The Efficacy of Equine Assisted Therapy

What is Equine Assisted Therapy?

Equine Assisted Therapy is a form of experiential therapy that includes equine(s). It may include, but is not limited to, a number of mutually beneficial equine activities such as observing, handling, grooming, ground work and riding. Equine Assisted Therapy provides the client with opportunities to enhance self-awareness and re-pattern maladaptive behaviors, feelings, and attitudes. Equine Assisted Therapy may be used for people with psycho-social issues and mental health needs that result in any significant variation in cognition, mood, judgment, insight, anxiety level, perception, social skills, communication, behavior or learning.

For the past couple of years, Ms. Roberts and Ms. Spahr, co-founders of N.E.A.T. – Nevada Equine Assisted Therapy, have been working as Qualified Mental Health Associates, under Nevada Medicaid criteria, providing Psycho-Social Rehabilitation using horses as therapy animals. These services are recognized and payable by Medicaid as part of a comprehensive mental health treatment plan. Ms. Spahr and Ms. Roberts are also both NARHA Certified Therapeutic Equine Instructors. NARHA is a national organization working for over 50 years to support therapeutic riding programs for people with special needs. This certification requires 2 written tests, workshop participation and both a riding and teaching test.

Recognition of Equine Assisted Therapy has come a long way. There are now college degree programs, including a Masters program at Prescott College (Prescott, AZ) in the field of Equine Facilitated Mental Health/Education Services.

Additionally, there is growing evidence supporting the effectiveness of work with horses in a therapeutic environment. I will quote from just a few sources and attach results of an additional study well.
Efficacy of Equine Therapy:  
Mounting Evidence  
Edward J. Cumella Ph.D. and Sharon Simpson,  
Remuda Ranch Programs for Eating Disorders.

Can grooming and riding horses foster recovery from mental illness? According to a recent article published in the Psychiatric Times (1), the answer is “yes.” “[E]vidence has continued to accumulate, more rigorous controlled studies are being conducted, resulting in the emergence of a significant body of literature supporting the therapeutic value of the human-companion animal interaction…” An article reviewing the benefits of animal-assisted therapy has even appeared in the prestigious Journal of the American Medical Association (2).

Benefits of Equine Therapy

Animal-assisted therapy has shown evidenced-based efficacy in patients with depression (3), anxiety (4), attention-deficit/hyperactivity disorder (5), conduct disorders (6), dissociative disorders (7), Alzheimer’s disease (8), dementia (9), autism (10), and other chronic mental illnesses (11,12).

In light of research and observational findings, experts suggest that Equine Therapy—a common form of animal-assisted therapy—may yield a variety of psychotherapeutic benefits.

• Confidence: The learning and mastery of a new skill—horsemanship—enhances patients’ confidence in their ability to tackle new projects, such as recovery, and leads to improved self-esteem.
• Self-Efficacy: Learning to communicate and achieve harmony with a large animal promotes renewed feelings of efficacy. A motivated “I can do it!” replaces feelings of helplessness and amotivation, empowering the person to take on challenges in other areas of recovery.
• Self-Concept: Riding helps patients to develop a more realistic view of themselves through awareness of their size in relation to the horse. This is especially important in treating patients with eating disorders as well as those with interpersonal aggression problems.
• Communication: Horses’ sensitivity to non-verbal communication assists patients in developing greater awareness of their emotions, the non-verbal cues that they may be communicating, and the important role of non-verbal communication in relationships.
• Trust: Learning to trust an animal such as a horse also aides in the development, or restoration, of trust for those whose ability to trust has been violated by difficult life experiences such as physical or sexual abuse, abandonment, neglect, or marital infidelity.
• Perspective: Through grooming activities and other types of care for a specific horse, patients are able to put aside the absorbing focus of their mental illness, such as depressive ruminations, and instead to direct their attention and interests outwardly toward safe and caring interactions.
• Anxiety Reduction: Many studies of human-animal interaction indicate that contact with animals significantly reduces physiological anxiety levels. Some patients are initially afraid of horses. But horses’ genuineness and affection allay these fears, helping patients to embrace exposure therapy for their anxiety issues.
• Decreasing Isolation: For many individuals with mental illness, there is a long-term or recent history of feeling rejected by, and different from, other people. Mental illnesses are intrinsically isolating experiences. The horse’s unconditional acceptance invites patients back into the fellowship of life.
• Self-Acceptance: Many patients are initially concerned that they will do something embarrassing while learning about or riding the horses. Yet patients quickly learn that the other participants are engaged in their own equine experiences, and they observe the comfort of the horses in their own skin. Fears of embarrassment in public are thereby often reduced and self-acceptance increased.
• Impulse Modulation: Particularly for those whose mental illness involves the experience of lost control over impulses, the need to communicate with a horse calmly and non-reactively promotes the skills of emotional awareness, emotion regulation, self-control, and impulse modulation. Research clearly indicates that animal-assisted therapy reduces patient agitation and aggressiveness and increases cooperativeness and behavioral control.

• Social Skills: Many individuals with mental illness are socially isolated or withdrawn. A positive relationship with a horse is often a first, safe step toward practicing the social skills needed to initiate closer relationships with people.

• Assertiveness: Communicating effectively with a horse requires the rider to demonstrate assertiveness, direction, and initiative, important skills that enable the patient to express her needs and rights more effectively in other relationships.

• Boundaries: Many patients have experienced prior relationships as controlling or abusive. Healing takes place as patients discover that riding occurs within the context of a respectful relationship between a rider and a horse, and that, although physically powerful, each horse typically operates within the boundaries of this mutually respectful relationship.

• Creative Freedom: Many persons with mental illness have been emotionally inhibited or over-controlled, and have lost some measure of spontaneity. The playful aspects of riding and team equine activities can help restore spontaneity and an ability for healthy recreation and play.

• Spiritual Growth: Through Equine Therapy trail rides, patients have a unique opportunity to encounter the outdoors from a new perspective. Feelings of joy and spiritual connection are often discovered or revived as patients experience the earth’s beauty in a renewed way.

References


Edward Cumella PhD, is Research Director, and Sharon Simpson is Director of Equine Services, at Remuda Ranch Center for Anorexia & Bulimia, Inc.

**Case studies of a group of adult users of a mental health team receiving riding therapy**

**Hannah Burgon**

**ABSTRACT**
The purpose of this study was to examine the psychotherapeutic effect of riding therapy (RT) on a group of adult users of a social services mental health team in South Devon. The benefit of Animal Assisted Therapy (AAT) and pet ownership on health and well being is well documented. However, whilst research has been conducted into the benefits of hippo therapy (the employment of horse riding as a physiotherapeutic aid) little has been undertaken on the psychotherapeutic benefits of riding therapy. This case study sought to explore whether the participants benefited in terms of confidence, increased self-esteem and social/interaction skills. A further objective was whether these benefits, if identified, were transferable into other areas of the riders’ lives.

The study was conducted utilizing a case study, participant observational methodology following the progress of 6 women with various mental health problems receiving RT on a weekly basis. The sessions comprised of learning to look after the horses and carrying out stable management tasks in addition to the riding, the chief instructor aware that an important factor of the RT was building up a relationship and trust with the horses on the ground.

It was found that the participants benefited in areas ranging from increased confidence and self-concept, and that the therapy aided social stimulation and led to transferable skills being acquired.

The field of riding, or equine-facilitated, therapy has less empirically-based research to support it partly due to the inherent difficulties involved in clinically measuring psychological outcomes. Riding therapy, nevertheless, has a long history and offers unlimited potential as a holistic therapeutic medium for a range of both physical and psychological conditions.

In the USA, where Equine Assisted Psychotherapy (EAP) is being pioneered, initial reports of the benefits for people with a range of mental health problems, emotional and behavioural difficulties and projects working with inner-city youth justice programmes have been positive, (McCormick and McCormick 1997; Rector 1994; Cushings and Williams, 1995).

The objective of this case study was to explore some of these aspects by seeking the opinions of the 6 riders involved and giving their voices to their experiences.
RESULTS  
Case Reports

Over the course of the 6 month study the researcher followed the progress of the riders in terms of their riding and stable management skills, social interaction and confidence building, the physical benefits they may have acquired and transferable skills to other areas of their lives. Each rider was interviewed individually and given questionnaires as well as the semi-structured interviewing that took place whilst working alongside them each session.

_For the sake of brevity, I have included only a small sample of the actual responses._

**L**

L had suffered a stroke that had left her paralyzed down the left side of the body in her early twenties. This had led to her becoming depressed, attempting suicide and losing self-confidence. She had been unable to secure employment and had no outside interests until her community care worker (CCA) had suggested riding therapy to her. L was initially reluctant due to fear as she had never ridden previously and was conscious that her disability would be a factor. Nevertheless she agreed to join the group and very quickly spoke of the enjoyment and benefit she received from the therapy…

L described her confidence at 5 on a scale of 1-10 compared to 1 when she started the riding therapy. She provides an example of how an increase in self-confidence and esteem can result in positive life changes being achieved. When L started with the group she explained that her confidence was at rock bottom due to her stroke and the discrimination she had faced due to the disability this had caused. She had previously tried a course but it had been too difficult and, "knocked my confidence and then I got isolated and took an overdose".

**S**

S had a long history of depression that had resulted in her being unable to undertake normal independent living skills such as shopping or socializing.

Despite S having the most regular attendance of the group she nevertheless spoke of her considerable difficulties in attending due to, "getting it together in the morning". This was due to a combination of psychological and physical problems and the medication she was taking. She explained she had suffered a nervous breakdown and depression, together with low self-esteem, and experienced difficulties sleeping. This left her tearful, achy and lethargic. However she said that; "Thursday is the best day of the week as I have always wanted to ride but never had the money or opportunity before”.

Explaining that previous to the riding therapy she had had enormous difficulty in doing day to day activities such as shopping, S described that, "going into local shops, I would be all shaky, stutter and feel I had to explain myself". S would wait for her son to come home from school to go to the shops as he acted, "like my little shield". However now she says that she has the confidence to go into shops and even café’s, which she could never go into by herself previously, even to meet a friend, "there was no café I would go into by myself". Wearing her riding clothes helps her achieve these things as she says that, "after going riding I feel confident enough to go into shops all dirty and in my riding clothes as I feel myself like that".

**SH**

SH joined the group with a history of depression, overdose attempts and hospitalization. She also experienced psychotic episodes. Because SH had ridden previously and owned her own horse in the past she was very keen to ride and be around horses again. She explained her motivation for joining the group as being, "Feeling of being able to do something that I used to do, after so many years".
SH talks of the, "thrilling feeling of getting over the fear" and how when jumping at a later date, it made her, "feel free". She added that she felt that the horses could tell how people feel and what mood they were in and would respond accordingly; “If I was depressed, he (the horse) would just plod and let me get on with it. If I was in a better mood, he would be more racy.”

**DISCUSSION AND SUMMARY**

It has emerged over the course of the research that the strongest element of the riding therapy has been the increase in confidence felt by the riders. This has been brought about by a combination of factors. Firstly, the medium of the horse as the motivating factor has encouraged the riders to attempt, and stick at, a new experience. Secondly, the environment has been instrumental, being perceived as safe and non-judgemental, an important factor for the riders. Lastly, the opportunity to acquire a new skill and see and feel a visible improvement in their ability has led to transference of the confidence gained into other social situations.

Whilst the group studied did not include the psychotherapeutic aspect of the therapy in the curriculum in a structured manner, the staff being qualified riding instructors as opposed to psychotherapists, it has been shown by riding programmes in America how this can be an additional valuable aspect of riding therapy, and contribute to a growth in self-awareness (Bertoti 1988; Rector 1994; McCormick and McCormick, 1997).

A number of psychological theories are relevant to riding therapy, including those of Maslow (1970) and his hierarchy of needs table, and Seligman’s learned helplessness theory (Seligman 1975).

Maslow believed that people need to have certain ‘needs’ met before full potential or ‘self-actualisation’ can be reached. Two of these needs especially relevant to the case study are, ‘Belonginess and Love Needs’ - to affiliate with others, be accepted and belong in your society or culture and ‘Esteem Needs’ - to achieve, be competent and gain approval and recognition. The case study illustrates this with many of the riders explaining that the fact that horses relate in a non-judgemental way and that the environment was a reflection of this was an important part of the experience for them.

Obviously the sense of achievement gained from learning to ride, control a horse and how to relate to it as well as mastering new, physically demanding, stable management skills, meet the ‘Esteem Needs’.

The motivation to change is a fundamental part of any therapeutic process. It has been suggested that “motivation is a concept which has been used by both psychologists and educationalists to explain differences among learners into the amount of effort they put into learning” (Entwistle 1985). Many people who face discrimination, such as the person suffering mental illness, become unmotivated and frustrated because they have become disillusioned at not being able to fulfill the ‘normal’ behaviour required of them by society, (Carson, Butcher and Coleman, 1988; Wilson and Kneisel, 1992).

Seligman’s theory of ‘learned helplessness’ is relevant in this instance, where the individual becomes depressed and unmotivated when they learn that their actions do not generally produce any useful results, (Seligman 1975). Having a lack of control and power over one’s life as do people who face discrimination and lack of opportunity, can therefore lead to ‘learned helplessness’. Riding therapy can be a useful tool to employ to address this, Barber stating that, “The response should be environmental enrichment, by giving people experience of situations in which they are in control and achieve successful results”, (Barber cited in Payne 1997).

Jung, a former disciple of Freud, believed in the importance of animal symbolism in dreams. He suggested that there are universal symbols and patterns, (the collective consciousness). Certain animals are included in these, including the horse, which are stored genetically within the nervous system and hold the key to the individual's fulfilment. According to Jung the psyche contains many of these unconscious archetypes, which need to be
explored and brought into the conscious in order to reach self-actualization, (Jaffe 1980). Wilson (1984) refers to this as biophilia, the innate link between humans and animals. The psychologist Levison takes this theory further, proposing that because animals have played such an important role in humankind’s evolution they are integral to our psychological well-being (Serpell 2000).

The case study illustrated that riding therapy can be an effective therapeutic medium to employ for people with mental health problems. Whilst the research had huge limitations in terms of size, absence of control group and the difficulties inherent in measuring psychological outcomes, the fact that the riders themselves perceived their confidence to have increased so dramatically can be argued to be evidence enough of its success. That this rise in confidence had led to transferable skills, such as L undertaking volunteer work and S being able to go into shops alone, makes it a valuable tool for social workers and mental health practitioners to employ.

It is suggested that riding therapy can be suitable as an intervention for a far wider selection of social work service users than the case study group alone. A case study of the effectiveness of riding therapy on reducing disciplinary reports within the adult judicial system being provided by Cushing and Williams (1995).

Youth offending is an area in which riding therapy could be employed to great effect as it is with young people that horses also appear to serve as an effective motivational medium, as Rector (1994) and Nelson (1987) observe. Their programmes, in addition, provide examples of the preventative aspect of the therapy in its ability to increase self-awareness, self-esteem and confidence and responsibility in young people.

A large draw back to riding therapy is the considerable cost involved in running a riding therapy establishment. However these do not appear as huge if they are weighed against the costs involved in incarcerating a young offender in prison or institutional care. Similarly, the 'revolving door' syndrome of people with mental illness being constantly re-admitted into psychiatric care has proved to be ineffective for large numbers of people. Riding therapy provides an alternative to this scenario by utilizing the non-judgmental and mirroring capacity of the horse as therapist to reach into the psyche of the traumatized, alienated individual and offer them a way back into society.

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The Effects of Equine-Assisted Psychotherapy on the Psychosocial Functioning of At-Risk Adolescents ages 12-18
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Counseling Thesis
Dr. Elisabeth Suarez
15 October 2005

ABSTRACT

The increased need for effective interventions and the difficulty of working with at-risk adolescents have resulted in the design of many non-traditional approaches to therapy for at-risk youth. Equine-assisted psychotherapy (EAP) combines traditional therapeutic interventions with a more innovative component involving relationships and activities with horses. The purpose of this study is to fill a research gap by examining the therapeutic outcomes of EAP in treating at-risk adolescents ages 12-18. The findings suggest that at-risk adolescents who participate in an EAP program experience greater positive therapeutic progress in psychosocial functioning than those who do not participate in an EAP program.

Statement of the Problem

Mental health professionals and researchers are constantly searching for effective interventions to address the problems of adolescents. The increased need for effective interventions and the difficulty of working with this population have resulted in the design of many non-traditional approaches to therapy for at-risk youth, such as various experiential therapies, animal-assisted therapy, various expressive therapies, wilderness therapy, and adventure-based therapy. EAP is an emerging therapeutic intervention used in a variety of mental health settings, particularly in the treatment of adolescents. EAP is a type of recreational therapy loosely related to animal-assisted therapy. It combines traditional therapeutic interventions with a more innovative component involving relationships and activities with horses. Gestalt, reality, solution-oriented brief therapy, and rational-emotive theories form the psychological foundations of EAP. Through aspects of these therapies and components unique to EAP, youths can address and alter maladaptive coping strategies and behaviors in a new and challenging environment. However, currently there is a pronounced lack of quantitative research to substantiate the effectiveness of EAP. The research studies whether participation in an EAP program affects the psychosocial functioning of at-risk adolescents between the ages of 12-18.

Purpose of the Study

The purpose of this study is to fill the research gap by examining the therapeutic outcomes of EAP in treating at-risk youth. Twenty-nine adolescents (15 in the treatment group and 14 in the control group) participated in the study. Clients were given the Youth Outcome Questionnaire Self-Report (Y-OQ-SR) before and after EAP to assess therapeutic outcomes in the areas of behavioral and emotional change. The client’s current primary caregiver was given the Youth Outcome Questionnaire (Y-OQ) before and after treatment to obtain additional information and another perspective on changes in psychosocial functioning of the teens. At-risk adolescents living in a residential basic care facility or enrolled in outpatient treatment participated in either group or individual EAP. In individual EAP, the client, at least one horse, a horse specialist, and a therapist were present during each session. Group EAP consisted of four to five clients, at least one horse, a horse specialist, and a therapist. The results of those participating in an EAP program were compared to a control group not receiving any EAP.
The hypothesis was that at-risk adolescents who participated in an EAP program would experience greater positive therapeutic progress in psychosocial functioning than those who did not participate in an EAP program. EAP is an eclectic form of counseling that combines various aspects of well-researched theories and types of therapy. Based upon the effectiveness of the various types of therapy that inform EAP, this prediction was justifiable. Research has shown that the whole of eclectic therapy is more effective than the sum of its parts (Small & Supple, 2001). Moreover, traditional talk therapy poses certain limitations, which will be discussed later, in working with adolescents that recreational therapies, including EAP, are able to overcome, which suggests that an outcome study will yield positive results.

**Therapy with Horses (EAP)**

In this study, *EAP program* encompasses both individual and group EAP, but only studies EAP and not any other type of therapy in which horses are used. Equine-Assisted Psychotherapy is often equated with Equine-Facilitated Psychotherapy (EFP). The two are similar in many ways, but they are quite different in practice and theoretical psychological foundations. EFP and EAP are both experiential psychotherapies done with either groups or individuals and involve horses. Both include handling, lunging, grooming, and some riding (Kersten & Thomas, 2004; NARHA, 2003). However, EFP often includes vaulting, the “art of dance/gymnastics on the back of a moving horse” (Coburn as quoted in Vidrine, 2002, p. 588). It also relies more heavily on riding than does EAP (NARHA, 2003). EAP does primarily “ground work” with horses, because EAP practitioners believe that “ground activities with the horses provide better opportunities for growth and learning” (Kersten & Thomas, 2004). “Ground work” involves any activity in which the client is not riding the horse. The assumption is that with ground-based activities clients are better able to formulate solutions, because the horse is merely an instrument for this process, rather than the primary focus. Riding necessitates more emphasis on the counselor’s instruction and direction. Moreover, relationship issues and client issues become more apparent on the ground because the client is not as mentally occupied as when on the horse’s back (Kersten & Thomas, 2004).

The centrality of riding in EFP results in a philosophy of change that is quite different from that of EAP. Schultz (1999) speaks of the fundamental connection between movement and human development in an article that describes a form of mounted activity closely resembling vaulting. Schultz argues that mounted experience provides a feeling of security and predictability in the child’s world. EAP believes activities with horses are often intimidating and frustrating, and within this context issues surface, allowing for changes to occur. According to EAP, change does not primarily occur because of a feeling of security and predictability, but because, generally, people are uncomfortable around horses due to a horse’s size and unpredictability (Kersten & Thomas, 2004). EFP and EAP are not synonymous, and, therefore, research on EFP cannot be generalized to EAP.

EAP should not be confused with hippotherapy either, which is physical, occupational, or speech therapy using a horse, and it utilizes the rhythmic properties of horseback riding in working with the physical limitations of clients (NARHA, 2003). Again, research on hippotherapy cannot be applied to EAP. EAP is guided by treatment plans and diagnoses, and is facilitated by a licensed mental health professional and a qualified equine professional. The horse professional is primarily responsible for safety and for observing the behavior of the horse, because the horse’s reaction to the client is as powerful as the client’s response to the horse. The mental health professional is primarily responsible for the therapeutic aspects of the session, although it should be noted that in practice it is quite common for these two roles to overlap (Kersten & Thomas, 2004).

Tim Jobe, one of the board members of EAGALA (the EAP certification organization), says that EAP is not horsemanship, it is “lifemanship” (personal communication, June 3, 2005). Horse knowledge is not the goal of EAP. The focus is on the process of participating in an activity with horses, and the client’s behavior and response is central. The experiential aspect of EAP allows a client’s behaviors and emotions to surface in a way that traditional talk therapy does not allow (Kimberl, 2002). Mayberry (1978, as cited in Greenwald 2000) believes that interventions involving activities with horses can help at-risk youth traverse chaotic life circumstances and give them a paradigm for success and positive peer interactions.
Rationale for Use of Horses in Therapy

Horses provide many therapeutic benefits in addition to those seen from other animals. The most obvious difference between horses and other animals typically used in therapy is their size, which is between 800 and 2,000 pounds. The size and power of horses naturally intimidate clients and provide an opportunity to overcome fear and develop confidence. They provide poignant metaphors when dealing with intimidating and challenging life circumstances (Kersten & Thomas, 2004).

Horses are like people in that they are social animals. “They have defined roles within their herds. They would rather be with their peers. They have distinct personalities, attitudes, and moods. An approach that seems to work with one horse, does not necessarily work with another. At times, they seem stubborn and defiant. They also like to play and enjoy themselves (Kersten & Thomas, 2004). Through the use of horses an enormous amount of metaphorical learning can be achieved.

Horses also provide a wonderful metaphor for human relationships. Youths are often forced to change their behavior in order to change the behavior of the horse, thereby taking responsibility for their own behaviors. Relationship with horses teaches the fine line between aggression and assertion. Clients can learn the basics of respect, problem-ownership, and maintaining healthy relationships through their interaction with horses (Kersten & Thomas, 2004).

Caring for and working with horses requires effort. Horses can help youths learn the rewards of hard work and delayed gratification. Youths learn that success follows physical and mental engagement, which is a valuable life lesson (Kersten & Thomas, 2004).

Most importantly, horses have the ability to mirror human body language. They “read the client’s non-verbal communication and react to it” (Kersten & Thomas, 2004, p. 13). Horses may teach humans to send congruent messages with both spoken and body language (Rector, 1992). McCormick and McCormick (1997) believe that through the relationship with horses, people are able to lower their defenses and habitual reactivity and become more receptive to new ideas and behaviors. Clients must abandon verbal communication, which allows for an acute awareness of their own body and intentions. Horses are able to show clients their behavior in a manner that could be taken as mockery if the therapist were to mirror the client in the same way. Horses foster change and provide healing by responding to sensory and somatic experiences in a way therapists cannot. Quite simply, because a horse’s communication is non-verbal, humans are encouraged to confront and effect change in a powerful and non-threatening way.

Sample

The subjects for this study were adolescents ages 12-18 who fit the criteria for at-risk, as defined in Chapter One. A convenience sample was used, which consisted of two groups: those who received EAP (treatment) and those who did not (control). Within each group there were two types of youth: those who lived in a residential basic care facility and those who did not. Both groups were used so that the results of this study can be better generalized to all at-risk adolescents. Balancing was used to control for extraneous variables. For instance, there were 3 EAP adolescents in outpatient treatment, and there were 3 adolescents in the control group who were not living in any type of treatment facility. Twelve of the EAP participants lived in a residential basic care facility, and nine of those were receiving traditional talk therapy in addition to EAP. Therefore, there were 9 participants in the control group who lived in a residential basic care facility and were receiving traditional talk therapy, and there were 3 participants in the control group who lived in a residential basic care facility and were not participating in any type of counseling. Both groups were assessed before session one and then after six, eight, or ten weekly sessions. Since one EAP client was assessed after six sessions, one person in the control group was given the post-test after six weeks. Five people in the treatment group were assessed after eight sessions, and five people in the control group were assessed after eight weeks.
Nine people in the treatment group took the post-test after ten sessions, and eight in the control group filled out the second questionnaire ten weeks after the first.

Participants in each group fit the criteria for at-risk. All participants had at least 3 of the risk factors on the checklist (See Appendix C). Six clients in the treatment group and 4 clients in the control group came from a family whose income was below the poverty line. Three in the treatment group and two in the control group had a physical or learning disability. Eight in the treatment group and three in the control group had been a victim of a crime. Fifteen in the treatment group and 11 in the control group had been a victim of violence, abuse, or neglect. Nine in the treatment group and 9 in the control group had parents who were alcoholics and/or substance abusers. Fourteen in the treatment group and 14 in the control group had parents who were divorced, separated, or never married. Three in the treatment group and 2 in the control group had one or two parents with a mental illness. Two in the treatment group reported that their mother experienced significant physical difficulties during pregnancy with them. None of the participants in the control group reported this. Thirteen in the treatment group and eleven in the control group experience discord and disorganization in their family. Two in the treatment group and 1 in the control group were low birth weight infants. Two in the treatment group and three in the control group had more than four siblings living in the home. Eight in the treatment group and 5 in the control group had one or more parent who did not finish high school. None of the participants in this study suffer from a defect they’ve had since birth.

Clients participating in either group or individual EAP were assessed. Five clients participated in individual EAP, and ten participated in group EAP. There were eight males in the treatment group and nine in the control group. There were seven females in the treatment group and five in the control group.

**Discussion**

Adolescents did not report statistically significant change in Critical Items, Behavioral Dysfunction, or Social Problems. This is expected, as during the development of the Y-OQ-SR, normative data has shown that adolescents are often unwilling to self-report the extreme scores that are observed by their caregivers (Wells, Burlingame, & Rose, 1999). Adolescents are generally more aware of somatic complaints, fears, anxiety, and depression (i.e. Intrapersonal Distress and Somatic), and are less willing to report aggressive, acting-out behaviors (i.e. Behavioral Dysfunction and Social Problems) so they underreport those issues (Wells, Burlingame, & Rose, 1999).

Both adolescents and caregivers reported statistically significant change in Intrapersonal Distress, such as anxiety, depression, fearfulness, hopelessness and self harm. Only primary caregivers reported significant change on the subscale for Critical Items, such as paranoia, obsessive-compulsive behaviors, hallucinations, delusions, suicide, mania, and eating disorder issues. The behaviors measured on the Critical Items subscale may have been underreported among adolescents because of embarrassment related to these problems. It is likely that adolescents are unwilling to report struggles in areas that sound “crazy,” such as, “I see, hear or believe things that are not real.” It seems that EAP helps adolescents gain some control over intrapersonal problems, including those measured on the Critical Items subscale.

The ability of adolescents to gain control over intrapersonal problems may be accounted for by the reaction of the horse to the client. It is common in an EAP session for the client’s horse to mirror or take advantage of what the adolescent is feeling. For instance, an adolescent who is feeling apathetic, depressed, and hopeless may behave in a passive manner. Often horses will begin to test the limits of someone who is passive, by invading their boundaries. Horses invade boundaries by behaviors such as, standing too close, nipping, biting, shoving, or kicking. With the help of the therapist, the client may recognize the way their thoughts, feelings, and behaviors are affecting their horse, and seek to make personal changes in an effort to change the dynamics between themselves and their horse. Other problems of an intrapersonal nature can be addressed in the same manner. In essence, horses provide a form of biofeedback that helps clients figure out how to change things within themselves. For instance, an anxious, fearful, or angry client will result in an anxious, fearful, or angry horse,
respectively. Horses provide a visual representation (mirror) of a physiological or emotional response such as fear, anxiety, depression, or anger. Likewise, as the client’s thoughts, feelings, physiological responses, and behaviors change, the horse’s reaction to the adolescent changes.

Through this interchange, clients gain a sense of control as they realize that they can change things in their environment by changing things within themselves.

Adolescents and caregivers reported change in Interpersonal Relations, as well. This scale assesses the adolescent’s “attitude toward others, communication and interaction with friends, cooperativeness, aggressiveness, arguing, and defiance” (Burlingame, et al., 2003, pg. 3). Only caregivers reported significant change in Social Problems, which are of a more severe nature than those assessed in the Interpersonal Relationship subscale. The Social Problems scale targets behavior of an outwardly destructive nature such as truancy, sexual problems, running away, vandalism, and substance abuse. Positive changes in interpersonal relationships and social problems may be accounted for by similar aspects of EAP.

Caregivers reported statistically significant positive change in behavioral dysfunction. This subscale assesses changes in the ability to organize, complete, and concentrate on tasks. It also describes changes in task-related frustration, inattention, hyperactivity, and impulsivity (Wells, Burlingame, & Rose, 2003). Many EAP sessions are built upon an activity with an ultimate goal in mind. The task can be frustrating and require attention and concentration. With a little redirection, clients can learn to focus and productively deal with frustration while in session. This research shows that these skills seem to transfer to practical areas of life, such that primary caregivers notice a change in the day-to-day life of adolescents participating in EAP.

Clinical Implications

One of the clinical implications of this study is an increased awareness of the benefits of using unique therapeutic modalities, such as EAP, in working with at-risk youth. Mental health professionals and researchers are constantly searching for effective interventions to address the problems of adolescents. EAP offers an innovative method to help adolescents address and alter maladaptive coping strategies and behaviors in a new and challenging environment. This study supports the use of EAP as the primary intervention used in counseling at-risk adolescents or as a unique and appropriate adjunct to traditional psychotherapy. Often, weekly psychotherapy sessions simply are not enough to be effective, and many youths are highly resistant to traditional office-based counseling.

Perhaps the most important clinical consideration in the study of EAP is its ability to provide a less threatening environment for adolescents to experience the benefits of working with a mental health professional.

References


McCormack, J. (Fall, 2005). Class notes for Solution-Based Brief Counseling class at Denver Seminary.


As you can see from the research samples quoted and attached, Equine Therapy is being used with success to address a wide range of social, emotional and behavioral issues. All of these studies can be reviewed in their entirety on the internet.

Please feel free to contact us with any questions you may have.

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