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Katie A. Worms
Why Horses? Why Not
Horses! Equine-Facilitated
Therapy for Mental Health
Treatment

ABSTRACT

This study explored the general benefits of equine-facilitated therapy and for whom this treatment is appropriate. Utilizing interviews of ten equine therapists and therapeutic riding instructors, who have an advanced degree in the areas of social work, psychology, education or therapeutic recreation, as well as at least one year of professional equine experience, this study explored the participants' perception of the use of equine-facilitated therapies as it applies to mental health treatment. Secondly, through this perspective, the study looked to identify a "preferred client profile" that participants felt would be best suited to engage in equine-facilitated therapy (EFT).

The findings unanimously showed that there was no "preferred" client profile for EFT, but that there were specific client-related contraindications which would make EFT an inappropriate intervention for some. The study results also found that the aspect of immediate feedback in EFT is a fundamental element of the practice, allowing for practical in-vivo problem solving, increased client self-awareness and honesty. In addition, the study found that clients had an easier time addressing issues of transference with their horse partners as compared to their human therapists. Finally, this study demonstrated that EFT could be highly beneficial for treatment of trauma related issues.

Equine-facilitated therapy helps to decrease the fear and intimidation of trauma treatment, decrease physical symptoms of traumatic stress response, helps clients increase motivation and aid in the development of a positive internalized sense of self. Equine-facilitated therapy also provides clients with the opportunity to address interpersonal disruptions such as boundaries, assertiveness and emotional engagement with others.

WHY HORSES? WHY NOT HORSES!
EQUINE-FACILITATED THERAPY FOR MENTAL HEALTH TREATMENT

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

This thesis could not have been completed without the assistance of many people whose contributions and support are gratefully acknowledged. I would like to thank my thesis advisor, Elaine Kersten, EdD, for her supportive guidance and never-ending positive reinforcement all the way through to the very last moments; the clinicians and instructors for sharing their time and experiences with me; my parents and sister, without whose continued love and support I would not be at Smith today, and especially my mom who, no matter how late she stays up editing or how frustrated she gets with her computer, she is always there through the final draft; Sarah and Lindsay for being there, checking-in and cheering me through the finish line; Lisa, who graciously opened her doors, gave up her futon and spent three hours in the library formatting, proofing and helping to pull the last pieces together; and finally my amazing husband Adam, without whose skill for humor at just the right moment, late night runs for ice cream, patience and unconditional love, this project would not have been possible.

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CHAPTER I

INTRODUCTION

Anthropologists believe that the first people who had a personal interaction with a horse, dates back to as early as 1500 B.C. (Hallberg, 2008). From that time on, horses continued to be of great service to humans in the form of workers, modes of transportation, leisure, as well as in numerous sporting events. However, it wasn't until the 1954 Olympics when a paralyzed dressage rider won the silver medal, that horses were see as potential partners in healing of physical disabilities (Hallberg, 2008); today this is known as hippotherapy. As the physical benefits of hippotherapy gained attention, equine-therapists began to notice a correlation between equine-based interventions and an increase in positive self-image. When psychotherapists became aware of this correlation, they began to question if there was a correlation between equine therapy and the "...psychological awareness and growth process..." (Hallberg, 2008, p. 275).

The magic of the human-animal bond is that this work has been done with limited language, with only the connection of heart and soul. The beauty of this emotional dance is that my soul friends have often provided the perfect mirror into my own darkness and still have found me lovable (Nicoll, 2005, p.1).

Equine-Facilitated Mental Health and Educational Services is "an umbrella term used to defined both educational and therapeutic services in which humans work in partnership with horses to learn, grow and change" (Hallberg, 2008, p. xxxiii). For this

study, I chose to examine the method of equine-facilitated therapy, which I define as a specific psychosocial intervention in partnership with a horse co-therapist. This intervention is facilitated by the horse-human bond between the client and the horse as the co-therapist in conjunction with the professional.

This was an exploratory study examining the effectiveness of equine-facilitated therapy in the realm of mental health treatment. This study also included conversations with equine-therapists on who they felt met the diagnostic criteria for this type of mental health intervention. This paper was written from the viewpoint of equine therapists' and/or therapeutic riding instructors' interpretation of equine-facilitated therapy.

Professionals utilize partnerships with a horse co-therapist because research shows that clients are able to self identify with this prey animal's vulnerabilities, which helps to normalize the client's experiences. The horse's ability to engage in a positive therapeutic relationship with the physically and mentally disabled provides positive reinforcement for healing (Viderine, Owen-Smith & Faulkner, 2002) in terms of improved sense of self and motivation. Research also shows, that this type of therapy is helpful in reducing physical symptoms of traumatic stress response (Lefkowitz, Paharia, Prout, Debiak & Bleiberg, 2005). Lastly, the horse provides immediate feedback in which clients are able to gain self-awareness and insight into their presenting issues (B. Klondze, Bivens, Leinart & T. Klondze, 2007).

This paper further explores the above concepts and themes of equine-facilitated therapy as it applies to mental health treatment. The following chapters and supplementary material: literature review, methodology, findings, discussion, references and appendices.

CHAPTER II

LITERATURE REVIEW

This chapter provides a review of the literature addressing the use of Equine Facilitated Mental Health and Educational Services in order to provide a framework for this author's investigation into the use of Equine-Facilitated Therapy in mental health treatment and who is best suited to engage in this type of treatment modality. This section will begin with a brief overview of the introduction of horses into the therapeutic realm, then a discussion on the clinical aspects of Equine Facilitated Mental Health and Educational Services and concluding with a review of studies supporting the use of different equine facilitated therapy approaches for mental health treatment.

Introduction of Horses in Therapy

Historical accounts of why animals are considered to be therapeutic in nature have been documented periodically for over three hundred years. In general, these illuminate how the animal-human bond is beneficial to an individual's overall 'well-being'. The first recorded use of animals as therapeutic agents dates back to John Locke, who, in 1699, advocated for "giving children dogs, squirrels, birds or any such thing as to look after as a means of encouraging them to develop tender feelings and a sense of responsibility for others" (Serpell, 2000). In 1792, farm animals were recorded to be present at a Quaker retreat in England for the mental health benefits of residents (Parshall, 2003). According to Baun & McCabe (2000), it wasn't until 1940 at an Air Force Convalescent Hospital in New York City that animals were first documented for therapeutic use in the United

States. Patients were encouraged to take care of, observe and touch the animals in order to promote a patient's overall personal well being (as cited in Parshall, 2003, p.47).

It wasn't until the mid-twentieth century, that animals were first discovered to be therapeutically beneficial for mental health and psychiatric issues. Psychologist Boris Levinson accidentally made a remarkable discovery while trying to treat a difficult, uncommunicative child. During one session, Dr. Levinson unintentionally left his dog, Jingles, alone with the child for only a few minutes. When he returned, the child was talking to Jingles (Reichert, 1998).

This marked the beginning of both theoretical and scientific study on the effects of companion animals, primarily dogs, in the mental health setting, eventually known as Animal Assisted Therapy/Activities (AAT/A). While the field AAT/A continued to grow and gain mainstream attention, little attention was being paid to the involvement of horses as healers in therapy, a field that evolving at the same time in history. While anthropologists believe the horse-human relationship may date back to 1500 B.C. (Hallberg, 2008), attention to horses, as healers of the physical body, became known as hippotherapy in the mid 1950's. As hippotherapy, and eventually therapeutic riding, continued to gain acceptance nation wide, it was not until the early 1970's that the benefit of horses in mental health treatment gained credible interest and recognition in the field of mental health. This broad area of treatment is

The field of Equine-Facilitate Mental Health and Educational Services (EFMH/ES) encompasses several different forms of equine-based interventions. Numerous terms are used to decipher the roles horses play in education and physical or psychological therapies. The following are included under the EFMH/ES umbrella:

equine-facilitated psychotherapy (EFP), equine-facilitate counseling (EFC), equine-assisted psychotherapy (EAP), equine-facilitated brief intensives (EFBI), equine-facilitated learning (EFL), equine-assisted experiential education (EAEE), equine-facilitated professional coaching (EFPC) and equine facilitated human development (EFHD) (Hallberg, 2008). However, for the scope of this study, the equine-based literature was limited to a focus on equine-facilitated psychotherapy, equine-facilitated learning riding and animal-assisted activities.

Clinical Aspects of Equine-Facilitated Mental Health and Educational Services

Nature of the Horse

The nature of horses and how we relate to them as humans as well as their ability to communicate are commonly presented themes throughout the literature. Horses are prey animals and, unlike typical co-therapists in animal-assisted therapies such as dogs or cat, which are predators by nature, they are only able to access the "flight" aspect of flight or fight stimulation (Vidrine, et al., 2002). Many clients can relate to the horse's instinctual hypervigilance and tendency to flee when afraid (Vidrine et al., 2002). Also, as herd animals, horses thrive on bonding, companionship as well as close proximity and touch (Hallberg, 2008). In the therapeutic process, horses are seeking a connection with their human partner helping to encourage healing through interpersonal connection.

Leif Hallberg, an expert in Equine Facilitated Mental Health and Educational Services, also talks about horses' keen ability to take in information from the smallest of actions, body posture, smells and tones of voices informing them how a human is doing emotionally and physically (Hallberg, 2008). Hallberg (2008) stated that this in turn is translated back to the human through various non-verbal cues from the horse's ears,

hooves, tail and head and body posturing. Horses, in their protective and highly alert nature, are very sensitive and communicative animals, enabling them to provide immediate nonverbal feedback in an unbiased manner (Vidrine, et al., 2002).

The element of unbiased immediate feedback is also presented in Zugich, Klontz and Leinart's 2002 study of equine-facilitated therapy. Zugich et al. (2002) present that as a horse offers accurate and unbiased feedback, it mirrors both the emotional and physical state of its human partner, providing the client with insight and awareness of his or her feelings and behaviors. And, in addition to this, studies show that a client's transference response to this unbiased feedback will be free of confounding interpersonal factors present in the client/therapist dynamic (B. Klontz, et al., 2007).

Use of Metaphor

A common clinical approach in equine facilitate therapy is the use of metaphor. One study conducted by Klontz et al. (2007) contemplated the effectiveness of equine-assisted experiential therapy (EAET) for adults with various psychological and emotional issues in a weekly EAET program. As it is understood, a horse can elicit a wide range of emotions and behaviors in humans, acting as a catalyst for growth and personal awareness (Zugich, et al., 2002). EAET provides an opportunity for projection and transference of these emotions as clients respond to their horse's walking away, ignoring them, urinating, being distracted by others, etc (Klontz, et al., 2007).

The use of metaphor also appears to be a fundamental element of therapeutic vaulting programs. In the configuration of vaulting, the therapist (longeur) is literally placed at the center, connected to the horse and vaulter via the longeur's line (Vidrine, Owen-Smith & Faulkner, 2002). The horse co-therapist provides a living foundation from

which the client can grow and develop, interacting in a very physical way that the therapist cannot. The metaphor of a circle, a pattern repeated throughout the group activities including opening circle, stretching, vaulting and closing circle, as the universal symbol of wholeness creates a very unifying affect among group participants (Vidrine, et al., 2002).

The use of metaphor is also echoed in Christian's case study (2005) utilizing equine-facilitated therapy for women struggling with eating disorders. This study explores how the relationship with the large and formidable horse and use of other props in sessions provide metaphors for elements of the actual eating disorder, specific people, experiences in a client's life as well as her relationship with her disease and obstacles in front of her (Christian, 2005). Together, these studies suggest that the use of metaphor provides insight into one's problems and allows for a new perspective on how to work towards healing and change.

Supporting Studies for Equine Facilitated Therapies in Mental Health Treatment Group Format

As the field of EFMH/ES is still quite young, much of the supporting research at this point is in the form of case studies that describe specific effects EFMH/ES has been observed to have on different populations. Several studies have been conducted to show the positive effects of equine-facilitated group programs. Burgon (2003) followed a group of adults, diagnosed with various mental health problems, as they participated in weekly therapeutic riding. The study found that participants not only gained new skills and learned to ride, but they reported experiencing increased self-confidence and self-concept as well as aided in social interaction and increased social skills (Burgon, 2003). Similarly

participants in a ten-week therapeutic riding program for adults with longstanding mental health issues, reported success in learning basic horsemanship skills, which helped to augment their self-efficacy and self-esteem (Bizub, Joy & Davidson, 2003).

Trauma Focused Treatment

Research has also been done to support the use of AAT/A in treatment of trauma survivors as well as those diagnosed with PTSD. Prolonged exposure (PE), a highly effective treatment for PTSD and referred by some as "the best treatment package available" (Resnick, et al. 2002, as cited in Lefkowitz, Paharia, Prout, Debiak & Bleiberg 2005, p.277), is speculated by some to be intimidating for survivors, leading to inaccessibility and hesitancy in participation (Lefkowitz, et al. 2005). Lefkowitz et al. (2005) supported the proposal made by Altschuler (1999) that by incorporating animal-assisted interventions into PE, creating Animal-Assisted Prolonged Exposure, it could not only aid in recovery from PTSD but also decrease anxiety and lower physiological arousal affiliated with PE while helping to enhance the therapeutic alliance and encourage social interaction. It was also speculated in both studies that combining PE with AAT/A could also decrease the number of sessions needed for trauma related work (Altschuler, 1999; Lefkowitz, 2005).

There is also research supporting the use animal-assisted therapy in treatment of trauma with children. As Elizabeth Reichert (1998) explored, including animals in individual treatment with sexually abuse children has been shown to have a dramatic impact on the child's ability to express him or herself. Reichert (1998) found that an animal in therapy serves as a bridge between the client and therapist providing an alter ego for the child to project his or her experiences onto or for the therapist to talk about

negative feelings the child may have about him or herself. Ultimately as a nonjudgmental model, mirror or teacher animals help enhance a child's sense of self and promote expression of feelings (Reichert, 1998).

Reichert's theory of AAT with children is further supported Prothmann, Bienert & Etrich's (2006) study that explored the benefits of animal-assisted therapy on a child's state of mind. Prothmann et al. (2006) found that by including a dog in inpatient individual therapy with children had a significant effect on their "general state of mind" including vitality, intra-emotional balance, social extroversion and alertness.

Short-term Approaches

While many of the previously mentioned equine-facilitated programs are long-term or on-going programs, research supports that individuals can experience similar benefits of equine-facilitated therapy in a short-term program. A study conducted by Kaiser, Spence, Lavergne & Bosch (2004) followed a group of 16 children participating in a weeklong therapeutic riding camp, measuring the impact a five-day riding camp would have on the campers' perceived quality of life, level of anger and perceived self-confidence. At the end of the five days the study showed that, overall, campers reported a significant decrease in their level of anger (Kaiser, et al., 2004).

Similarly, Hanselman's (2001) study demonstrated that children and adolescent who participated in a twelve-week anger management program had significant improvements in overall levels of anger. After only twelve weeks the participants showed a significant reduction in emotional anger, behaviors of anger, less abusive demonstrations of anger and an increase in animal bonding (Hanselman, 2001). Parallel to Kaiser's (2004) study, animals in session were reported to increase feelings of

happiness, self-worth and security and decreased feelings of loneliness, isolation and stress (Hanselman, 2001).

Scientific Support

As is common in the overall mental health field, theoretical research is steadily increasing in the growing field of EFMH/ES, while little measurable *scientific* research has been done to support the efficacy of equine-based interventions. However, a long-time supporter of EFMH/ES and a pioneer in compiling supportive documentation of his therapeutic work with humans, horses and other animals, Johannes Odendaal of South Africa has begun to conduct measurable scientifically based research in the field of EFMH/ES.

Odendaal (2000) asked the question 'Is it magic or medicine?' in regards to the physical benefits of animal-assisted therapy. He measured the physiological response of six neurochemicals associated with a decrease in blood pressure before and after positive interaction with therapy dogs (Odendaal, 2000). Odendaal's study found that levels of the six identified neurochemicals increased significantly in both the human and the dog after positive interactions between the two. It also indicated an increase oxytocin, an indicator of the neurochemicals measured for social attachment (Odendaal, 2000). This study was developed in support a previous study conducted by Freidman et al (as cited in Odendaal, 2000, p.278), which recorded positive changes in blood pressure, cholesterol and skin conductance responses as well as anxiety and stress relief after positive interactions between humans and animals.

While the majority of literature demonstrates that use of EFMH/ES elicits positive changes in treatment, there are some studies, which indicate there is little or no benefit at

all when horses or animals are involved. One such study by Ewing, MacDonald, Taylor and Bowers (2007), found that an equine-facilitated learning program for youth with severe emotional and behavioral disorders did not show significant increases in self-esteem, interpersonal empathy, increased feelings of locus of control or decrease feelings of depression. However, this program was conducted in an educational setting as compared to the various therapeutic environments of the previous studies mentioned.

Summary

There is significant and continuously growing research on the use of equine-facilitated therapies and interventions in the mental health field. Findings from trauma research have shown how equine therapy can be effective in helping adults decrease their fear and reluctance to treatment as well as provide other opportunities for self-expression of children. Equine therapy approaches have also proven to be helpful and supportive for group treatment, aiding in the development of life skills and increasing social interaction. There has also been extensive research on the benefits of equine-facilitated therapies in providing increased motivation and stamina in person with physical disabilities. However, there is little research from the perspectives of those actually facilitating the treatment, the equine therapist and/or instructors. The following chapters seek to gain a deeper understanding of how equine therapists and therapeutic riding instructors perceive the use of Equine-Facilitated Mental Health and Educational Services in their own work with clients. Specifically, the next chapters will examine the clinical therapist and therapeutic riding instructors' interpretation of equine-facilitated therapy as it applies to mental health treatment and from this perspective help to identify who they believe is best suited to engage in this type of therapy.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine the use of equine facilitated therapy approaches in mental health treatment as well as who may be best served by equine facilitated interventions. My research question focused on gaining knowledge from individuals who identified themselves as equine therapists and/or therapeutic riding instructors through their in-depth experience utilizing equine-based interventions with mental health issues. More specifically I focused on their perspective of who they felt benefitted the most from equine-based interventions based on their overall experience in the field and on their first-hand observation of client outcomes.

An exploratory study using qualitative methods was chosen. In-depth interviews, using semi-structured and open-ended questions, were conducted with 10 equine professionals who had practiced a form of equine-facilitated treatment for at least one year at the certified professional level and who had experience working with mental health issues. Findings were then analyzed qualitatively.

Sample

The target size for this sample was 10 equine certified professionals. Initially, to qualify for this study, participants needed to be equine professionals with at least two years of professional practice under certification from the North American Riding for the Handicapped Association (NARHA) as well as hold an advanced degree in psychology or social work, preferably with licensure. However, as recruitment progressed, it became

clear that the inclusion criteria were too specific and narrow for this new field of study. The inclusion criterion of certification under North American Riding for the Handicapped was broadened to include certification under Equine-Assisted Growth and Learning Association (EAGALA) and Epona. The inclusion criterion of an advanced degree in either psychology or social work was revised to include advanced degrees in education, physical therapy, occupational therapy as well as recreational therapy.

To initially recruit participants for this study, a general brief recruitment letter (Appendix C) was sent out, via email, to various personal equine-related contacts, identified equine-based treatment programs, the Connecticut Co-Chairs for NARHA as well as the Region 1 Representative for EFMHA (Equine Facilitated Mental Health Association) to request their willingness to participate in the study and/or to request assistance in recruiting potential participants. This general email was also posted on EFMHA-Open, a web-based email forum and discussion board for EFMHA members. The recruitment letter briefly explained the purpose, requirements and expectations of participation. Individuals then responded, via email, providing the researcher with contact information including phone number and email address as well as names and contact information for participant referrals. Recruitment emails were then sent to participant referrals.

Phone screenings were not necessary for many participants as the majority included their equine certification information as well as their educational background in their initial response. Follow-up emails or phone calls were made to schedule an interview date and time. The remaining potential participants were screened by phone and/or email if a phone number was not yet provided, to ensure that they met the study's

revised basic requirements of equine certification as well as to schedule an interview date and time.

Given the small sample size of 10 participants, it was not possible to ensure diversity among participants in terms of gender, age and race/ethnicity. The final total was 10 participants.

Participant Demographics

This study was composed of 10 participants, all of which are women. All of the participants identified as white/non-Hispanic and ranged in age from 33-67 years old. Four participants had an MSW, two had a PhD in psychology, one was a board certified Psychiatrist, one had a Master's in Therapeutic Recreation and two had a Masters in Education. Three participants also had other various degrees and training including: B.S. in Animal Science, Certification in Animal Physical Therapy, Certified Special Olympics Equestrian Coach and certification to provide private equestrian coaching in competitive riding and showing. Six participants were in private practice, one participant was the founder and director of a non-profit and three participants worked for non-profit agencies. Eight participants worked in a rural setting, one worked in an urban setting and one worked in a suburban setting. Participants were located along the East Coast of the United States. The range in years of practicing psychotherapy was 0-37 as some participants were not qualified or trained to conduct psychotherapy. The range in number of years practicing equine-facilitated therapy was 2.5-23 years.

Data Collection

The Human Subjects Review Board of Smith College School for Social Work approved the design of this study (Appendix A). Informed consent letters were sent via

email, to all participants prior to their interview (Appendix B). The letter described the study, defined the selection criteria of participants and outlined the risks and benefits of participating in the study. Informed consent was obtained before interviews were conducted.

The method for data collection was a series of semi-structured interviews consisting of the general demographic information described above as well as several open-ended questions. A pre-determined list of questions was used to guide the interviews (Appendix D). However, depending on the responses, further probing questions were asked to help participants gain a better understanding of the question and to obtain more detailed answers from the participants. Two interviews were conducted face-to-face at their respective farms, the location convenient to the participant, while the remaining eight were conducted on the phone due to geographic constraints, hectic work schedules and personal health issues of the participants. Each interview lasted between 30 and 75 minutes, depending on the length of each participant's responses. All interviews were recorded on a digital recorder, notes were taken throughout and after interviews, demographic information was coded into a chart immediately following the interview and therapeutic content data was analyzed at a later date.

Data Analysis

Digital interviews were transcribed into individual narrative word documents. These narrative responses were reviewed to identify information regarding the particular research areas specified, those being equine-facilitated interventions for mental health treatment and who is best served by this type of intervention. Data was also analyzed for

significant reemerging themes that were raised by various participants, as well as unrelated findings that did not fit into any of the identified emerging themes.

Responses were categorized in separate groups based on interview question, which allowed for easier identification of themes and responsive patterns. Participant direct quotes were used to represent the various emerging themes and patterns as well as areas of disagreement of divergent ideas. Data was also compared to identify similarities and differences with respect to the literature review.

Due to the small sample size and the limitations of diversity among the participants interviewed, generalizations of all certified equine therapists and/or therapeutic riding instructors, who have experience utilizing equine facilitated interventions for mental health treatment, cannot be made from the results of this study. Instead the findings provide in-depth examples of the perceptions of equine therapists and therapeutic riding instructors on their experiences utilizing various equine facilitated modalities for mental health treatment. It is hoped that the data gathered through this study and presented here will rouse and inform future research.

CHAPTER IV

FINDINGS

This chapter contains the findings from interviews conducted with 10 equine therapists and/or certified therapeutic riding instructors who utilize equine-facilitated modalities for mental health treatment. As a framework for the interviews, participants were asked open-ended questions specifically drawing upon their experience of utilizing the horse-client partnership for therapeutic interventions. The interview questions were structured to elicit information specifically regarding the participants' process of incorporating equine-facilitated therapy (EFT) into their practice, their perceptions of how and for whom equine-based treatment has been most effective, as well as, to discuss significant outcomes they had experienced utilizing equine-facilitated modalities. It was explained to the participants that their responses were not limited to the specific boundaries of the questions and they were free to elaborate on any or all questions. Participants were also free to decline to answer any of the questions. It was also explained that their responses were not limited to only positive experiences and outcomes, but also any limitations, drawbacks or contraindications they may have experienced in their practice. At the end of the interviews participants were asked to discuss any aspects of EFT or other aspects of their experience utilizing equine-based treatment modalities that were not addressed by the interview questions asked.

The data retrieved from these interviews are presented in the following order: demographic data of participants, participants' clinical perspective of EFT, the

"preferred" client profile for EFT, crucial components of EFT process for successful outcomes and, lastly, observed EFT outcomes by the clinicians.

Demographic Data

As stated previously in the chapter of methodology, this study was composed of 10 participants in total. All participants identified themselves as White/Non-Hispanic woman and ranged in age from 33-67 years. Advance training and licensure included: four licensed clinical social workers, two licensed clinical psychologists, one board certified psychiatrist, one Master of Therapeutic Recreation, two Masters of Education as well as one B.S. in Animal Science. Professional equine certification included: one certified EAGALA Level 1 Instructors, five NARHA certified Master Level Riding Instructors, two Epona certified equine psychotherapists, one Certified Equine Facilitated Mental Health Professional Educator and one Equine Guided Educational Instructor. Five participants worked for non-profit agencies and five participants worked in private practice. Six participants worked in rural geographic regions, one in a suburban location, one in an urban location and two participants worked in areas that they described as a "combination between rural and suburban" because they are located in more remote suburban locations on the cusp of rural areas. The number of years practicing psychotherapy ranged from 0-37. The number of years practicing EFT ranged from 2.5-23.

Equine Facilitated Therapy- A Clinical Perspective

Participants were asked questions pertaining to their overall perspective on the use of equine-based modalities in mental health treatment. The questions were: 1) Describe your understanding of equine-facilitated therapy? 2) How did you become

familiar with EFT and what was your training experience? 3) During treatment, when and how would you decide that EFT was an appropriate intervention for your client? 4) Do you recommend that individuals continue to engage in traditional psychotherapy while participating in EFT? Why or why not? The data is presented in following sections: Clinical Understandings of EFT, Pathways to EFT, When is EFT Appropriate? and Continued Participation in Traditional Psychotherapy, why or why not?

Clinical Understandings of EFT

This first section details the participants' understanding of EFT. The data are presented in the following sub-sections: partnership/co-therapist, immediate feedback and honesty.

Partnership/Co-Therapist: In discussing participants' understanding of EFT as a mental health treatment modality, several participants described their understanding of EFT as the engagement of the client in a supportive partnership with the horse. One participant responded that, "Equine-facilitated therapy is an interactive body-centered psychotherapy that utilizes a client/horse partnership to work on therapeutic issues." Participants emphasized utilizing the descriptive terms partnership and co-therapist as opposed to the verb "use" because they acknowledge integrity and respect for the horse as a living being versus using the horse as an object or tool in the therapeutic process. One participant expanded on this concept:

I would encourage the use of a "partnership" with animals as opposed to the "use" of animals and there's a strong reason why I would suggest that. You have to remember that our animal partners in therapy have good days and bad days. They have personalities and temperaments. They are salient beings, meaning that

they have their own feelings and experiences and if you "use" a horse, it's implying that they're there solely for your benefit. If you use the word "partnership" it's implying more of a co-therapy kind of relationship.

This use of partnership with the horse carries over into the therapist/horse relationship as well. It is understood that the horse takes on the role of a co-therapist in the therapeutic relationship. As one participant noted, "Horses are wonderful co-therapists, we have lots to learn from them. They help people lower their arousal level, help people learn about their relationship style and how to adjust them accordingly. They provide an experiential component, which you can't revise in the human client/therapist relationship." Another participant said that, "The horse is the facilitator, I'm just asking some questions."

Engagement of a partnership and co-therapist relationship with the horse is a key finding of this study. The partnership not only provides the foundation on which to build the treatment, but it is *within* the partnership that the learning and therapeutic process evolves.

Immediate Feedback: In addition to the partnership/co-therapist foundation of EFT, participants felt that a primary element of this practice is the horse's ability to provide immediate feedback to the client about what is going on in the present moment and what maybe unknowingly coming up for the client during session. One participant explained this element of EFT by sharing a recent experience she had had with an adolescent female client:

So we were out there with the horses and we were talking about boundaries, this is a girl who has no sense of personal space about her. She kept going on the horses, getting in their faces, trying to feed them and wasn't listening to any of my directions. So one of the horses got mad and pinned his ears back and kind of chomped his teeth at her and scared her. By talking about what had just happened, we got to, "Oh, this is what I was doing to the person on the bus and that's why they hit me." She received immediate feedback from the horse about disrespecting boundaries that we were able to process right there. If she and I had been talking in here [motions to the office we're sitting in] we never would have gotten to it.

Another participant expanded on her interpretation of immediate feedback as it pertains to EFT being a body-centered approach:

EFT is also essentially a body-centered approach because as you are receiving this immediate feedback from the horse, you're immediately being forced to look at what is going on in your body. So as the horse is reading a client's emotions and body language, the client begins to learn how to become grounded in his or her body at the same time as learning to become aware of what is going on inside their body. Just simply working with a horse also encourages and teaches the individual to get out of their head because for safety purposes they need to be aware of their surroundings and what's going on at all times.

Immediate feedback was also found to be a beneficial element for equine-facilitated group work. It can help bring up underlying group dynamics allowing for cohesions as well as individual process, which at times can be difficult to focus on when

working from a group process framework. The following is one participant's clinical experience with this process:

I was working with an on-going, adolescent girls', sexual abuse group earlier this week. Our initial tasks focused on grooming, something we'd been practicing for a couple of sessions. I asked for a volunteer to pick, you know, clean out, the horse's hoof. One girl volunteered, she went through the correct motions to get him to lift his hoof, but he wouldn't do it. Another girl volunteered, again the same thing. A couple of other girls tried with no luck. Then finally- I'll just call her 'Jen'- Jen just marched right up to him, really put her body into the process and he picked his hoof up. When she was done, we processed right then and there what had happened. The girls were able to recognize that Jen had demonstrated confidence and assertiveness with the horse as compared to their feelings of intimidation and anxiety when walking up to him. The horse felt uncomfortable and unsafe in response to their timid approach so he didn't pick his hoof up. I couldn't believe it really happened- it still floors me how incredibly powerful such simple work can be. For girls with a history of abuse, learning to be assertive and finding their confidence is huge for healing! So, yea, that kind of feedback, that instant feedback, doesn't happen in the office.

These findings show how important the aspect of the immediate feedback is in EFT. Immediate feedback helps clients become in-tune with their bodies and their emotions while bringing present issues to the surface, especially those that may have

otherwise gone unnoticed. These findings also demonstrate how crucial the element of feedback is to elicit healing and change in the treatment process.

Honesty: While talking about the immediate feedback of our horse partners in session, it frequently came up that the EFT process is one of the most "genuinely honest" practices participants have experienced. Sessions are free from misguided interpretations or miscommunication because of a horse's inability to lie. It was found that EFT allows for "true transparency and honesty in a session" because, as one participant put it, "horses instinctually respond to our emotions, whereas with human beings, we respond based on information from our emotional, cognitive and behavioral perceptions. Horses respond to and then bring out *our* instinctual, true emotions, even ones that we may be avoiding, denying or trying to hide. They do not lie and they do not allow us to lie."

It was also believed that the element of immediate feedback, which in turn lends itself to true transparency in the therapeutic process, allowed treatment to progress at a faster pace than it would in typical office sessions. One participant reiterated this point when she said "I think I can get more done in one session with a horse than I can maybe get in two or three sessions. Especially with my adolescents because it's hands-on, it's not the awkwardness that happens for them in office sessions. They enjoy it, it's fun, they don't think of it as therapy- they want to come!" This idea was echoed by another participant's perspective, "Why horses? Is that the question? Why involve horses in this field? Because they provide an experiential component that you, as the therapist, can't recreate or revise and it not only speeds up healing, but it speeds up change as well."

The idea of honesty was also presented in the context of the unconditional acceptance that is felt to resonate in an equine and barn environment. One participant

explained that, "The horse doesn't prejudge someone-everybody starts out with an equal slate. So it's pretty much the same across the board- whether you're a gang member, you have a drug or alcohol addiction, or whether you're suffering from depression or Bipolar- when you're with the horses you're just 'with the horses' they don't see, know, feel or experience anything other than the person in the moment. This is very powerful, especially for adolescents who have a hard time being seen for anything other than their problems."

True transparent honesty can be difficult to ascertain in a therapeutic relationship, as issues of transference and the multiple levels of countertransference can be difficult to wade through. When working in partnership with a horse, it seems as if the element of countertransference would fade away as a horse does not engage and respond based on its subjective experiences. This potentially allows the client more emotional room and fluidity in the therapeutic process.

Pathways to EFT

This next section outlines the varying ways in which participants became familiar with EFT and found a new career path or integrated this clinical model into their current practice.

Several participants identified having had extensive equine backgrounds and a deep personal interest in horses prior their experience with EFT. In addition, they talked about presently having horses of their own, with which they have both a professional and personal relationship. The majority of participants described their path to EFT as "accidental" or "coincidental". While some participants reported that their personal interests and experience with horses naturally evolved into a career path, from

volunteering for equine-based programs to full-time employment, others started out with very separate passions and careers as demonstrated in this participant's story.

Initially I went to school for special education while continuing to work in my family's business of buying, selling and showing horses. As a Special Ed teacher, I found my interests weren't in teaching, but in everything else that was going on with my kids, so I went and got my MSW. After ten years of doing a 9-3pm clinical practice and then teaching riding lessons in the afternoons, I started to notice the benefits that my students were gaining from their relationship with horses and I thought, "wow, this could be something!" So I started out by bringing a couple of my clients into the barn and it just took off.

Other participants expressed feeling as though they stumbled across EFT late in their clinical careers (some more than twenty years later) as the field started to emerge and they became interested given their love for horses and commitment to the mental health field. Many had friends, who were involved in the field of EFT, approach them and ask if they wanted to get involved with the programs they were a part of.

Another participant, mentioned earlier, whose non-profit children's mental health agency focuses on animal-assisted therapy, hired an intern with an extensive background in horses and a strong interest in EFT. This intern proceeded to create a group-based EFT curriculum for the agency, which continues to be used today.

While participants may have felt that they came to EFT by happenstance or accident, it appears from these findings that one's committed personal involvement and a deep love for animals, especially horses, is potentially a guiding force leading one into

the field of equine-facilitated services. This aspect is an important one to consider in relation to the field of EFT, as it appears to provide a foundation of mutual respect and understanding, which is central to successful and meaningful clinical practice.

When is EFT Appropriate?

This section details participant perspectives and experiences in determining if and when to decide whether or not EFT is an appropriate intervention for their client.

Some participants engaged in private practice are able to practice both equine facilitated psychotherapy (EFP) and traditional psychotherapy simultaneously. Each of these participants stated that they do not practice EFP with all of their clients. One participant, who primarily works with adolescent girls and adult women said, "I ask them if they want to do it (EFP). It's their choice. Sometimes we'll try it and it'll work, other times it just doesn't click so we bring it back into the room. I feel the choice is important, especially for my teenage girls who feel they have no choices in their lives." Empowering clients with choice and control in their treatment was a common theme, as evidenced here by another participant: "I got excited about doing it, so people who had a horse connection got excited when they heard what I was doing and were sort of self-selecting. They would say to me 'Can you see me in the barn instead of the office?' It wasn't so much as 'Do I think it would be a good thing for this or that person', as much as it was people asking for it."

While EFT has become a primary intervention for many clinicians, others, one with over thirty years of experience practicing psychotherapy, expressed that she primarily practices traditional psychotherapy with her clients, the majority of whom are long-term clients. However, she will turn to EFP if "a client is stuck and can't move past a

certain point, or if the client is new to treatment and presents with issues related to trauma." Particular presenting concerns and diagnostic issues are discussed later in this chapter.

Many non-profit agencies serving children, adolescents and adults structure and tailor services around equine-facilitated interventions. When clients are referred to these programs from outside mental or physical health sources (e.g. school social workers, outpatient clinicians, intensive home-based clinicians, foster care and social service agencies as well as physical therapists, neurologists and occupational therapists) referral sources are specifically seeking equine-facilitated interventions for their clients. As a result, clinicians are not always required to determine if and when equine-facilitated interventions are appropriate for these clients, as this may have already been decided by the referring source. However, it is generally understood that upon intake or admittance to a non-profit or agency-based program, a clinical needs assessment will be done for each new referral to confirm that a client is indeed an appropriate candidate for the program. It is further understood that a client is only inappropriate should they present with any contraindication for treatment (as discussed later in this chapter). Sometimes with particular types of EFT, clients will need to engage in other equine or non-equine-based interventions prior to EFT as one participant explained saying,

Sometimes you have children who have such sensory aversions that they need hippotherapy before they move into therapeutic riding. Or they need more time within a clinical setting working on practical coping skills, tactile defenses or sensory integration and then therapeutic riding becomes an appropriate intervention or next step in treatment.

It is evident from these findings that there are numerous ways in which treatment moves into the realm of EFT. In private practice many clinicians feel it is central for clients to play an important role in determining whether or not to move treatment into the barn and many clinicians will leave this ultimate choice completely up to the clients themselves. It was also found that many times EFT would be introduced to clients when treatment appears stuck or clients seem to be having difficulty accessing what is coming up for them. And lastly, these findings help clarify that, while clients may be referred to non-profit agencies, specifically for equine-based treatment, clients may not always be ready for EFT and at times there may be contraindications indicating that EFT is not an appropriate intervention.

Continued Participation in Traditional Psychotherapy, Why or Why Not?

Participants who practice EFT in private practice talked about how they naturally continue with traditional psychotherapy since much of what they do with the horses is expanding on what they've been doing in the office. Also, all felt that there were great benefits in mixing up the work between the barn and the office. After being in the barn for some time, the office allows them an opportunity to fully process or re-process what's been happening in session with the horse and identify where treatment is going.

The study found that clients who were referred to non-profit agencies for EFT would typically continue their work with the referring outpatient clinicians. It was believed that this continued outside relationship was generally beneficial to the EFT work by allowing clients more opportunity to process therapeutic content, gain additional emotional support as well as provide another arena in which to share their accomplishments. However, it was noted that, at times, multiple therapeutic relationships

could be a “double-edged sword.” Participants had the concern that the client may feel “confused or conflicted by having two therapeutic relationships” where work is being done both places, and sometimes, “especially with kids, there may be fears of disappointing or letting down one therapist if there is success with the other. It is somewhat similar to what kids can feel with divorced parents.”

Those who worked with individuals referred by a physical or occupational therapist felt that EFT was a “phenomenal adjunct” to these therapies as it “creates motivation to continue to do the outside therapy. I’ve seen that when kids get bored or frustrated with going to physical therapy and then come ride or be with the horses, they get re-motivated to continue the PT because they know it will help them get better at riding.”

Overall, participants felt that continued traditional psychotherapy or other supportive therapies, outside of the EFT arena were supportive and beneficial to the therapeutic process and that EFT should be viewed as beneficial adjunct to rather than replacement for outside therapies.

Preferred Client Profile

Participants were asked to describe whom they felt would benefit the most from EFT treatment, in essence, they were to create the “preferred” client profile by considering demographic characteristics, diagnostic criteria as well as personal strengths and weaknesses.

The following section details participants' perception of the “preferred” client profile. The data is presented in the following sub-sections: unanimous none, commonly presenting diagnostic issues, client demographic themes and contraindications.

Unanimous "No"

When asked to create a "preferred" client profile, without hesitation, every participant answered along the lines of "I don't have one." Participants unanimously felt that anyone who was "willing to engage with horses", who "has an interest in doing something new" or who "likes animals and enjoys being around them" was a preferred client. One participant responded, "I can't do that. I have worked with all kinds of people with all kinds of issues, who have all been great clients and benefitted in very different ways." Participants were asked if they had ever experienced a "bad match", in essence a relationship between a horse and a client that was therapeutically unsuccessful, to which everyone generally responded "no".

However, one participant responded that she had "had teenagers who think they want to try it [equine-assisted activities] because their sibling rides and they end up with a really bad attitude because they just don't want to be there." And another participant shared how a client's prior experience with horses can have little to do with whether or not EFT will work for them when she recounted her thought of, "Oh this person is a horse person- they'll be great for EFT! It didn't work at all for them. While they were an excellent horse person, they had no idea what I was trying to do."

As stated above, it is believed that everyone and anyone is a preferred client for EFT treatment, however, participants identified some general requirements they felt were necessary to engage in EFT. Many participants expressed the need for a client to be willing to engage and be around horses. When working with adults this willingness was noted to go beyond the initial engagement, in that clients need to have a "willingness to address vulnerability and places they don't feel comfortable, as well as a willingness to

change their approach to treatment (or life) when what they've been doing no longer works." It was also noted that clients need to be able to grasp the concept of the work being done and then be able to translate what they learn in session to their everyday lives, a process viewed by some as difficult at times for young children and adolescents.

After taking into consideration the concept of a preferred client profile, participants were able to identify several situations or clinical issues that would indicate that EFT was not an appropriate intervention for that particular client. These findings will be discussed later in this chapter under the sub-section *Contraindications*.

In light of these findings, it is clear that there is no one "preferred" client profile. With only a few general requirements: basic interest, willingness and cognitive ability to integrate with work, typically anyone can benefit from EFT. These findings also reiterate the essence of providing mental health treatment in that, no matter their semblance or prior skill set, all clients need to be treated on an individual, case-by-case basis.

Commonly Presenting Diagnostic Issues

While discussing the question of a "preferred client profile", a few specific diagnostic themes emerged throughout the participant sample. Participants talked about commonly presenting client concerns and diagnostic issues that they felt were a good match for EFT. The data is presented in the following order: anxiety, depression and trauma.

Anxiety: The most commonly presenting concern was issues of anxiety. The study found that clients who presented with anxiety related symptoms such as high blood pressure, increased heart rate, poor attention span, inability to focus, racing thoughts etc. were perceived to be good candidates for EFT. Participants described how just the

nature of a horse can have a dramatic impact on one's level of anxiety: "Horses energetically communicate a sense of peacefulness through their heart energy, their open hearted acceptance, their willingness to connect and their slow breath."

Individuals with anxiety can have poor locus of control, feeling that they have little power over their environment. Participants felt that by engaging in EFT, individuals are able to gain a sense of control over their external environment, the horse, helping them to internalize a locus of control for themselves. As one participant explained:

With someone who has mild to major anxiety, they can get to 'Oh if I can handle a 1200lb. animal, I can definitely handle what's going on in my own life right now.' So by learning how to manage themselves in relation to managing the horse, they gain sense of internal control.

Depression: Depression was also a common issue for clients who frequently presented with feelings of hopelessness, lack of motivation or loss of purpose. This was said to be especially common in individuals who have a primary diagnosis such as Muscular Dystrophy or Cerebral Palsy or who have recently become physically disabled. Participants talked about how "as clients change or as the disease degenerates, they're losing independence, decision making skills or risk taking opportunities that physically healthy or fully able people thrive on. So with therapeutic riding, they're gaining more independence as they progress, they're getting stronger and they're gaining motivation."

Trauma

Second to anxiety, issues of trauma were the most frequently mentioned presenting concerns. (However, it is difficult to determine, from this study, whether or

not more clients actually have anxiety related issues, or if the clients' presenting anxiety symptoms, are actually traumatic response symptoms of hyper arousal.)

Of all of the kids we have worked with, I think those that have suffered trauma, emotional/physical neglect and abuse, especially sexual abuse, have benefitted the most from working with our horses.

Clients presenting with trauma related issues (e.g. history of physical, emotional or sexual abuse, domestic violence, posttraumatic stress) were found to be ideal candidates for EFT.

As mentioned before, the nature of the horse, including their calm presence and slow breath, helps to lower the client's physiological symptoms of stress. EFT can help decrease overall trauma-response symptoms including decreased blood pressure and heart rate and decreased feelings of hypervigilance and tension. According to one participant,

People describe feeling calm centered, present in the moment in a way they have not felt before. So through practice in EFT, a client can learn to lower their baseline of stress; this is especially helpful for people who are hypervigilant.

Hypervigilance is the horse's natural response to being a prey animal. For individuals, children and adults alike, seeing this mirror image in the horse, helps to normalize their own traumatic response of hypervigilance.

In addition to hyper arousal symptoms, individuals who experience trauma can have severe disruptions with interpersonal skills such as appropriate boundaries and assertiveness. Participants explained that a fundamental aspect of working with horses is learning how to manage them, how to read their behavior and learning how to

communicate with them, both verbally and non-verbally. In order to do this and to do it safely, "clients need to learn how to be assertive and firm with their horses and be able to set clear boundaries with their horse." EFT models how one can set firm and appropriate boundaries that communicate what is intended, but at the same time keep one safe emotionally and physically.

However, it was mentioned that EFT might not be the appropriate intervention for someone who is seeking treatment after recently experiencing a traumatic event and or for someone who is just beginning long-term trauma work. As one participant in private practice explained, "I use this modality [EFT] quite frequently with my clients who have a history of trauma. However, they have to have had some level of therapy and done some work on their trauma. I would not bring someone who has a fresh trauma into the barn, especially not someone who has little to no horse experience or exposure. I think it would be too triggering and overwhelming." When discussed further it was believed that doing EFT with someone who has a fresh trauma or had not done prior trauma work, may trigger feelings of helplessness or being out of control.

These findings clearly demonstrate that the innate characteristics of horses can be particularly healing for issues related to anxiety, depression and trauma. The physiology of the horse helps to manage physical symptoms of anxiety and stress while the willingness to connect and the emotional engagement of horses can elicit a sense of purpose and accomplishment. And most poignantly, this study reveals how the vulnerable nature of this large prey animal not only serves to normalize traumatic stress responses in clients, but also mirrors how one can be vulnerable at the same time as strong and powerful.

Contraindications

While the findings demonstrate that there is not a preferred client profile, several participants felt that there were contraindications that would make a potential client unsuitable for EFT at the present time. Safety was a primary concern among many of the participants in terms of contraindications and several participants expressed strong opposition to engaging actively suicidal clients in EFT. The general consensus among these participants was that actively suicidal clients need a higher level of care than what EFT can provide and that EFT does not provide a safe physical or emotional environment for a suicidal client, the therapist or the horse. It was also mentioned that the intense sensory (sight, smell, touch and sound) and emotional stimulation elicited by EFT, could adversely trigger emotional and/or cognitive responses in clients with active psychosis. It was felt that this triggering stimulation combined with what can feel like an uncontained environment, could pose a high-risk situation for client, horse and therapist. And lastly, in terms of safety contraindications, participants felt that it was unsafe to practice EFT with clients who were actively using substances but, instead, would refer them out for substance abuse treatment after which they could be referred back for EFT treatment.

There appears to be some resistance to doing individual work with clients who present with intense interpersonal issues, Cluster B traits or those who are diagnosed with Anti-Social or Borderline Personality Disorder. The intimate relational element of one-on-one EFT was experienced to be too intense for individuals with interpersonal difficulties. One participant felt that she could not provide the appropriate holding environment an individual with interpersonal issues might need:

If they have Axis II stuff going on with me being aware of it, I'll refer them out. I'm just not appropriate. Things come up fast, treatment can move very quickly. I don't think that this combination- intense fast work- provides the kind of containment and supportive environment that is needed for intense interpersonal work.

While another participant felt that the immediate feedback of working with a horse would be beneficial for someone with relational and interpersonal issues as it gave them "the here and now, the in-the-immediate-moment work but in a supportive, nonjudgmental environment."

It was also mentioned that engaging in EFT with a client diagnosed with Dissociative Identity Disorder would be unsafe for the client, the horse and the therapist. As one participant explained, "the unpredictability and/or instability of working with someone diagnosed with DID, could be unsafe when the work involves a highly responsive and at times unpredictable 1200lb animal."

The last contraindication mentioned by participants was a client presenting with a history of animal abuse. While participants felt very strongly that the safety of the horse should be a primary concern at all times, one participant spoke about her knowledge of a colleague who was able to utilize EFT for an adolescent with a history of animal abuse by creating a safe environment for the horse, client and therapist by engaging a team of equine professionals including a therapist/instructor and multiple volunteer support staff.

It is clear that while there is no preferred client profile, there are several important contraindications to be aware of prior to engaging in EFT. Since this practice involves the

engagement of a large and sometimes unpredictable animal, issues of safety and liability must take precedence over treatment. It is felt that the unpredictability of clients who are suicidal, who have active symptoms of psychosis or who are diagnosed with Dissociative Identity Disorder pose too great a risk to engage in EFT and need a more containing, structured environment. It also appears that EFT could be considered to be too intense for treatment of individuals with severe interpersonal issues or Axis II diagnoses. Lastly, in regards to substance abuse issues, EFT is thought to be appropriate only *after* clients have received and been successful in a substance abuse treatment program.

Critical Components of Equine-Facilitated Therapy

Participants were asked to reflect on their experiences engaging in EFT and to list at least three components of the EFT treatment process that they felt were most critical for successful outcomes of EFT.

The following section illustrates the major components that participants felt were most critical for successful outcomes when utilizing EFT. The data are presented in the following sub-sections: willing and able, safety, strong professional skills, and respect for the horse.

Willing & Able

A client's being "willing and able" to engage in EFT appears to be a critical component for successful EFT. By "willing" one participant explained that if the client "doesn't buy-in into the treatment, in other words if they don't grasp what's going on or are just skeptical or disinterested to begin with, then there's a likelihood that they will not be able to engage in the way that allows for a connection or a partnership with the horse." Another participant supported this idea when she said, "...or parents refer their kids

because they, the parent, think it's great. Only problem is that if the kid doesn't want to do it, it's not going to work." This sentiment speaks to a comment made earlier in the study, in reference to the preferred client profile for adult clients, where "willing" is defined as being "willingness to address vulnerabilities and places they do not feel comfortable as well as willingness to accept change in the therapeutic approach when what they have been doing is no longer working." It was also noted that "willing" could be as simple as the desire or interest to engage with horses.

The study also found that clients had to be "able" to engage in EFT. Participants described being "able" to mean that there were no pre-existing health concerns (e.g. allergies) that made engagement with a horse harmful to the client or that their physical limitations were not such that it made mounted and un-mounted activities with a horse dangerous for the client. It was also found that clients should not have a fear of horses or of animals in general or have such high levels of anxiety that the engagement with a horse would be adverse to treatment. One participant put it clearly, saying, "First they have to want to do the horse thing. They can't be scared to death of them because the last thing you want to do is produce more anxiety than what the client is already dealing with."

It is clear in these findings that clients need to approach EFT with a basic interest in working with horses, a willingness to engage in what can be an intense process as well as have the ability to grasp and learn from the work that is being done. It is also understood that a client's physical well-being should not be compromised for the sake of treatment.

Safety

Safety was a key finding. Safety was described in several different capacities including the physical environment, the instructor and/or therapist, the client, any other professional equine staff and the quality of the horse. A safe physical environment was deemed to be a relatively large space with enough room for the physical and emotional comfort of all parties involved as well as different types of working areas (indoor/outdoor rings, small/large rings, grooming areas, open outdoor spaces etc) to effectively carry out EFT activities. Safety in the physical environment also means being able to allow for confidentiality of the client at all times. A safe environment also encompasses appropriately attending to the needs of the client while always being aware and conscious of a horse's innate behaviors, its fundamental needs as an animal as well as its needs as a co-therapist or partner. And lastly, a safe environment includes being conscious and aware of any client-related contraindications that may make EFT an unsafe and inappropriate intervention.

A major focus of safety is in regard to the instructor and/or therapist. Specifics around the safety of the instructor and/or therapist included having strong equine skills including self-awareness, awareness of a horse's behavior and a horse's emotional capacity as well as the ability to read both a horse and client's body language in relation to one another. One participant added that as a therapist, it is "important to be able to understand the strengths and vulnerabilities of the horse as well as those of the client." Having competent and skilled volunteer support staff was also viewed as a safety factor for EFT. One participant noted that it "is scary and completely unprofessional to lead an equine-assisted activities group with a volunteer or support person who is not confident

in their skills with horses or comfortable in their role...this can put everyone at risk of something happening."

It appears that having a "good horse" is also a major component of safety. A "good" horse was described in the following ways: one that enjoys engaging with humans, one that is able to emotionally respond to the client (it was reiterated several times that "responding" does not always have to be done in a positive or kind manner, but that a response perceived as negative can be just as informative, if not more so, in the treatment process as a positive response), one that is able to "tolerate intense emotional vibes a client may be setting off", one that is calm and "you can walk around knowing they're not going to kick you just for the heck of it" and one that has a reasonable history of training in competition and/or showing. It was also a general consensus that it was safer to work with an older horse with experience and a level of predictability. It was also found that therapists preferred working with male horses, or geldings, because they tended to be more even-tempered and easier to work with.

After analyzing these findings, a general statement can be made about safety. Competence in every element of the treatment is crucial for a safe environment and that competence does not begin and end with the therapist or instructor, but includes the multiple levels of the physical environment (including contraindications of clients), other supportive staff involved and the horse partner.

Strong Professional Skills

Second to the issues of safety, the most critical element for successful EFT was believed to be a strong facilitator. A "strong facilitator" was collectively described as someone with extensive experience and education in working with horses as well as

someone who exhibits strong competency in the integration and application of clinical theory and skills. One participant gave an example of clinical integration as the "use of metaphors and narrative in bringing up therapeutic issues as you integrate the animal into the therapeutic work. So one horse might be kind of bossy, having some bad habits, while another might be very gentle and sweet but have a history of trauma itself." Expanding on this concept, in relation to the nature of a horse, she explained that, "Thinking in terms of them being prey animals, and the heightened senses they use to counter their weak areas, like their eyes and blind spots, could be a very powerful metaphor for a child who has been abused. So it's integrating clinical metaphor with the narrative of a horse's life."

Having an extensive background with horses, or good horsemanship, was described as not only knowing how to handle a horse, but also as being in-tune with the nature and rhythm of a horse: "You need to have education regarding a horse's intense sensory awareness and be able to understand the horse's strengths and weaknesses in combination with the client's strengths and weaknesses so that you can build a strong partnership between the two." Another participant echoed this opinion in that to practice EFT you have to be someone "who can deal- deal effectively with volunteers, has enough horse knowledge to effectively integrate the horse's movement and knows how to create a good relationship between the horse and rider."

Self-awareness was another key aspect of professionalism voiced by many participants. One participant expressed that, while being the Program Director of her agency, she understands and respects her limits as a professional.

Another precaution is that if you don't have the skills- for instance, me, I wouldn't take someone for a mental health session where there was potential to

get into something that I couldn't de-escalate or contain. So you have to make sure you have the appropriate number of people, the appropriate horse, equipment and then professional skills you need for each specific session whether it be individual or group, kids or adults.

This idea is supported by the following example of how professional inexperience could negatively impact the therapeutic process:

I had a really bad instructor once. They were so afraid for the kid; so afraid they would get hurt, that they never had the kid progress. They never took him off lead because they didn't have enough trust in the horse or themselves. And then didn't know how to effectively communicate with the volunteers so that everybody was engaged in the process.

Overall it was clear that personal knowledge of oneself, personal self-awareness of one's strengths and limitations as a therapist, as well as a fully prepared and experienced team were just as important, if not more important at times than an extensive background with horses and strong clinical skills.

Respect for the Horse Partner

Maintaining a high level of respect for the horse, as both a unique living being coupled with their role as a partner or co-therapist, was another crucial component of EFT. According to one participant,

The safety and emotional well being of the animal always- ALWAYS has to come first. Even if you know, for a therapeutic purpose, that a particular horse will bring out a particular issue in a client, if that horse is having a bad day, you

just shouldn't do it. In my opinion, to intentionally raise a horse's emotional energy when they're having a bad day is just inhumane. And they shouldn't work long periods of time, like back-to-back-to-back appointments, because horses and dogs absorb the emotional energy of their human partners and if you ask them to see five, six people back-to-back you're really asking a lot. You really have to be mindful of the animal's needs, almost more so than the client's needs.

Overworking horses is an obvious concern in regards to respecting the horse, especially in programs where they may work with several people throughout the day, in that:

Horses, like clients and staff, can have burnout, they get soured out. When a horse engages in the same activities over and over again, with little variation, they can become soured out-disengaged or resistant to the process. It's unhealthy for a horse's emotional well-being to be at the same thing repeatedly with no break or variation.

However, some feel that by rotating how a horse is engaged, varying with whom and how they engage, can help keep horses emotionally healthy.

One participant concisely summed up the critical components of EFT when she said, "For successful outcomes, you just need the three "goods": a good horse, a good facilitator and a good environment. Without those three variables- look out! - because you shouldn't be doing the work."

Observed Outcomes

At the end of the interview, participants were asked to describe outcomes, positive or negative, that they had achieved utilizing EFT with their clients. Participants were

quite excited about recounting their experiences and spoke at great lengths about numerous memorable achievements. As there was more information than can be included in a study this size, the following provides an overview of some specific achievements and other frequently mentioned outcomes of EFT. The data is presented in the following sub-sections: Improved sense of self, relational impact, life skills and physical benefits.

Improved Sense of Self

Several accounts talked about how EFT can be extremely powerful in improving the client's sense of self and ego functioning through mastery of equine related skills. This finding was especially profound regarding clients with histories of trauma and abuse. As mentioned earlier, in these findings, EFT fostered the development of assertiveness as well as the ability to set firm and clear boundaries in people who had experienced both physical and sexual abuse.

One participant facilitated an EFT group for girls who had been sexually abused. The group focused on un-mounted tasks including leading, grooming, tacking and teamwork projects. Previously existing in a fight/flight pattern of relating, these girls demonstrated increased confidence as they walked taller with their shoulders up and head back and displayed increased and better eye contact.

Another group, targeting adolescent girls with body issues, (negative body image and low self-esteem), not only exhibited the development of a positive self-talk and increased body image, but also showed increased hopefulness and increased empathy for one another and their horse partners.

Another participant co-facilitated a couples EFT therapy group for combat veterans and their spouses. Most veterans were diagnosed with posttraumatic stress

disorder and had active posttraumatic stress symptoms including hypervigilance, rage and emotional numbing. Veterans self-reported a decrease in anxiety and levels of anger, improved affect regulation and both the veterans and their spouses reported better communication while some even reported feeling more connected.

Many participants talked about how engaging with a horse partner fosters self-awareness as well as body awareness. One participant felt that EFT helps her clients become in-tune with their body and learn to be more in the present moment:

It trains the body to be an instrument; you learn to get information from your own emotions and the behaviors of other people; you learn to do what the horses do which is to be highly present in the moment, not in a hypervigilant way, to get information and then do something about it, to move to safety or to comfort and then go back to grazing. It sounds perfectly simple, but most people don't know how to do it, people tend to obsess about things and hold onto them and not move on.

Through the creative spirit and the unconditional acceptance of the equine and barn environment, one participant recalled how an older gentleman regained a sense of purpose for himself:

When driving drunk the man had caused a bad accident, severely injuring two people and enduring a traumatic brain injury himself. The accident resulted in physical and cognitive impairments preventing him working, driving or being able to engage in sports that he previously enjoyed. He was referred for severe depression. We created a program called "Journey of the Hero" that was based on

his love of Lord of the Rings... As of result of this program, and experiencing mastery in riding and grooming the horses, he was able to find a renewed sense of self. He hosted a blood drive to raise blood for car accident victims and ended up becoming a community speaker on the risks and dangers of drunk driving.

This element allows individuals, who are labeled by society as "bad" or kids whose behaviors label them as "bad ass" or "dangerous kid", to be in an environment where there are no preconceptions. Accepted for they are *in* the barn fosters growth, healing and prospect of change.

These findings reveal that there are many ways in which EFT helps to redefine one's internalized negative sense of self. However, a similar theme that resonates throughout is the sense of empowerment that individuals gain from engaging in a partnership with a horse. Individuals, who come into treatment with low self-esteem, a negative internalized self-image or loss of purpose in life, " working a large animal is often scary and foreboding. So when they can work in partnership and create a beautiful dance with a 1200lbs animal, it can be very healing and extremely empowering."

Relational Impact

Another key outcome of EFT was improved familial and interpersonal relationships. When working with adolescents, several clinicians shared that family sessions were at times the most powerful sessions. Those related to divorce were especially powerful because:

They [the family] feel they have this broken family network, they're feeling like 'we can't work as a team anymore'. So we do activities with a horse that will

encourage communication with another and require them to work as team, as a family unit. In the end they're like 'oh this isn't so bad'; I've had this experience with countless adolescents who are at that stage when they want nothing to do with their parents.

Another participant co-facilitated a "Fatherhood " group, part of the national Fatherhood Initiative. The group was targeted for fathers who were not involved in their children's lives for reasons such as incarceration, divorce, excessive work hours or "because their child has a disability and dad wants nothing to do with them." Three phenomenal outcomes of this program include:

A father, who initially had no legal rights and only supervised visits with his children, was able to bring all three kids through the program, regained unsupervised visits outside of the program and eventually was granted partial custody of his children.

There was a very strained relationship between a father and son. Previously incarcerated, the father viewed his son as "worthless", but through the program, the son developed a love and knack for working with horses and was able to get a job in a barn. With a new perspective of his son, the two learned to communicate again, developed a much closer relationship and the son eventually moved back in with his father.

Fathers, in a group targeted to fathers and daughters with anxiety and/or other emotional issues, reported the biggest thing they learned was to have more patience, more confidence in his kids and allow the kids to be more independent.

This helped show them that their daughters were capable of great things if given the chance to do so. They said it gave them something to talk about at home, bringing them closer and helping them communicate better.

These findings illustrate the unique opportunities offered through EFT Family sessions. By being in the barn, families are immediately out of their element where their 'go-to' familial patterns no longer work, and family members are able to step out of their identified roles. This is probably extremely empowering for the "identified patient" as there can be major role reversals and shifts in power if he/she is familiar with the EFT process. The task component of EFT encourages families to work together and allows the focus to shift externally to the horse instead of on difficult family dynamics.

Life Skills

Participants also talked about how they have seen EFT improve of basic life skills with clients across the life span. When working in a group format with young children, EFT was said to encourage social skills such as taking turns, relationship building and positive and active engagement with others. It also promotes practice in sequencing and motor planning as well as being able to verbalize in front of a group. It is also valuable for children with sensory integration issues. One participant commented on her experience with this:

There are so many smells and textures to feel. I have a girl who has a lot of sensory issues so touching the horse, the brushes and all of the tack are great interventions for her. Being in a barn you're bombarded by very different smells than normal and they can take getting used to.

Many participants had phenomenal experiences with children who are non-verbal and children with diagnoses on the Autism spectrum. They passionately recounted memories of first words such as "walk-on", "ho" or the horse's name. One in particular talked about working with a non-verbal child.

I set up an obstacle course that the child had to lead the horse around, but what they're really doing is communicating. They had to have the horse follow them through the course without the lead rope on, so they have to communicate non-verbally, just using their body. After several sessions like this, he was talking up a storm and was really engaged.

Also, the parallel process of learning to have respect for the horse and the horse's needs at the same time as learning to have or increasing one's respect for others as well as for the self has been an essential aspect of treatment for both children and adults alike. For example, when one's animal partner rejects the work "that is really 'the grist for the mill' learning because you can say, 'Okay, what are the needs of the horse right now?' which helps the client be able to think in terms of others in the moment and also recognize how it relates to being able to respond appropriately to their needs as well."

Lastly, one participant was able to address issues of hygiene with a teenage girl who suffered from PTSD second to childhood sexual abuse. The client was taught how to groom the horse starting with basic washing techniques and moving to the use of different brushes and tools for different purposes. The clinician focused on the immediate feedback of what it was like for her to wash the horse as a metaphor for the girl's experience with her own self-care.

While the findings of this study have predominantly shown how effective EFT can be in processing therapeutic content, addressing complicated interpersonal issues, as well as, helping to develop adaptive coping skills, these findings give rise to the educational element of EFT. Through equine-facilitated activities, individuals have the opportunity to learn basic life and social skills in a fun and supportive environment.

Physical Benefits

In addition to the multiple emotional, behavioral and relational benefits of EFT observed above, this study found several physical benefits of participation in equine-facilitated services. As mentioned earlier in these findings, clients reported a decrease in physical stress and traumatic stress related symptoms including: an overall decrease in blood pressure and heart rate, decreased feelings of tension, better concentration and focus as well as feeling centered and grounded in the moment.

For participants with physical disabilities, EFT was said to be fantastic adjunct to traditional physical therapy, helping to improve both strength and mobility as demonstrated in this participant's story:

I worked with a paraplegic adolescent girl who had formerly been a soccer star. Going from playing soccer one day to being paralyzed the next was quite defeating to this girl. She had been in physical therapy for over a year and was starting to get burned out and discouraged. By finding therapeutic riding, she was able to find something she could do again, something she enjoyed and could excel at- she competes in the Paralympics Games and other competitions. Not only has this given her increased motivation, her physical therapist sees an increase in her leg and core strength as well as a whole new attitude.

The physical benefits indicated here, demonstrate how EFT is a valuable intervention on multiple biopsychosocial levels. While helping to decrease physical symptoms of stress, EFT can improve the physical stamina of a client and simultaneously improve one's sense of self.

CHAPTER V

DISCUSSION

The objective of this study was to explore equine therapist and therapeutic riding instructors' interpretation of equine-facilitated therapy as it applies to mental health treatment and from this perspective help to identify whom they believe is best suited to engage in this type of therapy. This chapter discussed the findings in the following order: participant demographics, participant perspectives of equine-facilitated therapy as it applies to mental health with respect to literature previously reviewed and findings outside the scope of the study. The chapter closes with a discussion of implications for clinical practice and opportunities for future research.

Participant Demographics

There are two key points to note regarding participants interviewed for this study. The first key point is the overall limitations within the participant sample of this study; the second is the participants' collective background with horses. The findings are discussed in the following order: participant limitations to the study and participants' collective background with horses.

Participant Limitations to the Study

A total of ten participants were interviewed for this study. The participants, while fulfilling the qualifying criteria for the study, provided certain limitations to the overall findings of this research. While the participants ranged in age and experience levels both in the realm of traditional psychotherapy and equine-facilitated therapy, all participants

identified as white/non-Hispanic, which limits the overall findings of this study due to lack of racial diversity. All participants were women, also limiting the overall findings of this study due to lack of diversity in terms of gender identification. If the sample size had been larger, it may have allowed for more diversity in terms of race and gender. Lastly, all but two participants practiced EFT in rural communities, while the remaining two participants practiced EFT in suburban/rural communities. This lack of geographic diversity may have led to responses from participants with a limited scope in terms of the clients and populations that they work with. Again, had the sample size been larger, it may have allowed for geographic diversity. Further research that includes men and women equine therapists and/or therapeutic riding instructors from multiple geographic locations, including urban and inner city locations, would prove to be useful and informative to the field of social work.

Participants' Collective Background in Equine-Facilitated Therapy

Upon asking the participants to explain how they became familiar with equine-facilitated therapy and other similar interventions, I received surprisingly long responses. Participants began their answer by going back to their first childhood encounters and experiences with horses, then continuing on into the present day. From their stories of a generational family business to experiencing the personal therapeutic benefit of horses, it was clear that this was a not a field that they intentionally chose, but rather it had chosen them. Their responses were filled with detailed accounts of how horses had influenced them by being an integral part of their own lives and evoking a sense of passion and unbridled commitment to their career path. One could easily sense the deep personal connection they have to each of their four-legged co-therapists.

Participant Perspective of Equine-Facilitated Therapy as it Applies to Mental Health

The primary areas of inquiry for this study were to look at equine therapist and therapeutic riding instructors' perspectives on the use of EFT for mental health treatment and, from this perspective, begin to identify whom they felt was best suited for this type of treatment. For the purpose of this study, findings are presented in the following themes: some limits to equine-facilitated therapy, immediate feedback of equine-facilitated therapy and equine-facilitated therapy for clients with histories of trauma.

Some Limits to Equine-Facilitated Therapy

This study explores the question, of who is best suited for equine-facilitated therapy. At this time no literature has been reviewed that indicates specific diagnostic symptoms or clinical diagnoses as being needed for inclusion in equine-facilitated therapies. The literature and findings together indicate that issues of diversity such as race, age, gender and socioeconomic status are not factors in determining equine-facilitated therapy as an appropriate intervention. . However, the literature represent populations with presenting issues such as anger, trauma, poor social skills, long-term psychiatric disabilities as well as severe emotional and behavioral disorders. These same populations were seen throughout the findings of this study, as were physical disabilities and issues on the Autism spectrum.

While there were no specific criteria for treatment, this study found there to be potential client-related contraindications against treatment. These included being actively suicidal, exhibiting active psychosis and active substance abuse. There were opposing

opinions about whether the existence of significant Axis II symptoms, Dissociative Identity Disorder and a previous history of animal abuse should exclude clients from this kind of intervention. However, the overall consensus from the findings and the literature is that given the correct safety measures, including a safe environment, well-trained and educated staff, a safe client and an appropriate horse, equine-facilitated therapy can be a widely used intervention for mental health treatment.

Immediate Feedback of Equine-Facilitated Therapy

The findings of this study proved to be congruent with the theme of *immediate feedback*, which was found to be a core element of equine-facilitated therapy in the review of general literature. When asked about their understanding of equine-facilitated therapy all of the participants included a discussion about the unique ability of horses to provide immediate, unbiased feedback to their human partners. This concept was explored in great detail by Hallberg (2008) who talked about the horse being able to take in information from a number of sources including the smallest actions, body postures, smells and even the tone of voice of its human partner. It is through these senses that the horse is able to understand how its partner is doing emotionally and physically (Hallberg, 2008). This finding also supports Vidrine et al. (2002) who said that a horse's hypervigilant and highly self-protective nature enables them to be extremely sensitive and communicative animals, which respond honestly and clearly to both human and animal interaction.

Participants expanded on the treatment aspect of immediate feedback, by suggesting that it also created an atmosphere that allowed for true transparency and honesty in the therapeutic relationships, both the client/therapist and client/horse co-

therapist. This finding reiterates what Klontz et al. (2007) suggested that, typically feedback from a therapist will elicit a transference response within the client that is saturated by interpersonal factors in relation to the therapist, which make it difficult, at times, to acknowledge or piece out what is actually coming up for the client. However, as Klontz et al. (2007) go on to say, transference responses to a horse are difficult to ignore because they are not coming from an interpersonal place that could be misconstrued as premeditated offense. By creating space for this transparency and clarity, clients are able to gain deeper insight and awareness of their current issues.

Equine-Facilitated Therapy for Clients with Histories of Trauma

As stated above, there is no preferred client profile for equine-facilitated therapy. However, there was significant emphasis placed on the effectiveness of equine-facilitated therapy with clients who have a history of trauma. The literature on trauma-based work suggests that equine-facilitated therapy would be an effective adjunct to evidenced-based practices in trauma treatment. This notion was supported by the findings in this study. When asked to describe a "preferred" client profile, participants identified issues of *trauma* as a common theme throughout the histories of their clients. Similar to the beliefs of Vidrine et al. (2002), participants felt that a horse's natural response of hypervigilance from being a prey animal was something that individuals who had experienced trauma could relate to. Seeing this mirror image of him or herself in the horse helps to normalize a client's traumatic stress response.

While participants also mentioned how the experience of trauma can cause severe disruptions in a client's interpersonal skills, such as boundaries and assertiveness, the literature did not address this aspect of trauma work. However, as Hallberg (2008)

discussed, horses are herd animals that seek connection, bonding and companionship from both their horse and human partners. The findings found this innate desire for emotional connection to be quite helpful in dealing with feelings of hopelessness, loss of purpose or negative internalized self-image, described by participants as presenting concerns for clients dealing with depression which is a common symptom of trauma.

Another theme of the trauma literature supported by this study is the element of unconditional acceptance by the horse for the client in the present moment. The participants stated that when clients walk into the barn the horses do not prejudge them on their problems but rather see them for who they are. This echoes Vidrine et al. (2002) in their belief that horses are "unencumbered by ego issues" and provide unconditional positive regard, which helps the client to feel more comfortable with him or herself as well as with treatment. Also, unconditional positive regard goes hand-in-hand with the above discussion of immediate feedback. As clients are perceived for whom they are rather than for their problems, it is easier to accept feedback and insight into difficult or unpleasant aspects of themselves. This finding is also highlighted by Reichert's (1998) study as well. Reichert demonstrates that sexually abused children were able to be more expressive and open about their feelings when a therapy dog was present. In regards to this study, when one feels accepted and safe in the moment, they will have an easier time accessing and confronting those difficult trauma-related issues.

The last significant trauma theme in the findings, as it relates to this study, was the effect the presence of a horse has on a client's traumatic stress response symptoms. Participants found that their client's traumatic stress symptoms including anxiety, high blood pressure, rapid heartbeat, tension, hypervigilance etc. significantly decreased when

in the presence of horses. This finding is supported by the Kaiser et al. (2004) study that found that after one week of equine-facilitated therapy, children's physical, emotional and behavioral experience of anger had decreased significantly. While some research did not specifically pertain to horses, it did highlight the effect other animal co-therapists, such as dogs, have on physical traumatic response symptoms. By Odendaal's (2000) research, it can be suggested that, when in the presence of horses one level of blood pressure neurochemicals will significantly decrease as it did in the presence of therapy dogs. Also, this finding is supported by Hanselman's (2001) study that found adolescents experienced a significant decrease in emotional anger, behaviors of anger and displayed less abusive expressions of anger after a twelve-week animal-assisted anger management program.

Findings Outside the Scope of this Study

Upon asking clients to list their applicable equine certification, instead of receiving short concise answers consisting of acronyms and definitions, many participants responded with detailed explanations. As mentioned earlier in this study, the inclusion criterion for participants had to be broadened in the early phases of recruitment. One reason being that inclusion criteria were too specific in terms of advanced degrees, and the other being that participants were presenting with either an alternate equine certification (NARHA) or with multiple equine certifications (NARHA & EAGALA).

Coming into this study it was assumed that there were specific credentials and training procedures that providers needed to adhere to in order to practice equine-facilitated therapy. However, as recruitment and the interview process continued, it became clear that this was not the case. Some individuals had extensive training, certification and experience with both horses and mental health; others had extensive

horse training and multiple equine certifications but very little experience with mental health; while others had very little horse training but extensive experience in mental health. While everyone fulfilled the inclusion requirements and presented as competent and well versed in both aspects of treatment, something felt disjointed in the research. Toward the end of the interview process, it was learned that a third-party licensing board had been created to set professional standards for the field of equine-interaction in mental health and education. It is similar to those used to set professional standards in fields such as psychology and social work, and result in actual licensure for equine-interaction professionals in mental health and education. It is incredibly interesting that a major development was happening in the field being studied and, yet, only one participant mentioned it.

Upon investigation of this new information, it came to light that pioneers in the field of equine-facilitated services are not fully in support of a third party licensing board. According to Hallberg (2008), effort has been made by different equine therapy founding entities to join forces, but due to varying opinions in many aspects of treatment, including safety protocol, training requirements as well as clinical terminology, this has not been possible. As a result, the field remains split and disjoint by these opposing schools of thought.

Since there is little literature on this issue, only speculation and questions for future research can be made from this finding. It sparks the following questions: Does personal investment, passion and personal attachment in a field of study, hinder a field's advancement towards being fully sustained and accepted as a legitimate professional area in the mental health realm? And what impact do strong differing opinions have on the

reliability and validity of research, if research is being conducted from a broader perspective of a field that is split with several opposing sides? From this study, it can be suggested that there is a need for future research exploring what impact, if any, the establishment of a third-party professional licensing board has, on the efficacy of equine-based practices. Research in this area could be beneficial in helping to bridge, not blend, the different schools of thought in the broader field of Equine-Facilitated Mental Health and Educational Services, potentially allowing for wider and greater acceptance of the therapeutic role Equine-Facilitated Mental Health and Educational Services can play in the fields of social work and mental health. Ultimately, conducting future research in the area would add to the overall understanding of Equine-Facilitated Mental Health and Educational Services and the specific practices under this umbrella, as well as how equine-based treatment modalities fit into the mental health field as a whole.

Implications for Future Research

As noted above this study allows for various research opportunities in the future, which would greatly benefit the field of social work. More specifically, research could include the experiences of male and female equine therapists and/or therapeutic riding instructors, as well as the experiences of those providers from different racial, cultural, ethnic and geographic backgrounds. This would provide a broader and more accurate representation of equine-facilitated therapy overall. Also, additional research on the use of equine-facilitated therapy with prolonged exposure or other posttraumatic stress treatments would help draw more attention and awareness to the benefits of equine-facilitated therapy for trauma-specific work. In addition, additional empirical research pertaining to the phenomenon of decreased physical symptoms of stress and traumatic

stress response would be beneficial to gain further insight into the utilization of equine-facilitated interventions for emotional and affect regulation. Future research exploring the role that prior experience and personal involvement with horses plays in an equine therapist and/or therapeutic riding instructor's facilitation of treatment, could provide the field with a more in-depth perspective of how equine therapies are informed by the narratives of its professionals. Lastly, as mentioned above, future research exploring the impact a third-party professional licensing board might have on the efficacy of equine-based practices, could be beneficial in helping to bridge the various schools of thought in the broader field of Equine-Facilitated Mental Health and Educational Services. Thus allowing for greater acceptance of the therapeutic role Equine-Facilitated Mental Health and Educational Services can play in the field of social work and overall mental health. Ultimately any new research on equine-based practices would be greatly beneficial to the field of social work as this is still a very new field of study with many areas yet to be explored.

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APPENDIX A

February 15, 2009

Katie Worms

Dear Katie,

Your revised materials have been reviewed and all is now in order. We are glad to give final approval to your study. I still have a little problem with your “geographical location” question. Do you mean what part of the country, or do you mean rural, small town, urban? If you want part of the country, why not say “state.” If you want type of geographical setting, you’d better be more specific. It’s really up to you. It’s just that we didn’t know how to answer the question so maybe your participants won’t. Anyway, it’s up to you.

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 your interesting project.

Sincerely,

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

CC: Elaine Kersten, Research Advisor

APPENDIX B

Informed Consent

March 1, 2009

Dear Potential Research Participant:

My name is Katie Worms. I am conducting a qualitative study of the benefit of Equine Facilitated Psychotherapy. This research study for my thesis is being conducted as part of the requirements for the Master of Social Work degree at Smith College School for Social Work and future presentations and publications.

Your participation is requested because you are a person who has specialized training in Equine Facilitated Psychotherapy (EFT) with at least one year of professional practice of EFT and who has obtained an advanced degree in a field of such as psychology, social work or education. If you choose to participate, I will interview you about your experience as an equine therapist, your beliefs on the benefits of EFT in conjunction with traditional psychotherapy and who you feel is best suited to participate in this type of mental health treatment. Also, I will ask you to provide demographic information about yourself. The interview will be conducted on the phone or face-to-face and will last for approximately 45 minutes to one hour. Interviews will be tape-recorded and tapes will be coded numerically to ensure your confidentiality. After three years have passed, tapes will be destroyed after the interviews have been transcribed. If I use a transcriber, he/she will sign a confidentiality pledge.

This study has very minimal risk as it focuses on what works, what helps and whom it seems to help according to professionals pioneering in the new field of EFT.

You will receive no financial benefit for your participation in this study. However, you may benefit from knowing that you have contributed to the knowledge of Equine Facilitated and/or Equine Assisted Psychotherapy as it is used for mental health treatment. It is my hope that this study will help social workers have a better understanding of the benefits of using Equine Facilitated Psychotherapy and a better understanding of who will benefit the most and have the most positive outcomes from Equine Facilitated Psychotherapy. You may also benefit from receiving the opportunity to share your experience and gain a new perspective.

Strict confidentiality will be maintained, as consistent with federal regulations and the mandates of the social work profession. Your identity will be protected, as names and identifying information will be changed in the reporting of the data. Your name will never be associated with the information you provide in the questionnaire or the interview. The data may be used in other education activities as well as in the preparation for my Master's thesis. Your confidentiality will be protected by numerically coding all identifying information, storing the data in a locked file for a minimum of

three years and after three years the data will be destroyed unless I continue to need it in which case it will continue to be secured and destroyed when no needed.

Your participation is completely voluntary. You are free to refuse to answer specific questions and to withdraw from the study at any time before May 30, 2009. If you decide to withdraw, all materials pertaining to you will be immediately destroyed. If you have additional questions about the study or wish to withdraw, please feel free to contact me at the contact information below. If you have any concerns about your rights or about any aspect of the study, I encourage you to call me or the Chair of the Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Katie Worms
MSW Candidate
Smith College School for Social Work
Lilly Hall
Northampton, MA 01063

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND 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

SIGNATURE OF RESEARCHER

DATE

DATE

Please return this consent form to me prior to the interview to indicate your intention of participating in the study (I suggest that you keep a copy of this consent form for your records).

Thank you for your time, and I greatly look forward to having you as a participant in my study.

APPENDIX C

Brief Recruitment Letter

Dear Potential Research Participant,

My name is Katie Worms, and I am a graduate student at Smith College School for Social Work. I am conducting a research project designed to explore the general benefits of Equine Facilitated Therapy (EFT) for mental health treatment and who is best suited to engage in EFT. 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 presentations or publications on the topic.

Participants suitable for this study should have specialized training in EFT with at least one year of professional practice under accreditation from the North American Riding for the Handicapped Association (NARHA). Participants will also have a graduate degree in an area such as psychology, social work or education. Participants will be interviewed on their experience and knowledge of EFT as well as their experience of who is best suited to engage in EFT. The interviews should last approximately 45 minutes to one hour. All interviews will be tape-recorded and information will be kept confidential and secured.

THANK YOU FOR YOUR ASSISTANCE IN HELPING ME TO RECRUIT CONTACTS FOR MY STUDY. PLEASE CONTACT ME IF YOU HAVE ANY FURTHER QUESTIONS OR IF YOU WOULD LIKE TO REFER YOURSELF OR SOMEONE ELSE FOR AN INTERVIEW.

Katie Worms
MSW Clinical Intern
Veteran's Health Administration of Connecticut
PTSD Residential Rehabilitation Program
6 Veterans Circle
Newington, CT 06111

APPENDIX D

EFP Interview Question

Demographics

1. Please provide the following information:

a.	Age		e.	In private practice? (Y/N)	
b.	Gender		f.	Agency and/or practice's geographic location	
c.	Race/Ethnicity		g.	Number of years practicing psychotherapy	
d.	Type of graduate degree, clinical licensure and/or specialized certification you hold		h.	Number of years practicing EFT	

Therapeutic Content

2. Describe your understanding of 'Equine Facilitated Therapy'.
3. How did you become familiar with EFT? Please describe your training experience.
4. During treatment, when and how would you decide that EFT is appropriate for your client?
5. From your perspective, please describe who would benefit most from EFT treatment. If you were asked to create the "preferred" client profile detailing the demographic characteristics, diagnostic criteria as well as personal strengths and weaknesses, what would the preferred client profile look like?
6. From your experience, please name at least three components of the EFT treatment process, which you feel are most critical for successful outcomes.
7. Please describe the outcomes you have achieved with your clients when using the EFT approach.
8. Do you recommend that individuals continue to engage in traditional psychotherapy while participating in EFT? Why or why not?