

The Language of Equus:
Exploring Equine-Assisted Psychotherapy (EAP) Using the Equine Assisted Growth and Learning
Association (EAGALA) Model

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

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Abstract

This qualitative study set out to explore equine-assisted psychotherapy (EAP) under the Equine Assisted Growth and Learning Association (EAGALA) model. As EAP is still a fairly new modality of therapy, the intention of this study is to add to the growing EAP literature. Interviews were conducted with fifteen EAGALA certified mental health practitioners (MH) and equine specialists (ES) with the intent to explore their professional insights, personal experiences and perspectives regarding EAP.

EAP facilitators discussed the structure, benefits and challenges of the EAGALA model. These EAGALA model EAP facilitators also discussed the therapeutic modality of EAP -- revealing its own benefits and challenges.

Study results supported existing literature in terms of the benefits that EAP can offer to diverse populations who are experiencing a range of psychological challenges. Insights revealed facilitators' observations about the power and effectiveness behind EAP. The experiential nature of working with horses as a therapeutic tool offers hope to situations where there may have been none. Findings also indicated EAGALA's credibility and valuable training and certification program for equine therapy.

Implications of this investigation point to the need for further quantitative research, as equine therapy is still an emerging treatment modality offering considerable therapeutic benefits.

Dedication

This thesis is dedicated to my sister, Cathleen. For I know that you have carried my heart and held my hand from heaven. I do this work in honor of the compassion that you have taught me so well.

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Chapter I

Introduction

“The outside of a horse is good for the inside of a man.”

~ Winston Churchill

The use of horses as therapeutic tools has evolved from therapeutic riding and into the fairly new field of equine-assisted psychotherapy (EAP). This treatment modality demonstrates its applicability to a variety of populations and psychological challenges, and is often used as a last resort for many difficult cases. Experiential in nature, the speed at which EAP therapeutic interventions occur is often seen as an influential aspect to this type of therapy. In *Riding Between the Worlds*, Linda Kohanov (2003) notes a key principle in equine-facilitated psychotherapy to be the observation that horses mirror the feeling behind the façade. As a prey animal, the horse is highly sensitive in nature and attuned to its surroundings (Schultz, Remick-Barlow & Robbins, 2007; Mandrell, 2006). Couple this skill within the therapeutic setting and the horse will provide immediate behavioral feedback without assumption or judgment. Furthermore, those who have been around horses long enough are aware of this sentient being’s keen ability not only to provide instantaneous behavioral responses, but to do so in a metaphorical manner that conveys an unfiltered truth to the human clients about their own behaviors and perceptions (Mandrell, 2006). This combination makes up the sweet spot of this therapeutic work.

The Equine Assisted Growth and Learning Association (EAGALA, 2013) is the leading international nonprofit association for professionals using equine therapy to address mental health and human development needs. They provide training and certification for individuals who are called to do this work, while offering a foundation rooted in high standards and a strong code of ethics. Unlike other organizations that incorporate riding as part of therapeutic work, EAGALA focuses solely on groundwork with horses. Under the EAGALA model, the therapeutic team consists of a mental health specialist (MH), an equine specialist (ES) and the horse(s), all as co-facilitators of each client’s process.

Mindful that this modality of therapy is in the early stages of developing further credibility, the purpose of the study reported here has been to examine the experiences, perspectives and insights of fifteen EAGALA certified MH's and ES's who facilitate EAP using the EAGALA model. The study used a qualitative, flexible-methods research design with open-ended interview questions to gather narrative data from the facilitators. Though the original intention of this study was to use a mixed methods approach, with the hope of offering existing EAP research much needed quantitative outcome data, recruitment for a quantitative clinical trial proved to be unsuccessful -- which does at least offer the valuable information that procedures for undertaking such a trial in the future will need to be modified and helped to be successful.

Nevertheless, this qualitative study provides further insight into facilitators' observations about to the power and effectiveness behind EAP. The following chapter of this thesis report offers a review of previous research literature about EAP, followed by a chapter containing a more detailed discussion of the methods used. The fourth chapter presents the findings -- the narratives of fifteen MH's and ES's who shared their intimate experiences, perspectives and insight about partnering with horses as therapeutic tools in EAP. The fifth and final chapter discusses the strengths and limitations of the current study and makes suggestions for future research.

Chapter II

Literature Review

Historical Markers of the Animal-Human Relationship

Wilson's (1984) biophilia hypothesis suggests humans have an instinctive need to connect with nature and animals in order to enrich their physical and psychological well-being, with the historical benefit of human survival being supported through animals conveying cues of safety or threat. Schaefer (2002) beautifully highlights a 1969 quote from psychologist Boris Levinson stating, "Man's anxiety is partly due to his withdrawal from the healing forces of nature and its foremost representatives, the animal kingdom...He may be able to regain some of his emotional harmony by reestablishing his bond with the animate and inanimate world" (p.6). Consider the powerful gifts offered to us by the natural world. Sometimes all we need to do is walk the earth for a little while to clear our heads, put us back into our bodies and reconnect us to our own inner wisdom. Nature slows us down and allows room to put things in perspective, all in a space of non-judgment. And it is this attribute of non-judgment that animals have offered humans throughout history.

The animal-human relationship evolved from utilitarian purposes such as food, labor or religious/healing practices and into a need for companionship, security and comfort -- an encounter that has taken on more meaning relative to spiritual, physical, and psychological healing, growth, and well-being (Schaefer, 2002). Interestingly, Michele Morrison (2007) cites historical literature demonstrating therapeutic relationships between humans and animals that occurred as far back as 12,000 years ago where a human skeleton holding a puppy was found in northern Israel, as well as the use of animals in the treatment of handicapped individuals during ninth century Gheel, Belgium. Research also shows the encouragement of horseback riding to increase the will of ill patients by the early Greeks, while 17th century medical writings endorsed horseback riding as a therapeutic modality for individuals with various disorders (Schaefer, 2002).

Looking at poignant historical markers, the first recorded setting that used animals therapeutically was at a Quaker retreat in 1792 York, England where mentally ill patients learned self-control by caring for

chicken and rabbits; farm animals and horses were used as part of treatment at Bethel, a home for epileptic patients in 1867 Germany; and the first use of animals as a form of therapeutic treatment in the U.S was in 1942 at Pawling Air Force Convalescent Hospital in New York (Morrison, 2007; Netting, Wilson & New, 1987). Following WWII, psychologist Boris Levinson accidentally discovered the benefit of using his dog, Jingles, as a communication link with a young non-verbal boy, eventually publishing his findings in the article, *The Dog as the Co-therapist* (Levinson, 1962; Morrison, 2007; Netting, Wilson & New, 1987). Later on in 1972, Levinson conducted a survey, finding one-third of New York therapists using pets in their treatment plans (Morrison, 2007; Schaefer, 2002).

Moving forward towards the late 1970's, exploration of the effects of animals on human health and well-being started showing up in research studies. University of Pennsylvania investigators found lowered blood pressure in participants who interacted with pets as compared to those who interacted with family members, with severe myocardial infarction participants showing improved one-year mortality rates when they had pets waiting at home for them in comparison to those who only had family waiting at home or were going home alone (Morrison, 2007). At the same university in 1978, a social work service was initiated at its Veterinarian Hospital -- offering a service enabling a higher quality clinical understanding of the bond between humans and their companion animals (Netting, Wilson & New, 1987). Lastly, the Delta Society, now known as Pet Partners, formed in 1977 as an international nonprofit organization that focuses on the human-animal bond as a therapeutic partnership (Pet Partners, 2013).

Theoretical Conceptualizations of the Animal-Human Therapeutic Relationship

As previously mentioned, Wilson's (1984) biophilia hypothesis is the idea that humans have evolved from and are still connected to nature; therefore, we have this affinity deep-rooted within our DNA that leads us to believe working with animals helps to alleviate anxiety and arousal, while historically animals have served us as environmental safety assessors. Schaefer (2002) uses that foundation to suggest that if animals are conveyors of information regarding the environment through their calm or agitated cues, perhaps "the presence of animals could elicit calm, a sense of well-being and safety in humans, which could subsequently promote healing" (p. 2), and goes on to propose that "...encounters with companion, farm, and wild animals

might well be meaningful and trigger an experience that could facilitate change” (p. 5). This theory supports the possibility of creating a powerful liaison between animals and clinical work of a psychological and biological nature, potentially offering hope in clinical cases where hope was previously despaired of, and proposes itself as a theoretical umbrella for other frameworks supporting the animal-human bond.

Demonstrating the value of this bond, DeMares and Krycka (1998) studied encounters with wild animals that were meaningful and emotionally positive for human participants and found five key elements that were considered to be life-altering or “peak experiences.” Those elements were clearly summarized by Schaefer (2002) as:

1. A sense of harmony with the environment that could bring about a connectedness to self and other (animal), and a reduction of stress.
2. Intention of the encounter to provide a message to the human being.
3. A sense of aliveness and return to wholeness.
4. Connectedness to self when seeing “oneself reflected in another being’s eyes” (DeMares & Krycka, 1998, p.169).
5. Reciprocity of the process between the human and the animal.

Having these elements within a clinical setting may offset an individual’s sense of inadequacy and internal conflict, allowing for an alternative perspective that is more harmonious.

Exploring therapeutic work with animals through an experiential and wilderness framework appears to be related to the biophilia hypothesis. It is estimated that we remember 20% of what we hear, recall 50% of what we see, and retain 80% of what we experience, (Mandrell, 2006). The experience with nature and animals provides the clinician a distinctive vantage point for assessment and intervention, unlike the office setting. Davis-Berman and Berman (1989) conducted a study of 23 adolescents, ages 13 – 18 who participated in four wilderness therapy trips. The average change achieved on the individual treatment plan goals for all participants was 2.7 on a 7 point scale. In addition, changes on all dimensions of the Wilderness Therapy Checklist (WTC) were positive. Results were consistent with wilderness therapy literature that suggests the

efficacy of outdoor treatment in effecting change in self-esteem, self-evaluation and in the reduction of behaviorally disturbing symptoms.

Looking at other conceptual contexts, developmental or life-span theory offers a perspective that examines human interaction with companion animals over a lifespan, noticing the varying impact within different developmental stages and how early interactions and experiences may affect future attitudes towards companion animals (Netting, Wilson & New, 1987; Schaefer, 2002). Having a pet may become a burden for an elderly person who is no longer able to care for a one easily; however, a pet can serve as a substitute for human contact for certain individuals, giving them meaning and purpose. An animal may also assist in teaching about responsibility and friendship for young children. Moreover, this idea of teaching young children about pet ownership can also be considered from the perspective of social role theory, which is grounded in the idea that people's behaviors are defined by socially determined roles or expectations that are internalized to become socially acceptable behavior (Netting, Wilson & New, 1987). Therefore, learning how to be a socially accountable pet owner may be beneficial to individuals during different phases of life.

Kruger and Serpell (2006) offer cognitive and social cognitive theories as a possibility in understanding therapeutic work with animals. These theories speak to clients changing their behaviors based on the reciprocal relationship between their thoughts and behavior in conjunction with the environment. Considering equine therapy, this work allows participants to address areas such as helplessness and self-efficacy through tasks performed in relationship with the horse, with the horse acting as a social mediator, and as a facet of nature working to bring healing to the client.

Exchange theory proposes that people maintain participation in relationships so long as the benefits outweigh the costs (Netting, Wilson & New, 1987). Schaefer (2002) expands this philosophy into the attachment model exploring how the stronger the attachment is to the companion animal the greater the physical and psychological benefits for the human. Kruger and Serpell (2006) use attachment theory in their understanding of equine therapy, noting that bonding with the horse is seen as a significant factor in carrying out the therapeutic work, especially with children. It is the dynamic within the relationship that aids the healing process. Furthermore, studies also indicate the animal's own attachment benefit of feeling safe, secure

and supported by its owner, in addition to its own lowered heart rate and blood pressure in relationship to the human connection (Schaefer, 2002).

In addition to research that demonstrates animals' physiological benefits from their connection with people, studies show decreased heart rate and lowered blood pressure for the human along with enhanced psychoneuroimmunological response from petting a dog, suggesting a positive health implication that could improve the ability to fight off an infection (Morrison, 2007). However, it is important to recognize that certain individuals may have a fear, disinterest or inability in connecting with certain types of animals, or any animals at all. People who may have a medical condition that could be worsened through contact with an animal should obviously avoid such contact so as not to place them in a position that may compromise their health.

An endearing theory is that of the relational model which is rooted in the idea of attunement where there is a connection and perceptual awareness between self and other, and may account for the bond between human and animal that is developed through the senses and bodily reactions (Schaefer, 2002). It's as if there is an energetic exchange of information between the two beings, signaled through extrinsic and intrinsic cues. Schaefer (2002) goes on to explain that this bond may be the precise reason why personal growth transpires as it "[provides] an opportunity for enhancing our self-knowledge, our ability to fully experience life and our emotions, and provide us with the opportunity to trust another being" (p.6).

As it relates to this study, Patti Mandrell (2006), an expert in the field, notes five fundamental and widely used theoretical approaches within the equine-assisted psychotherapy (EAP) paradigm. The first, cognitive behavioral theory attempts to restructure irrational, dysfunctional and self-defeating thinking that can produce emotional disturbances. The second, reality therapy/control theory roots itself in behavior originating with the client, rather than external forces, leading to the idea of personal responsibility. Gestalt therapy, the third approach, challenges the clients to feel more fully, enabling them to make their own interpretations. While the fourth approach of brief/solution-focused therapy, at its core is a way of thinking about change and how to help people change. Lastly, systems theory would hold that a client's actions cannot be understood outside of a family or group system. Though other theories may apply within the context of

EAP, Mandrell (2006) notes, "These theories also reflect the information provided by the horse which makes EAP very unique from other traditional uses of theories" (p.20).

Animal Assisted Therapy

The Delta Society/Pet Partners (Pet Partners, 2013), an organization that coordinates animal visitation programs, defines Animal Assisted Activities (AAA) as activities that use animals for educational, recreational, or therapeutic purposes, having a casual "meet and greet" feel to them, not requiring any formal methods such as treatment goals or detailed clinical notes, and usually conducted with volunteers. Pet Partners describe Animal Assisted Therapy (AAT) as a formal method of therapy with a specific treatment goal for individual patients, monitored using detailed progress notes, conducted under the guidance of a mental health professional, and using animals to help facilitate the therapeutic process for individuals challenged with emotional, cognitive, behavioral and physical problems. The animals serve as co-therapists in that they bond with the client so as to support that individual in being able to express feelings, acquire new skills, as well as acting as a bridge between client and therapist, where trust and rapport are built (Chandler, Portrie-Bethke, Minton, Fernando, & O'Callaghan, 2010). Dr. Andrew Weil, world-renowned leader and pioneer in the field of integrative medicine believes, "One of the most fundamental advantages of animal assisted therapy over other therapeutic modalities is that it provides the patient a much needed opportunity to give affection as well as receive it. It is this reciprocity -- rare among medical therapies -- that makes AAT a unique and valuable route to healing" (Pet Partners, 2013). Of important note, Heinsch (2012) cites a 2010 study of 1,649 U.S. social workers where only one-third reported asking about clients' animals in assessment, with even fewer including animals in their treatment.

Research has shown the benefit of AAT in enabling cognitive skills development and other learning (McCulloch, 2001), as facilitating difficult topic discussions through the use of metaphor in the client/animal interaction (Christian, 2005), assisting with positive social behaviors that can be transferred to outside relationships (Glazer, Clark, & Stein, 2004; Trotter, Chandler, Goodwin-Bond, & Casey, 2008), and motivating clients to attend therapy who may otherwise not be inclined to participate (Macauley & Gutierrez, 2004). Other researchers have reported AAT as lessening symptoms of mental disorders (Klontz, Bivens,

Leinart, & Klontz, 2007); reducing the effects of trauma (McCulloch, 2001), grief (Glazer, Clark, & Stein, 2004), anxiety and depression (Barker & Dawson, 1998); increasing Global Assessment of Functioning (GAF) scores (Schultz, Remick-Barlow, & Robbins, 2007), while also showing a decrease in problematic behaviors (McCabe, Baun, Speich, & Agrawal, 2002; Trotter, Chandler, Goodwin-Bond, & Casey, 2008).

Clearly, research has demonstrated the benefits of using AAT as a form of intervention, in addition to illustrating the diversity of its application in many areas where individuals may experience a struggle. The calming and relaxing effect induced through the animal's presence or by engaging in touch with the animal promotes a rich and rewarding foundation for valuable therapeutic work to occur between client and clinician.

However, though AAT research has revealed the significant findings just summarized in the literature, Morrison (2007) does note some overall methodological weaknesses. These include small sample size, lack of consistent participant randomization, deficient designation and inadequacy of control group, selection bias, poor generalizability, inadequate reporting of reliability and validity of tools used to measure outcomes, and attrition rates. It would be beneficial for future research to not only address these factors, but to also explore the duration of AAT effects using extended follow-up investigations.

Narrowing in on therapeutic equine work, hippotherapy was developed in the 1960's as a formalized discipline and is a form of therapeutic riding that uses "movement of the horse as a strategy to address impairments, functional limitations, and disabilities in patients with neuromusculoskeletal dysfunction," (AHA, 2012). While the results from hippotherapy studies are interesting (e.g. Macauley & Gutierrez, 2004; Hamill, Washington, & White, 2007), they are not strictly relevant to this study because EAP does not involve horseback riding; its activities are done only on the ground with horses.

The Professionalization of Equine-Assisted Therapeutic Work

Recognizing the need for an organization to act as a liaison for therapeutic riding, the North American Riding for the Handicapped Association (NARHA), now known as the Professional Association of Therapeutic Horsemanship International (PATH Intl.) was founded in 1969 with the mission to promote safe and effective therapeutic horseback riding throughout the United States and Canada (PATH Intl., 2013).

Furthermore, NARHA's subsection, Equine Facilitated Mental Health Association (EFMHA), has been in the process for several years of setting standards of certification for therapists and horse professionals who wish to train and practice Equine Facilitated Psychotherapy (EFP).

Adding to the richness of equines benefitting humans, and in an effort to tame and train wild horses that were in danger of starvation, the Southern New Mexico Correctional Facility established the Wild Mustang Program from 1988 to 1992, where inmates were trained to halter and break mustangs that would eventually be sold to the public (Deaton, 2005). What was discovered through the inmates assuming a nurturing role in the care of the mustangs was the recognition that they needed to offer the horse peace in order to obtain the required results, in turn contributing to better emotional and psychological states of the inmates and staff.

Lastly, and most relevant to this study, the Equine-Assisted Growth and Learning Association (EAGALA), founded in 1999, is the leading international nonprofit association for professionals using equine therapy to address mental health and human development needs (EAGALA, 2013). Through its certification training in Equine-Assisted Psychotherapy (EAP), EAGALA provides services with the intention of helping change the lives of people with a diverse range of struggles such as those suffering from addictions, depression and trauma, and improving relationships in families and groups, in addition to offering services in Equine-Assisted Learning (EAL), where the focus leans more towards skills development and education, especially when working with groups from schools or the corporate world. Ever growing, EAGALA has over 3,500 members in 41 countries.

Why Horses?

It has been said throughout time that a horse's sense and awareness of its surroundings is so attuned that the horse has been interpreted as being psychic or as having a sixth sense. This heightened sensitivity results, as mentioned earlier, from the fact that a horse is an animal preyed upon by others, so that it must become adept at reading non-verbal communication (Mandrell, 2006; Roberts, Bradberry, & Williams, 2004). A horse has often been described as a "mirror" for human emotions and processes (Thomas, 2002; Vidrine, Owen Smith & Faulkner, 2002). The use of horses as a psychotherapeutic treatment modality has been

gaining increased recognition by mental health practitioners within the past decade and noted to treat a wide range of presenting problems (Frewin & Gardner, 2005). Equines are without ego and non-judgmental, offering unconditional positive regard and immediate, unbiased, non-verbal feedback (Vidrine, Owen Smith & Faulkner, 2002). Equestrians will often say that their horses can “pick up” or feel when the human rider is upset or anxious, as this sense may be reflected in the horse behaving anxiously; horses cannot lie or separate their emotions from their behavior. This attribute then requires that humans be in alignment with their authentic feelings around the horse.

Metaphorically speaking, though a human may not physically run away, as is the nature of prey animals when feeling threatened, they may instead disconnect emotionally or avoid challenging situations. This in and of itself can serve as a powerful teaching tool when using horses therapeutically. They have a reputation for sensing people’s feelings even when the humans may be trying to mask their emotion, and as Mandrell (2006) poignantly states, “You can’t simply appear confident and in control. You must let go of your masks and conflicts and fears and simply be confident and in control” (p.28). Being “man’s help-mate” for generations, horses have evolved into valuable teachers of relationships, problem-solving, wants, and needs; and unlike dogs or cats, horses are more capable of being neutral upon initial encounters, graciously allowing for the relationship to develop from present behaviors and responses, rather than expectations or previous experiences (Mandrell, 2006).

For those who have spent time working around horses, there is indescribable mystery about the animal with some even expressing this mystery as an emotional or spiritual connection. In a qualitative study of eight women of various ages belonging to a saddle club, Koch (2008) studied the influence of riding or owning a horse by looking at the emotional bond that women have with horses and found a positive impact on each participant’s emotional well-being. The positive experiences from these equine encounters included imparting confidence, increasing social networks, creating a safe space for discussing abuse and offering spiritual meaning for women. However, the study’s small sample size in a rural Michigan setting, poor generalizability presents as a limitation of the study.

Equine-Assisted Psychotherapy

Considering other forms of equine work such as hippotherapy and the history of animal assisted therapies, we can see the roots being laid down for the eventual evolution of equine-assisted psychotherapy. The brilliant use of the horse's sentience in relationship to the capability of a human to be disconnected has evolved into the valuable experiential tool of EAP. Experiential therapy is rooted in the humanistic approaches of client-centered, existential and Gestalt psychotherapies, emphasizing clients as aware, subjective and self-reflective beings (Greenberg & Van Balen, 1998). According to psychotherapist Gendlin, this modality views the therapeutic relationship as an agent of change, along with the client's experience anchored in the experiential task that encourages examination of inner subjective worldviews, including feelings, perceptions, goals, values and constructs (Greenberg & Van Balen, 1998). The act of doing seems to be more memorable and powerful when compared to simply listening and mentally engaging in reflective activity. How the client handles the activity is what makes it valuable. Participating in therapeutic activities that make use of the body's senses creates for a more enduring experience that has the potential to imprint its wisdom both psychologically and viscerally. This, coupled with the intense and effective nature of EAP, suggests why it may be more useful as a brief treatment approach over long-term talk therapy (EAGALA, 2013; Mandrel, 2006).

EAP is a specialized form of psychotherapy that uses the horse as a therapeutic tool and is designed to address issues such as self-esteem and personal confidence, communication and interpersonal effectiveness, trust, boundaries and limit-setting, and group cohesion (Schultz, Remick-Barlow, & Robbins, 2007). Advocates endorse EAP as an experiential treatment that allows clients to learn about their roles in human relationships in a non-judgmental and emotionally safe way (Frewin & Gardiner, 2005). It is credited with effectively impacting emotional and behavioral issues in at-risk youth (Bachi, Terkel, & Teichman, 2012; Ewing, MacDonald, Taylor, & Bowers, 2007; Trotter, Chandler, Goodwin-Bond, & Casey, 2008; McCormick & McCormick, 1997; Mann, 2001); ADHD (Levinson, 2004), eating disorders (Christian, 2005; Cornelius, 2002); trauma (Meinersmann, Bradberry, & Roberts, 2008; York, Adams, & Coady, 2008; Shultz, 2005);

addiction, as well as codependency, grief, PTSD, abuse issues, family issues, depression, anxiety, relationship problems and communication needs (EAGALA, 2013). Some beneficial outcomes have been found with increased self-esteem, improved communication skills, assertiveness, creative thinking, problem solving, development of coping skills and taking responsibility for oneself (Kersten & Thomas, 2000). EAP can be used with individuals, couples or groups. It has been reported to have success with at-risk youth, veterans, corporate groups, women survivors of domestic violence and families, as well as other groups of varying nature (EAGALA, 2013).

The qualities of metaphor and reflection associated with this approach invite issues to surface and elicit a range of emotions from the participant. With the horse “mirroring” the client’s internal and external world (Ewing, et al., 2007), interventions are then implemented based on the horse’s reflective behavior (Klontz, et al., 2007). One could potentially connect the use of wilderness theory with that of psychodynamic theory as an alternative in explaining the effects of equine therapy (Karol, 2007). The horse, the barn, the paddock, the equipment -- all of these environmental tools enable clients to reenact their internal dynamics, with the most powerful being the horse used as a metaphor in mirroring the client’s behavior in a non-judgmental space. This use of metaphor is demonstrated on EAGALA’s website:

Horses are very much like humans in that they are social animals. They have defined roles within their herds and 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, but also like to have fun. In other words, horses provide vast opportunities for metaphorical learning.

Using metaphors, in discussion or activity, is an effective technique when working even with the most challenging individuals or groups (EAGALA, 2013).

A Brief Review of Equine Therapy Research

To date, the majority of research on EAP has been qualitative, including Smith theses (Pugh, 2010; Sabine, 2002, Simmons, 2011 & Young, 2009); hence, there is the need for more empirical outcome research demonstrating the power and effectiveness behind this therapeutic modality, if such power can be shown. However, in looking at alternative models of equine therapy, some preliminary outcome studies using the EAGALA method with at-risk children have demonstrated statistically significant findings such as increased

positive behaviors, decreased negative behaviors, and improved GAF scores (Trotter, Chandler, Goodwin-Bond & Casey, 2008; Schultz et al., 2007). Limitations included lack of random assignment, intermixing sessions with other activities that may also account for positive changes and potential bias by the children's treatment team conducting the study and the lack of a control group. Finding no quantitative statistically significant results when measuring for self-esteem, empathy, locus of control, depression and loneliness in at-risk youth, a non-model-specific equine-assisted intervention study by Ewing et al. (2007) did, however, demonstrate positive qualitative results. Continuing with the theme of at-risk youth, a control-group study using equine-facilitated psychotherapy (EFP), resulted in a trend of positive change with self-image, self-control, trust and general life satisfaction, with the control-group lacking random assignment as well as receiving other forms of therapy (Bachi, Terkel & Teichman, 2012). It is important to note that in these studies done with children, besides the actual therapeutic work with the horses, there is a possibility that the farm environment may have also played a healing role, especially with the younger children.

As much of the literature suggests that this modality of therapy may be effective with children and adolescents, there seems to be a need for further research of this work with adult populations. Nevertheless, existing adult population research does demonstrate positive benefits as a result of therapeutic equine work. A pre-post-post study of 31 adults in residential treatment studied the effectiveness of Equine-Assisted Experiential Therapy (EAET). Results showed significant improvements to the 0.05 level with stable reductions in overall psychological distress and enhancements in psychological well-being, with limitations in the lack of random assignment and a control group (Klontz et al., 2007). The use of equine-facilitated therapy (EFT) as an effective intervention in a qualitative study of five adult female abuse survivors identified four patterns in the women's stories, those being: I can have power; Doing it hands on; Horses as co-therapists; and Turned my life around (Meinersmann, Bradberry, & Roberts, 2008). Furthermore, Janet Froeschle (2009), reviewed literature regarding career-related consequences for female survivors of intimate partner abuse and found that equine-assisted therapy (EAT) supported women with issues such as low self-esteem, career related self-efficacy, empowerment, poor locus of control, and poor problem solving abilities.

Continuing with an adult focus, Russell-Martin's (2006) couples' therapy comparison study did find EFT (as guided by EAGALA activities) and solution focused therapy (SFT) as both effective modes for increasing relational adjustment, yet with EFT demonstrating increased effectiveness by the sixth session. Limitations included the therapist also being the researcher and a small sample size.

Lastly, there has been increased attention to the benefits of using EAP with veterans, especially within EAGALA. In an article discussing the treatment of war veterans, Lancia (2008), reports "EAP requires immediate solutions to problems at hand, which, when practiced on a regular basis, nurtures an ability to adapt and the development of problem solving skills" (p.12). In conjunction with EAGALA's emphasis on EAP as helping veterans to overcome barriers of care, Straits-Tröster, Gierisch, Calhoun, Strauss, Voils and Kudler (2011) highlight the issue clearly when they state, "Many Service Members may also avoid psychotherapy because they do not necessarily see the value in discussing traumatic events with a mental health professional and sometimes do not see the connection between their ongoing avoidance symptoms and their enduring problems," (p.285). As an advantage to war veterans, Lancia (2008) suggests some of the benefits of EAP with this population to be stimulation of fear and connectivity with community, similar to the frontline of war experience, the requirement to be present with a horse in order for the therapy to be as effective as possible -- quite opposite to the numbing out and detachment coping strategies familiar to veterans -- and the broadening effect on tunnel vision, another survival tactic that often impedes functioning in civilian life.

Though the field of equine therapy is still fairly new in comparison to other more established therapies, the popularity for this modality seems to be on the rise. Time and further research, especially quantitative research, are perhaps two significant factors that can foster the credibility for equine therapy.

EAGALA

According to EAGALA (2013), their model "provides a standard and structure for providing Equine Assisted Psychotherapy and Equine Assisted Learning sessions. Practicing within a model establishes a foundation of key values and beliefs, and provides a basis of good practice and professionalism. The

EAGALA Model provides a framework of practice, but within that framework, there are infinite opportunities for creativity and adaptability to various therapeutic and facilitating styles” (EAGALA, 2013).

The EAGALA Model

- The Team Approach – An Equine Specialist, a Mental Health professional, and horses work together with clients in all EAGALA sessions.
- Focus on the ground – No horseback riding is involved. Instead, effective and deliberate techniques are utilized where the horses are metaphors in specific ground-based experiences.
- Solution-Oriented – The basis of the EAGALA Model is a belief that all clients have the best solutions for themselves when given the opportunity to discover them. Rather than instructing or directing solutions, we allow our clients to experiment, problem-solve, take risks, employ creativity, and find their own solutions that work best for them.
- Code of Ethics - EAGALA has high standards of practice and ethics and an ethics committee and protocol for upholding these standards, ensuring best practices and the highest level of care.

The EAGALA Team

- *The Horse* which has many characteristics leading it to be an effective element in therapeutic change, including honesty, awareness, and ability with nonverbal communication. The role of the horses in an EAGALA session is to be themselves.
- *The Equine Specialist* (ES) who chooses the horses to be used in sessions, works with the Mental Health Professional (MH) to structure sessions. The ES keeps an equine log to document horse behaviors in sessions, monitors and promotes safety and welfare of clients, horses, and team. Taught in the certification training programs, the ES also makes observations of horse SPUDS, an EAGALA-developed observation framework looking at the interactions between a client/group and horse(s) during an EAP or EAL session and used for reflection with the participant(s).
 - ◆ Shifts – a movement or change in the horses or clients
 - ◆ Patterns – an action which occurs three or more times
 - ◆ Uniqueness – a unique behavior with horse or client
 - ◆ Discrepancies – comparing verbal to non-verbal; words and actions don’t align
 - ◆ Self-Awareness – “My Stuff” / Self-awareness

- *The Mental Health Professional* (MH) is responsible for treatment planning, documentation of clients, and ensuring ethical practice. The MH builds on the ES' horse observations, bringing in the metaphoric and therapeutic/learning relevance of the session. According to EAGALA (2013), required credentials for the MH are: 1) Professional needs to have college-level educational training and degree in a mental health field, such as social work, psychology, marriage and family therapy, or others that include mental health as its scope of practice; 2) Professional must stay within his/her scope of practice and follow region, country, or state laws and regulations regarding mental health practice; 3) Professional needs to be under a governing board/body or member of an association that can hold him/her accountable (or under professional supervision by a supervisor that is held accountable by a governing board/association), i.e. a board that can revoke registration, certification, accreditation, or licensure for ethical scope of practice violations relating to mental health practice.

EAP involves setting up ground activities sometimes by the facilitators, other times by the client/group, depending upon the therapeutic goal(s), and requires the client/group to apply certain skills while interacting with the horses. As EAGALA certified MH and ES, Lisa Krystosek (2013) describes, "This is where the client drives the process. The activities may range from simply being in the horse's presence, to asking the horse to navigate an obstacle course. It really depends on the client's needs and goals" (p. 3). These activities may take place in a barn, a pasture, an outdoor paddock and/or indoor arena. Other examples of activities may include but are not limited to, harnessing a horse, walking a horse with or without a lead line, getting the horse to walk on a tarp or around a barrel, or getting the horse to move with touching it. Non-verbal communication, assertiveness, creative thinking and problem-solving, leadership, work ethic, taking responsibility, teamwork, relationships, and confidence are several examples of the elements utilized and developed by EAP (EAGALA, 2013). The MH/ES team can check in with a client during the session, while at the same time there is a "letting it unfold" process that happens during the session. The activity can help assist client develop insight and skills that can transfer over to their lives (Mandrell, 2006). The team maintains communication while observing the session and followed up by debriefing with the client at the end. In terms of experiential activities, Gass, as cited in Mandrell (2006) notes processing of activities is used

to: (a) help participants focus or increase their awareness on issues prior to an event or the entire experience; (b) facilitate awareness or promote change while an experience is occurring; (c) reflect, analyze, describe, or discuss an experience after it is completed; and/or (d) reinforce perceptions of change and promote integration in their lives after the experience is completed (p.6).

With what research that exists for this field, overall findings suggest that the use of horses in therapeutic treatment can provide positive results and offer clients a more efficient and empowering clinical experience. The efficacy of equine therapy clearly has implications for the field of social work with attention to populations that may benefit from an alternative therapeutic approach versus the traditional office setting. What remains to do is to demonstrate EAGALA's effectiveness with high quality studies that do not have the limitations noted above. In our world of increasing demand for evidence-based practices, randomized controlled clinical trials with sufficient numbers, and subsequent replications will be needed to establish true cause and effect relationships between EAGALA and the outcomes many smaller and less well controlled studies suggest are indeed beneficial.

Chapter III

Methodology

As much of the research on EAP has been qualitative, the original intent of this study was to use an evaluative mixed method approach in measuring the effectiveness of EAP using the EAGALA method. The hope was to conduct a randomly controlled clinical trial (RCT), whereby willing EAP clients would be randomly separated into either a treatment-deferred group or immediate treatment group; with the treatment-deferred group eventually receiving EAP. A pre-test of the Brief Symptom Inventory 18 (BSI-18) measurement, a self-report, Likert-type scale designed to measure psychological symptom patterns (Derogatis, 1993), would be given to both groups at the outset. The immediate-treatment group would proceed with their full course of EAP, while the treatment-deferred group would defer EAP treatment briefly. At the end of treatment, both groups would complete a post-treatment BSI-18. There would have been, therefore, assessments of not only of how clients measured before and after EAP, but the treatment-deferred group would also be assessed a second time prior to treatment to determine whether they had improved even while awaiting treatment. The advantage to agencies who offer EAP to clients of having an independent assessment of its efficacy at minimal charge to the staff or agencies themselves seemed to me and to my thesis advisor an opportunity too helpful to pass up. Unfortunately, recruitment failed to secure agreement from most facilities for controlled clinical trial. However, they were willing to participate in a pre- post-test design study where EAP participants would take the BSI-18 before and after receiving EAP treatment. The benefit of this type of research was to quantitatively demonstrate EAP's effectiveness, results that are clearly needed to provide preliminary evidence of the treatment's efficacy.

In the initial proposal, with both the RCT and the pre- post-test designs, participants were also offered a chance to answer five narrative questions asking about their personal EAP experiences. These questions could be answered in written format or audiotaped over the phone. The purpose behind these questions was to offer participants an opportunity to describe in personal, specific detail their EAP experiences. Additionally, because this modality of therapy is experiential in nature, there is significant value

in giving voice to descriptive personal experiences, as some studies have demonstrated positive findings in qualitative over quantitative results, as in the study conducted by Ewing et al. (2007).

As I am myself a member of EAGALA, early collaboration began with Julie A. Lipovsky, Ph.D., ABPP, research chair for EAGALA, who offered a letter of support on behalf of this study. Smith College School for Social Work's Human Subjects Review Committee (HSRC) required proof of interest or willing participation from EAGALA facilities stating that they were in support of the study and would be willing to help recruit potential participants. Once EAGALA and Smith College, began an eager online call for participant agencies via a universal e-mail sent out to several hundred EAGALA members.

Several facilities expressed some interest in participation. However, initial recruitment results were disappointing, as stated earlier. It is unclear whether it was simply more feasible for willing participant agencies to sign up for the pre-post- test design, but once this was offered, recruitment produced approximately ten willing facilities. As time progressed, these facilities demonstrated difficulty in recruiting willing participants as well.

Due to this recruitment failure, I shifted the nature of the study to a qualitative design with the aim of interviewing EAP participants, current and past, about their therapeutic experiences. I contacted Julie Lipovsky, EAGALA Research Chair and Lynne Thomas, LCSW, Co-Founder and Executive Director of EAGALA, asking whether they could help by sending a universal e-mail via EAGALA, calling for potential EAP client participants. I hoped that the support of the research and executive directors might encourage participants to enroll. During this period, I also placed a recruitment notice of my own via the EAGALA Facebook page -- with no responses. As the risk that there would not be time for completing this thesis project became a significant factor, I decided, once again, to switch the nature of the study to interviewing EAGALA members about their experiences as facilitators of EAGALA model EAP. Again, I placed a new recruitment notice on the EAGALA Facebook page, in addition to sending out an e-mail to several EAGALA facilities. Eligibility criteria for participants to be included in the revised study were: being eighteen years of age or older, being fluent in English, and being an EAGALA certified MH and/or ES. Finally, asking staff members themselves proved to be successful for recruiting participants. It is important to acknowledge

here, the significant number of participants that were recruited via the support provided by Lisa Gatti and her team at Pal-O-Mine Equestrian in NY. The nature of this qualitative study as it evolved due to failed recruitment of client participants, then, focused solely on interviewing EAGALA EAP facilitators as a way to investigate EAGALA method EAP. The study was a qualitative, flexible methods research project, using open-ended questions to gather the narrative data.

Sample

Fifteen (n=15) EAGALA EAP facilitators were interviewed for this qualitative study. I collected demographic information about participants in order to accurately characterize my sample, including gender, age, race/ethnicity and level of education. Other collected information included type of EAGALA certification (MH/ES/Both), whether or not participants held the EAGALA advanced certification, and amount of times a participant took Part I and Part II training.

Of the fifteen facilitators interviewed, 14 (93%) identified as female, one (7%) as male. Fifteen (100%) of the participants identified as White or Caucasian. Participants ranged in age from 29 – 66. Of the 13 out of the 15 participants who responded to the question about educational background, one has two years of college experience, two have bachelor's degrees and ten have master's degrees. Four (27%) identified as a MH, four (27%) identified as an ES, and seven (46%) identified as having both certifications. Length of certification ranged from eight months to 10 years.

Of the 13 out of 15 participants who responded to the question about holding an advanced EAGALA certification, six (46%) do not; five (39%) have the certification and two (15%) are currently working on their advanced certification. Of the 13 out of 15 participants who responded to the number of times a Part I training was taken: 1x = four (31%), 2x = three (23%), 3x = three (23%), 5+ = three (23%); Part II training was taken: 1x = seven (54%), 2x = two (15%), 3x = one (8%) 5+ = three (23%).

Data Collection

The Smith College School for Social Work HSRC approved this study (the approval letter is contained in Appendix A of this report). Participants were provided with an informed consent form (contained in Appendix B of this report) via e-mail to be signed, scanned and e-mailed back to this researcher

or sent through the mail. Data collection was obtained through semi-structured interviews that ranged between eleven and 45 minutes, depending on the length of participant answers. Participants were asked a total of seven open-ended questions pertaining to their perspectives, experiences, and insights about EAGALA model EAP (the Interview Guide is contained in Appendix C). Narrative data were gathered by means of audio recording the phone interviews on a hand-held device, with verbal permission of the participants prior to recording. Some participants chose to e-mail their answers. The personal identity of all participants was protected through an assigned code number kept separately from any identifying information about the individuals. I alone was the primary handler of all data collected and will keep the audio record, the transcripts, consent forms and other data in a locked and secure environment for three years following the completion of the research, consistent with Federal regulations. After that time, all material will remain locked and secured if still being used or destroyed if no longer needed. Should this study be presented or published at any time, the data will be presented as a whole and when brief illustrative vignettes are used, any identifying information will be disguised and a pseudonym will be used. I later transcribed and coded the interviews for themes, and disguised or removed any inadvertently supplied identifiable information to protect participants' confidentially.

Data Analysis

I used content/theme analysis in work with the interview data. I transcribed and coded interviews for identifiable commonalities and differences among participant responses. I discussed findings with regard to other relevant research on the subject, as well as noting how future studies might explore this topic further.

Chapter IV

Findings

This study looked at the effectiveness of Equine-Assisted Psychotherapy (EAP) under the Equine Assisted Growth and Learning Association (EAGALA) model. Interviews were conducted with the intent of examining the perspectives, experiences and insights of EAGALA certified Mental Health practitioners (MH) and Equine Specialists (ES). The sample of 15 subjects included in the study was obtained through an online call for participation via e-mail to EAGALA members, as well as through the EAGALA Facebook page. With the exception of one participant coming from South Africa, all participants came from a geographic range across the US, including Alaska. All subjects identified as Caucasian, 14 identified as female and one identified as male. They ranged in age from 29 to 66. Of the 13 participants who responded to the number of times a Part I training was taken: 1x = 4(31%), 2x = 3(23%), 3x = 3(23%), 5+ = 3(23%); Part II training was taken: 1x = 7(54%), 2x = 2(15%), 3x = 1(8%) 5+ = 3(23%). Of the 13 participants who responded to having an advanced EAGALA certification (46%) do not; five (39%) have the certification and two (15%) are currently working on their advanced certification. Of the 13 participants that responded to educational background one has two years of college experience, two have bachelor's degrees and ten have master's degrees.

Interviews were conducted primarily over the phone, though four participants needed to answer the interview questions via written format. Audio recordings of the phone interviews were transcribed and coded by the researcher. Demographic information was gathered for EAGALA MH, ES or both certification types, in addition to length of certification.

Of the 15 participants in this study, four (27%) identified as a MH, four (27%) identified as an ES, and seven (46%) identified as having both certifications. Length of certification ranged from eight months to 10 years.

What about the EAGALA model attracted you to pursue certification?

Participant answers to this question produced a variety of results. However, several themes that emerged were the aspect of structured training and certification through a professional organization that

holds a commitment to on-going learning, EAGALA's high standards and code of ethics, the concept of the MH and ES team approach, the effectiveness of partnering therapy with horses as a way to explore clients' worlds, and the focus on ground-training. These themes are illustrated through the following responses:

The client-centered aspect of the EAGALA model was much more respectful to the process that the clients go through than other traditional (therapeutic) settings that I have been associated with...I was amazed and just decided that this is something that I want to be a part of.

I was looking for something that would have integrity and have a strong professional base and I actually pursued (board) certification that NAHRA was suggesting. But in the process of doing that and now that [I was] ready to conduct sessions, I felt like I needed something more and that's what drew me to EAGALA. Because they were the only ones that I knew of that was the largest organization...doing professional trainings for people...I felt like I needed that support. Initially, I came to it because I realized I had more of a need. It gave me security, community, a larger body to grow with.

I really wanted to check it out and signed up for a training and it changed my world. It was clinical! It was simple and I'm just a huge supporter and I've advocated and used it ever since.

Because it was structured well and organized, but it was a long time ago. But I do remember feeling that it was solid, it wasn't just some fly by night thing. It felt well-structured and well-put together. And I think it just blew my mind.

Then when I found out there were other models out there, I checked into it and what I learned is that just from talking to people, most people felt that the EAGALA model was the most effective. And with EAGALA being the professional organization... and providing certification: I think the other models at the time did not provide any certification -- because I've been looking into it for 10 years.

...I like the...use of clean language. That was very attractive to me... To be quiet. To have non-verbal observation and to really try to remain as present as possible and really not try to say too much, leave it up to the client(s) to kind of make the narrative. I also like the SPUD'S model (Shifts – Patterns – Uniqueness – Discrepancies – Self-Awareness) because I think it really highlights everything that could happen in a lesson... On the equine side, I really enjoyed how you can utilize a lot of different types of horses...that was really attractive. I saved my horse from slaughter and to know that he could really impact someone for a variety of reasons is very attractive to me.

What types of populations/clients do you often see for EAP?

Results from this question revealed findings that were significantly in alignment with what the literature has shown. EAGALA model facilitators' note, across the board, working across all ages -- with children, adolescents and adults, with some facilitators specializing in certain populations more than others.

Individuals, couples, families and other various groups, such as veterans, were named as being treated with EAP.

In answering this question, participants shared experiences of treating clients with the following presenting concerns: depression, anxiety, trauma, substance/alcohol abuse/addiction, PTSD, at-risk youth, ADHD spectrum, Asperger's, violence/abuse/rape, eating disorders, domestic violence, behavioral issues, anger/self-management, self-harming behaviors, suicidality, grief, dual diagnosis (i.e., substance abuse combined with another emotional/behavioral diagnosis) comorbidity (two or more mental health issues diagnosed at the same time), psychosis, bi-polar disorder, traumatic brain injury (TBI), severe and persistent mental illness, interpersonal/relational problems, life phase challenges, personal growth/life skills, team/leadership development, and fetal alcohol spectrum disorders. Participants further illustrate these points as seen in some of their responses:

We see adults that are in an inpatient addictions program, locally. The majority of the clients we get from that facility have been through the traditional 30 days of primary care and are now on 60-90 days of extended care that follows immediately after that. So they've been in treatment usually 2.5 - 3 months by the time they come out to see us right around that point.... The adolescents are referred to us usually by the county.... we have veterans that come out to see us from the military court, and word of mouth is also used in getting veterans to come out and see us. We're running ten weekend sessions for families and children with fetal alcohol spectrum disorders, we have a 10-12 children every weekend that come out between the ages of 8-13.

I see couples who are having relational problems.

I just started with a group of teenage girls who were bullied and the girls that did the bullying. They're in a group *together*.

We're doing a group now like the one I did last year for women involved with domestic violence.

I have worked with kids that are in a lock-down program (for criminal behaviors).

I also work with at-risk youth through the courts... married couples on conflict resolution issues, veterans with PTSD, children, adults with addiction, self-management issues, and anger. [The] at-risk youth are kids are in the system because they've broken the law so the behavior issues in their lives have gone beyond just getting support from the mental health system, but now they're in the court system. So we've had kids that were with drug and alcohol problems, runaways, things that get kids in court -- larceny, petty crimes.

So when I started, I was working with adolescent girls that were presenting with depression or PTSD or self-injurious behaviors at a small residential bed. I've used it with women having [survived] interpersonal violence or domestic violence. I've used it with dual

diagnosis -- with people who have substance abuse and co-morbid issues. I was the first in the world to use it with those who have psychosis and schizophrenia...and it was really fabulous work.

I was trying to get it (EAP) started at my regular day job working... with active duty soldiers and their families. ...finally we were really close to getting it approved two years ago which was when all the budget issues happened. So they said, 'We're not starting any new programs whatsoever for the next 5 years.' ...That's how we got certified. The military actually wanted to do it. And I had this certification and I didn't want it to go to the wayside and so I decided to create my own practice.

And then for individual clients we saw severe mental health issues. The first client we did together had dissociative identity disorder and then subsequently other clients that we've seen had severe mental health issues, both Axis I and Axis II diagnoses.... And a common theme that all our clients had was trauma...

What challenges has the EAGALA model presented?

Surprisingly, this question produced some interesting results that were passionately voiced by several participants. The first challenge that seemed to present itself throughout the interviews was expressed most often in relation to the MH. Participants spoke to the difficulty of not stepping in as often to make as many interventions as they are used to within an office setting, and allowing the horses and clients the space for interaction. This was highlighted in the following participants' comments:

Keeping my mouth shut and allowing the clients the freedom to do what they need to do without my interference has been another challenge.

Coming from the traditional group counseling co-facilitating background that I had worked in and was comfortable with, the challenge is to not make as many interventions as I was used to making...

...it's a little bit harder to just step back and not work as much, like let the session happen, let the horse do the work and kind of just get out of the way.

The most difficult part of the EAGALA model is forgetting everything I know and learned, and really letting the horses do ALL of the work.... The other difficult part is trying not to engage with the clients when they continually ask questions. It is all about letting the client figure out the solutions and trusting the process, but sometimes it's tough to shrug your shoulders or answer a question with, 'Well, what do you think?'

In the beginning two of my biggest challenges were I talked too much and I moved in too close. I am a therapist and that has been my role.... The challenge was to break away from the talk therapy relationship and being in close -- which you're always in close in the office and you're talking -- so it took me a while to be good at shutting up and stepping back. It takes us a while to get how actually different it is.

And for the MH you have to buy into that it's the client's work, you're just the facilitator. I know an MH who the reality is he feels like he's doing nothing and this is an issue for him. He says, 'I feel like I should be saying more.' We have an MFT who struggles with the same thing, but she's continued to practice and I think it's gotten better for her. But MH's get a lot of sense that, 'I'm doing my job when I'm educating my client on what they could do differently.'

Another challenge participants expressed about the model was in relation to the SPUDS'S acronym developed by EAGALA, specifically keeping their 'S (apostrophe S) – self-awareness or "My Stuff," in check. Extending this concept, some participants expressed difficulty with staying mindful about using "clean language" [i.e., language that does not impose one's own meaning or change the client's experience] during sessions.

When in the past I would have just said, 'Wow that looks scary or you look sad or that must have been hard to do' -- trying to reflect the feeling. And the EAGALA model has really taught me to back off of that and ask what the feeling was.

The challenge would be keeping my perceptions out of the playing field -- [that is, using] the clean language: phrasing my questions and my observations in such a way that it doesn't color the client's own experience.

Keeping 'your stuff' out of it is something you must be constantly aware of.

Learning to use clean language/observations has been one of the biggest challenges.

Referring to new MH's, one seasoned participant shared:

[There's a] feeding frenzy that occurs [internally for the MH] because all of a sudden your client has had an 'aha' or they haven't had the 'aha' but you can see it real clearly and you don't know enough to be quiet, or to try and come up with an open-ended question; and if you do ask it, you can't go for the jugular [that is, quickly insert an interpretation or observation the client has not come to].

The intensity and quick transformational pace of EAP were expressed by some participants as challenges that could sometimes impede the therapeutic process if not handled appropriately, as demonstrated in the following responses:

I've seen EAP be too intense for clients and that's actually a challenge. Sometimes it goes too deep, too fast. But then we back off and I see them in the office a couple of times and I have seen it get to the heart of things too fast for people.

...for a lot of people if they're not ready for therapy, to go through a model that is so experiential is very scary for them... I think it's very intense. I can only say for the clients that I've seen that there were some clients that were in therapy for many, many years who in several sessions felt like they had more progress than they had doing talk therapy. For some

people you have to really be ready for therapy, especially if you use this model...there are some people who so much comes up for them during that period of time that it's hard to process everything. It could be hard for them to accept that they're talking about things that they never thought they would talk about. Or they're doing so much in such short period of time they weren't really expecting it...

Truthfully, the EAGALA model is powerful and a very effective tool with people; I believe in it 100%, but here's the thing: you really have to have a strong code of ethics and a level of professionalism. It's like giving somebody a shotgun. Working with horses exposes things about people that they may or may not be ready to acknowledge [and] in a context that it may or may not be appropriate to pursue. The horses are going to be who they are no matter what and so it's the job of the facilitation team, and that's where I think emotional safety comes in, to be able to discern what's going to be appropriate for the client, in terms of what to pursue and how to pursue it... a couple of the participants have some really significant issues that surface. Do you know enough that this is not an appropriate venue to explore those issues -- and, in fact, it's your responsibility as the facilitation team [to know that]? If they didn't come and sign on for psychotherapy those things are off limits and in fact it's your job to steer people in a different direction. [Referring to a EAP demonstration for potential clients] When we were done, the [participant] was imploded on my porch and I thought, 'Holy crap!' ...it turned out fine, but I thought, 'You know what? It doesn't matter what you do, when people come, the horses are horses.' There was no intent to go anywhere, it's just that the [participant] had an "aha" moment and you can't script those...but it made me respect that we believe in this model, but we need to realize that it is effective whether we intend for it to be or not -- because it's the horses that bring things about no matter what. So we really need to be responsible in that.

Having people subscribe to a type of experiential therapy that uses horses as a psychologically therapeutic treatment tool was voiced as another challenge by some EAGALA members:

Getting the public to buy into it. It's not so much the model, it's working with horses. I don't think they have a problem with the model at all. It's just buying into the fact that horses can be therapeutic.

One challenge is that when you're trying to sell it to your community, you may as well sell voodoo off the sign. You have to be very creative. Selling is difficult for two reasons. People are fearful of horses and people are fearful of therapy... And the historic perspective of what is equine therapy is a handicapped or developmentally disabled child on a horse in [the] past therapeutic riding style. The minute you say equine therapy, EAP, EAC (equine-assisted counseling), peoples' picture immediately goes to somebody on a horse. ... Another challenge is distinguishing what EAGALA model EAP/EAL is, as opposed to everybody else who is now hanging out a shingle. It's very frustrating because you have all kinds of people jumping on the bandwagon.

The financial aspect associated with EAP, in general, was seen as a subject of concern: I'm facing one right now. Funding... I think just communicating the message that horses can be wonderful co-facilitators and then having the stakeholders such as foundations and those with money, whether it be government, legislators, [or] providers, those with the capacity [persuaded] to support and help develop programs... So that's probably the biggest barrier. I mean there are lots of barriers. Operational costs. The overhead is ridiculously high. The way I'm getting around that up here is I've got a facility that is willing to donate ring time, but we're getting to lease the horses.

...I find that a lot of times people will have an issue with paying for sessions, because I am not on any insurance panel, so it makes it difficult to have people pay out of pocket.

Creating a financially viable program using the EAGALA model – having to pay [for the] MH, ES, horses and venue can make sessions expensive if all require to be paid at their usual rate.

I thought the concept of a team was a good idea, as much as I kind of didn't want to have to do it that way.... I was concerned about the financial ramifications of that.... if I do it myself I get the full fee... If I have to split it with someone, I'm going to have to make less money. But that's ok: that's the way it goes.

Along with the emotional impact, a potential financial liability in terms of having an unintended veterinarian bill is illustrated in the following comment:

Sometimes it is difficult to watch our horses get hit by clients, or kicked by other horses, or put in a dangerous situation, but we all keep each other in check because we know the animals are the reason this model works and that ultimately they will take care of themselves!

The aspect of training was poignantly highlighted by one EAGALA member as a challenge area that needed further examination and possible enhancements:

...I'm not sure that the demonstration of the model in public arenas by people who are newly certified or are not seeing any clients [is providing a clear picture of the model]...there's a learning curve there and you're not ready to practice. You need to go slowly, or it would be ideal for everybody to receive some type of mentoring or practicum so that they can see how it actually works.... Part of my concern is that these folks go out and do demonstrations and what they're demonstrating is not good EAGALA model. Newly certified people/teams are not good representatives of the EAGALA model and the MH/ES's have their own learning curves....Although part I and II (trainings) are introductions to the model, I think for most people they could use a lot more time and a little more training. Raise the bar in training. Go to both parts and be certified as a trainee, but not full certification until you've had X number of hours and possibly another training.

When discussing a personal shift in grasping the full scope of this practice, another participant spoke to the value of further training, sharing:

I think it took me several years. I really got it when I was in my advanced training/mentoring process... and I started that probably seven years ago and I've been doing EAP for 13 years. So it took me about five years and I don't know if I would have truly gotten it without the advanced mentoring. I probably would have but it would have taken longer.

In what ways have you seen clients benefit from EAP?

EAGALA members shared a range of ways in which they have witnessed their clients benefitting from EAP. In addition to every participant reporting seeing clients make significant “transformations and

shifts” during the course of EAP, other noted benefits included increased self-confidence/self-worth; emotional identification and regulation; decreased or lifted depression, anxiety and suicidal ideation; improved overall mental health, well-being, levels of functioning and anger/self-management; the development of positive coping skills and strategies; improved interpersonal relationship skills; the ability to express thoughts and feelings; a sense of personal empowerment and purpose; increased trust; increased ability to stay with the therapeutic process; the ability to pause and think before responding; and the ability to understand concepts more quickly and clearly. Other reported observed benefits involved using metaphor as a way of relating what happens in the pasture (with the horses) to what happens in their own lives/recovery; increased grades, academic performance and school attendance; the ability to experience themselves in the context of a community, while revealing family/group dynamics; and ceasing gang behaviors/participation.

A lot of times they’ll tell you, “This is exactly how I act with my drug” or “That horse reminds me of how I used to be, or somebody else.... Some clients say this horse is like my sponsor: he’s always right there; he knows what I’m supposed to be doing.

I just see it as something that tears their walls down, gives them breakthroughs and I feel better as a provider giving them something that’s going to work maybe faster or easier for them than sitting in my office for eight sessions or more, waiting for something to happen just through regular talk therapy.

I have had students remove themselves from gang related behaviors, improve their grades, their attendance and their participation in school.... Schools have reported that the students involved with our program spend less time in suspension in or out of school.

We just started a group of women... that are dealing with domestic violence and in the two sessions, [through] observation and perception they have really related the horses to themselves... that horse is like me or that horse is like my ex-husband, my husband... just by the way he reacts, he’s quick, quick to tell me, to kick me....

... I have seen people stay in the uncomfortable part of the therapeutic process where it really feels awful and people want to quit because they’re getting into the depths of it all. And I think being outside and walking away and letting them have time with the horses allows them to go through that difficult part, I think in a softer way.... I have seen more celebration than I ever saw in my office....I have a client who’s 98% agoraphobic but she chooses to drive an hour to come to her therapy...because she can’t wait to come and see the horses. Of course that would never happen in the office. She would cancel and not make it. So I think the horses and the environment, they allow people to look forward to come to therapy.

In terms of changes that you observe clients make with EAP, what themes have you noticed throughout the course of treatment?

This question resulted in participants providing answers that were similar to the previous question about clients benefitting from EAP. However, additional themes that came across included a willingness within clients to self-reflect and try something new; the ability to ask for help and speak up; how quickly EAP goes to the core of clients' issues; the theme of the horse(s) acting out/reenacting peoples' dynamics/stories; improved communication skills; clients initially being uncomfortable around the horse(s); increased risk-taking and a willingness to fail; increased proprioception (the ability to sense the position, location, orientation and movement of the body and its parts) and ability to set physical and emotional boundaries; increased self-sufficiency; increased self-awareness; decreased perfectionism; and increased ability for forgiveness.

The thing with addictions clients is not asking for help, but once they do...that first time...that wall gets broken. Then the next session...they'll just straight up say, 'Would you help me with this?' or 'I need help doing this.'...And even asking [them], 'Have you ever moved a 2000 lb. horse before?' 'Well, no.' 'Well how do you expect yourself to know how to do something like that if you've never done it?' [It gets] them to think a different way about themselves and how they go about their life and their recovery.

If people are angry, the horses start kicking and biting each other....There was a couple who came and as they drove up they had been fighting in the car...and the two horses started to kick each other.... so they really track anger very well. When a person is resistant, I've seen the horse not move.... as soon as the person changed tracks and was starting to deal with a more relevant issue, the horses turn right around. [Referring to a young male client] ...and drawing the line with his father who was being very intrusive, the horse literally came by and drew two lines in the sand with his nose. I saw a horse lift the blanket off an object [where] the blanket was representing [the client's] shame over her body...and she said she had a 'life altering experience in that moment,' the shame seemed to disappear for her.

Just a couple of weeks ago we had two agoraphobic clients in the pasture and both times, and this has never happened before... the horses took us to the absolute farthest place in the pasture. ...And of course it became the topic of discussion for both of them, 'Oh my God! I've never been out here...this is so big!'

What structured EAP activities have you found to be particularly useful?

Though this question produced interesting and creative findings, a common theme that was expressed by many participants was the idea of having a somewhat unstructured session. One MH summed up this point well stating:

As a team we usually meet beforehand to discuss or review what happened last session and to discuss where we think we might go today. That's another thing I really like about this model, having that meeting having a plan, a loose plan of what we might do, but then when the clients come out, checking in with them asking what happened since the last week, what's come up, what they've noticed about themselves and have thought about, and having the flexibility to do something completely different. There are some clients where we don't structure activities at all: they just go out, stand with the horses, go from horse to horse, come back a half hour later and tell us a huge list of work that they've done that we couldn't see.

That said, there were some activities that seemed quite popular with the EAGALA members. Some consisted of having the clients introduce themselves to the horse(s) or going out to the pasture, choosing a horse, possibly haltering it, then bringing it back. Other times clients were often asked to build a representation or timeline of their lives, a specific situation that was challenging them, or perhaps a relationship. For individuals in recovery, experiencing some form of addiction or eating disorder, a common activity consists of building a representation of their relapse.

The obstacle courses and representations can be created with a variety of props such as PVC pipes, logs, cones, stuffed animals, balls, hula hoops, jumps – the list is endless. Sometimes clients are asked to label parts of the course with a variety of words that hold positive or negative values or serve as “temptations” for them. To complete the activity, a client may walk the horse(s) through the course with certain tasks to complete along the way. Furthermore, a client may at times be asked to accomplish this without touching the horse(s) at all.

We had horses not go anywhere near the relapse. We've had horses come up and take the other horses away from the relapse. We've had horses physically nudge the client away from the relapse they built. It seems like when the clients do this there's some shift inside them -- whether fear or anger: whatever it might be, the horses generally don't want to be near it with the client. We've seen horses go up and tear the representation apart. They'll walk into it and start taking things with their teeth. We had a horse once go up and drop a [fecal] load right on the client's relapse and she was able to make the connection that *'it would certainly be that bad.'*

There's one that I've seen be very impactful for families and other groups...three people will line up next to each other and link arms and the person in the middle is the brain and the person on each side is an arm, so there's a right arm and a left arm. And the rules are that the arms can't talk or think, and the brain can only think and talk... we ask them to [perform an activity] while they're all linked up...That exercise in a family unit gives someone without a voice, the chance to be the voice and maybe show that, 'I can do this.' It gives the person who is usually the voice the opportunity to sit back and see what it's like to have somebody tell them what to do. ... Most of the time when the clients start talking about that, the other

clients will jump in, in the traditional group process and we don't have to do a lot of talking: the clients end up figuring it out for themselves...

I like just getting a client to walk in a circle in the arena whether it's indoor or outdoor, just walk alongside of them, and they are with the horse, but I'm walking with them and just give them a chance to vent or unwind. So it's more of just walking and being together and letting them tell me a story from the past week and just getting them to download... Another [client] was grabbing a hold of the harness and trying to yank the horse's head down... One of the instructors asked, 'How often do you feel like you're doing that in real life, where you're commanding people to do stuff vs. asking them?' And she was just blown away. She said, 'You guys scripted this, didn't you? How do you do this?' We had no plan going into that session whatsoever and it was probably one of the biggest breakthrough days.

One ES described two beneficial activities that other members reported using as well. Those are ground tying, where the client is walking around the horse attached to a long line, and "longeing," where the clients make the horse move around them in a circle, while being held on a long line.

... 'How many times can you walk around the horse without the horse moving? Do you widen the circle around the horse? When the horse does move, what does that represent for you?' A lot of times, especially when you're dealing with substance abuse, a lot of things come out about, 'Struggling to stay within my recovery. Other people trying to help me with my recovery. Am I rejecting that?' So it's a very simple exercise, but a lot of times you get so much out of it.

What suggestions or insight would you offer to a new MH, ES and potential EAP client?

Popular responses to this question for all three categories were, "Trust the process," "Keep an open mind," and "Trust the horses." One new MH expressed it metaphorically stating, "I mean there's many different ways to cook a steak, and some ways are better than others."

Repeatedly, EAGALA members expressed that this is an experiential therapy where potential therapists and clients may have a difficult time "buying into" the idea that one can conduct therapy using horses.

Because being out there, in a pasture full of 30 horses and watching how they react to the clients, there's just something about it that I can't explain. Talking about experiential therapy is a lot like writing about sex. You might get an idea for it, but it's just not the same.

...it's probably going to be one of the most profound experiences of their lives, but it's hard to get people to buy into it... I mean the real truth is, I think the people who can more easily buy into it are more of the mystic type in their nature. People who are more intuitive, on the art[istic] end of the spectrum, they're going to be able to work with it better.

Summary of Participants' Recommendations

In terms of building a new EAP business, one MH expressed “Keeping the faith” and that “If you build it, they will come.” Furthermore, other members expressed how important it is to “get the word out” when starting up an EAP practice. Most participants voiced the need for further equine therapy research, as a way of getting the word out and establishing further credibility for this field.

Another repeating theme focused on the MH and ES acting as a solid and effective team. To ensure this, suggestions included having the ES staff expand their knowledge in terms of learning psychological language and understanding what a possible diagnosis may look like. Similarly, for the MH staff, it was to further their equine knowledge and language. Coupled with this was the reminder for the MH and ES to stay mindful of their ‘S and “stuff” that may come up. Participants encouraged both parties to maintain an open and consistent communication with each other. Participants also encouraged the team members to “stay out of the way” and do less so that the horses can do their work; to stay mindful, as noted above, about using clean language; to study the foundational elements of experiential therapy; to continue with training via taking Part I and II over as many times as possible, while also attending networking meetings and conferences; and to seek out good supervision.

Chapter V

Discussion

This qualitative study set out to explore EAP under the EAGALA model. As EAP is still a fairly new modality of therapy, the intention of this study is to add to the growing EAP literature. Noting the limited quantitative research that exists for EAP, the original design of this study was mixed-method in nature with the hope of gaining quantitative pre- post- test results from clients as a way of measuring the effectiveness of EAP, in addition to interviews illustrating clients' personal experiences. Unfortunately, due to recruitment difficulties, this study evolved into a qualitative design that sought clients' personal experiences. Even this more limited recruitment of clients proved to be difficult as well, leading to the current study that interviewed EAGALA certified mental health practitioners (MH) and equine specialists (ES). The study reported here, then, provided research examining practitioners' expertise and wisdom through the lens of their personal experiences, perspectives, and professional insights. In addition to examining the structure, benefits and challenges of the EAGALA model, the nature of EAP was explored -- revealing its own benefits and challenges.

Demographics

Looking at some of the demographic findings for this study provides information that is noteworthy. Offering a nice balance to the study, the majority (46%) of the participants hold both MH and ES certification with the remainder of participants equally divided between MH (27%) and ES (27%). Fourteen (93%) of the 15 participants were female, suggesting the need for more male clinicians and equine specialists to consider certification in this field of therapy. As in other modalities of therapy, there is a benefit to the alternative perspectives that both genders can offer clients. Considering that 100% of the participants are Caucasian not only invites for more practitioner racial/ethnic diversity, but asks one to consider the costs when diversity is lacking within practitioner population. In terms of EAGALA's two part training, both levels can be taken repeatedly. Part I focuses on teaching the foundation of the EAGALA model. Results show that it is taken more often than the Part II training which focuses the application of the work. This finding suggests the value that practitioners place on maintaining and enhancing the foundational skills and standards

that make up the EAGALA model. Furthermore, 50% of the practitioners have or are pursuing advanced EAGALA certification.

Lure of the EAGALA model

Examining the attraction to the EAGALA model demonstrated the importance that EAP practitioners place on having credibility from a professional organization that endorses standards through their code of ethics. Moreover, their structured training and commitment to on-going learning adds to the organization's credibility. Having the EAGALA certification signifies to potential clients and financial supporters the value that is placed on high standards and an ethical practice (EAGALA, 2013).

Practitioners of the model expressed the significance of EAGALA's sole focus on ground work rather than on riding or horsemanship. The value of this lies in the client's development of a working relationship with the horse where s/he learns the horse's language of communication, rather than focusing on the physicality of riding or the skill set of horsemanship. It is this developed relationship that provides the therapeutic foundation for EAP.

Looking at EAGALA's SPUD'S acronym which helps categorize facilitators' observations and is used to help formulate client questions for processing a session, participants highly valued the 'S (apostrophe S). This refers to the facilitators' self-awareness, also known in EAGALA as "My Stuff." Facilitators staying aware to the potentiality that their "stuff" could interfere with a client's session is emphasized often in the model's practice, whether it be a recent fight had with a spouse, attachment to a favorite horse or more subconscious areas such as own culture or values, for example. Though this may seem similar to countertransference, it is the horse/client relationship that acts as the main therapeutic tool, while the MH/ES team aim to keep anything that triggers them out of the session, and focus on *facilitating* the session.

The model's importance on using a "clean" approach to language/observations was often reported as another central and beneficial piece. EAGALA emphasizes using the client's exact words and the avoidance of using judgments, labels, personal pronouns and other words that may indicate facilitator interpretation. Using "unclean" words can contaminate a client's experience and may cause them to feel judged, frustrated and/or have difficulty discerning their own experience.

EAGALA's team approach of having an MH's clinical foundation coupled with the equine knowledge of an ES was deemed highly valuable by many study participants. While the MH is focused on therapeutic processing and client/horse relationship, and the ES is observing for shifts and patterns, the two are staying in constant communication with each other. At a recent EAGALA conference that I attended many of the attendees, as well as study participants, emphasized the importance of clear and honest communication between team members and voiced the significance of being a well-matched team. The importance of this was rooted in the team's need to "keep each other in check" in terms of their 'S. If there are interpersonal challenges between members, there is the possibility that the horse could *pick up* on the unspoken conflict which could potentially infringe on the client's session, or that conflict may directly impact the client.

EAP populations

Results were consistent regarding types of populations/clients often seen for EAP and the existing literature of populations seen for EAP or other various forms of non-riding equine therapy. Participants substantiated the current research that demonstrates children and/or adolescents participating individually or within groups, (Bachi, Terkel & Teichman, 2012; EAGALA, 2013;

Ewing et al., 2007; Schultz, 2005; Schultz et al., 2007; Tetreault, 2006; Trotter et al., 2008). These at-risk youth populations as noted in the current literature and this study, were seen for issues with intra-family violence and substance abuse, adjustment disorder, mood disorders, PTSD, ADHD, disruptive disorders, learning difficulties, grief, trauma, anxiety, self-esteem issues and/or eating disorders.

Continuing corroboration with the literature, adults were also seen individually and in groups such as families, couples, women's domestic violence and veterans, with these adult populations addressing issues of depression, abuse, anxiety, addiction, trauma, PTSD and/or dissociative symptoms (EAGALA, 2013; Klontz et al., 2007; Lancia, 2008; Meinersmann, Bradberry, & Roberts, 2008; Russell-Martin, 2006).

Seeing these findings demonstrates the variety of populations and spectrum of symptoms that can benefit from EAP and/or other forms of non-riding equine therapies.

Challenges of the EAGALA model

A significant challenge often expressed, especially by the MH's, was the difficulty in holding back from intervening *and* allowing the horse to play its role acting as co-therapist. This is quite different in comparison to the traditional role a clinician would have in an office setting practice. "The ability to allow a patient to work through an activity at their own pace without intervening or rescuing is very challenging for many EAP professionals... The challenge seems to be intensified by the fact that as a therapist you are actually seeing what they do before your eyes rather than just talking about it....to truly maximize this experience and increase the generalizability of the experience, the therapist must allow the client to find an answer for themselves" (Mandrell, 2006, p.48).

Ironically, viewed as an attractive aspect of the model, using clean language/observations, while also staying alert to the 'S of personal "stuff", were also reported as challenging features.

Participants often spoke to the effort that is required to remain mindful of these challenges during sessions. They placed great importance on having an honest, trustworthy safe and compatible relationship with their co-facilitating team member so as to keep each other in check in terms of these challenges.

Though not specific to the EAGALA model, several participants emphasized a potential challenge with this modality of therapy in terms of the fast pace and intensity at which EAP can occur, as one participant states, "I've seen EAP be too intense for clients and that's actually a challenge. Sometimes it goes too deep, too fast." Whereas another participants states, "I've seen that there were some clients that were in therapy for many, many years who in several sessions felt like they had more progress than they had doing talk therapy." While this suggests that making progress in therapy is a valuable marker, it's ethically important to assess whether a client is an appropriate candidate for a potentially intense form of therapy. There is a degree of responsibility that is required of the treatment team when assessing for readiness as well as timely processing and debriefing. As one participant poignantly expressed, "...we need to realize that it is effective whether we intend for it to be or not because it's the horses that bring things about no matter what. So we really need to be responsible..."

In terms of training, some participants voiced the need for reevaluation of and enhancements to the EAGALA training. Though Part I and Part II levels of training are fundamental introductions to the model, some facilitators suggested that the newly certified are not necessarily seasoned enough to be immediate representatives of the EAGALA model, and question their readiness. It is important to note that the organization encourages certified members to repeatedly take both Levels I and II trainings, participate in local networking group meetings and participate in the advanced EAGALA certification process.

Suggestions included the idea of having trainee status until a certain amount of practice hours have been completed and having a required mentorship program, not just the existing one that is offered for the optional advanced certification. As one long term EAGALA member shared, “I really got it when I was in my advanced training/mentoring process... I don’t know if I would have truly gotten it without the advanced mentoring. I probably would have but it would have taken longer.”

Client benefits and themes of change observed from EAP

Of the fifteen EAP facilitators surveyed all used the same language and discussed clients making significant “transformations and shifts” in EAP. This stands out and alludes to the powerful effectiveness of this work, perhaps correlated to the aspect of how intense and quick changes can occur. The aspect of immediate equine feedback after a client reenacts their personal challenges with the horse creates a space where significant and fast-paced revelations are more likely to occur.

This study supported existing literature (Bachi et al., 2012; EAGALA, 2013; Ewing et al., 2007; Froeschle, 2009; Klontz et al., 2007; Lancia 2008; Mandrell, 2006; Meinersmann et al., 2008; Russell-Martin, 2006; Schultz et al., 2007; and Trotter et al., 2008) in terms of EAP benefits and/or themes of change observed in clients. These similar EAP benefits include increased self-confidence/self-worth; emotional regulation; decreased depression, anxiety and suicidal ideation; improved anger/self-management; the development of positive coping skills and strategies; improved interpersonal relationship skills; and improved academic performance.

Comparable themes of change observed in the literature include the theme of the horse(s) metaphorically acting out/reenacting peoples’ dynamics/stories; improved communication skills; initial fear

of horses; increased risk-taking; increased ability to set physical and emotional boundaries; increased self-awareness; and decreased perfectionism. Other key findings that stood out in this study included the ability to ask for help and speak up, and the ability for forgiveness.

With this study corroborating such similar and important benefits and themes as existing research, it speaks to the vitality, effectiveness and reliability of EAP.

Popular EAP activities

Across the board, all study participants showed great preference for unstructured or loosely structured activities. Repeatedly, the phrase “letting it unfold” was spoken throughout the interviews. Team members will meet before a session and discuss the nature of a case, followed by connecting with the client and proceeding with the session based on client information provided. Great value was given to the organic unfolding based upon client-need, similar to how certain therapeutic modality office sessions may occur. Simply being around and engaging with the horses was consistently conveyed in the study as an approach that would provide the clinicians with enough therapeutic information, as *it is all information*, from the beginning to the end of a session. Mandrell (2006) speaks to allowing this process to have its own power.

Having said that, common themes of popular activities that created valuable sessions include introducing oneself to the horse(s); going out to the pasture, choosing a horse, possibly haltering it or without touching the horse, and walking it back; or building an obstacle course that is a representation of a challenging personal life situation, a relapse or even a relationship. These activities can provide the facilitators with a wealth of information as to how the client engages in different arenas of his/her own life.

Suggestions and insights for new facilitators and clients

The element of trust appeared as a reoccurring theme when participants were offering their wisdom, with “trust the process” taking the lead, followed by “trust the horses.” This theme is in alignment with idea of “letting it unfold” as mentioned earlier. Furthermore, this advice was offered to potential EAP candidates, as well.

Facilitators expressed having faith and to carry on with “getting the word out” while society continues its gradual exposure to the remote idea that psychotherapy could possibly occur *and* be effective

using a horse as co-therapist. All participants expressed their gratitude for this study and endorsed the continuing need for further equine therapy research in order to build credibility for this field and as a means to get our culture to “buy into” the notion that this modality works.

Lastly, a reoccurring theme was demonstrated when the participants once again voiced the significance of having a strong and effective team that has optimal communication skills. In order to do accomplish this it was suggested by many participants that MH's acquire a foundation of equine knowledge/language and for ES' to acquire the same in terms of the psychological aspects, in addition to continuing with on-going training.

Limitations of the Study Reported Here

The limitations of this research include a small sample size ($n = 15$), therefore limiting the generalizability of the findings; it was racially homogenous (all 15 participants identified as Caucasian); and all participants and myself are EAGALA members, creating a potential bias within this study. I also experienced EAP first-hand, having a powerful and positive experience, which may have created some bias within the investigation as well. Further research would benefit from a researcher who is a non-EAGALA member, exploring the perspectives of EAP practitioners of another model, or even better, EAP practitioners who investigated the EAGALA model but did not resonate with its practices.

Moreover, the interview questions were designed by the researcher and as this was a qualitative study with open-ended questions, participants' interpretations varied in some cases, as did the length and depth of the responses to the interview questions. However, the qualitative interviews allowed for rich and personal responses, with participants being forthright, eager to share their experiences and grateful that research was being conducted for this modality of therapy.

Implications for Future Research

The intention of this study was to add to the research on equine-assisted psychotherapy. As the findings confirm much of the existing literature, there is still a call for further quantitative studies that measure the effectiveness of EAP. The original intention of this study was to perform an RCT trial; such research continues to be urgently needed for EAP -- to meet the ethical requirement to offer an evidence

basis for the therapies we conduct. EAP could perhaps be systematically compared to another modality such as cognitive behavior therapy (CBT). Results could potentially add to the further credibility of the field.

Evidence in both the literature and the findings suggests the benefits that EAP can offer to diverse populations who are experiencing a range of psychological challenges. The experiential nature of working with horses as a therapeutic tool offers hope to situations where there may have been none. This is metaphorical work that can cut right to the heart of a challenge. “EAP gives the client a visible metaphor that can be applied to life experiences and relationships. These metaphors teach relational and coping skills as well as alternative ways to respond to difficult situations in life” (Mandrell, 2006, p. 136).

Successful as it has been, this research also invites EAGALA to continue evaluating its model. Raising the bar on training requirements, making mandatory areas that were once optional, may perhaps take EAGALA to the next stage in its professional development.

This work goes beyond simply engaging with horses. It can shift the core of a person, as sharing space with these creatures can become a spiritual experience for some. There is something that a horse can offer the human. It is an unspoken knowing that pierces the soul, cutting right to the truth, making one feel seen and understood, quite possibly for the very first time.

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Appendix A: Human Subjects Committee Approval Letter



School for Social Work
Smith College
Northampton, Massachusetts 01063
T (413) 585-7950 F (413) 585-7994

February 26, 2013

Kelly Boyd

Dear Kelly,

Thank you for making all the requested changes to your Human Subjects Review application. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

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

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

In addition, these requirements may also be applicable:

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

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

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

Good luck with your project.

Sincerely,

A handwritten signature in cursive script that reads 'Marsha Kline Pruett / M.K.P.'.

Marsha Kline Pruett, M.S., Ph.D., M.S.L.
Acting Chair, Human Subjects Review Committee

CC: Gael McCarthy, Research Advisor

Appendix B: Informed Consent Form

Dear Prospective Participant,

My name is Kelly J. Boyd and I am a graduate student at Smith College School for Social Work in Northampton, MA. I am conducting research examining clients' and practitioners' personal experiences with Equine Assisted Psychotherapy (EAP) using the Equine Assisted Growth and Learning Association's (EAGALA) model. The data from this study will be presented as my master's thesis and may be used in public presentations, publications or dissertations.

I am asking you to participate in an interview about your personal experience as a practitioner of EAP using the EAGALA model and entails answering seven questions which should last no more than 30 minutes. These audiotaped interviews can either be answered through a phone call or depending upon distance, at the EAP facility or location of your choice.

Although I am unable to offer you financial benefit for participating in this study, your responses to the seven personal experience questions will allow you to share your personal and unique perspectives as a practitioner of EAGALA model EAP. Your participation in this study, especially if you believe there to be any benefits, or risks, may help other future recipients or practitioners of EAP.

Participation in this study is confidential. All of your responses to the interview questions will be disguised so that your identity will not be revealed or made obvious. The data from your responses will be kept confidential, stored electronically, and accessible only by me and my research advisor from Smith College who will see answers only after identifying information has been removed. Your interview responses will be kept in a secured location for three years after the completion of the study as required by federal guidelines for research. After that your responses will be destroyed, or maintained in a secure manner until no longer needed. In the case of publication or presentation of the results from this study, they will only be shared as a whole and when brief illustrative quotes are used, they will be carefully disguised.

Your participation in my study is completely voluntary. If you do choose to participate, you may refuse to answer any or all of the questions. You may withdraw from the study at any time during the data

collection process, up until May 1, 2013. Up until that point any of your information will be destroyed at your request by simply notifying me in email or voice mail message (XXXXXX@smith.edu; or XXX-XXX-XXXX).

If you have any questions or concerns about the nature or purpose of this study or your rights as a research participant, or if you would like to receive a brief summary of the study with results and implications, please contact me at kboyd@smith.edu. You may also contact the Chair of the Human Subject Review Committee at Smith College School for Social Work, Northampton, MA, at (413) 585-7974. Please keep the provided second copy of the informed consent for your own records.

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

Participant_____ Date_____

Researcher_____ Date_____

Appendix C: Study Participant Interview Questions

1. What about the EAGALA model attracted you to pursue certification?
2. What types of populations/clients do you often see for EAP?
3. In what ways have you seen clients benefit from EAP?
4. What challenges has the EAGALA model presented?
5. In terms of changes that you observe clients make with EAP, what themes have you noticed throughout the course of treatment?
6. What structured EAP activities have you found to be particularly useful?
7. What suggestions or insight would you offer to new MH's/ES'/potential EAP clients?