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So, Your Favorite Therapist Is.....A Horse?

Elizabeth Armstrong

A research project submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of the Requirements for the degree of

Educational Specialist

Department of Graduate Psychology

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## ABSTRACT OF GRADUATE STUDENT RESEARCH

The field of Equine Assisted Mental Health (EAMH) is both new and broad. The purpose of this paper is to explore justifications and methods for incorporating EAMH into practice; identify core concepts of an equine assisted therapy program for counselors; and describe the experience of learning within one of those programs. The method to accomplish this goal was a phenomenological account of finding, comparing and taking part in an EAMH training program. This account looks at the many ways EAMH can be applied within a counseling practice and describes the core concepts of a program that teaches counselors the EAMH process. The author also describes her experience of learning within a program.

## Introduction

Picture an adorable shaggy Shetland pony, lying down with a little girl snuggling him. The caption reads “Every pony deserves a little girl.” Everyone says “Awwwwwe.” Well, *most* might say that. I will concede that some don’t feel it, but this defines the early yearnings many people have to connect with the equine family. It turns out, that these kinds of connections are good for humans. The healing that has been found in a relationship with a horse has been studied and used as an aid for a physical ailment as well as mental health. The breadth of equine therapy can be seen in the terminology alone, the terms to describe it are under scrutiny for clarification purposes. There are many approaches, such as hippotherapy, therapeutic riding, Equine Assisted Learning, and Equine Assisted Therapy. The terms are still not sorted out, and this is an issue within the literature that is addressed in this paper. In this paper, I will also investigate my own lived experience of the Equine Assisted Mental Health (EAMH) certification journey.

Like so many who are interested in this kind of practice, my experience began as a little girl who loved horses. My family had horses when I was small, and I found I “needed” them all through school. I even took them to college. I realize now they have been my mainstay for all my life. They’ve kept me grounded, kept me secure in my identity, and been my emotional rocks. When my husband asked, “Why do you need four of them?” I smiled and asked back, “Would you rather pay the therapist?”

It is this intuitive understanding that horses have been my therapy that led me to EAMH. As I have worked toward my degree, I knew from the start I wanted to include EAMH. What is that thing, that whatever it is, that horses do for humans?

A study done in 2018 by Proops, Grounds, Smith and McComb found evidence that horses can decipher expressions on human faces and associate them with specific emotions. Not only do they understand the faces, but they also retain the memory of that person's mood from one encounter to the next. So like humans, horses remember the last encounter as emotional, not just transactional, and they respond accordingly. This kind of sensitivity may be the reason clients respond to horses in ways that appear magic. Specifically, Proops and colleagues were able to say, "The ability to interact emotionally, based on cues from the human interaction not just in the present but previous encounters makes the horse a good partner for processing in a session setting," (2018, p. 2).

"What we've found is that horses can not only read human facial expressions but they can also remember a person's previous emotional state when they meet them later that day -- and, crucially, that they adapt their behavior accordingly," Karen McComb, a professor at the University of Sussex, said in a news release (2018) McComb continued, "Essentially horses have a memory for emotion."

This uncanny ability to reflect and remember emotion may be what makes horses different in therapy than other kinds of animals. A dog will be happy to see people the minute they appear, but a horse can respond to the last emotional encounter they had with a person. That's different, and it reflects aspects of the horse's contribution to mental health therapy.

This paper is a phenomenological account of a student's experience in the first half of a three-part EAMH program. Descriptive research depicts these phenomena and their characteristics to illustrate the presence of the phenomena, the lived experience (Giorgi, 2008; Holyroyd, 2001). The paper includes experiences from the first course

and half of the second. First, I look at the literature that explains how EAMH is connected to clinical work, then I look at the methods used and the theoretical underpinning of the program. Lastly, I will use field notes to account for the total experience--physical, emotional and spiritual. I also refer to the literature review to substantiate my findings.

### **Purpose**

1. To explore justifications and methods for incorporating EAMH into practice.
2. To identify some core concepts of an EAMH program
3. To describe the experience of learning within an EAMH program.

### **Literature Review**

Equines have been used in therapy for a long time. Initially they were used to aid in movement, for patients who needed to use exercise to help with their condition. Hippotherapy was the beginning of professional recognition that horses offered many avenues of therapeutic ability. Hippotherapy as a term is also an example of the vast and varied terms that describe this kind of use or just the inclusion of a horse in a therapeutic way. The terms I am seeing most often in this review of literature are “Equine Assisted Therapy” (EAT) “Equine Assisted Learning” (EAL) “Equine Assisted Psychotherapy” (EAP) and the term that titles my program, “Equine Assisted Mental Health” (EAMH). These terms are not exactly interchangeable, although they are often used that way. I use whichever term the literature uses for any reference, and note which kind of use is describing what kind of therapy.

There are many reasons EAMH therapy can be incorporated into a mental health practice. Here I take a look at the areas of clinical mental health in which horses have been shown to be used as an effective therapeutic resource.

### **Abuse and Trauma**

Studies on military veterans who have been diagnosed with post-traumatic stress disorder (PTSD) and/or traumatic brain injury (TBI) note that PTSD includes episodes of anxiety, flashbacks, and emotional numbing. Johnson and a team of researchers conducted a study using a 6-week therapeutic riding protocol to see if it would decrease PTSD symptoms and increase emotional regulation among other issues. (Johnson et al., 2018)

Their study found that participants had a much lower likelihood of PTSD scores at 3 weeks and almost 90% lower likelihood at 6 weeks. They also found that while they could not prove self-efficacy or emotional regulation, these trended in the predicted direction. Findings also predicted if the subjects were in the program longer some of their reactions would be on a positive track. Another finding in this study can suggest that equine assisted therapy (EAT) may be a clinically effective intervention for alleviating PTSD symptoms in military veterans. (Johnson et al., 2018)

Burton, Qeadan, and Burge (2019) noted that one of the goals of equine use in therapy is an improvement of social, emotional and even cognitive function for individuals diagnosed with PTSD. This study also suggested that this kind of therapy may work as any other kind of therapy for trauma and goes as far as to say that EAT is an “efficacious alternative” for PTSD clients.



Another study done by Coady, Yorke, and Adams in 2008 looked at the impact of equine assisted therapy with clients who have pre-existing relationships with horses. In this study the authors noted significant changes that were discovered to be more than just therapeutic for participants, rather, because of the relationships paralleling the participants' therapeutic needs, the outcomes proved as a positive client outcome. (Coady, Yorke, & Adams, 2008). These authors also noted that the individual descriptions participants gave of the relationship they formed with their horses contributed to their healing from trauma. These descriptions also were marked as parallel to descriptions in psychotherapy literature describing how therapeutic alliances affect client change.

This substantiates the relationship aspect of equine assisted therapy, as it underscores that relationship is an important factor in therapeutic change, and indeed its main function is to “instill hope and overcome demoralization,” (Lambert & Ogles, 2004, p. 139).

### **Children’s Abuse and Trauma**

Adventure-based therapy has been shown to be successful with child clients who have been subjected to abuse and trauma. As is investigated later in this article, EAT foundations rest on experiential and adventure therapy. Children of parents who are substance abusers were considered in a study that looked at safe spaces (Dunlop & Tsantefski, 2017). This kind of “non-talk-based” therapy is included in several examples, of which EAT is compared to in this article. The purposeful interaction approach was studied through a qualitative approach, and found positive responses to EAT. Children who participated were noted to be supported by the social and emotional aspects of the

therapy. The children themselves used words like, "soft, nice," and "kind" to describe the horses. They were shown to improve interpersonal skills and said that parts of their interactions were similar to those that characterize ideal-type secure attachment relationships between human beings (Dunlop & Tsantefski, 2017). Dunlop and Tsantefski also noted that the children used the language of attachment theory, which could be described as a form of attunement (2017).

### **Women survivors of Domestic Abuse**

Common effects of domestic violence are low self-esteem, insecurity, and problems believing in self ability. This results in loss of creativity and affects the ability to problem solve, contributes to low self-efficacy and creates anxiety about the financial future for these women. According to Marx and Cumella (2003), self-esteem and self-efficacy are areas that EAT increases. These researchers also said this in an overview of the literature on EAT, where they found evidence that EAT also lowers anxiety as a result of the use of creativity in EAT. Particularly noted are the empowerment levels that increased, as well as the reduction of fear for participants. Included in this overview are words like increased “self-confidence, communication, self-identity, trust, acceptance and assertiveness, (p. 147).”

### **General Anxiety and Depression**

The article in *Explore: The Journal of Science and Healing*, by Alfonso, Alfonso, Llabre and Fernandez (2015), entitled *Project Stride: An equine-assisted intervention to reduce symptoms of social anxiety in young women*, describes a study that supported a full-scale efficacy trial of programs like Project Stride. That would include programs that

use EAT to target specific mental health issues. This means there is good reason to believe something in these programs is working well.

Johanson and colleagues (2016) looked at ways to describe how therapeutic use of horses interacting with clients could potentially provide the groundwork for relational issues work. This was particularly focused on clients who had a background of parental substance abuse and severe trauma in childhood. The horses were used as aids to work on dysfunctional behavioral patterns. The therapists did this by focusing on the horse's way of interacting with human nonverbals, and then calling attention to reactions that could bring more awareness of emotions, nonverbal responses, and communication. The implications of this study included the statement that: "This study may give increased awareness of the benefits of psychotherapy facilitated by horses" (Johansen et al., p. 229, 2016). Included is the table used as an example of participant activities as well as psychological intention.

Table 1

	Psychological Target	Task Instruction	Clinical Goals
	working with assertiveness and communication	move the horse back and forward and to the side without touching the horse	walk with the horse in a loose rope without pulling the horse, or the horse pulling you.
	improve assertiveness and communication through body language	clean hooves, ride horse bareback	working with anxiety and fear
	working with touch, body	touch horse with	improve attachment

	contact, and attachment.	fingertips, face, hands arms from ground or on horseback	and be comfortable with touch.
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Johansen, et al., 2016

One of the participants had difficulty at first when working with the horse, but she found ways to work it out, and to find cooperation with the horse. She also found ways to work out her own dysfunctional behaviors in the sessions. Thus, problematic patterns can be addressed through the work of trying to get the horse to cooperate. Clients have the opportunity to work on self and interaction with others by acting out the metaphor. In Table 1 we can see how the structure of a session can use specific equine interaction goals to align with and meet psychotherapeutic goals.

**At-Risk Youth**

When looking at the influence of Equine-facilitated psychotherapy (EAP) for at-risk adolescents, Bachi, Terkel, and Teichman (2000) found that this population is sometimes characterized as having a low stimulus threshold and a tendency to turn to psychoactive drugs to meet their emotional, social and spiritual needs. When focusing on riding skills that are used specifically to develop the “creative and spiritual aspects of the client,” there was a way to parallel and address the mental and physical aspects of client problems. In fact, Bachi and colleagues found it beneficial. The benefits include comparisons of feeling good because of drugs, and feeling good because of horses. The authors here described the experience of equestrian arts as a spiritual "high" comparable with the kind of "high" they found in drug use. In this way, they could point out the natural spiritual experience and compare it with the artificial experience of drug use.

The data gathered in studies like this do indicate these experiences tend to have a positive effect on the at-risk youth. (Bowers & MacDonald, 2001)

### **Dementia**

Even Alzheimer's disease has been studied with Equine Assisted interventions (EAT). Most studies I found involved day programs for dementia-related issues that benefitted from EAMH (Dabelko-Schoeny, Darrough, DeAnna, Johnson, & Lorch 2014).

It can be difficult to find activities that are meaningful for dementia patients. Some institutions have used the "Lived Environment Life Quality Model" to create equine assisted activities that produced some information about how these interactions affect dementia patients. Of the activities studied, Equine Assisted intervention activities were the only ones that had all positive results (Dabelko-Schoeny et al., 2014).

### **Eating Disorders**

J. E. Christian found that when working with clients with eating disorders, Equine Assisted psychotherapy affected some attitudes toward therapy itself, and also affected the client ability to recognize self-responsibility, see the value of support, and also added engagement in therapy (2005).

EAP has also been found to decrease the intense drive to be thin while increasing self- efficacy, ability to interact with and trust others, and also to regulate impulses, depression and generalized anxiety (Cumella, Lutter, Osborne & Kally, 2014).

### **Prison/Inmate**

When working with inmates, several studies have been able to link lowered recidivism rates to EAT. Sometimes other animal-assisted therapies were included in

these studies, but as a whole, programs including equines have been shown to be effective with prison inmates (Bachi, 2013).

**Substance Abuse**

As already noted in At-Risk Youth, clients who abuse substances can benefit directly from EAT. The Oxford Centre in Lafayette County, Miss., saw early results from its significant focus on equine therapy, as this program uses an extensive list of experiential therapies. They credited the Equine program as being one of the main attracting features that bring clients to their facility. One of the results noted is that participants in the Equine program stick with therapy longer than clients in other programs.

Canadian researchers used EAL to study two First Nations community treatment facilities to look at youth concerning substance abuse. Both programs were grounded in a holistic bio-psycho-social-spiritual framework of healing. It was found that the cultural significance of the horse as a helper brought the participants in the program to a higher success rate (Chalmers & Dell, 2011).

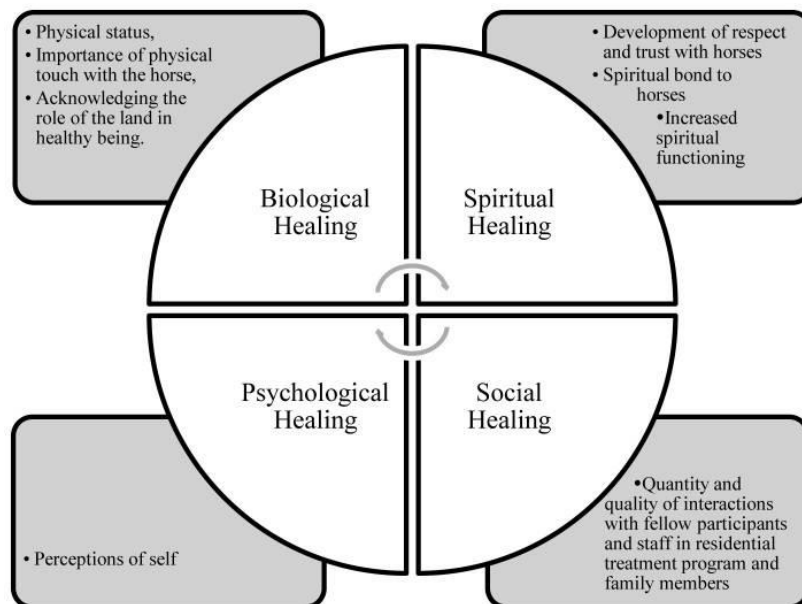


Figure 1 Holistic bio-psycho-social-spiritual framework of healing (Chalmers & Dell, 2011)

The model shown in Figure 1 shows how incorporating culture, with EAP/EAL can affect more deeply the areas where issues arise. Specifically, this was used in the work with First Nations participants where it proved to be successful. Incorporating the psychological, social and spiritual was key to working with the biological piece of healing.

### **Core Concepts of EAMH**

Notgrass and Pettinelli stated that EAP (EAMH) is founded on the principles of the Association for Experiential Education (AEE) and that it uses horses which makes it unique. According to EAGALA (2012), EAP is an experiential education model that draws many of its tenets from the AEE. As an experiential modality, EAP contains several key principles incorporated from the AEE, as described on their website:

1. Experiential learning occurs when carefully chosen experiences are supported by reflection, critical analysis, and synthesis.
2. Experiences are structured to require the learner to take initiative, make decisions and be accountable for results.
3. Throughout the experiential learning process, the learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative, and constructing meaning.
4. Learners are engaged intellectually, emotionally, socially, soulfully and/or physically. This involvement produces a perception that the learning task is authentic.

5. The results of the learning are personal and form the basis for future experience and learning.
6. Relationships are developed and nurtured: learner to self, learner to others and learner to the world at large.
7. The educator and learner may experience success, failure, adventure, risk-taking, and uncertainty because the outcomes of experience cannot totally be predicted.
8. Opportunities are nurtured for learners and educators to explore and examine their own values.
9. The educator's primary roles include setting suitable experiences, posing problems, setting boundaries, supporting learners, insuring physical and emotional safety, and facilitating the learning process.
10. The educator recognizes and encourages spontaneous opportunities for learning.
11. Educators strive to be aware of their biases, judgments and pre-conceptions, and how these influence the learner.
12. The design of the learning experience includes the possibility to learn from natural consequences, mistakes, and successes. (AEE, n.d., The Principles section)

(Notgrass & Pettinelli, 2014, p.165)

These sets of guidelines formed by AEE are the basis for more than just EAP/EAMH and shape many experiential education models. And like many development/learning models, they inform not just education but also mental health (Burg, 2000; Carlson & Cook, 2007; Gillis & Gass, 1993; Gillis & Ringer, 1999).



According to Carlson and Cook (2007), “Adventure programming is the cornerstone of adventure-based counseling or therapeutic adventure, a more specific and intentional form of adventure programming that targets change at the level of behaviors, cognitions, and unconscious processes” (p. 909). This kind of experience can be observed through five generations of facilitation according to Priest and Gass (1993). The generation approach was specifically developed through Outdoor Education and adapted to EAP for meaning-making.

The learning facilitated through the five-generation approach can be psychoeducational or can cause the client to connect experiences. Clients can then use this experience to make meaningful connections in life. We could look to attachment theory, which, because it involves intrapersonal and interpersonal processes could give us an understanding of what happens in a relationship between people and animals. Because many people relate to pets as they do family members, this can be a foundational aspect for animal-assisted activities and therapies. Through the lens of attachment, and adding elements of Gestalt, and Play therapy, Equine Assisted therapies have developed strong core concepts and a foundational base on which to practice.

### **Experience**

I looked at many programs before I chose the post masters certificate program in EAMH practice. This is different from the usual programs in that it is a university supported course and the length of participation in the class is 2 full semesters. At the top of the list of the usual training programs are EAGALA, and PATH.

This is a journey that began when I was a little girl and is now finally becoming a fulfillment. I looked at life four years ago, knowing I was approaching a time when it would be too late to start again, and it was the horses that motivated me to start another graduate degree. I thought about how many years I will still be teaching full time, and how many more years would I still be able to commute and teach six and seven classes per semester. I knew I needed somewhere to land. And I prefer to land in the barn. I never felt better than when I'm in the barn. So, I started researching programs for Equine Assisted health, and I immediately applied to JMU's Clinical Mental Health Counseling program. I didn't stop to think about the difficulty in getting there, I just put my nose to the ground and went for it.

There are many "certification" programs available. I found more than 20 online with information or claims that they could train someone to use horses for psychotherapy. While most of these could be reputable and good programs, two are most often mentioned in literature and considered the standard of Equine Assisted Psychotherapy. These are; EAGALA, and PATH International. Each of these has a distinct history and a particular model of practice. The EAGALA method is well known, and in my experience, is the model most counselors have been using.

After researching these many certification and training programs, I settled on Denver University's Equine Assisted Mental Health certificate because it was a post master's certificate, and associated with a university. This program is a 9-month long program instead of several weekends—or even one weekend in some cases—and does not require recertification. Most other programs require a recertification every four to five years. DU's program also has an outside board that keeps the program ethically

responsible. Also, I will not need two people to practice. EAGALA, for instance, requires that there are always two professional people, with EAGALA certification in the session with a client. I felt that while I may need an extra person sometimes, I do not want to be bound to that requirement all the time. Also, in the EAGALA model, no one rides or is ever astride the horse. I know that if anyone is with the horses for any length of time, there will be a desire to get on the horse. I felt I wanted to have the freedom to choose whether or not the client should be able to be on the horse. These were the criteria that helped me choose Denver University's program.

### **Findings**

My first reaction to this program was how much this felt like a regular class for school. As a Lecturer at JMU for the last 22 years, I am very familiar with online formats, as well as course design, and I found the information and regular communication to be reassuring. I was anxious to get to the core of learning, but like any well-planned course, we focused on foundational material for a good while.

The course began with a workshop weekend in Colorado. There were 10 professional counselors in the class, and all planned to incorporate EAMH in practice. As a cohort, we met and began in a workshop indoor setting. This enabled us to talk about approaches we have previously known and also to address any misinformation or myths encountered. Because all who were accepted into the class had extensive experience with handling horses, we also worked on common beliefs about the horse, horse health and ethical use of horses in our field. We also discussed our professional area of interest, how we thought we would incorporate this kind of therapy into our

practice, and what it might mean for us. The ideas we exchanged were deeply rooted in counseling psychology.

*Psychological* healing refers generally to mental status. This includes mood/feelings, cognition, perception, thoughts, self, intellect, emotion, judgment, and identity (Chalmers & Dell, 2007). We were all sure to be on the same page psychologically speaking in this first session. We also discussed social aspects. *Social* healing generally refers to an individual's relationships or associations with friends, family, community and the universe (Chalmers & Dell, 2007). We put this definition into perspective with the concept of psychological healing and then touched on the spiritual aspect of our work. *Spiritual* healing refers to an individual's inner system of beliefs (e.g., purpose, meaning, value, higher power) and their essence, being or inner spirit. See Figure 1. (Chalmers & Dell, 2007)

This initial discussion gave us the opportunity to get feedback on our thoughts as well as an opportunity to hear options we had not considered using. It was surprisingly eye-opening, and presented options that were already working for others, as well as sparking our own creative process.

The entire workshop was used to orient us to the ethical use of horses in therapy as well as to stimulate thought about how we would plan our environment, our approach and our integration of equine assisted psychotherapy into our respective practices. I came away with new resources, new friends and optimism about my skills.

Immediately post-workshop, we began our online sessions. Weekly we interacted with lectures and on a discussion board. This also allowed us to use interactive

exploration of the lectures to notice, create and apply the core concepts of EAMH. Again, I was delighted with how this format broadened my views of EAMH.

### **Discussion**

I found that I still think I chose the program that suits me best. At first, I had some concerns that the equine philosophies that underpin the values of this program may be different from my own strongly held views about horses. But my agreement with so many of the concepts and practices overcame my doubts. The EAMH certification program at Denver University is unique in the delivery of its materials, and thorough in covering theoretical background as well as ethical aspects of EAMH.

Because the length of the program ensures a steady even informational flow over the course of one academic year, and because it is self-described as a post-masters certificate, the expectation of the program for the participants is that they are willing to be academic, professional and also have a deep knowledge of horse behavior. The EAMH at DU is also affiliated with the Institute for Human-Animal Connection, and the values of that institute are also incorporated into the courses.

I also found that the core concepts from Notgrass & Pettinelli (2014) as well as Priest and Gass's five generations of facilitation (1993) are basic in DU's EAMH course. The classes are well rooted in these founding principles of experiential therapy.

All members of the cohort are also busy either in school and work in addition to taking these courses. I was teaching seven classes, finishing my internship, taking two graduate courses and added this online/workshop format to my schedule. It was ambitious to be sure, but the first semester was successful. We have six to eight projects we have to finish by the end of the year, and three classes online we participate in once

per week. Due to my own overloading, I did struggle to keep up, but everyone worked with me, and the first semester and ½ have gone well. We have been slowly integrating ourselves into the field, getting to know local people who already practice, and researching approaches to specific psychological issues.

As I write, we are in the middle of the COVID19 quarantine, and the second workshop has been canceled. We have resorted to Zoom meetings, as most universities have had to do, to stay in touch and to try to creative problem solve our uncharted global situation. It has been decided we will combine the second and third workshops and postpone those until next August. We also have a 50-hour supervision requirement to work in an Equine Assisted facility. This also has had to be re-worked.

I am currently working with Cross Keys Equine Therapy barn, and my first assignments there were to help with Public Relations for events this summer. Right now, no one knows what the summer holds, so I am in limbo on my hours as well. I was slated to help in a program for teenage girls called “Thrive.” This program is designed to help girls find their strengths and self-confidence through Equine assisted exercises. I was so looking forward to working in this program because it closely aligns with both my values and beliefs and also, I also hope to be able to start a program like that at some point. However, for now, things are all on hold.

I am sure in six weeks we will all be in a different place with COVID19, and I will be back on track to earning my hours, as well as interacting with my cohort. I have not experienced the anxiety I see in some, as we all learn how to just be at home again.

### **Limitations**

The limitations of this study are that I am only looking at one program, and the data are my own experience. I do not have experience with any other EAMH program for comparison.

### **Conclusion**

There are many reasons to incorporate EAMH into counseling practice. I have found that multiple common diagnoses have been shown to be improved with this kind of therapy. Success rates are shown to be high in PTSD populations, as well as trauma in young and old, eating disorders, substance abuse, and inmate rehabilitation.

The core concepts of an EAMH program are founded on experiential learning and therapy and incorporate elements of Gestalt methods as well. The metaphorical aspects of a relationship, and interacting with others (horses) are key to helping clients learn to look inward to process self-tendencies, and attitudes.

I have learned much about the intricacies of an EAMH program. It is much more complex than can be learned in a weekend or several weekends. Rather, a well thought out program delves into the foundations of ethical horse management, as well as the depths of our personal psychological approach to counseling. This program also explores fully the detailed aspects of what the environment needs to bring to the EAMH experience for the client. This means not only the area where you are working with the animal, but also how the horses are cared for and the conditions of housing them. I have respect for the EAMH program at Denver University because it has pushed me to learn more after 52 years of owning horses. I have been able to more than imagine what it

might be like to be a practitioner, and I have found a solid foundation to jump from or land on as I pursue my life-long desire to share horses therapeutically.



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