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EQUINE-FACILITATED THERAPY IN TREATING AN ASYLUM SEEKER GIRL WITH POST-TRAUMATIC STRESS DISORDER: A CASE STUDY

ABSTRACT

Previous studies exist in using equine-facilitated therapy (EFT) in treating post-traumatic stress disorder (PTSD), however, no studies among refugees or asylum seekers were found. This study aimed at describing and analysing a 12-week EFT process for an asylum seeker girl with PTSD. The polyvagal theory was used as theoretical background, where strengthening the body-mind's system for regulating arousal is stressed. The case subject was a 13-year-old girl "Meryam", born in the Middle East, who had entered Finland eight months before the EFT process started. No interpreter was used in the process. The EFT sessions were videotaped and analysed. The methodological approach based on grounded theory. The analyses ended up forming three main categories of relevant contents involving: 1) anxiety regulation and growing the window of tolerance, 2) reciprocal expression of needs and desires and increasing of agency, and 3) strengthening the body-mind integration. All of these increased during the process, observed both in the sessions and in real life. The horse played a crucial role in the process: it acted as a force of attraction that motivated the patient to stretch her window of tolerance in order to be able to perform desired actions, such as riding. Both the therapist and the horse need to be competent in offering enough safety for the patient at all times in the therapeutic triangle. One advantage in using EFT with this target group was the small need for shared spoken language. This paper contends that EFT can be used with this target group.

KEYWORDS: ADOLESCENT, ANXIETY, ASYLUM SEEKER, CASE STUDY, EQUINE-ASSISTED THERAPY, EQUINE-FACILITATED THERAPY, HIPPO THERAPY, MIGRANT, POST-TRAUMATIC STRESS DISORDER (PTSD), REFUGEE

INTRODUCTION

FORCIBLY DISPLACED PEOPLE AND TRAUMATIZATION

The United Nations High Commissioner for Refugees (UNHCR) estimated that global displacement reached a record high at the end of the year 2018, with little hope of improvement in sight. Ongoing mass conflicts around the globe and the resulting flow of displaced people have increased clinical and academic interest in the practice of treating traumatized refugees in the Western world. Also, a debate is going on whether traumas should be treated already during the asylum phase, with the right to be treated on one hand and the worry of doing harm if the treatment is interrupted, for instance, in the case of negative asylum decision on the other hand.

In Finnish population-based migrant samples, the prevalence of having at least one potentially traumatic experience in the former home country (e.g., witnessing a violent death/injury or being a victim of a serious physical attack/harm) was as high as 77% among the Kurdish origin adults, and as many as 35% of the Kurdish men had experienced torture [1]. The psychiatric symptom levels have also been found to be high: whereas the prevalence of severe depressive and anxiety symptoms in the Finnish general population was 10%, among Kurdish origin adults in Finland, the respective figure was as much as 35%, and even 49% among the Kurdish women [2].

Refugee and asylum seeker children and adolescents have been studied somewhat less in Finland, but recent results among the newly arrived asylum seekers point out that as many as 87% of the 13–17-year-olds, 73% of the 7–12-year-olds and 54% of the 0–6-year-olds had experienced at least one potentially traumatic event before entering Finland [3]. Among the adolescents, 40% had witnessed physical violence towards another person, 25% had been harmed (or attempted) physically, 43% had lost a loved person and 21% had unwillingly been separated from their family. Furthermore, symptom levels were also found to be high: 35% of the adolescents had psychosocial symptoms, mainly problems in peer-relations (53%) or emotional symptoms (43%) [4].

Thus, the alarmingly high levels of potentially traumatic experiences and psychiatric symptoms call for attention in treating traumas, post-traumatic stress disorder (PTSD) and other psychiatric symptoms among refugees and asylum seekers, adults as well as children.

Equine-facilitated therapy (EFT) in treating post-traumatic stress disorder and traumas

Equine-facilitated therapy (EFT) is characterized by including a horse in a therapeutic triangle as another therapist in addition to the professional human therapist, who engages the horse in the therapeutic process to facilitate the desired changes, for instance, psychological and social insights in psychotherapeutic context. Thus, the therapeutic alliance between the patient, the therapist and the horse, and the attractive force of the horse are some of the key factors in EFT, in comparison to corresponding therapies without the horse. In Finland, EFT is always conducted by a health or social service professional (e.g., physiotherapist, occupational therapist, psychologist, psychotherapist, medical doctor or social worker) who has an additional 3-year EFT education.

The use of EFT in treating PTSD or traumatized patients has been still only scarcely studied and documented [5–6]. Some case studies and quantitative pilot studies with small samples have shown promising preliminary results among traumatized adults [7–8] and adolescents [9–13], although not involving control groups or randomization. These studies have stressed that the horse may have a unique potential to aid the desired psychological changes in traumatized patients in positive attachment, safety, emotion regulation, social skills and body awareness. Thus, EFT may be considered a promising treatment for traumatized patients, but needs more investigation, documentation and understanding.

EQUINE-FACILITATED THERAPY (EFT) IN TREATING REFUGEES AND ASYLUM SEEKERS

Studies in using EFT with refugee or asylum seeker patients were not found, either among adults, adolescents or children, or in treating PTSD or other domains. However, this target group might be of great interest in this field of research and clinical practice, for various reasons.

Firstly, EFT is a holistic approach involving the whole mind-body continuum that is usually emphasized when treating refugees with complex traumatization [14]. For instance, the rehabilitation centres for torture victims generally use multi-professional and holistic ways of treating traumas, usually including physiotherapy. Secondly, it has been discussed that more traditional psychotherapy, based mainly on Western concepts and stressing the role of speech and verbal reflection, might be a somewhat unfamiliar approach for non-Western people. Thus, traditions of psychotherapy involving more flexible, functional, non-verbal or creative methods have been suggested, such as using music,

other art or movement for working with non-Western people. Thirdly, language barriers have been sometimes named as a challenge in psychotherapeutic treatment of migrants, even via a professional interpreter, whereas in EFT, language does not play such a major role as in a more traditional psychotherapy setting. Therefore, it can be hypothesized that EFT may serve as a suitable approach when treating traumatized refugees.

THE POLYVAGAL THEORY AND TRAUMATIZATION

The polyvagal theory was introduced in the 1990s by Stephen Porges [15]. According to the theory, the autonomic nervous system can be divided into three distinct parts, hierarchical in relation with each other: 1) parasympathetic system's dorsal vagal complex or "vegetative vagus" where the most primal survival strategies and primitive autonomic control results in suppressing of vital functions (for instance, when animals freeze when threatened, conserving their metabolic resources); 2) sympathetic system which is the more evolved one and associated with the regulation of sympathetic fight or flight behaviours, and 3) parasympathetic system's ventral vagal complex or "smart vagus" which is the most evolved one in social involvement and can inhibit or disinhibit defensive limbic circuits, depending on the situation, in the service of social affiliative behaviours, such as communication and self-calming. Thus, the theory outlines the structure of two functionally distinct branches of the vagus nerve, both associated with a different adaptive behavioural strategy to a frightening situation and both inhibitory in nature via the parasympathetic nervous system in opposition to the sympathetic-adrenal system, which is involved in mobilization behaviours.

The polyvagal approach has been used in theorizing traumatization and in the development of trauma treatments and rehabilitation [16–17]. The theory stresses the importance to focus on strengthening the body-mind's system for regulating arousal when treating trauma, PTSD, anxiety and depressive symptoms caused by traumatization. Practical applications of the polyvagal theory have resulted in positive observations, especially in the treatment of emotional trauma.

AIMS OF THE STUDY

This study targeted describing and analysing a 12-session EFT process with a case of an adolescent asylum seeker girl with PTSD. With this detailed description and analysis,

the use of EFT with this target group may be evaluated, developed and enhanced.

METHODS

CASE SUBJECT

The case subject in this study was a 13-year-old girl called "Meryam", born in the Middle East. Meryam had entered the country of Finland as an asylum seeker eight months before the EFT process started. Meryam received a temporary residence permit in the beginning of the EFT process and a social security number with rights to use the services as a municipal citizen by the end of the process. Thus, during the EFT process Meryam was not yet entirely in general services and still partly in the asylum services. She started to go to school already during the asylum phase. She lived in Finland with her mother and siblings.

Based on the background information Meryam had been a victim of physical family violence, sexual violence and restraint during her childhood and adolescence. Meryam was diagnosed with PTSD and had received psychotherapy services during the asylum process. She had a lot of anxiety and fears that limited her daily functioning. She performed well in school and was obedient and well in contact, but was not able to go out alone, thus she stayed a lot at home and was not able to travel to school by herself. She had many somatic symptoms and pains in her body, e.g., stomach pain, joint ache and headaches. She was referred to the EFT process by the treating psychotherapist (A-C Q-O; later referred to as referring psychotherapist), thus serving partly as a parallel process with psychodynamic psychotherapy, although she did not receive other therapies during the EFT process. She had visited medical doctors several times during the asylum phase due to pains and injuries in different parts of the body.

Meryam had no significant prior experience with riding, but had expressed interest toward animals and especially horses. She spoke and understood only very little Finnish in the beginning of the EFT process.

EQUINE-FACILITATED THERAPY PROCESS

The 12-week process consisted of altogether 12 sessions, from 60 to 75 minutes each, that took place once a week from July to September 2019. Meryam cancelled two of the planned 12 EFT sessions due to somatic health reasons. One of the cancellations was replaced with an EFT session during the same week as the cancelled one and the other

was substituted with a session at home at the end of the process. Thus, the 12-week process included 11 EFT sessions and a final home visit.

The treating professional was an EFT student with an education and clinical experience of psychologist and psychotherapist (AEC; later referred to as therapist in the process). The horse in the process was a 15-year-old Icelandic mare, experienced in socio-pedagogical horse activity services but not in EFT per se. The stable where the process took place was a rather small stable in Southern Finland specialized in socio-pedagogical horse activities. In addition to Meryam, the horse and the therapist, the referring psychotherapist joined in seven of the 11 EFT sessions to film and to assist in creating an atmosphere of safety for Meryam (sessions I-II, IV-V, VII, IX-X). In the other four of the 11 EFT sessions, the referring psychotherapist was replaced by other stable personnel to film (sessions III, VI, VIII, XI). In addition, the clinical work supervisor, an experienced psychiatrist and EFT therapist (TM; later referred to as supervisor), joined in to observe two of the sessions (sessions III, VIII). The stable's other horses also took part in the sessions to a small extent. In the final session (XII), the therapist and the referring psychotherapist visited Meryam's home.

The EFT process was free of charge for Meryam due to the process being a part of the therapist's EFT education. No interpreter was used in any of the 12 sessions, but in the final home visit the parent acted as an interpreter to a small extent. The therapist transported Meryam by car, back and forth, to the stable to every session (45 minutes per direction), joined by the referring psychotherapist for seven of the 11 times. Thus, the car trips served as extra time to chat a little via Google Translator and to enjoy some snacks together.

DOCUMENTATION AND DATA ANALYSES

Prior to the beginning of the 12-week process the therapist together with the supervisor roughly sketched the EFT process goals, based on the approximate background information received of the case subject. In addition, prior to each of the 12 sessions, a plan was drafted by the therapist and revised by the supervisor that outlined the aims, contents and timetable of each individual session.

The 11 EFT sessions held in the stable were videotaped in entirety with a video camera. Within a couple of days after each session, the therapist watched and analysed the raw videotape (from 60 to 75 minutes), and edited a shorter version (from 20 to 25 minutes), that included the most important moments of that session. In addition, the

therapist wrote down a transcription of all observations and reflections made during every session while watching the videotape. The supervisor watched every edited video and commented on the transcription prior to the next session. The final home session was not recorded, but was planned and transcribed with the supervisor the same as the EFT sessions. In addition, the therapist wrote a clinical report of the process after the final session, revised by the supervisor, to be used in the clinical setting and planning of the service path for Meryam in the future.

In analysing the data, the methodological approach was based on grounded theory [18] where the raw data is coded and categorized by the themes that emerge in it. The raw videos were analysed and edited by selecting moments that pointed out relevant psychopathological perspectives and observations or changes in emotional, cognitive, behavioural or bodily levels of Meryam. These psychopathological perspectives could be observed either within Meryam or in her relationship with the horse, the therapist or other surroundings (as other people, other horses or the stable).

RESULTS

The 11 EFT sessions included, e.g., getting the horse from the pasture, brushing, nursing and tending the horse, walking and mastering the horse, riding in the paddock and in the stable's garden, braiding the horse's hair, feeding the horse and cleaning the stable. Riding the horse in the paddock included mostly gait and a small amount of tölt, leading the direction and the speed of the horse (e.g., stopping, turning, zigzagging cones) both with and without the therapist, stretching hands and body in different ways etc. The first nine EFT sessions started with going through the forthcoming session with picture cards.

The tentative aims for the EFT process were to strengthen the more traditional psychodynamic psychotherapy process by involving the body-mind-integration, to grow Meryam's self-confidence, courage, self-efficacy, and to reduce her anxiety. After the first sessions these became more accurate with growing anxiety regulation and self-efficacy, resulting in the ability to function better in everyday life (e.g., to go out alone). The sessions I-III aimed mainly at establishing the client-therapist-horse-contact and creating a clinical construction of the case, the sessions XI-XII at closing the 12-week process, and the sessions in between at working with Meryam's clinical issues. The more specific aims of the sessions IV-XI included: strengthening the feeling of

safety; growing courage, self-confidence, self-efficacy and expression; growing the window of tolerance of fear and anxiety; increasing the abilities of self-calming; living with the fearful memories and integrating them as a part of self and life history, thus making room for joy and peacefulness, and strengthening the body-mind integration and bodily control.

The analyses of the raw videotapes and the reflective transcriptions ended up forming three main categories of relevant contents involving: 1) fear and anxiety regulation and growing the window of tolerance; 2) reciprocal expression of needs and desires and increasing of agency, and 3) strengthening the body-mind integration. Each of them is described below in detail, although in reality operating in an interlinked fashion.

FEAR AND ANXIETY REGULATION AND GROWING THE WINDOW OF TOLERANCE

Anxiety regulation and working with the window of tolerance was the most noticeable theme throughout the whole EFT process. Meryam showed rather traditional symptoms of PTSD, such as getting frightened, startling and wincing easily, or crying out for fright. Anxiety was observed also with some displacement activity, such as whisking off flies when there weren't any and cleaning herself with nothing to clean. The startling symptom was seen throughout the process but whisking and cleaning reduced towards the end of the process.

From session I, Meryam's interest towards the horse was notable, with simultaneous strain. Thus, with the force of attraction the horse pulled Meryam to the limits of her anxiety tolerance, but letting Meryam decide the pace of going towards anxiety. This was seen, for instance, when riding the horse, it was simultaneously the most interesting and the most frightening thing for Meryam. In session II, Meryam showed a great deal of pride and joy when riding the horse for the first time, and in session III she stated the aspiration to ride, but when the moment of mounting the horse came, she pulled back due to the anxiety, and showed disappointment and sadness for not being able to perform the act she on the other hand desired. In session IV, the therapist decided that they do other things than ride, calmer things such as tending the horse and braiding its hair. In session V, Meryam got again the chance to decide to ride or not, and she decided to do so. She showed again clear joy and satisfaction with herself (e.g., smiling, laughing, making jokes) in being able to overcome her fears and handling the feelings of anxiety when wanting to achieve something that

was desired for her (to ride the horse). She warmly hugged and thanked the horse in Finnish language after dismounting, showing satisfaction, relief and appreciation.

Many more surprising real-time happenings in the stable also made it possible to study very concretely the theme of fear and anxiety regulation. For instance, in session IV, when taking the horses from the pasture, the horse surprisingly galloped near Meryam, frightening her greatly. The therapist helped Meryam to calm down: she was physically near to Meryam, and stayed calm, demonstrated bodily indications of fright (e.g., heart beating and trembling) and modelled "stopping" the situation and stabilizing herself by breathing and grounding. In session V, the therapist stopped in the same place where the fright had happened the last time to go through it in a peaceful manner and to model self-calming inner speech. Meryam stated the feeling of nervousness but showed with her thumb, a thumbs up, when ready to continue. When walking the horse from the pasture, Meryam got scared and anxious again from hearing the thrash of the horse's hooves from behind thus triggering a flashback from the last time. The therapist intercepted the situation and they explored together the feelings with calmness and continued to walk when Meryam felt calm enough. In sessions V and VI, Meryam decided to not let another horse walk behind her, thus not hearing the thrash of the hooves from her back, crossing the limits of her window of tolerance. With this experience, however, Meryam understood the idea of escaping the fears versus facing them, and onwards from session VII she decided, step by step, to start to walk with hearing the frightening thrash of the hooves from behind and desensitize herself. Thus, she understood the logic and started to intentionally widen her window of tolerance and to regulate the anxiety she felt when the flashbacks emerged, ending in session XI with walking and hearing the thrash of the hooves behind her, but without feeling anxious.

In the car after session VI, a conversation via Google Translator between Meryam, the therapist and the referring psychotherapist emerged regarding fearing memories and encountering fears. Meryam stated, for instance, that she tried to forget all the difficult memories from the former home country, but that it was impossible to be without them coming to mind time after time. She stated that when being in the stable and with the horse, she could forget the difficult memories for a second and live in the moment, whereas at home she was surrounded with the memories all the time. The theme of going towards the fears and conquering the fears instead of running from them was discussed, although the experiences in the former home country were not discussed.

Another example of anxiety regulation and growing the window of tolerance was seen when mounting the horse. In session V, when Meryam was anxious with mounting, she quickly “jumped” from the pedestal to the back of the horse. In session VI, the therapist instructed her to stop and breathe a couple of times during the mounting process, so that the calmness in action was achieved by stopping and breathing, and the process continued in a calm manner, although the action was frightening in the first place.

These concrete moments, experienced with the horse due to its pulling power and with the guidance of the therapist, made it possible for Meryam to stop and concretely feel the anxiety rising and declining, thus regulating the feeling instead of escaping it. During several moments throughout the process, the happenings with the horse and in the stables made it possible for Meryam and the therapist to demonstrate the beating of the heart and self-calming by stopping and breathing. The therapist was all the time available for Meryam to participate and help her in anxiety regulation. This warranted particular calmness and an extra relaxed atmosphere from the therapist. For instance, when the horse splashed and Meryam got frightened, she instantly looked to the therapist for her reaction and was able to continue when seeing the therapist modelling relaxation and calmness. In session VIII, in a moment while riding the horse in a calm, relaxed, joyful moment, the therapist instructed a short version of a “safe place exercise” so that it was possible for Meryam to also use that in her everyday life.

Since there was no shared spoken language between Meryam and the therapist, they used several symbols when communicating Meryam’s real-time anxiety levels. One of the ways of communication was using the thumbs: Meryam pointed out the level of anxiety with the thumbs up (no great anxiety), thumbs down (too much anxiety, need to wait before continuing) and thumb in the middle (somewhat tolerable level of anxiety, continuation but with care). Another way of communication was using a code language of colours for different emotions that were first shortly discussed with Meryam with pictures in the stable (red for anger or great trouble, yellow for milder distress or discomfort, blue for sadness, and green for joy and peacefulness). In addition to just communicative purposes, this of course taught Meryam also to separate and name different emotions, to notify when different emotions emerge in the self, to communicate the emotions to others and to manage them and regulate them. The pictures with different colours for different emotions included also pictures of some simple ways to encounter the

emotions, such as breathing, counting or helping oneself to pause.

RECIPROCAL EXPRESSION OF NEEDS AND DESIRES AND INCREASING OF AGENCY

Another theme that was strongly observed throughout the process was the reciprocal expression of needs and desires and increasing of agency of Meryam. Although without being particularly shy or timid, in session I, Meryam stated many times “it doesn’t matter” although there seemed discomfort towards her (e.g., wet shoes). However, already in session II and increasingly in forthcoming sessions she started to express herself to the therapist rather a lot: her interests, observations, wishes, discomforts, fears, likes and dislikes. She also, from the first sessions, started to be humorous and make jokes although playing with limited linguistic possibilities with expression.

In session VII, Meryam states, while riding, that she wants to try to trot with the horse. This was also a big gesture of growing agency, self-efficacy and expression. The therapist made a quick decision to let Meryam tölt three short distances to get the experience of general responsiveness and her capability in expression and the function of reaching for desires. Towards the end of the process, she showed a lot of activeness and agency in addition to growing power in expressing both “yes” and “no”.

The therapist encouraged Meryam to express her own wishes and thoughts by giving her possibilities and enough time to decide many of the details during the sessions (e.g., some decisions on the content of the sessions, the wish to walk the horse or not, or on the order of how different grooming acts with the horse were made), and by modelling a humorous, easy-going way of being and boldness in making bodily gestures. For example, in session VII, a joke emerged where Meryam gestured to the therapist that “I’ll go alone and you can stay there” when going to grab the gear from the saddle room and when walking the horse to the paddock.

From the beginning, Meryam also made a good reciprocal relationship with the horse, showing both tenderness and respect on one hand and determination on the other. In the therapeutic triangle of Meryam, the horse and the therapist, it became possible to model real-time reciprocal relationships, expressions and responsiveness: in session II the horse was itchy and expressed it, thus Meryam started to scratch her and ease her discomfort. The therapist also helped Meryam notice, for instance, how the horse, although standing still,

was following and listening to the movements of Meryam all the time, e.g., with her ears.

In sessions IX-X, it was also observed that Meryam somewhat pushed the horse away, not with anxiety or fear, but with mild disappointment towards the horse. For instance, Meryam approached the horse, but the horse turned her head away, with Meryam withdrawing herself with disappointment. This gave the therapist a possibility to model and guide Meryam for being able to just float in the feelings of sadness or disappointment without a quick withdrawal, thus giving new possibilities for rejoining together in communication. This resulted in the horse making contact towards Meryam where she could again join. The endings of the EFT sessions and saying goodbyes to the horse were especially fruitful moments in monitoring the feelings in the reciprocal relationship between Meryam and the horse.

With the horse it became also possible to model the act of refusing from something. For instance, in sessions IX-X Meryam started to tickle the horse's ear with good intentions, but which the horse did not like and turned her head away, and the therapist guided Meryam that the horse did not like it and that is something that has to be respected, ending up Meryam finding another way which the horse liked.

STRENGTHENING THE BODY-MIND INTEGRATION

First observation of Meryam's bodily control included somewhat looseness and imbalance on one hand (e.g., body pose and carriage when standing and walking), but at the same time some stiffness and tensions on the other (e.g., short steps and glancing to the ground when walking), in addition to many rather adequate bodily movements (e.g., hand movements and crouching when brushing the horse). When Meryam was riding the horse for the first time in session II, the body posture was very strained, sitting back with upper body leaning forward and the hip closed. Still in session V, when riding the horse for the second time, the body posture was very tensed up, stiff and unsteady. With continuing guidance from the therapist of breathing peacefully, stretching hands to the side and up to the sky, turning the torso back to scratch the horse's tail, instructing to open the chest and let the legs hang, Meryam's posture started session by session to relax and become more elastic and flexible.

In sessions X-XI, Meryam's bodily control had improved significantly: her hip had opened with relaxed legs hanging,

her back had risen to full length, her posture was stable, elastic and upright, yet relaxed. For instance, in session X, the horse started to move without warning and kicked at her stomach due to insects, but Meryam just sat with ease on her back with her body adjusting to the movements of the horse, whereas in the first sessions the same movements made her shaky, unstable and frightened, feeling like she was falling. As the ability to use speech to communicate and instruct was limited, the therapist used her own body to demonstrate and model movements of the hips, the torso and the hands (e.g., how the hip moves up-down, left-right and front-back with the pace of the walking horse).

Exercises were given to Meryam: closing her eyes while riding to let Meryam just feel the movements of the horse's gait, letting her body move with the pace of the horse, breathing peacefully and scanning the body with ease. The bodily exercises guided Meryam rather from just riding the horse to work on the area of body-mind integration and stabilizing the inner world. Thus, working with the mind-body integration also strengthened the regulation of fear and anxiety.

DISCUSSION

This case study aimed at describing and analysing a 12-week EFT process with a case of 13-year-old asylum seeker girl with PTSD. The EFT sessions were videotaped and analysed with the approach of grounded theory, which ended up forming three main categories of relevant emerging contents involving: 1) fear and anxiety regulation and widening the window of tolerance, 2) reciprocal expression of needs and desires and increasing of agency, and 3) strengthening the body-mind integration.

In summation, anxiety regulation was improved, the window of tolerance enhanced, agency increased and the body-mind integration strengthened by the EFT process. This was seen in the EFT sessions, as well as in the patient's real-life situations. During the sessions this was seen as a growing ability to approach and perform frightening acts and be more effective in self-calming, resulting in the maintenance of better inner calmness in situations where anxiety was raised, as stressed in the polyvagal theory. The other important follow-up, or means of evaluation, observations on how the things encountered in the stable transferred into the patient's everyday life were shown by the increasing functional capacity with things that were considered impossible or too frightening earlier. Whereas

prior to the process the patient was unable to go out alone due to fears and anxiety, towards the end of the process it became possible for her so that she was able, for instance, to go alone to school by train and bus, which was impossible for her before. No negative effects of the treatment were observed. This study had no follow-up, and that must be seen as a limitation, especially when the treatment period was rather short.

The horse was seen to play a crucial role in the whole process. Acting with the horse and in the stable environment made predisposing more possible than in a traditional psychotherapy setting: encountering frightening situations and real-time fear with the support of the therapeutic triangle and noticing that those can be encountered and survived. Most importantly, the horse acted as a force of attraction that motivated the patient to pull herself to the limits of her window of tolerance and to stretch it in order to be able to perform desired actions, such as to approach the horse, to mount the horse and to ride the horse. Thus, the horse motivated her to go towards things that felt frightening instead of escaping them. In the present case, caring for and riding the horse were the most effective means of activities in the stable to foster the desired psychological changes. In other cases, other contents of EFT can be the most effective ones, such as walking with the horse or cleaning the stable.

In this case, it was an advantage for the process that the patient came rather quickly, considering her traumatic history, into good, safe contact with the therapist and the horse. The good basic trust probably enabled and accelerated other therapeutic changes. The secure contact formation with the horse was nicely seen in session IX: the patient stated she was interested in approaching and walking another horse that had also been a small part of the process. She approached the other horse, but her anxiety grew so that she stopped and returned to the earlier horse to walk her. In this vignette, it can be seen how the relationship with the particular horse had grown during the process and how the horse acted as a safe haven for the patient. She reached for something interesting, but when the limit of the window of tolerance was crossed, she returned to find the ease for anxiety with the older horse. In addition, when the relationship with the horse had deepened, she showed great trust in the horse, for instance, when having the horse free in the corridor of the stable while tending her, without any halter. The referring psychotherapist who attended most of the sessions and who the patient already knew, also probably helped the contact form for Meryam with the therapist and the horse. All in all, it should be noted that this case got more attention than

usual, with e.g., the therapist transporting the girl to the stable and home, the familiar psychotherapist joining most of the sessions and the supervisor also joining two of the sessions. This extra effort by the professionals had probably some possible effect with the good outcome.

In addition, it is most important that, especially when treating patients with PTSD, the therapist offers and ensures enough safety in the therapeutic triangle and in the surroundings where there might occur many surprising and frightening situations for the patient. The therapist's calmness and both psychological and physical presence was important. The horse also needs to be suitable and trained for the EFT work. Thus, both the therapist and the horse need to be competent in offering enough safety for the patient all the time in the therapeutic triangle. Since the basic education of EFT therapists varies, the therapist should have a strong enough competence in mental health. The therapist needs also to know the individual horse well to be able to notice what the horse signals. The wellbeing of the horse should never be neglected. Excluding allergies, there are not that many contraindications since the stable environment offers many therapeutic possibilities, but, for instance, mistreating or aversion to animals could be among those.

One of the advantages in using EFT in treatment of a refugee or asylum seeker was observed with the rather small need for a shared spoken language. Whereas shared language is a key component in more traditional psychotherapy (at least via professional interpreter), in EFT, the desired changes in the psychological structures can be achieved by other means, such as in relation to the horse where speech is not needed. No major communication problems occurred in the present case, even though the patient spoke only very little Finnish. Picture cards used helped the communication in planning the sessions together with the patient, and the sign tables to word emotions during the process. Google Translator, used a little to "speak" in the car, worked well enough in this case. In a longer EFT process, it could be useful to have a more traditional session with a professional interpreter every now and then, mainly to name the psychological aspects of the process with the patient and to hear the patient's experiences or thoughts of the process. In the process of the present study, only the last home visit was used this way. EFT can also work as a parallel therapy alongside a more traditional speech-based psychotherapy, boosting the desired effects.

Communicating in the language of the new host country also has meaning from the perspective of integration into the new society and growing courage in general. Functioning together in the stable environment made it in this case less

pressuring to start to speak Finnish, even with very little vocabulary, thus lessening the feeling of insecurity and strengthening the thought of being able to speak without an interpreter. From there the experience can also manifest itself in other situations in everyday life. Communicating in Finnish also enhances courage in general to improvise and to throw oneself into situations with insecurity and to get experiences of capability.

However, it is very important that the therapist speaks only a little and with short clear sentences and takes into consideration how the patient feels when not understanding or when not being understood. It is also important to underline that the therapist also needs courage to communicate in other ways than speech, such as face and bodily expressions.

To conclude, with a case of an adolescent asylum seeker with PTSD, a 12-week EFT process was seen as a functioning method in working with patient's fears and anxiety towards better anxiety regulation, growing agency and body-mind integration. The present paper describes the process and its main contents and observations, stating that EFT can be used with this target group.

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Funding

No funding.

Conflict of interest

The authors declare no conflicts of interest.

Acknowledgements

“Meryam” is warmly acknowledged. The authors are thankful for Mrs Aila Kajander and AiKa Talli for all their cooperation. Sean Obrey is warmly thanked for linguistic help. This paper is dedicated to co-author Ann-Christin Qvarnström-Obrey who passed away when the manuscript was in its finalizing stage. More people like her would make the world a much better place.

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