connection is not being made between clients who could benefit from EAP and EAP clinicians. Do practicing EAP clinicians consider themselves accepted by the mental health field, or is there still resistance from other professionals? Can EAP clinicians fully prove themselves to peers, to prospective clients, to the medical world at large? Are the barriers much simpler, being more based on socio-economic or logistic factors?

This study hopes to contribute to the evolving challenge of connecting clients with accessible and effective treatment. Specifically, this study explores what EAP clinicians are doing, or have done, to open themselves and their practice up to more clients. Have EAP therapists found creative ways to break down or circumnavigate some of these barriers? Do EAP therapists struggle to follow a therapy type that is not universally accepted? This study may give insight into how EAP clinicians can narrow and possibly close many of the barriers that can exist between themselves and prospective clients.

The study will be conducted using a flexible, exploratory method. Participants will complete a questionnaire (See Appendix B) designed to elicit their thoughts about EAP barriers to and access to services. A flexible exploratory method best allows for participants to openly share their experiences in relation to the research topic. Data from this study will be compiled into a thesis for Smith College School for Social Work Masters in Social Work and used in professional presentations and publications.

#### **The Characteristics of the Participants**

For the purposes of this paper, the term "EAP clinicians" is used to reference all participants in this study as described in the inclusion criteria that follows. Participants must be licensed mental health therapists (in the fields of social work, psychiatry, psychology and/or marriage and family) *who themselves have incorporated or have an interest in incorporating EAP in therapy*, and/or those who are considered horse specialists. I will be using the EAGALA criteria for a horse specialist, as found on their website. This

includes 6000 hours of hands-on work and 100 hours of continuing education in the horse profession, 40 of which must have been completed in the first 2 years. (Note: As a horse specialist, additional licensure is not necessary.)

Exclusion criteria include clinicians who are not fluent in English (the language used in the questionnaire) or clinicians who do not practice primarily in the United States.

The sample size will consist of approximately 12-15 participants.

### **The Recruitment Process**

Participants will be recruited at the annual 2009 EAGALA conference held in Asheville, NC, as well as the greater area of Claremont, NH. A snowball recruitment process will be employed, meaning those who are willing to participate may also be willing to help locate other clinicians who fit research criteria.

The greater Claremont, NH snowball sample will work as follows. First, I will get in touch with personal contacts to further explain the purpose of this project. Second, I will provide these key contacts with a recruitment letter (see Appendix A) that includes pertinent information, such as statement of purpose, my role in the project, the criteria a participant must meet to be part of the study (EAP clinician) as well as the nature of the study. Key contacts will also be provided self stamped envelopes and a copy of the questionnaire (see Appendix B). Third, I expect key contacts to inform their colleagues about this research and distribute the provided recruitment letter as a basis for providing information to potential participants. Fourth, I will ask for key contacts to distribute copies of the questionnaire with a self addressed stamped envelope to participants who fit criteria and are interested in filling out the questionnaire.

Recruitment of participants at the EAGALA conference will be similar to the above process, in the sense that I will incorporate a snowball sample in the same way, as well as attempt to employ participants directly. Contact with these potential participants or potential recruiters will be initiated during the conference by means of a contact booth and by word of mouth. The contact booth will be rented for 3 days. I will set up a poster display that summarizes all information in the recruitment letter. As conference attendees walk through the various booths included in the conference, I intend to speak to people walking by about the basic information on my poster. Included on the poster will be the participant inclusionary criteria as stated above. Those who voice interest will be given a copy of the recruitment letter (see Appendix A), which also states what is required to be a participant. I will ask them to read over the letter and then to make a decision on whether they are interested in participating in the study or know of someone who may be interested. Those interested or those who know someone who may be interested will be given a copy of the questionnaire with a self addressed stamp envelope.

Participation in this project is strictly voluntary. Each participant has the right to withdraw from the study at any time – before, during, or after submission of the questionnaire. Each participant has the right to refuse to answer any question in the questionnaire. Should a participant withdraw, all materials pertaining to her/his participation in the study will be immediately destroyed. A participant may withdraw from the study up to one week after the date of the questionnaire submission.

Although the questionnaire is limited to English-speaking participants, efforts to create a diverse subject pool will be made by recruiting in two different regions of the country, as described above. The hope is that employing participants at the EAGALA conference will be a way of gathering the most potentially diverse subject pool of EAP clinicians.

### **The Nature of Participation**

Participants will be employed by key contacts (as described above) in the greater area of Claremont or through contacts made at the EAGALA conference. Therefore, participants will learn about this study

through me or contacts I have made. A participant will decide whether he or she wants to participate after reading the recruitment letter (see Appendix A), which states specifically what is required for them to participate (criteria of EAP clinician). Participants will then voluntarily decide to fill out the questionnaire. Participants who complete the questionnaire will be asked to mail the questionnaire (in the self addressed stamped envelope provided), along with 1 signed copy of the letter of consent, no later than April 1<sup>st</sup>, 2009.

Some demographic questions will be included in the questionnaire. These include gender, age, type of licensure, number of years with license or years of experience as horse specialist, an open ended question about culture identity.

Participation in filling out the questionnaire will take approximately 30 minutes to 90 minutes, depending on the participant's discretion, as there are many open ended questions to complete. A decent size space for open ended questions will be added, but the size of space will not be so great to place burden those filling out the questionnaire.

Data will be gathered as participants mail questionnaires to me. As stated, questionnaires are expected to arrive shortly after April 1<sup>st</sup>. Data that is incomplete or difficult to read will be set aside and likely excluded.

A professional may be hired to transcribe the data. Any transcriber working with these data will be asked to sign a confidentiality pledge (Appendix D).

### **Risks of Participation**

Minimal risk from participation is anticipated. Participants may be uncomfortable if the questions raised remind them of difficult therapeutic experiences. Participants may also be concerned about how I will utilize the information following the data collection and if their participation may become known to others. Issues of confidentiality will be addressed in the recruitment letter (see Appendix A), stating that all information will be held in confidence. It is explicitly stated in the recruitment letter that participants may discontinue filling out the survey at any time for any reason.

### **Benefits of Participation**

Participants may benefit from discussing and reflecting on their ideas about therapeutic barriers as they pertain to EAP and how these barriers affect clinical work? The participation may provide clinicians with an opportunity to share about their personal styles and therapeutic choices as they strive for a more competent clinical practice. This may generate mutually enlightening discussions about EAP among clinical colleagues. Clinicians may benefit knowing that they contributed to a potential taxonomy of techniques that can be adopted by clinicians with less experience in providing services to potential clients. In thinking about the study, participants may also envision new ideas that they can implement in their own practice. In this study, participants put their own struggles in this work in context with other clinicians' experiences. Participants will not be paid for their participation.

The information collected in these questionnaires will be made available to mental health professionals, in hopes that barriers may be addressed in the larger clinical field of social work practice.

### **Informed Consent Procedures**

Informed Consent forms (see Appendix E) will be included with the questionnaire that participants will fill out to return. Upon receiving the participant package, they can review these materials before participating and can still make a decision about their interest in participating at that time. An extra copy of the informed consent will be provided so that participants have a copy for their records.

**Precautions Taken to Safeguard Confidentiality and Identifiable Information**

I am committed to protecting participant confidentiality and fully understand that participants may fear that any case material shared could be recognizable to their clients, should they read any publications of this study. Data in this thesis and professional publications or presentations will be presented in the aggregate without reference to identifying information. I will also refer to questionnaires by code numbers instead of by participants' names. My advisor will have access to the data after identifying information has been removed. While I cannot guarantee anonymity to participants involved in this study, I am committed to protecting participants' confidentiality and that of their clients, and expressed in the recruitment letter (see Appendix A).

I will prepare data from this study for presentations and publications in such a way that participants and case material shared by participants will not be identified. Data will refer to participants as a group, and illustrative vignettes and quotes will be disguised.

Data, notes and consent forms will be kept secure in the my possession for a period of three years as stipulated by federal guidelines, after which time they can be destroyed or continued to be maintained securely. In order to assure participant confidentiality, demographic information, researcher notes, transcripts, and will be kept separate from informed consent documents and will be identified by number codes rather than names or other identifiable information. Any names or other identifiable information in the questionnaire that could potentially identify the participant will be removed or disguised during transcription and for use in the final thesis project.

Investigator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix B

### Human Subjects Approval

March 5, 2009

Shawn W. Young

Dear Shawn,

Your second set of revisions has been reviewed and everything is in order. We are happy to give final approval to your project. I really don't think you have to worry about getting too many filled out questionnaires. You are more likely to struggle getting enough.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Good luck with the project. Have fun at the Equine Conference. It should be very interesting and good to meet all these people who share your interest.

Sincerely,

Ann Hartman, D.S.W.  
Chair, Human Subjects Review Committee

CC: Claudia Bepko, Research Advisor

## Appendix C

### Informed Consent

Dear Research Participant,

My name is Shawn Young, and I am a graduate student at Smith College School for Social Work. I am conducting a research project designed to explore what barriers clinicians face while trying to connect services with potential clients. You have been asked to participate in this study because you have experience working within the EAP realm. This study is being conducted for the Master's of Social Work degree at Smith College School for Social Work, and may be used in possible future presentation or publication on the topic.

As a participant, it is understood that you are a licensed clinician (APA, LMFT, LPC, LCSW, PhD, MD) or a horse specialist that has experience and/or interest in incorporating EAP in your practice. For the purpose of this study, a horse specialist is defined as an individual who has 6000 hours of hands-on work and 100 hours of continuing education in the horse profession, 40 of which must have been completed in the 1st 2 years. If you choose to participate, I will ask you to fill out a questionnaire that will be approximately 18 questions in length, that will take anywhere between 30 and 90 minutes to complete. Prior to the questionnaire you will be asked to answer a few demographic questions. The questionnaire itself will consist of semi-structured questions focusing on your experience within the realm of EAP. .

While there will be no financial benefit for taking part in the study, participation will allow you to share your knowledge and experience about EAP. Your contributions will provide important information that may be helpful in furthering the knowledge of EAP clinical practice within both the professional and educational spheres. You may benefit knowing that you are contributing to a potential taxonomy of techniques that can be adopted by clinicians with less experience in EAP. In thinking about the study, you may envision new techniques in EAP that could be implemented in your own practice. Furthermore, you will have the opportunity to put your struggles and successes in EAP practice in context with other clinicians' experiences.

Your confidentiality will be protected in a number of ways. The demographic questions and the questionnaire will be assigned a number for identification. You will not be asked to identify your name on the questionnaire, and you are asked not to include any identifying information in any examples of case material you may use. Some illustrative quotes will be used in the thesis, but will be reported without identifying information and disguised if necessary. I will be the primary handler of all. My research advisor will have access to the data collected including any transcripts or summaries created only after it is coded and will assist in the analysis of the data. In addition, any person assisting in transcription will be required to sign a confidentiality agreement. I will keep the demographic questionnaires, transcripts, and other data in a locked and secure environment for three years following the completion of the research, consistent with Federal regulations. After that time, all material will be kept secured or destroyed.

As a voluntary participant, you have the right to withdraw from the study at any time – before, during, or after completing the questionnaire. You may do this by email or by phone. You have the right to refuse to answer any of the questions in the questionnaire. Should you withdraw, all materials pertaining to your participation in the study will be immediately destroyed. You may withdraw from the study up to two weeks after the date of your questionnaire submission.

You may contact the Chair of the Human Subjects Review Committee at Smith College School for Social Work with any questions or comments at (413) 585-7974.

**YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION; THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS; AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

---

Signature of Participant

Date

---

Signature of Researcher

Date

**Thank you for participating in this study. If you have any questions or would like to withdraw from the study, please contact:**

Shawn W. Young  
PO Box 156  
Hillsboro, NH 03244  
(603)738-3385

[syoung@smith.edu](mailto:syoung@smith.edu) *Please keep a copy of this consent form for your records.*

## Appendix D

### Data Collection Instrument: Questionnaire

- 1) How do you identify yourself racially/culturally? What is your gender identification? How old are you?
- 2) What is your qualification for participating in this study? In other words, are you a licensed clinician (if so, please specify licensure) or a horse specialist?
- 3) What are your experiences working with EAP in a clinical setting? What percent of your caseload involves EAP? How long do you work with clients on average (# of sessions)?
- 4) Different organizations and individuals have a vast array of definitions for Equine Assisted Psychotherapy. What is your personal definition of EAP?
- 5) How do you identify yourself therapeutically? In other words, how do you think of your own techniques, trainings and education?
- 6) In Rank fashion, 1 being hardest to overcome, please list up to 10 barriers that have either affected you directly, or that you perceive as a possible barrier while trying to connect EAP services with potential clients. (e.g. money, location, etc.)

1) \_\_\_\_\_ 6) \_\_\_\_\_

2) \_\_\_\_\_ 7) \_\_\_\_\_

3) \_\_\_\_\_ 8) \_\_\_\_\_

4) \_\_\_\_\_ 9) \_\_\_\_\_

5) \_\_\_\_\_ 10) \_\_\_\_\_

- 7) Please go into some detail about the 3 hardest barriers you have listed in question 6 above.
- 8) In your experience, what population has EAP been most successful with and why?
- 9) Is there a population that you have had or heard about very limited success with? If so, please describe your understanding of the limitations.
- 10) If you have attempted to incorporate EAP services in practice, please answer the following:
- 11) Could you talk about one case that you think was handled well? What made this case successful?
- 12) Could you talk about one case that you wish you would have handled differently?
- 13) How did you deal with this challenge? What did you learn from this experience?
- 14) Has EAP affected your views of or practice of your more traditional clinical practices?
- 15) Have you considered other animals for therapy? If so, what animals and why?
- 16) What specific values do you see that horses, or the bond between horse and human, bring to therapy?
- 17) Are there any questions that I didn't ask you that you think I should have? Is there anything on this topic you would like to add?
- 18) Do you have any questions for me, or about the project?