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National survey on equine assisted therapy: An exploratory study of current practitioners and programs

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ABSTRACT

National Survey on Equine Assisted Therapy: An Exploratory Study of Current
Practitioners and Programs

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Dissertation Submitted in Partial Fulfillment
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Doctor of Philosophy
Psychology Program

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Abstract

Equine facilitated psychotherapy (EFP), a new field in psychology, is an alternative method of therapy that uses horses to facilitate therapeutic outcomes. There is minimal peer reviewed literature and few published studies examining efficacy. The conceptual lens of this study was grounded theory, as there is insufficient evidence of theoretical frame-works guiding equine assisted therapy. The purpose of this exploratory concurrent mixed methods study was to examine the theoretical foundation of practitioners; program make up; client populations; efficacy of program; and why the horse serves as the therapeutic catalyst of this model. A 43-item survey was sent to 800 programs, current members of the North American Riding for the Handicapped Association, Equine Assisted Learning and Growth Association, and the Equine Facilitated Mental Health Association who use equine assisted therapy. Twenty nine percent (n=232) of the surveys were returned. Chi square and cross tabulations were utilized to examine relationships between specific theoretical orientations of therapists and the therapeutic role served by the horses. Results illustrated that therapists who used experiential theory were more likely to use horses for development of confidence, development of self-efficacy, mirroring of behavior, and manner in which the therapist treats the horse. Open coding of qualitative questions was followed by axial coding into emergent themes were used to confirm and expand the quantitative results. Results illustrated the primary orientation within EFP was experiential theory; and that horses were universally considered essential aspects of the program because specific characteristics of the species facilitate key therapeutic processes. This study contributes to social change by providing the EFP field with a comprehensive analysis of current conceptual orientations and practice that can inform efforts to unify and extend this emerging therapy.

Dedication

There are a few people in the world who truly change lives; I dedicate this work to my sons, James Connor McConnell and Michael Timothy McConnell, who have forever changed my life. Never did they waiver in their faith of my ability to complete this and they always forgave my mistakes.

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Chapter 1:

Introduction to the Study

Introduction

Equine-facilitated therapies are a type of therapeutic intervention with the goals of improved mental and physical health that uses horses as a therapeutic component. In the configuration of equine-assisted psychotherapy, a horse specialist, a psychological therapist, a horse, and a client are present (Bates, 2002). The horse specialist may also be the psychological therapist (Bates, 2002). The horse specialist controls the horse at all times (Christian, 2005). The therapist may introduce the client to the horse, have the client groom the horse, and/or complete a series of games with the animal (Donaghy, 2006). This model is considered ground work (Donaghy, 2006)). Equine Assisted Therapy (EAT) can also consist of the client riding the horse while the horse specialist and therapist guide the horse and rider in an arena/ring (Bates, 2002). Each program is unique (Frewin & Gardiner, 2005). In some programs the clients never ride the horse and only work with the horse on the ground (Hogg, 2003). Other programs have clients ride, and some have a mix of both procedures (Bates, 2002). What all programs have in common is using a horse as the catalyst or instrument to facilitate the therapeutic process.

Currently, there are three organizations that offer membership and/or certification of programs providing a variety of therapeutic modalities: the North American Riding for the Handicapped Association (NARHA), Equine Assisted Growth and Learning Activities (EAGALA) and Equine Facilitated Mental Health Association (EFMHA). Certification from NARHA requires individuals from the programs to attend three

conferences on using the horse to assist in a therapeutic program (NARHA, 2007). These agencies have a combined membership list of 800 individuals and programs committed to the use of horses as a therapeutic catalyst for intervention for both mental and physical illnesses (NARHA, 2007).

A literature review showed that equine facilitated psychotherapy is also termed equine-assisted therapy, equine therapy, therapeutic riding, equine-assisted counseling, equine-facilitated therapy (EFL) and many other appellations. Although each peer-reviewed journal article has different terminology for using horses to facilitate therapeutic outcome, the commonality is using a horse therapeutically. For the purpose of this study, the term *equine-assisted therapy* encompasses all of these terms.

Presently, literature in this field is scarce, with much of it being anecdotal. A current review of the literature showed a total of nine academic journal articles, with only one empirical study (Schultz, Remick-Barlow, & Robbins, 2007). EAT is little known in the mental health field. This study illustrated theory, foundation program, current uses, populations served, and effectiveness of using a horse to facilitate change with individual clients. No journal articles were found that illustrated the effectiveness of the horse, or different practices currently serving in various programs and populations. This study described demographics, foundation theory, specific practices, populations served, and how it is that the horse facilitates the therapeutic process. The following chapter focuses on further discussion of the available literature.

This descriptive cross sectional study used a survey design to examine the current characteristics and status of these programs. The researcher attempted to translate the phenomena and trends through descriptive statistical analysis to determine what is

reported as EAT. Research questions focused on the specifics surrounding existing EAT programs, age and gender of therapists and participants, professional training and background of therapists and horse specialists, diagnoses of the population being treated, the theoretical foundations of the therapies used, and impact of the therapy on the clients. Program construction, comparison of various programs using horses, and the role of horse in these therapeutic programs were examined. Other phenomena and trends for future research may emerge from the results of this study.

A descriptive cross sectional study of EAT has implications for social change. By exploring the animal–human bond, one can examine health and mental health issues that are improved through communing with animals and, in particular, with equines (Halm, 2008) One of the currently mentioned theoretical frameworks for EAT, experiential learning, can enhance self-efficacy, while empathy with animals can illustrate the ability for someone who has never experienced empathy to develop that trait (Hausberger, Roche, Henry, & Visser, 2008). These aspects of working with horses can foster change in people and allow learning that can be applied to clients and subsequently extended to the communities in which they live (Hausberger et al., 2008).

Statement of the Problem

There is little research published in peer-reviewed journals dealing with EAT (Karol, 2007; Porter-Wenzlaff, 2007). Additionally, there is no information on discrepancies in terminology and explanations of different uses of this therapy. There is little information and few statistics on the total numbers of programs, the populations being served, the criteria for treatment, or the determination as to whether it is truly the horse that is the instrument of therapeutic impact in this milieu.

Currently there are over 800 programs employing equines in assisted learning, couples counseling, individual therapy, organizational leadership, addiction counseling, trauma counseling, at-risk behavior, and developmental and physical disabilities (EAGALA, 2009; EFMHA, 2007; NARHA, 2007). Published literature does not explain the theoretical foundations of these types of therapies/learning, nor does it point to the equine as a facilitator in accomplishing the therapy/learning. Peer-reviewed journal articles do not illustrate program construction or the specific role of the horse with clients. Such issues are valuable in laying a strong basic foundation for this milieu.

In the EAT field, there are confusing and contradicting terms to describe specific programs. Formats of programs vary along with the terminology (Ewing, MacDonald, Taylor, & Bowers, 2007). There have been no descriptive surveys on what the programs specifically do or the terminology used by practitioners and clients. There are no data showing which populations are served, and, perhaps more importantly, there is no research on the theoretical foundations on which the programs are based. Specifically, the research lacks clarification as to why horses are used to assist in therapy. Further, there is a lack of clarity as to whether the professionals in the field believe that it is the equine that is the specific element that enhances therapeutic effect.

All of these factors lead to the need for a greater understanding of EAT. Specifically, a foundation of applied knowledge about the programs that are currently using this therapeutic method will assist practitioners and researchers to develop and sustain the practice. Once a factual and descriptive foundation is established, the field of EAT can grow in both theoretical strength and overall applied success.

Psychotherapy practice has many modalities. Gordon (2000) reported that currently there are over 300 different psychological practices. New therapeutic practices need standards for their model; standards that are tested or measured by research studies. “The implementation of proven, well-researched programs is rapidly becoming standard practice today and required by most funding sources” (Waters, n.d., p. 1). Just as human beings are individually different with a myriad of psychological issues, so are the interventions. However the interventions or practices need research studies that illustrated their efficacy (Bohart et al., 1997). EAT is a new modality that needs standards as a solid foundation; studies on this issue illustrate the efficacy of this model. This research study was designed to examine the phenomena of EAT as it is practiced in the field today.

Purpose of the Study

Due to the lack of studies in this field of alternative therapy, there are currently no surveys or statistics existing on the potential impact of therapist or client gender, diagnosis of clients served length of program, or measurement of progress. The purpose of this study, therefore, was to provide this information to practitioners and researchers in the field. There are no unified standards and all programs in all three organizations are self-regulating. Because this is an emerging field, this type of research may be useful in implementing the ability of certifying agencies to support their positions about the effectiveness of this therapy. The research may also be helpful in the standardization of terminology. By providing concrete terms for specific applications, there could be a universal knowledge of the terms used in these types of treatment programs. An analysis of current terminology through a survey can assist in developing this universal terminology. Programs need to be surveyed for variables such as gender of client and

therapist, education, theoretical foundations, and populations accessing this type of program (Yorke, Adams, & Coady, 2008). A foundation needs to be laid regarding the type of applications being used, the populations being served, protocols, and the efficacy of these programs. A survey can illustrate problem areas and describe specific issues.

Horses are generally considered to be the main conduit of this alternative-therapy application (Tyler, 1994). Issues of the use and ethics of using horses should also be addressed, as animals are also vulnerable participants.

Nature of the Study

There is a significant need for a survey study in this area due to the lack of descriptive information and incongruence of the more than 800 programs using horses. These programs are based on little theoretical foundation, have interchangeable, confusing terminology, and no indication of how the horse effects therapeutic change (Klontz, Bivens, Leinart, & Klontz, 2007). I explored these and other issues to enable these alternative therapies to gain credibility in both the academic world and therapeutic fields.

The specific research questions are as follows:

1. What terminology is currently being used by persons working in programs?
2. What trends, themes, or relationships in the equine-therapy field emerge from the data?
3. What methods of equine therapy (riding, on the ground, a mix of on the ground and riding) are used by most programs? How many programs use

each method? The empirically based practices and their efficacy are compared.

4. What is the theory underlying the concept of using horses as a therapeutic modality base?
5. Is EAT beneficial? Specifically, is it a preferable or advantageous therapeutic method compared to those that do not incorporate the use of horses?
6. What diagnoses/conditions are appropriate for EAT? Are there any that are contraindicators?

Assumptions

This study evolved from the following assumptions:

1. The participants have a vested interest in answering the survey questions in a truthful and accurate manner in order to establish credibility for this type of therapy.
2. The survey questions elicited the information they were intended to elicit.
3. The terminology used in the survey was familiar to the person answering the survey.
4. The target population is suitable and sufficient to provide data that will answer the research questions.
5. The sample was derived through self-selection, thus the consideration of nonresponse bias is included in the discussion and implications surrounding the findings.

Limitations and Scope

Not all programs may be represented in the data, as respondents from the entire target population chose whether to respond. Sampling error and self-selection (nonresponse) bias are present. Some respondents did not answer all questions included in the survey, thus leaving gaps in the ability to analyze data. The discussion, conclusions, and recommendations were limited based on the descriptive and inferential analysis of the survey. This is a descriptive cross sectional, informational study, and no actual relationship with a criterion measure to indicate success of the therapeutic method is being investigated at this time. The respondents were a targeted population that is involved with EAT programs.

Significance of the Study

This field is not well known in academia and in therapeutic practices, although it is an alternative therapy. There is a significant gap in the literature with most of the literature being anecdotal, not evidence-based, grounded in research studies. This national survey of equine-assisted programs illustrated what theoretical basis programs are using for the benefit of clients, how horses affect therapeutic outcomes, specific demographics, specific design of programs, and various uses of the horse. It described other phenomena that arise in the study, and trends for future research.

This study is an illustration and a cause of positive social change. Self-enhancing issues, empathy, independence, courage to face destructive issues, and more can be the outcome of working with horses that fosters such changes in people and allows the application to extend to the community in which they live. This survey helps to provide a clear picture of the programs that are instilling this change in people. Therefore, as a

piece of foundational research in this field, this study will assist practitioners and researchers to further the practice of EAT and to ensure that the field grows and improves continuously.

Conceptual Framework

There is much literature available in examining the benefits of animal-assisted therapy. The same cannot be said of EAT. This study addressed the basic foundational issues in the field. It is descriptive and exploratory in nature with the purpose of examining the phenomenon of EAT to illustrate the constructs of the contemporary field. Concepts such as theoretical foundations, program dimensions, characteristics of clients, commonalities of therapists, programs, and horses help fill gaps in the knowledge base and enhance a growing field. The current EAT framework or paradigm illustrates views of the world, specifically the topics under examination (Botha, 1989, p. 49).

The conceptual framework is a map for readers to follow, consisting of exploration, description, decision making, and explanation (Shields & Tajalli, 2006, p. 315). The conceptual framework of EAT varies with each individual program, but generally consists of a client working in some capacity with a horse; the horse, in turn, facilitates communication with the therapist (Ewing et al., 2007). What the client learns from the horse, the therapist, and the interaction of all 3 participants allows transference of new concepts/behavior to the outside daily life of the client (P. Robinson, 2003).

Because this study is exploratory and descriptive in nature, examining the phenomenon of EAT and what is being done in the field today, a mixed-method approach to the research is appropriate due to the lack of literature and lack of common theoretical foundation. The mixed methodology is driven by sequential design. The lack of

theoretical foundation and studies demands design that is complimentary. This enables readers to examine data gathered from those who actually work in the field being studied (Diers, 1979).

Descriptive research depicts these phenomena and their characteristics to illustrate the presence of the phenomena, the lived experience (Giorgi, 2008; Holyroyd, 2001). Collecting this type of data can include statistics of populations, theoretical underpinnings, composition of programs, and basic demographics. This type of data gathering is quantitative. In this particular study, the survey contained questions on this subject matter (Diers, 1979; Payton, 1979; Stevens, 1984). Descriptive research shows the face or composition of the programs being studied; it is more comprehensive in mining foundational information (Johnson & Turner, 2003).

Creswell (2003) noted that criteria for mixed methodology should consist of a two-pronged approach: a survey targeted to the population of EAT therapists, and interviews for additional data collection from participants. The mixed-method design starts with the quantitative component of a survey. The survey had qualitative open-ended questions with the expectation that the qualitative answers would compliment the quantitative data. The mixed-methods design, “involves the collections, analysis and integration of quantitative and qualitative data in a single study” (Hanson, Creswell, Plano Clark, Petska, & Creswell, 2005, p. 224). The theoretical lens and basis for the study in this mixed-methods approach is grounded theory, which is an enhancing component for the methodology (Gilgun, 2005). Grounded theory is applicable in this study as “the researcher attempts to derive a general, abstract theory of a process, action

or interaction grounded in the views of the participants” (Creswell, 2003, p. 14). A more exact depiction of EAT is needed to allow for follow up studies to improve the field.

In examining EAT, the microconceptual framework is exploration and description of contemporary EAT programs, the theoretical foundations of therapists’ models, and how and why EAT is used. The main components of the study are survey and content analysis of the qualitative data collected during interviews. Possible data examination may include descriptive statistics, median, means, frequencies, *t*-statistics, and or percentages (Shields & Tajalli, 2006, p. 318).

The data assist in eliciting grounded theory. Grounded theory, posited by Creswell (2003), is derived from the data; as the data is interpreted an emergent theory arises. In order to attain such data the most appropriate vehicle is mixed methods, which can have complimentary data outcome. The framework can elicit phenomenon patterns, characteristics, and theoretical lenses, by way of consistent comparisons and correlational analysis (Botha, 1989; Creswell, 2003; Mills, Bonner, & Francis, 2006).

Definition of Terms

Equine-assisted therapy (EAT): EAT has many different appellations; however, these all have a client, a horse expert who controls the horse, a psychological therapist or licensed social worker as therapist, and an equine as part of the therapeutic process (NARHA, 2007).

Equine Assisted Growth and Learning Association (EAGALA): An accrediting and licensing organization for people who wish to take courses. This organization specifically advertises horses helping in psychotherapy (NARHA, 2007).

Equine-facilitated learning (EFL): A subsection of the EFMHA that is educationally based on the experiences of clients working with a horse (NARHA, 2007).

Equine Facilitated Mental Health Association (EFMHA): A subsection of NARHA that deals specifically with clients with mental health issues. This organization is an experiential psychological theory-based program. The clients may ride, vault, or do ground work (NARHA, 2007).

Hippotherapy: A specialized program that uses a licensed occupational, physical, or speech therapist in conjunction with riding a horse for the benefit of the client (NARHA, 2007).

Therapeutic riding: When a client is on top of the horse to ride the horse; it is not specific as to whether any psychological therapy is applied at the same time (NARHA, 2007).

North American Riding for the Handicapped Association (NARHA): An accrediting and licensing organization for people who wish to take the courses given. Specific models allow clients who are physically handicapped to ride equines (NARHA, 2007).

Vaulting: Humans performing acrobatic maneuvers on the back of a horse (NARHA, 2007).

Summary

This descriptive cross sectional study is the only national survey conducted that examines demographics, the horse as a catalyst, populations served, the theoretical perspective of practitioners, and other themes that arise from the survey regarding EAT. The contribution to this field is in basic demographic information, program descriptions,

theoretical foundation, and explanations of how and why horses are the main factor in this therapeutic process. Further data that may be obtained from the survey may be populations best served, contraindicators, gender of therapists and of clients, difference in program use of horses, the role of the horse, and relationships between variables. The findings of this survey may aid in illustrating specific theoretical foundations, universal terminology, specific populations with which it is successful, populations for which this milieu would not be recommended, and possible reasons for using the horse as a therapeutic catalyst.

This chapter describes contemporary programs and illustrates the purpose of and the need for this national survey. Chapter 2 exposit possible theoretical foundation, gives a history of the evolution of EAT, and describes the programs practiced today through a literature review. It also gives information regarding the domestication and use of equines. Chapter 3 reviews the methodology of this study and delineates the populations, sample, and ethics. Chapter 4 illustrates the results from the survey data, and chapter 5 summarized the results, with suggestions for further study.

Chapter 2:
Literature Review

Introduction

In a review of the literature, there were very few peer reviewed journal articles published in this field. Nine articles were found after an exhaustive search from Walden Library, Boston Public Library, the Internet, EBSCO, psychARTICLES, and other databases. The articles reviewed were available and published in peer-reviewed journals prior to 2009. This review covers available peer-reviewed journal articles that are currently available on any type of EAT, although most of the articles use different terminology to label the program studied.

This literature review starts with the evolution and history of animals used in therapy; this is how EAT developed and remains under the umbrella of Animal Assisted Therapy (AAT). An analysis of AAT literature led to the evolution of EAT literature. The literature review on EAT examined the articles that have been published, noting any suggested themes and theoretical foundations. The researcher then examined literature on the horse, its role in history, possible explanations as to why therapeutic programs are based on the use of horses, and possible underlying theoretical foundations.

Animals have always had a profound impact on human lives (Morrison, 2007). They continue to have varied and vital roles that allow humans to survive and live enhanced lives. The human species has relied on animals for its survival. Animals have been hunted for food, pelts for clothing, claws and teeth for ornaments, and bones for hunting weaponry, awls, needles, and spoons (Pettitt, 2008). To this day, humans use

animals in a similar manner for food, decorations, and clothing. As humans and animals rely on each other for survival, it is not a large step to have some animals who have taken the place of human companions and helpers in human lives (Morrison, 2007; Pattnaik, 2004).

Tracing the evolution of human relationships and the importance or reliance on animals can be found on cave walls and in paintings in Lascaux, La Marche, Chauvet Caves, with over 350 caves illustrating animals and their role on Paleolithic life (Pettitt, 2008). The drawings from these caves date back 12,000 to 30,000 years. In these paintings hunts of the people of the time are illustrated, as well as mysticism attributed to the animals (Valladas et al., 1992). Throughout the world are ancient signs of the importance of animals in prehistoric life: petroglyphs depicting metaphysical animal beings, hunt scenes, excavation of funeral pits with animal and human remains, and petroglyphs at Arches National Park in Utah depicting hunters on horse, (Goring-Morris & Horwitz, 2007).

Illustration of the beneficial relationships between human and animals can be seen through the art in caves, petroglyphs of prehistoric times, to the current role of hands, eyes, and ears of humans with animals working in various capacities to improve human lives (Parshall, 2003). AAT is a therapeutic modality that continues to use the beneficial relationship between humans and animals. Today, this relationship is geared to positive therapeutic intervention (Nimer & Lundahl, 2007).

Documentation of animals assisting humans goes as far back as the 1700s, with Quakers using rabbits, birds, and farm animals to assist in psychological treatment of people (Hooker, Freeman, & Stewart, 2002). Florence Nightingale used caged birds for

the benefit of her patients (Heimlich, 2001). In 1919, dogs were used in psychiatric units in Washington, DC. In 1942, the military hospital in New York used animals therapeutically for recovering veterans (Hooker et al., 2002). In the 1960s, Levinson described results of using AAT to have “found that pets function as transitional objects with which patients can bond. ... This bonding could eventually expand to include a therapist” (as cited in Hooker et al., 2002, p. 18). Mallon (1992) took Levinson’s work with small animals further, by using farm animals as “therapeutic aides” (p. 471) in a residential program for children. The farm animals used in the program consisted of cats, cows, roosters, pigs and horses. This was the first published study of therapeutically using nonpet animals; a precursor to EAT studies (Berget, Ekeberg, & Braastad, 2008).

The Beginning: Animal Assisted Therapy

An animal that facilitates therapy falls within the realm of AAT. The Delta Society (n.d.) is an international organization that certifies and registers pets that provide AAT. The Delta Society is a nonprofit organization, uniting people who have mental and physical disabilities and patients in healthcare facilities with professionally trained animals to help improve their condition. Krueger and Serpell (2006) reported the Delta Society's definition of AAT is

A goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise and within the scope of practice of his/her profession. (p. 23)

The Delta Society (n.d.) posited that any domestic animal may be used to facilitate therapy, if the animal has been tested and certified. Animals such as dogs, cats,

rabbits, and fish have been integrated into the AAT intervention (Halm, 2008; Nimer & Lundahl, 2007). The role of the animal has been described in literature as cotherapist, facilitator, comforter, visitor, and friend (Morrison, 2007). The animals are accompanied by a licensed or certified therapist or handler, as required by Delta Society (Souter & Miller, 2007).

AAT has been studied in various areas with a varied population. In a meta-analysis of AAT programs Nimer and Lundahl (2007) found that AAT has been in practice in psychiatric wards, hospitals, schools, nursing home, acute care units , critical care units, prisons, nursing homes, and rehabilitative facilities. Populations that have been served are elderly, children, and people with disabilities, young offenders, and adults of both genders. ATT has been used with people with dissociative disorders, posttraumatic stress disorder, crack addicted babies, children with speech problems, learning disabilities, chemotherapy patients, cancer patients, autism, disruptive disorders, Alzheimer's patients, substance addiction, behavior disorder, young offenders, AIDS patients, sexually abused children and adults, as well as many other areas. (Esteves & Stokes, 2008; Gilbey, McNicholas & Collins, 2007; Prothmann, Ettrich & Prothmann, 2009; Rob, 1992; Ross, 1989; Tissen, Hergovich & Spiel, 2007; Wesley, Minatrea & Watson, 2009).

The work of AAT is based upon promotion of feelings of well-being and enhancement in the quality of life for humans, where the animal is a therapeutic tool (Iannuzzi & Rowan, 1991). The animal is the conduit of change within this modality. The animal may calm, may enhance, sooth, motivate, mirror, help socialize, or befriend the

populations they work with, all these roles are considered therapeutic (Halm, 2008; Nimer & Lundahl, 2007).

Draper, Gerber, and Layng (1990) noted that there were more than 1,000 references or articles regarding the use of a variety of animals in therapy. Terms include pet therapy, pet-assisted therapy, pet-facilitated therapy, and AAT. Draper et al. postulated that the lack of agreement of the role and effectiveness of animal use are illustrated in the confusion of terminology used. Criticism involved lack of scientific methodology and lack of psychiatric literature, despite repeated claims of effectiveness in treating mental and emotional illness (Draper et al., 1990). These researchers called for clarification in the role of the animal and the correct use of terminology. Gammonley and Yates (1991) defined the term *animal-assisted therapy* as “an applied science using animals to solve a human problem. . . . it is an interdisciplinary approach using animals as an adjunct to other therapies” (p. 12).

The mid-to-later 1990s found more settings and populations using the AAT model for therapy. The mid 1990s found AAT used in psychiatric facilities and with adolescents (Banman, 1995), intensive-care units (Cole & Gawlinski, 1995), and acute-care settings (Barba, 1995). The results of these studies lauded the effectiveness of this therapy model; a model “that brings animals together with persons with physical and/or emotional needs as a way of meeting those needs” (Barba, 1995, p. 199).

Published studies on AAT continued to grow as much of the literature illustrated benefits to specific populations. Churchill, Safaoui, McCabe, and Baun (1999) found the AAT modality alleviated the agitation and desocialization of people with Alzheimer’s disease. Other researchers have showed that geriatric populations benefit greatly from

AAT (Crowley-Robinson & Blackshaw, 1998; Gammonley & Yates, 1991; Zisselman, Rovner, Shmueli, & Ferrier, 1996).

In the late 1990's and 2000s AAT spread and expanded its boundaries. Literature in which AAT was used became more common with populations not only in geriatric facilities but in hospitalized psychiatric patients (Barker & Dawson, 1998), pediatric oncology (Bouchard, Landry, Belles-Isles, & Gagnon, 2004), children with pervasive developmental disorders (Martin & Farnum, 2002), spinal-cord injury (Counsell, Abram, & Gilbert, 1997), and those in the last stages of life (Brenner & Krenzer, 2003). The populations served included children, acute care, persons with AIDS, rape victims, battered women, and juvenile offenders (Flynn, 2000).

Results of studies in AAT have helped legitimize AAT, as no one modality in psychology is effective for all populations, or in all settings. Thus, therapeutic benefits of AAT are not the same for every person using AAT. The majority of literature regarding AAT is varied both in populations served and settings, and has described overall positive results (Barba, 1995; Heimlich, 2001; Jalongo, Astorino, & Bomboy, 2004; Mallon, 1992, 1994; Netting, Wilson, & New, 1987).

Criticism and critiques of AAT include the lack of a common terminology and the fact that many studies define AAT differently. The current trend is a new terminology of human–animal interaction (Virues-Ortega & Buela-Casal, 2006) and human–animal bond (Ormerod, Edney, Foster, & Whyham, 2005). The definition of human-animal bond, in Virues-Ortega and Buela-Casal is “the psycho physiological effects of human–animal interaction” (p. 52). Ormerod et al. (2005) used another definition, “the human companion animal bond (HCAB) is the relationship between animal and human

counterpart that draws and elicits diverse health and social needs and fulfillment”

(p. 689). The different explanations give rise to confusion in terminology, as there still does not seem to be a standard definition or theoretical foundation.

Beyond the confusion of terms and definitions, AAT generally has been shown to have positive therapeutic results in varied populations and settings. With the ability to reach so many diverse people in so many diverse settings, it seems that AAT is a model that will continue (Nimer & Lundahl, 2007; Reichert, 1998).

Equine activities and therapy currently fall under AAT but appear to be evolving into a separate therapeutic modality. Equine-assisted programs all over the country are using horses to enhance lives therapeutically and psychologically for many populations. The lack of common terminology can be confusing, however all programs do use the word *equine* as the mainstay of the program (I. Robinson, 1999; Yorke et al., 2008).

Equine Assisted Therapy

EAT is an alternative type of therapy in which a horse is used to assist in therapeutic intervention. The therapy can include a horse specialist, a therapist, a client, a horse, or any combination (Bates, 2002). The client can work exclusively on the ground with the horse, going through a series of exercises with the horse, such as walking the horse through an obstacle course, or the client can ride the horse while having to control the animal, or it can be a combination of the two (Donaghy, 2006). Specifically, EAT uses horses to help the client achieve some therapeutic success (All, Loving, & Crane, 1999). This therapeutic field is relatively new, although horses have always had a marked impact on human progress (I. Robinson, 1999). In these programs, it is the relationship between the horse and the client that is the integral variable in the therapeutic process.

Horses have been used for many years in helping humans to achieve physical and mental health benefits. Ancient Greeks prescribed horse riding as beneficial for people who were ill (Hausberger et al., 2008). In the 1800s, riding was ordered by doctors for patients who were diagnosed with depression, brain disorders, and gout (All et al., 1999). Horses have played a critical role in all societal advances; the horse still represents freedom, power, and status in society (P. Robinson, 2003).

Hooker et al. (2002) reported that working with animals allows clients to form a special relationship, which eventually includes the therapist. Horses can be perceived as comforter, friend, listener, teacher, and distraction (Weigel, Caiola, & Pittman-Foy, 2002). This theme is similar for AAT studies, where health benefits and psychological benefits are reported in the use of companion animals (Barba, 1995; Barker & Dawson, 1998; Brodie & Biley, 1999; Odendaal, 2000; Ormerod et al., 2005; Richeson, 2003).

There is a plethora of information regarding companion-animal benefits but very little on therapeutic benefits of equine programs. Horses are not in the same category as companion animals in that horses require significantly more land and expense, are powerful animals, and have their own living environment, which does not include human comforts (I. Robinson, 1999). In comparison to more traditional animals used for AAT, such as cats, birds, dogs, and other therapy animals, horses are unique therapy animals (Roberts, Bradberry, & Williams, 2004).

EAT is a relatively new field in psychology. EAT both promotes personal exploration of feelings and behaviors by the client, and allows for clinical interpretation of feelings and behaviors by the therapist. EAT denotes an ongoing therapeutic relationship with clearly established treatment goals and objectives developed by the

therapist to address the client's needs. The therapist must be an appropriately credentialed mental health professional to legally practice psychotherapy and EAT (EAGALA, 2009). According to NARHA (2007), the operational definition of EAT is experiential psychotherapy that includes horses. It may include handling, grooming, riding, driving, and vaulting (gymnastics on the back of the horse). The populations that participate in this type of therapy range from those who are learning disabled, to those who are physically and mentally handicapped, emotionally or behaviorally disturbed, suffering from posttraumatic stress, trauma victims, at-risk youth, and many other mental health categories (Ewing et al., 2007; Karol, 2007).

In the United States there are a few organizations that have accreditation programs. The two original organizations are EAGALA, and NARHA. EFMHA encompasses the mental health aspect for physically handicapped riders; EAGALA has 469 programs, accredited through their organization; NARHA has 688 accredited programs, for a total of 1,157 programs in operation in the United States recognized by EAGALA (2009) and EFMHA (2007).

Mayberry (1978) reported that at the time there were no empirical studies on the efficacy of EAT, and to this date, no peer-reviewed journal articles on the subject have been published. Journal articles on any studies of effectiveness of this type of therapy are, at this time, not found in peer-reviewed journals, though there are some unpublished thesis papers (Frewin & Gardiner, 2005). There are currently no peer-reviewed journal articles that query the validity of these programs. This researcher has contacted every author of published literature on EAT. The contacted authors noted the lack of literature

as a problem while they were undertaking their studies and they were unable to cite any other literature than the articles this researcher found.

In 1999, as AAT was spreading to the psychological world, EAT developed to further the use of horses for therapeutic intervention (EAGALA, 2009). This particular model still has little peer-reviewed literature, which could be due to the newness of the model. The few articles that have been published in peer-reviewed journals rely on the internet and the two accrediting organizations for information. This raises issues of validity and reliability in the studies.

The use of equines to achieve therapeutic goals encompasses many areas and comes under many names. Some of these terms are equine-facilitated therapy, equine-facilitated psychotherapy, equine-facilitated growth and learning, equine-facilitated learning, horse therapy, equine-assisted psychotherapy, equine assisted therapy, equine-assisted growth and learning, and equine-facilitated counseling. There is little consensus in terminology, which contributes to confusion regarding the variety of programs.

NARHA and EAGALA, are the largest agencies in the United States that have some standards, and that certify instructors (also called equine experts, horse experts, and instructors) and therapists (equine facilitators, equine psychotherapists, etc.). There is no literature published or currently available on the statistics of these programs regarding numbers of clients, types of populations served, training of professionals, psychological theory in which they are grounded, explanations on how this therapeutic modality works, and whether or not it is the horse that is the catalyst in this therapeutic intervention. These questions remain largely unanswered. Therefore, this descriptive cross-sectional study examined these issues and other basic demographic information.

The Literature

This review illustrates the need for research in this field addressing the efficacy of EAT, therapeutic outcome, populations that would benefit, the need for standard terminology, theoretical foundations, standard protocols for the enhanced treatment of the client, and the horse. In a literature review of peer-reviewed articles, the articles illustrate a lack of theoretical foundation, demographics, standardization in protocol, and terminology, and whether the horse is the catalyst for therapeutic enhancement. There is little of the overall understanding of this field through rigorous study. Much of what exists is anecdotal, or uses very small groups with no clearly stated theoretical foundation. No article pointed out why horses are used, or can point to the issue of the equine being the catalyst in assisting or facilitating the therapeutic effect.

An exhaustive search of internet databases, academic databases, the Internet, PsychARTICLES, PsychINFO, Academic Search Premier, Walden University Library, and Boston Public Library databases illustrated few peer-reviewed journal articles published on the subject of equine-assisted psychological studies. At this date there are few peer-reviewed journal articles that report a unique study on the subject, though there are some trade magazines that have mention of horses used as therapeutic tools and observations of the programs (Rector, 2001), newspaper articles, unpublished dissertations, and internet articles on the subject. This literature review will examine articles with the criteria of having been published as a peer-reviewed journal article. The articles are grouped under the specific terminology the authors used for each program studied.

Therapeutic Riding

Bizub, Joy, and Davidson (2003) reported that therapeutic riding has been used with adults who have severe psychiatric difficulties. The clients rode horses, and then had group discussions after the experience of riding. The main benefit of therapeutic riding was found to be in normalizing the experience. In other words, normal people or people outside the psychiatric community also ride horses and find a benefit from the riding of a horse. The point of the article was experiential processing: by riding or experiencing the riding of a horse, clients were helped therapeutically.

The researcher found the terminology in this article confusing, with terms such as *hippotherapy*, which was also termed *therapeutic riding* in this article. Hippotherapy is designed as physical therapy on a horse for clients with physical disabilities. The experience of being on a horse has some psychiatric benefits (Bizub, Joy, & Davidson, 2003).

Equine-Assisted Therapy

Christian (2005) observed an EAT session, but conducted no study of the program. Observations concluded that many people were afraid or disliked horses; the program was geared for patients to think in nontraditional ways and work on issues of shame, control, and perfection. This study put forth a model of therapy reporting that the animals are reminders of the large problem the client is facing. EAT consists of a therapist, a horse specialist, and trained horses (Donaghy, 2006). This type of therapy was short term and experiential. The author posited that clients do not ride the horse, clients work on the ground with the horse.

Equine-Facilitated Therapy

Porter-Wenzlaff (2007) reviewed a practice where the horse is a metaphor and a bond is necessary to build trust. Both ground work and riding were part of this program; the population was female survivors of abuse. The basic theory for this program was based on relational theory by Gilligan (1996). Words such as *magical* and *mirroring*, with the clients being able to *read* the horse illustrated less scientific or academic reliability. The article did not address why the horse was used and reported that this nontraditional intervention would not be appropriate for all populations, due to an interaction between nature and human, reactivity of a prey animal to a predator, feminine intuition, and the experience of the nature of the horse.

Equine-Assisted Experiential Therapy

Klontz et al. (2007) studied 30 participants, under the aegis of experiential theory. The actual experience was the influence of change. By using this particular foundational theory, clients were able to deal with “unfinished business” (p. 258). The study reported that the therapist worked with a horse person who was responsible for the client’s safety and instruction on controlling the horse. The therapist was not the horse specialist. The use of the horse was explained through metaphors, projection, and transference of issues to the horse. Terminology such as the horse mirroring both physical and emotional attributes of the humans, and the horse giving back to the human unbiased feedback were often used. Participants were primarily White, 9 men and 22 women. Self-report tests consisting of the Brief Symptom Inventory and Personal Orientation Inventory were administered. Results of the study showed the clients felt better, had less psychological stress, and exhibited fewer psychiatric symptoms. Problems with this study were that

there was no experimental control group, a self-report test was administered, and nothing illustrated that it was the horse that was the catalyst of effect for the clients. It could just as easily have been the experience.

Equine-Facilitated Psychotherapy

Roberts, Bradberry, and Williams (2004) presented a short study of student nurses who observed an equine-facilitated psychotherapy program for a few hours. Again the question of why the horse was used was left unanswered along with the explanation of the horses' ability to read people and discern emotions from clients. However, the authors did make a valid point in the size of the horse and clients' ability to achieve success in maneuvering the large animal was a confidence-building achievement.

Karol (2007) posited that the relational bond between the horse and client was an integral aspect of equine-facilitated psychotherapy. The client's actual experience and interaction with the horse was perceived to be the foundation for therapeutic exploration. The article was largely an overview with anecdotal tales of clients, using metaphors for the horse, describing riding as the catalyst for exploration. The most important point of this article was that this unique application is not covered by insurance. The cost to maintain the horse program exceeds the monies coming in, because insurance cannot be billed for this therapeutic milieu.

Bates (2002) posited that in equine-facilitated psychotherapy the therapist is also the horse specialist. The therapy is conducted while the client rides, and the horse is the therapeutic presence. The horse and client have a relationship/bond that can be applied in other areas of the client's life. The author likened the therapist, horse, and client to

superego, id, and ego, with the therapist as the superego, id being the horse, and client as the ego (Bates, 2002).

Vidrine, Owen-Smith, and Faulkner (2002) posited that horses are to be specially trained for vaulting and the therapist has to trust the horse. The therapist should be trained in experiential therapy. Vaulting is one of the most dangerous activities one can do with a horse. It is trick riding or gymnastics on the back of a moving horse. In describing vaulting the authors used many metaphors for the horse. Terminology such as *mirroring human behavior, the horse not being hung up on being naked, having no ego issues, being large, giving unconditional positive feedback due to the inability of humans to understand horse language, and the horse being unable to always understand the human language*, illustrates psychosocial healing within the client. This article was anecdotal, an overview of one program but not a research study.

Equine-Facilitated Learning

Only one peer-reviewed journal article was accessed on the topic of equine-facilitated learning, which consisted of a study that was quantitative and qualitative. The population was young people with severe emotional disorders. In this article the authors repeatedly reported that there was very little research on this subject matter, and much additional research is necessary. Ewing et al. (2007) hypothesized that the population would have therapeutic enhancement when a horse program was used in conjunction with traditional therapy. Their theoretical foundation or methodology was experiential; the authors noted that the client has to go to the horse, and that a thousand-pound animal demands respect. The program consisted of ground work as well as riding opportunities for the subjects. The authors posited that in this type of therapy there should be a certified

therapist present as well as a certified horse person for the safety of the humans and the horses. The results of the quantitative section of this study illustrated that there was no change in the clients' lack of empathy after the completion of the program. None of the hypotheses were supported: depression did not decrease and the loneliness experienced by the participants did not change. In the qualitative section, there were positive correlations noted by individual participants. One problem with the study included significant terminology changes from equine-facilitated learning to equine-facilitated psychotherapy/learning.

Equine-Assisted Psychotherapy

Schneider (2005) reported that in order to participate in this alternative therapy, the client does not have to like horses. The role of the horse was to stimulate feeling and emotions in the client. There was no foundational theory mentioned and the issues of costs of maintaining such a program were perceived as an obstacle.

Frewin and Gardiner (2005) used idyllic descriptions of horses and terminology such as horses mirroring human behaviors. The foundation of this article was an overview, albeit a very short one, of the emerging field. Again size as an intimidation factor demanding respect from the human, and the inability of the horse to speak the human language was perceived as a positive factor in the building of confidence and self-esteem of participants in this type of therapy.

Equine-assisted psychotherapy uses a horse for a specialized form of psychotherapy, which can address ego, self-esteem, communication, group work, boundaries, and limit setting (Schultz et al., 2007). Schultz et al. studied a group of 63 children participating in an equine-assisted psychotherapy program. The population

consisted of both males and females, age 4 to 16 with some sort of mood disorder.

Although the results were mixed, the authors thought that with a control group the study may have had stronger results. Again there was no foundational theory other than to liken it to Gestalt therapy, but no further information was explored.

Equine Psychotherapy

Equine psychotherapy is not therapy for the horse, but for humans where the horse is ridden for the therapeutic experience of the client. It is an experiential and relational treatment that is appropriate for various psychological diagnoses (depression, autism, post traumatic stress, mood disorders, psychotic disorders, etc.). The difference in this overview was that this type of program was slated to be used in conjunction with traditional therapy. Tyler (1994) stated the horse should be experienced in therapeutic riding, should be gentle and mature, with a trained handler and therapist present whenever the clients are riding the horse. Again, the author cautions that this type of program is expensive and labor intensive and has a universal lack of terminology and theoretical foundation.

Themes From the Literature

There are a number of EAT articles in trade magazines, popular magazines, newspapers, and on the internet, however these are not academic research studies. The articles from peer-reviewed journals are few but do have some consistent themes. Themes included that horses are conduits of intervention, mirrors the client experiencing the horse, and vehicles of human psychological change (Ewing et al., 2007; Vidrine et al., 2002). Most articles have conflicting terminology and conflicting descriptions of what is being done with the clients and horses. The one constant in all the articles is that a horse

is needed for the program, whether it is being worked on the ground or being ridden. Some of the articles mention the size of the horse and how that might be perceived by clients, while others mention the experience of working or riding by the client (Bates, 2002; Klontz et al., 2007). The studies are also inconsistent in the theories and metaphors mentioned. The bond with the horse is mentioned by Karol (2007) and Vidrine et al. (2002), and some sort of relationship is reported by the other authors. Interestingly, the most basic element, the horse, is not the focus of any of the studies; yet without the horse there would be no program.

Experiential theory, the experience of working with the horse could be a possible theoretical foundation (Klontz et al., 2007). Yet a flaw in this theory is that there is no study of literature pointing out that one needs a horse for the experience to be therapeutic; it might be that any other animal or object would provide similar therapeutic experiences. Although experience of the horse is mentioned, no study actually illustrates that it is the horse itself that makes the difference therapeutically.

Terminology is mixed, with readers unable to comprehend what each program or term means in dealing with the horse, whether the program advocates ground work only, or riding only, or is a combination of both, rendering the labels being almost meaningless. Perhaps an encompassing definition for equine-assisted psychotherapy was offered by Kersten (1997) could become a standard for the field,

Horses are used as a tool for emotional growth and learning . . . an experiential approach . . . where the client learns about themselves and others by participating in activities with the horses and then processing the feelings, behaviors and patterns. (p. 138)

Another central theme in the articles was the authors' tendency to anthropomorphize, by usage of the terms *mirroring*, *human behavior*, *reading the human*, *emotion*, and *intuiting* (Kersten, 1997; Klontz et al., 2007). Porter-Wenzlaff (2007), Bates (2002), Karol (2007), and Roberts et al. (2004) concluded that the horse has special capabilities to help and enhance the lives of the humans working with them. The authors posited that by humanizing the horse's reactions, the client is better able to relate to their own issues. This is done by the horse mirroring or mimicking the humans' emotion, reading the emotions of the human, and making it seem that the horse is a human but just in equine form.

Human–Horse Bond

The horse–human bond can be found in the writings of the ancient Greeks, in which riding a horse was deemed beneficial for people who were ill (I. Robinson, 1999). In the 1800s riding was ordered by doctors for people who were diagnosed with depression, brain disorders, and gout (All et al., 1999). From being a basic necessity of past years to the current status of sports, show, and/or leisure pursuits, the horse still impacts human life (Hanggi, 2005; LaFollette & Shanks, 1995).

Hooker et al. (2002) reported that working with animals allows clients to form a special relationship, a bond that eventually encompasses the therapist. Through a bond, horses can be perceived as comforter, friend, listener, teacher, and a distraction (Weigel et al., 2002). This theme is similar in AAT studies, where health benefits and psychological benefits are reported in the use of companion animals (Barba, 1995; Barker & Dawson, 1998; Brodie & Biley, 1999; Odendaal, 2000; Ormerod et al., 2005; Richeson, 2003).

There is plethora of information regarding the companion animal bond, but very little has been written on the horse–human bond. This is not unexpected as horses are large, not house trained, require a lot of food, are expensive to buy and maintain, and require tremendous amounts of water and room to roam (Hothersall & Nicol, 2007). Horses are not in the same category as companion animals that are easily portable and live in human’s houses.

Differences between companion pets and horse-bond relationships are the emotional attachment, with companion animals typically being more consuming. Even when problematic behaviors occur it is not usual for the typical owner to dispose of their pets (Goldstein, 1999). However, it is the norm for horses to be sold, bartered, or traded, not the exception (Belk, 1996). Veterinary care of an injured or ailing horse is also likely to be much more expensive than care for a smaller companion animal.

Exchange Theory

Netting et al. (1987) put forth the possibility that the bond between human and animal is derived from exchange theory. This theory posits that people continue in a relationship only as long as the interactions outweigh the cost (p. 61). This means the animal bond is only important as long as the animals are useful to humans. Although the bond is strong with the horse for achievement of psychological change, once that has occurred, the bond is lost.

Biophilia Theory

Schafer (2002) posited that the human–animal bond stems from biophilia. Biophilia is the theory that humans have evolved with an instinctual interest in nature and animals. This view of human–animal bond brings a sense of well-being and safety to the

human. When applied to EAT, particular populations will be drawn to working with animals as a conduit for therapeutic intervention. The animal, from this theoretical perspective, provides a natural environment along with the natural catalyst that is inherent for humans to seek. The horse in its natural element is where the therapeutic process can be achieved because the human is naturally interested in bonding with the horse (Schafer, 2002).

Anthropomorphic Theory

The inappropriate assignment of human characteristics to animals' inanimate objects, or natural phenomena is called anthropomorphism. Horowitz and Bekoff (2007) theorized that features of the design of animals evoke a feeling that humans need to relate to or bond with, so they assign and use anthropomorphic terminology for animals; particularly horses. The terminology commonly used to describe a horse–human bond is that the horse mirrors human behavior, can read human emotions, and knows what a person is thinking and feeling. Anthropomorphism causes humans to become irrational, allowing them to see the horse the way they wish to and to assign emotions and behaviors to the horse that allow humans to form bonds/relations with the horse on terms to which the human can relate.

Keaveney (2008) posited the horse–human bonds are based on two phenomena: anthropomorphism and neoteny, or how attractive or cute the horse appears. A relationship with a horse is very different from a household pet; horses are prey-driven animals, herd reactive, and social with other horses in the herd. The human is never accepted as part of the herd, unlike dogs who will accept humans as the alpha of the family. There is always a risk of harm in dealing with a horse.

Horses accept the unconditional love of humans, while dogs and cats are perceived as giving unconditional love. Household pets are usually welcoming to the human; horses may vacillate in their attitude toward the human. Keaveney (2008) reported the most important aspect or defining moment of the horse–human bond is in greeting and play. When a horse greets by coming when called or nickers when the human is near, this, according to Keaveney, “symbolizes the emotional bond” (p. 447).

Grooming is a part of the bond for both human and horse. The human touch with gentleness and love is the human aspect; in the horse culture grooming each other is a part of social acceptance (Ainslie & Ledbetter, 1980; Budansky, 1997; Hogg, 2003; Keaveney, 2008). In working with horses, the human must groom the horse, putting hands on the horse, touching various areas of the horse, in some ways mimicking the horse culture of grooming.

In riding, humans must trust the horse not to kill or injure them; while on their back, the horse is in control (Budansky, 1997; Keaveney, 2008). Throughout this qualitative study, horse people answered questions, made descriptions, spoke about horse events, and emotions that were largely anthropomorphic, ascribing to the horse human emotions and reactions.. This study illustrated typical anthropomorphic /terminology when a bond with the horse was made (Keaveney, 2008)

An important aspect of the horse–human bond is that it is expendable; horses are expensive to buy, train, transport, tack, feed, and house. The horse changes owners many times depending on finances, work accomplishment (usefulness), and the ability to win. When any of these variables becomes less useful or is cost-ineffective the horse is sold, which begs the question of what real bond exists, if it is always conditional on usefulness.

Another important issue in the horse–human bond theory is the belief in human dominance and horse obeisance or submission. Due to this perspective, if the horse does not perform to expectation, owners often ignore the horse’s basic needs (Van Dierendonck & Goodwin, 2005, p. 28), which impacts relationships and the welfare of the animal. In contrast, there are a large number of people, who do not own a horse, but volunteer their services to be near, ride, or merely interact with horses. This population actively seeks horses to have some contact or some relationship with them (Van Dierendonck & Goodwin, 2005).

In anthropomorphizing horses, humans talk to them, allowing for the expression of human emotions. The ability to have the horse respond to commands can give the human a sense of mastery, particularly if there is no other aspect in their lives where there is mastery, hence enhancing self and confidence (Belk, 1996). Anthropomorphizing plays a significant role in the adhesion of the horse bond, where the human projects aspects of themselves or issues onto the horse, assuming aspects of its personality and actions. Anthropomorphism is the opposite of ethology, the study of animals in their natural environment (Horowitz & Bekoff, 2007). A horse’s action or posture can trigger an emotional response for the human with the human interpreting the action as a message or sign of human needs or wants, yet is not based on ethological evidence (Russell, 2003). For example, if the horse lowers its head when the human walks past, the human may interpret this as the horse wanting attention from them or mirroring the humans’ need for attention. Ethologically, the lowering of the head means the horse is deciding if the human is a foe. Lowering of the horse’s head allows better sight and smell of what is coming toward the horse (Horowitz & Bekoff, 2007).

Keaveney (2008) examined terminology owners used to describe the relationship with their horse: love, caring, friendship, emotional support, conditional love, playmate, power, unity, partnership, trial, spiritual, beauty, magical, exciting, and a sense of community. These were words that the humans felt when with the horse. The terminology anthropomorphized the relationships with the horse and was only from the human perspective; this meant that the horse was perceived to be listening, have a sixth sense to know the humans' emotion, and have an instant affinity with the human; more examples of terms that anthropomorphize the relationship.

I. Robinson (1999) reported that through the horse relationship, humans are also able to socialize with other likeminded humans, which brings a new dimension to the dyadic relationship. Through working with the horse, the clients can transfer skills learned to other relationships with people. The negative side of this relationship is the ever-present cost versus benefits (p. 5).

Theory of Self-Psychology

Brown (2007) theorized that the horse–human bond was based on self-psychology, where mirroring, twinship, or idealization of self-objects helps humans establish a sense of self. Brown's explanation of this is,

Mirroring self objects build the self by providing acceptance and affirmation of the goodness of the self. Idealized self objects provide someone to look up to, identify with, and admire for their strength, calmness, wisdom or goodness.

Twinship self objects sustain the self by providing an essential likeness of another's self. (Brown, 2007, p. 329)

According to Brown, in self-psychology and the horse bond, it is the consequence if the human projects their feelings and emotions, or anthropomorphizes. It is what the person believes that empowers their sense of self through the reflection of the horse.

Relational Theory

A relational perspective enhances horse–human interactions by building small positive experiences with human observation and knowledge of the nature of the horse. A relationship with the horse can be achieved from a series of sessions with the horse that builds into a positive relationship. There is a triangulation of relationships with the therapist, horse and client, which are fluid based on each session building upon the success of the former session. This treatment allows and builds positive building blocks to emerge and be built on good experiences for the horse and the human in a humane way (Hausberger et al., 2008; Waran & Casey, 2005).

Body-Language Theory

Russell (2003) and Brandt (2005) found the human–horse bond was based on body language. The premise of this theory is that horses do not speak the human language and most humans do not bother to learn horse language, so the horse and human have to find a common ground through body language. The horse and human develop a language together, which, as a byproduct, becomes an embodied relationship. Through this development of language, a unique relationship of communication grows to a shared expression that “fosters a world of deep understanding” (p. 313).

Gender Theory

There are differences in gender in the human–animal bond. Herzog (2007) reported although males and females have companion animals and interact similarly with

animals, more males are cruel to animals than females. Men are more likely to beat, shoot, torture, drown, fight, set animals on fire, practice bestiality, neglect, and abandon animals than females. Children diagnosed with conduct disorders and antisocial personality traits have extraordinarily high rates of animal cruelty (Flynn, 2000; Gleyzer, Felthous, & Holzer, 2002).

Women, on the other hand, have a higher incidence of hoarding animals (Herzog, 2007). Women generally have a more affirmative stance and behavior toward animals, including animal rights, welfare, use, and protection. Males have a larger negative perspective and negative behavior toward animals: more hunters, a higher rate of abuse and neglect, a far lower degree of concern about animal welfare, and are in favor of animal-testing research (Herzog, 2007).

As these studies have illustrated, women appear to have more likelihood of attraction to animals and according to Midkiff (n.d.) horses also. Midkiff (n.d.) reported that the Equestrian Resources Foundation stated that in the United States, more than 75% of people involved in nonracing of horses, were women, and approximately 80% of people showing horses, are women. These statistics raise the issue of women being likely to benefit from EAT. In a review of peer reviewed journals on EAT, all literature stated that the gender of the therapist was female, only one study by Ewing et al. (2007), mentioned that both genders were participants of the study.

Summary

In reviewing the literature on EAT, theoretical foundations were illustrated, along with the gaps in this modality. The survey data in Chapters 4 and 5 show the theoretical foundations, populations participating in programs, gender, and efficacy. Chapter 5, in

particular, interprets the data along with issues participants found relevant and/or believed needed more research done to make EAT a more mainstream model.

Chapter 3: Methodology

The field of EAT is a relatively new field with over 800 certified programs currently in existence. EAT is a form of the larger field of AAT, which has seen growth over the past few years. However in this therapy, instead of using small animals such as dogs or cats, the therapist works with the client using horses (Bates, 2002). This requires that the client come to a stable rather than the animal being brought to the client in a location such as an in-patient psychiatric facility or nursing home (Bizub et al., 2003). The therapy can take several approaches in that clients may work on the ground with the horse or they may also do therapeutic riding (Bizub et al., 2003). From a conceptual viewpoint, the literature regarding this therapy is scarce and does not illustrate any standard foundational theories. Published literature does not illustrate any clear indication that the horse is the actual catalyst of change in this type of therapy, what populations are best served by this modality, the optimal program length, any specific contraindications for use of EAT, how the horses are specifically used, or identify the expected treatment outcomes. The list of unknowns regarding EAT is large. Additionally, there is no standardized terminology, which can lead to confusion and may be detrimental to seeing EAT becoming a more mainstream therapeutic modality. This study attempted to fill in some of the gaps regarding this therapy by gathering information from the current programs that use EAT. Projected benefits of this study are a better understanding of the current state of the field, of the theoretical foundations for EAT, of the impact of the therapy on clients, and of standard terminology. All of these benefits have the potential to

lift EAT to a more mainstream mode of therapy, to be the building block of further research in the field and reach more populations that could benefit from EAT.

EAT can result in problem solving, increased self esteem, increased social interactions, and personal enhancement. It is a unique opportunity for individuals to change and enhance their lives (Christian, 2005). Through this modality people can change their perception of self, learn responsibility and accountability (Klontz et al., 2007). This therapeutic modality can affect how people live their lives, how to change their lives for the betterment of themselves, their families and their communities (Karol, 2007). The answers to the survey illustrate the positive social impact on populations best served by this modality, invite further study for theoretical foundation, which can allow mainstream acceptance and recommendation for different populations (P. Robinson, 2003). A modality that impacts individual change can spread to communal change and social impact.

Overview

The purpose of this descriptive cross sectional mixed methods study on equine therapeutic programs was to gather information on trends, phenomena, demographics, training of therapists, theories that are considered foundational, descriptions of the populations being served and their diagnoses, and the use of horses as a catalyst for therapeutic intervention. A descriptive study of this type does not measure the effect of any of the variables, but attempts to quantify and describe those variables. Thus, in this mixed method of research no variables were manipulated, and although in some instances the relationships between variables can be described, it in no way illustrates causation

(Ajiferuke, 2008; Dillman, Smyth, & Christian, 2009; Dulock, 1993; V. Robinson, 2001; Swatzell & Jennings, 2007).

Descriptive cross sectional research examines what is, while exploratory research is used when there is no information on which to base a study (Ajiferuke, 2008; Gilgun, 2005; Swatzell & Jennings, 2007). This method of research is used as a foundation for further study, prior to the formulation of hypotheses. It is often a basic stepping stone for further research in a specific field that is not well researched (Fricker & Schonlau, 2002).

This survey is among the first to examine the varieties of EAT. The overarching goal is to begin developing an understanding of trend, themes and relationships emerge, what makes EAT successful, and how the horse is the instrument of change, as well as method of equine therapy is used, how many programs use each method, the empirically based practices and their efficacy, what diagnoses/conditions are appropriate for EAT and the contraindicators. Answers to such questions lay a foundation for more empirical research, which can be used to strengthen the field.

Research Design

The design for this study is a mixed method design, with qualitative and quantitative aspects used in the electron survey. The advent of the Internet and the explosion of websites allows access to formerly unknown programs, quicker information retrieval, easier access to e-mail, and communication across the country (Wright, 2005). The easy access to formerly obscure populations, coupled with advanced electronic survey formats and fast distribution, makes the electronic survey a positive milieu for researchers using surveys (Andrews, Nonnecke & Preece, 2003; Sheehan, 2001).

Surveys are appropriate methods to discover psychological relationships, variables' frequency, commonness, prevalence, and distribution. Web-based surveys have the advantage of being cost effective, able to reach different geographical areas; do not have to be face to face. This can allow for a high level of confidentiality or even anonymity, and can have designed data collection and checks (Andrews et al., 2003; Ma & McCord, 2007; Wright, 2005). The Internet reaches more than 100 million people in their homes, work places, and recreation areas (Crawford, McCabe, Couper, & Boyd, 2002). Disadvantages, according to Wright (2005), include the possibility of inaccuracy of validity and sampling. That is, in most situations it is nearly impossible to survey an entire population or to address all possible content. Therefore, the validity of the content coverage and the degree to which the population is accurately represented are concerns of the researcher.

In electronic surveys, issues such as design, confidentiality, response rates, sampling, and distribution methods are important areas to address. In the design of the survey, specific care was taken to have direct questions, a format that was easy to read, answers that were not ambiguous, and questions that were logically arranged and quickly and easily answered. Further, qualitative sections (open-ended question formats) are included, which allowed the respondents to clarify their responses.

This descriptive cross sectional mixed-methods study was designed to collect information from current programs that use horses for human psychological benefit. This information includes protocols, populations served, theories that serve as the basis of programs, and data on the horses. This study is the first national survey on EAT activities, which should generate a foundation for further research, protocols for horses

and human therapeutic activity. The questions were directed to the program administrators/owners through an Internet survey on SurveyMonkey.com. The method of successive approximation was used to analyze the qualitative answers. Successive approximation is a method of analysis that has repeated review of data, and formal analysis (Wolfer, 2007). This method consists of three steps, synthesizing, formulations/familiarization and formal analysis (Wolfer, 2007). Using this method required identification of theme and patterns that emerge from the data. Re-examination of the data consisted of constant comparison of new patterns/themes that may be discovered to the known (previously identified) patterns and themes (Wolfer, 2007).

Open coding was used to find critical and similar terms that the respondents use in their open-ended responses. This coding identified any themes that emerge from the respondents' specific questions regarding EAT. Once themes begin to emerge, axial coding were performed to organize the themes into data that were further refined to analyze the qualitative responses. Selective coding followed to show the themes that emerged from the qualitative data. This is a qualitative-analysis process in which the codes emerge once the data have been collected (Dillman et al., 2009).

Participant Selection

Participants for the research came from a listing of the programs that are registered by the agencies that use horses in therapeutic modalities: NARHA, EFMHA and EAGALA. The therapists and administrators of the member programs of these agencies are the population surveyed. The identification of this population was based on their inherent knowledge of the area of interest as well as their application of this knowledge to therapeutic practice. From the population, participants were selected based

on the following selection criteria: the therapeutic program is in current operation, and the program involves the use of horses in some therapeutic manner with humans.

Possible participants were excluded if they were not from the database program list, or they used hippotherapy. Further, only one response from each program was allowed, to avoid overrepresentation of one sampling unit (a program). Inclusion criteria for the participants was that respondents are owner/administrator/therapist of an EAT program; respondents are part of the e-mail list database; and respondents are willing to answer the survey questions.

Sampling

E-mail membership lists obtained from NARHA, EFEMA, and EAGALA was be the primary sampling frame. These organizations publish the e-mail address of participating programs as part of their advertising. These organizations call for more research in the equine-therapy field, hence, the probability of a response to the survey may be higher than normal.

Sample Validity

The sampling design is random in nature, due to all members (programs) in the target population having access and opportunity to participate. However, self-selection bias (or nonresponse bias) may come into play, thus affecting the validity of the survey results. This type of bias is difficult to control, and the bias is included in the results and discussion sections so that the implications of the survey are taken in context.

Sampling error also affects the validity of the survey. The participants were solicited using a search of current listings of such programs on the Internet. Currently there are more than 800 programs that employ equines in assisted learning, couples

counseling, individual therapy, organizational leadership, addiction counseling, trauma counseling, at-risk behavior, and developmental and physical disabilities (NARHA, 2007). The 800 programs are derived from the membership program listing in each of the certifying agencies.

The survey was derived from this total population of 800 programs. Direct access to the certifying agencies' directories is open to the public. A power analysis was used to determine if an appropriate return rate was received so that appropriate analysis can be performed should the researcher determine that any correlations between variables should be performed. However, in using survey research for descriptive research, a power analysis does not provide information regarding sample size. Generally, for a quantitative study, a return rate approaching 50% is considered adequate; however, for a qualitative study a smaller response rate is generally acceptable. To obtain adequate confidence concerning the accuracy of the estimated means, usually 10% of the population should be included (Sheehan, 2001). This is confirmed by the use of a sample size calculator. The researcher determined that with a population of 800, confidence level of 95%, and confidence interval of 10%, that a sample of approximately 86 is needed. This is in line with the 10% that Sheehan purported as adequate.

Cui (2003) reported that the higher return rates have the following criteria: longer survey, more contacts, invitation to take the survey, follow up of invitation, and thank you when responses are received, research affiliation and salience to the targeted population. In a mixed method design, "both random and nonrandom sampling can be used" (Onwuegbuzie & Collins, 2007, p. 282). An oversample of 25% was used to ensure data derived from the sample is adequately representative of the entire population. As this

is a web-based survey, and the solicited participants are stakeholders in the area of interest, this sample size was attainable.

Development of Instrumentation

The researcher is a member of NARHA, EFEMA, and EAGALA. During the years of 2007, 2008, and 2009, the researcher visited more than 22 EAT programs in Utah, North Carolina, Maine, New Hampshire, Maryland, Virginia, Vermont, Rhode Island, Connecticut, and Massachusetts. The researcher also attended national and regional conferences for the certifying agencies during the same time period.

In an effort to develop a comprehensive survey instrument, the researcher visited current programs, conversed with all the authors of the published literature and with members of the certifying agencies at conferences. Gathering information from the people actually working in the field of EAT (those who practice it), helped the development of the current survey. Two pilot surveys were sent out and received back with comments and input; the following questions were incorporated from the feedback:

- Are there any populations that are not appropriate for EAT?
- To what theoretical foundations do you subscribe?
- What are the activities at your program?
- Why do you think EAT is successful?
- When does it not work?
- What is your theoretical lens?
- What are your personal beliefs about the use of horses, rather than other animals?
- What are some contraindicators for the use of EAT?

- What data would you like to see collected in the survey?

Overall, 43 people affiliated with certifying agencies agreed to discuss and answer questions on EAT for the development of the survey instrument. The answers gathered from the 43 members of the certifying agencies evolved into the survey.

The survey instrument (see Appendix A) was developed based on the available literature, which examined current equine-therapy programs and on the author's experience working with horses as a therapeutic modality, as well as the viewpoint of therapists interviewed in the field or at conferences on EAT. The instrument was designed with the purpose of gathering specific information about the variety of programs that use horses in therapeutic programs. The questions and statements for this survey involved four phases.

The first phase (content validity) involved ensuring that the survey topics were based on the available literature, which examines current EAT programs, and that they would illicit responses that would provide an adequate foundation for this therapeutic method. The terminology used in the survey was addressed during the second phase (face validity). Due to the diversity of both programs and practitioners in the EAT field, appropriate terminology was a concern; the researcher needed to ensure that all examinees would understand the intended meaning of terms used in the survey. These phases, content validity and face validity, and were supported by the input of a panel of 12 therapists with extensive applied knowledge of EAT.

The third phase of instrument development involved the editing and revision of the survey questions and of the overall formatting of the web-based instrument. The survey begins with general, demographic-type questions (geographic location, position in

the program) and moves to the more program-specific items (portion of clients using horses in therapy, method of therapy). Some of the more sensitive questions (program funding, perceived success of the program) are placed toward the end of the survey in an attempt to collect as much data from respondents as possible before possibly losing their interest or motivation due to a sensitive question (Dillman et al., 2009). In addition to the selected-response items, open-ended questions are included to elicit more in depth information about therapists' perceptions of EAT.

In conjunction with the survey itself, another kind of material was used in the data-collection process. An introduction letter was sent to the entire population prior to the survey administration. This letter (see Appendix B) was appropriately worded and introduced the purpose of the study as well as the researcher. Confidentiality was assured to the respondents through this introductory communication.

Survey Content

The questions in the survey have been developed to illicit both quantitative and qualitative data that help answer the proposed research questions.

Question 1: What terminology is currently being used by people working in programs? This question is addressed specifically by two questions that ask the respondent what they call their program as well as what term(s) they use to describe the therapeutic method they are using. Throughout the survey, however, there are available spaces for comments in which the respondent can enter terms that may be different from those used in that particular item.

Question 2: Are there trends, themes, or relationships related to characteristics of therapists and clients in the equine-therapy field that emerge from the data? In some way,

every survey question may contribute to answering this research question. The data were examined to determine if there is a relationship among many combinations/pairings of the variables (i.e., gender, education level, client demographics, and client diagnosis in relationship to method of equine therapy used, and the duration/process of the therapeutic session).

Question 3: What method of equine therapy (riding, on the ground, a mix of on the ground and riding) is used by most programs? Specifically, how many programs use each method? This research question is addressed specifically by two items on the survey. These items ask the respondent about how the horse is used during the therapy session, and what portion of time is used for each method.

Question 4: What diagnoses/conditions are appropriate for EAT? Are there any that are contraindicated? Six survey items address this section. The questions in this section allow the respondent to address which possible diagnoses are appropriate for this type of alternative therapy and which populations are contraindicated.

Question 5: What theoretical foundations are used by the persons who employ horses as part of their therapeutic work? Although this question is specifically aligned with one item on the survey, there are several other items that inform this research topic. Such information concerns the diagnosis of clients, as well as the practitioners' reasons for using horses in therapy and for using a specific method (on the ground, riding) of EAT.

Question 6: Why is EAT beneficial? Specifically, why is it preferable or advantageous over therapeutic methods that do not incorporate the use of horses? Six individual survey items address this research area. These questions, which ask for the

respondent's reasoning for using horses as well as their opinion on the impact that the horse has on the process, have both selected-response and constructed-response format. This allows the practitioner to elaborate on the importance of the horse in the therapeutic model, and allows the researcher to collect important qualitative data to determine trends that may not otherwise be revealed.

Procedures

The researcher sent the survey to participants by e-mail using organizational listings from the organizations that are available to the public. During the initial stage, an invitational letter was sent to all potential participants explaining the survey and inviting them to participate. A cover letter introducing the researcher and the research and its purpose was included with the link to the actual web survey. Agency staff were asked to complete the survey according to the specific instructions given, immediately prior to the presentation of the instrument. Specific survey questions asked the organizational role of people completing the survey in order to understand where they fit into the agency structure, should the survey have been answered by someone other than the administrator/owner. This is important in understanding the participants' perspective in completing the survey. Survey data were kept confidential by the researcher. Follow-up e-mails, again asking for participation, were sent to nonresponding agencies within 2 weeks of the initial e-mail.

Data Collection

Data were collected through the use of Survey Monkey. Survey Monkey was used to set up the survey, input e-mail databases, collate data, check response rate, and track participants. The survey was e-mailed to the targeted subjects with information on how to

access Survey Monkey. Instructions were placed at the top of the survey page to mark the appropriate answer for each individual program. When the respondents finished and closed the survey, the answers were retained in Survey Monkey's database under the researcher's account name. The survey was constructed to allow only one response per IP address, therefore not allowing duplicate answers. The data was then secured under a password in a secure database. The survey took approximately 15 minutes to complete.

Statistical Treatment of Data

Data analysis was done using Survey Monkey for initial computations; and further analysis of the data will be completed using SPSS 14. SPSS was used to run descriptive statistics (frequencies and percentages) on the quantitative data regarding demographics of the therapists and client populations. Where appropriate for the data, cross tabulations were run using SPSS to determine the associations between the variables being studied.

Qualitative Data

The method of Successive Approximation was used to analyze the qualitative answers. Open coding was used to find critical and similar terms that the respondents use in their open-ended responses. This coding was used to determine any themes that emerge from the respondents' specific questions regarding EAT.

Once themes begin to emerge, axial coding was performed to organize the themes into data that were further refined to analyze the qualitative responses. Selective coding followed to identify the themes that emerged from the qualitative data. This is a process that is used in qualitative analysis and the codes can be developed once the data have been collected. The codes emerged from the data after they had been collected.

Quantitative Data

As this study is descriptive and not inferential in nature, there were no statistical-significance tests (nonparametric or parametric) conducted. Frequencies are reported for the responses to each of the survey questions. This information is especially necessary to gauge the methods and population using EAT. When appropriate, means and standard deviations were also generated; for example, the mean years of experience of the therapists were of interest. Such descriptive information was presented regarding the sample as a whole, as well as for specific subgroups (i.e., masters' versus doctoral-level therapists, urban versus rural programs, and physically versus mentally impaired client populations).

Compliance with Ethical Guidelines

This research complies with Walden University (Approval: 01-21-10-0334552) and the American Psychological Association ethics. The data were coded. There was no compensation for any respondent. Respondents could withdraw from the survey at any time, and refuse to answer any questions. The primary certifying agencies of NARHA, and EAGALA were notified of the research being undertaken. Information about the population targeted was derived from public-access links advertised on the Internet and in the advertising links at each certifying agency.

Methodological Limitations

The methodological limitations to this study, and therefore to the findings resulting from this study, are as follows:

1. Practitioners/owners may have chosen not to participate in the survey.

2. The sample may have been biased due to self-selection (nonresponse bias).
3. Practitioners/owners may not have been completely honest in responding to the questions.
4. The study was based on self-report of the practitioners/owners.
5. E-mail lists may not have been current and e-mails may not have been deliverable.
6. There may be trends or topics that were not covered by this survey, as it is the first survey of its kind in this area of research.

Summary

This study was conducted to fill in gaps from the literature and to portray EAT as it is practiced in the field today. A survey was employed to gather data from practicing programs. Chapter 4 contains the data collected from participants and statistical analysis of the responses. Chapter 5 gives interpretation of the data and issues participants reported that still need to be researched.

Chapter 4:

Results

Introduction

EAT is a type of therapeutic intervention that uses horses as a therapeutic component in the treatment of those with various mental and physical maladies. Ultimately, the goal of EAT is accelerated mental and physical improvement by using horses as catalysts in the facilitation of the therapeutic process.

There is a lack of research on EAT and currently all programs within the three organizations offering certification (NARHA, EAGALA, and EFMHA) are self-regulating and lack unified standards of efficacy, treatment, applications, protocols, and terminology. The results of this study seek to address this problem by providing practitioners and researchers with a foundation on which to build a solid knowledge base of research and information, hopefully furthering development and sustainability of the practice of EAT.

Survey Method

Participants in the study were selected from the body of members comprising the three certifying agencies NARHA, EFMHA, and EAGALA. In total, membership of the three agencies numbered 800. Following the suggestions of Salant and Dillman (1994), four specific steps were instituted to procure a high responses rate: a notice of research about to be undertaken by the student was sent, the actual invitation was sent, a follow up/reminder was sent to the targeted population that did not respond, and a thank you letter to those members who did participate in the survey was sent. Upon emailing the

letter of notice to the 800 members, it was discovered that 87 members no longer had association with the agencies. Therefore, following the emailing of the initial notice, 713 members were emailed an invitation letter 1 week later (see Appendix C) from surveymonkey.com with an embedded link to the electronic survey hosted by surveymonkey.com. Ten days after the emailing of the invitation, a second reminder/invitation was sent to those programs that had not responded (see Appendix D).

Those participants who chose to participate in the study clicked the embedded link and were brought directly to the first page of the survey. Participants who decided not to participate in the study after clicking the link were allowed to opt out of the survey at any time. After closing the survey to respondents, thank you letters were sent to the participants with the option of notifying the researcher if results were desired (see Appendix E). All respondents agreed to the consent form and all were members of the certifying agencies of NARHA, EFEMA, and EAGALA. The 44-question EAT survey was ultimately administered to 203 respondents; a 28% response rate.

Missing Data

Missing values were uncommon and in every question accounted for fewer than 5% of the responses on any question or fewer than 10 responses on any given question. Therefore, those respondents that did not answer a particular question were not included in the analysis of that question. Although not included in the analysis for the question in which they failed to respond, those respondents were still included in subsequent analyses of other questions in which they did respond (i.e., participants were not excluded from the study for failing to respond to one or more questions).

Survey Structure and Response Structure

In order to acquire a more comprehensive picture of how EAT is practiced in the field, respondents were permitted to select more than one category for those questions structured with multiple categories. While allowing this type of unfettered response did provide a more comprehensive picture of how EAT is practiced in the field, it must be noted that individual categories within questions were analyzed independently and therefore percentages across multiple categories within a question will not equal 100%. Instead, each category within each question was either selected or not selected and percentages were calculated as a ratio of the number of times a category was selected vs. the number of times the category was not selected.

Programs Represented

Respondents from programs in 45 states were represented in the study; Alaska, Hawaii, Nebraska, North Dakota, and South Dakota were not represented. A large percentage of the respondents resided in California (6.3%) and Texas (5.3%). A majority of the respondents represented programs that were rural ($n = 96$, 51.1%) and suburban ($n = 82$, 43.6%), urban programs represented with ($n = 10$, 5.3%).

All positions within the program were represented and in virtually equal numbers across categories including administrative staff ($n = 160$, 78%), horse specialist ($n = 167$, 82.3%), therapist ($n = 115$, 56.7%), and other ($n = 157$, 77.3%). Those who responded other specified different positions or combinations of positions. These responses are presented in Table 1.

Table 1

Frequency and Percent Measures on Open-Ended Responses to Primary Position

Primary Position	Frequency	Percent
Director	17	36.2
Instructor/Director	9	19.1
Therapist and Horse Specialist	9	19.1
Riding Instructor	7	14.9
Director/Instructor/Therapist	5	10.6

The programs represented in the study had been in operation for approximately 9.03 years ($SD = 7.60$). These programs relied heavily on volunteer workers and most of the programs employed from 1 to 3 people within each of the categories of administrative staff ($n = 128, 70.7\%$), horse specialist ($n = 146, 80.2\%$), and therapist ($n = 149, 82.3\%$). Of the 172 respondents that selected volunteer, ($n = 70, 40.7\%$) reported having 10 or more working in their program. The results indicated that EAT programs have small number of employees with adjunct help from many volunteers.

With regards to the gender of workers within each of the previous categories, respondents indicated that their programs employ more females in each of the categories of administrative staff, horse specialist, and therapist. However, the gender distribution is approximately equal within the category of volunteers. Frequency and percent calculations are presented in the Figure.

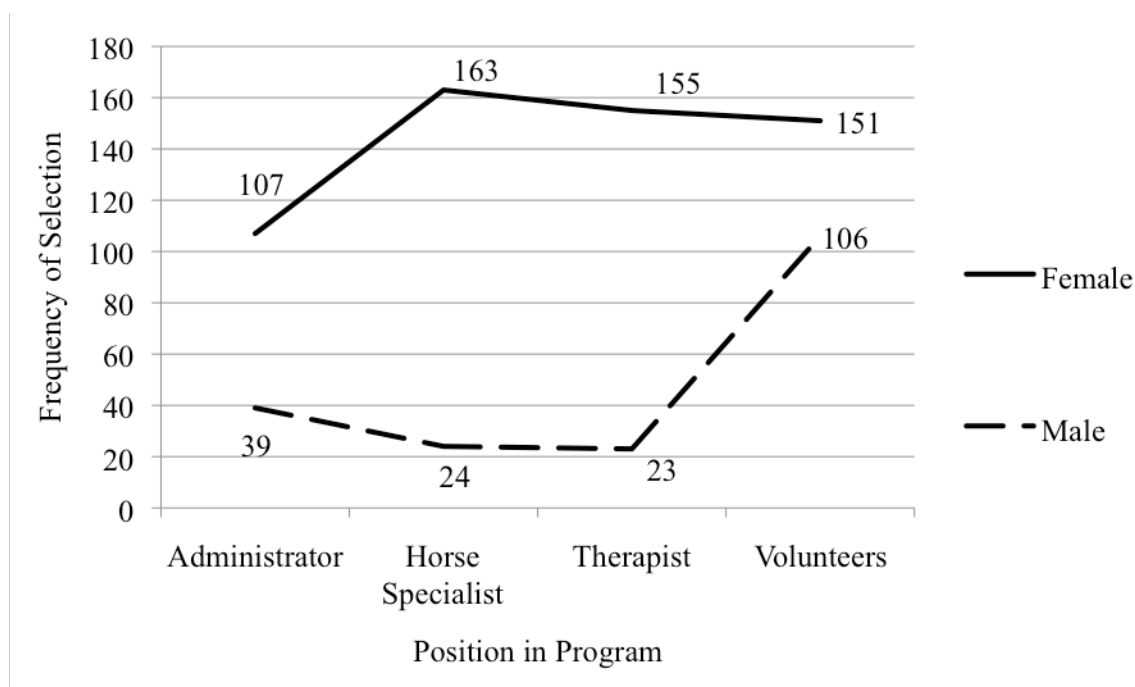


Figure. Frequency measures on selections within position category within gender.

Few of the programs employed therapists with bachelor's degrees ($n = 34$, 16.7%); doctorate degrees ($n = 21$, 10.3%); while the therapist in a majority of the programs held a master's degree ($n = 143$, 70.4%). The therapists employed by most of the programs held a degree in counseling ($n = 57$, 31.7%) or social work ($n = 48$, 26.7%), while few of the therapists held degrees in psychology ($n = 20$, 11.1%). Fifty-five (30.6%) of the respondents selected other; however, only 28 of the respondents supplied an open-ended response. The frequency and percent measures for the open-ended responses are presented in Table 2. The open-ended responses to the question regarding credentials of the therapist/s were categorized into four additional categories: No Therapist, MA-Licensed Mental Health Professional/LPC/LISAC, LISW, and Masters in Divinity.

Table 2

Frequency and Percent Measures on Categorized, Open-Ended Responses to Credentials of Therapist

Primary Position	Frequency	Percent
No Therapist	24	85.7
MA-Licensed Mental Health Professional/LPC/LISAC	2	7.1
LISW	1	3.6
Masters in Divinity	1	3.6

Note. APA requires that you define all abbreviations in a table in the table foot, like this MA = ; LPC = ; LISAC = ; LISW = .

Programs

When a client is working with a horse, ($n = 147$, 91%) of participants reported that the therapist and horse expert were together with the client; ($n = 6$, 4%) reported that only the therapist was present; and ($n = 8$, 5%) reported that the client was first with the horse expert and then the therapist after the time with the horse. Most programs did use a horse expert ($n = 164$, 91%); while ($n = 17$, 9%) of the programs did not use a horse expert.

Population

The number of clients participating in the modality, ranged from 20 or more clients using this model ($n = 126$, 72%); 16–20 clients ($n = 13$, 7.4%); 11–15 clients ($n = 9$, 5.1%); 6–10 clients ($n = 10$, 6%) and 1–5 clients ($n = 17$, 9.7%). Ethnicity of the client was reported as European American White ($n = 113$, 65%); African American ($n = 22$, 10%); Native American ($n = 22$, 10%); Native Hawaiian ($n = 22$, 10%); Hispanic ($n = 22$, 10%); Asian ($n = 11$, 5%); and Other ($n = 11$, 5%). Client ages were grouped as under 10 ($n = 143$, 81%); 10–19 years ($n = 161$, 91.5%); 20–29 years ($n = 129$, 73.3%);

30–39 years ($n = 138$, 78.4%); 40–49 years ($n = 129$, 73.3%); and over 50 years $n = 125$, 71%). The gender of populations served was about equal with measures of male and females.

Participants were asked if there were any specific diagnoses that were most appropriate for this modality. Responses fell into the following categories: no there is no specific diagnosis that is appropriate for this model ($n = 129$, 81.1%) or there is a specific diagnosis for this model. Participants who believed there was a specific diagnosis for this model answered the following: Developmental Delay ($n = 10$, 30%), Abuse ($n = 3$, 9%), Depression ($n = 22$, 67%), posttraumatic-stress disorder (PTSD; $n = 2$, 6%). Reasoning for why a specific diagnosis was given in Question 29, participants responded in the following categories: this population makes the most progress ($n = 14$, 29.8%), and the clients cannot manipulate the horse ($n = 33$, 70%).

Table 3

Frequency and Percent Measures on Categorized Diagnosis

Diagnosis	Children % (N)	Adults % (N)	Total frequency
Substance Abuse	41.9% (18)	76.7% (33)	43
Psychosis	44.4% (24)	79.6% (43)	54
Mood/Stress	50.7 % (75)	80.4 % (119)	148
Physiological Disorder	45.9% (45)	82.7% (81)	98
Developmental Disorder	62.2% (84)	68.3% (99)	145
Disorders of Childhood	45.8% (65)	28.9% (24)	83
Depression	84.3% (70)	88.9% (144)	162
Domestic Abuse	32.7% (33)	83.2% (84)	101
Posttraumatic Stress Disorder	34.7% (35)	84.3% (86)	102

Contraindicators for this modality emerged from open-ended Questions 30 and 31. Question 30 asked if there was any population that was not appropriate for EAT programs and 30.3% ($n = 50$) of the participants replied that there was no specific population/diagnosis that was contra-indicated. However, 68.5% ($n = 113$) of the participants answered that there were specific populations that were contra-indicated.

The populations cited by participants were in the following categories: history of animal abuse ($n = 26$, 23%), physical disabilities ($n = 5$, 4.3%), young children ($n = 9$, 7.8%), psychosis ($n = 20$, 17%), suicidal ($n = 29$, 25%), obesity ($n = 5$, 4.3%), history of fire starting ($n = 9$, 7.8%), active drug and/or alcohol use ($n = 14$, 12%), and violent ($n = 53$, 46%).

In the corresponding Question 31, participants were asked if their program had any exclusionary criteria, 83% responded that they did have exclusionary criteria and 17.6% responded that they did not have any exclusionary criteria. Those programs that responded positively to permitting exclusionary criteria, answered in the following categories: drug/alcohol use ($n = 16$, 12%); uncontrolled behavior ($n = 16$, 12%); weight ($n = 20$, 14.5%); animal abuse ($n = 27$, 19.7%); violence ($n = 35$, 42%); Developmental delay ($n = 14$, 10%); history of fire starting ($n = 20$, 12%); psychosis ($n = 13$, 9%); physical disability ($n = 24$, 15%); small children ($n = 17$, 12%); suicidal ($n = 43$, 31%); and sex offender ($n = 5$, 3.6%).

Program Data

To examine the methods by which programs using EAT recruit clients, participants were asked to select from Physician Referral ($n = 80$, 42%); School Referral ($n = 93$, 49%); State Referral ($n = 59$, 31%); Advertisement ($n = 111$, 58%); Word of

Mouth, and Other. The Other category was developed into frequency and percent measurements on the responses are presented in Table 4 showing that responses to Word of Mouth and Advertisement were selected a combined $n = 261$ (54%) and represented over half of the responses. The other means of recruitment accounted for the other half of the responses.

The open-ended responses to the question regarding recruitment of clients were examined and categorized into four additional categories: Professional Referrals from Therapeutic Field, Website, Media, and Nonprofit Agencies. The frequency and percent measures on the categorized, open-ended responses are presented in Table 4.

Table 4

Frequency and Percent Measures on Categorized, Open-Ended Responses to Client Recruitment

Client recruitment	Frequency	Percent
Professional Referrals from Therapeutic Field	29	70.7
Website	5	12.2
Nonprofit Agencies	4	9.8
Media	3	7.3

Participants were asked what portion of their entire client base participated in EAT, 75% ($n = 121$) reported that 100% of their clients participated in EAT, 8% ($n = 13$) reported that half their client base participated in EAT, 6.7% ($n = 11$) reported the a quarter of their clients participated, 3% ($n = 5$) reported that 10% of their clients used this modality, and 8% ($n = 13$) of the participants reported that only 5% of their clients used EAT. At this time, these programs are considered an alternative modality (Klontz et al.,

2007). When asked if EAT is an adjunct to traditional therapy 59% ($n = 97$) of the participants replied positively, with 55% ($n = 51$) responding that EAT was the only therapy their clients received.

The typical session with a client consisted of the following categories: therapy is with the horse all the time ($n = 126$, 71%); depends on what the client needs ($n = 60$, 33%); some time with the horse, then therapy in an office, ($n = 9$, 5%); and one session is with the horse, next session is in the office ($n = 9$, 2.8%). This question is congruent with Question 25, which asked how often the client works with the horse. The categorical answers offered for this question were once a week ($n = 114$, 64%); depends on the wishes of the client ($n = 33$, 18.4%); once every 2 weeks ($n = 22$, 12.3%); twice a week, ($n = 6$, 3.4%); once a month ($n = 3$, 1.7%) and more than twice a week ($n = 1$, 0.6%). The duration of each EAT session ranged from 1.5 hours ($n = 45$, 25.7 %); to 1 hour ($n = 135$, 75.4%); to half an hour ($n = 24$, 13.4%).

EAT programs can be all work with the horse done on the ground, the client never rides ($n = 81$, 46%); half the time is on the ground, half the time is on the back of the horse ($n = 55$, 31.1%); or all clients ride the horse ($n = 46$, 14.1%). The subquestion about specific activities in the EAT programs was addressed in Question 13: What specific activities are involved in your therapeutic program. Participants answered in the following categories: ground work ($n = 161$, 88.5%); grooming the horse ($n = 157$, 86%); tacking ($n = 127$, 69.8%); and riding ($n = 109$, 59.9%). The results of this question may appear incongruent with the results from the question that asks about where the work is done, but this would be misleading. Grooming and tacking can be considered on the ground actions without the client ever riding the horse, or conversely, grooming and

tacking can be considered as part of riding the horse, as grooming and tacking are necessary in order to ride the horse.

Effectiveness/Obstacles

Participants were asked how effective EAT has been for their clients, and how they measured effectiveness/success. EAT was seen as being very effective by 96.3% ($n = 157$) of participants, with only 4% ($n = 7$) seeing EAT as somewhat effective. Measures of effectiveness included client self report ($n = 144$, 88.3%); outside therapist analysis ($n = 35$, 21.5%); equine therapist analysis ($n = 53$, 32.5%). Obstacles to the success of EAT are illustrated in Table 5.

Table 5

Frequency and Percent Measures on Categorized, Open-Ended Responses to Obstacles in EAT Model

Obstacle	Frequency	Percent
Lack of Funding	74	48
Expense of Maintaining Program	66	43
Insurance	62	40
Horse Ethics	60	39
Acceptance of Model	50	32
Weather	25	16
Lack of Studies	25	16
Finding Clients	18	12
Therapist-Equine Expert Boundaries	21	14
Getting Staff	15	10
Financial Cost to Client	15	10

Research Questions

Research Question 1

What terminology is currently being used by persons working in programs?

In order to identify trends in the terminology used to describe the use of horses as a catalyst for therapeutic intervention, participants were asked to select what they call their program. Though responses were nearly equal for each term, Equine Assisted Psychotherapy was selected with more frequency, garnering 19.1% ($n = 34$) of the responses. The responses are summarized in Table 6.

Table 6

Frequency and Percent Measures on Name of Program

Program name	Selected responses	
	Frequency	Percent
Equine Assisted Psychotherapy	34	19.2
Other	29	16.4
Therapeutic Riding	28	15.8
Equine Assisted Therapy	25	14.1
Equine Facilitated Therapy	24	13.6
Equine Assisted Activities	24	13.6
Equine Assisted Growth and Learning	18	10.2
Equine Therapy	14	7.9
Horse Therapy	7	4.0
Equine Facilitated Psychotherapy	6	3.4
Equine Facilitated Growth and Learning	6	3.4
Equine Assisted Growth	5	2.8

The open-ended responses to the question regarding the name of the program were examined and categorized into 22 additional names and the frequency and percent measures of each can be found in Table 7.

Table 7

Frequency and Percent Measures on Categorized, Open-Ended Responses to Name of Program

Program name	Frequency	Percent
Experiential Learning with Horses	1	3.5
Equine Assisted Activities and Therapies	2	6.9
Equine Experiential Development & Equine Comfort Care	1	3.5
Equine Assisted Learning	4	13.8
Equine Counseling	1	3.5
Equine Assisted Counseling	3	10.3
Equine Experiential Therapy	1	3.5
Equine Assisted Therapeutic Interventions and Educational Activities	1	3.5
Experiential Learning with Horses	1	3.5
Recreational/Educational/Sport Program	1	3.5
Therapeutic Horsemanship	1	3.5
Equine Facilitated Mental Health and Wellness	1	3.5
Equine Facilitated Learning/ Therapeutic Horsemanship and Riding	1	3.5
Equine Facilitated Psychotherapy & Learning	1	3.5
Equine Experiential Education/Equine Assisted Learning	1	3.5
Equine Assisted Interventions	1	3.5
Equine Assisted Psychotherapy and Therapeutic Riding	1	3.5
An Equine Assisted Activities and Therapies	1	3.5
Recreational Therapy	1	3.5
Therapeutic Carriage Driving	1	3.5
Equine Assisted Activities and Therapies	1	3.5
Equine Center for Life & Learning	1	3.5

Research Question 2

What trends, themes, or relationships in the equine-therapy field emerged from the data?

Relationships between gender of the therapist and theoretical foundation. To examine the relationship between the gender of people within the programs and the theoretical foundation and orientation of the program, cross tabulations were calculated with a Pearson chi-squares test of significance performed.

Three crosstabulations testing the relationship between the gender of the therapist and the theoretical foundation were significant. The first analysis between male therapists and the use of Body Language Theory was significant, $\chi^2(1) = 12.45, p < .001$, indicating that male therapists were more likely to use Body Language Theory. The examination between female therapist and the use of Experiential Theory was also significant, $\chi^2(1) = 21.51, p < .001$, and indicated that female therapists were more likely to use Experiential Theory. Female therapists were also more likely to use Anthropomorphic Theory, $\chi^2(1) = 10.63, p < .01$, as indicated by a significant analysis. The results of the significant analyses between gender of the therapist and theoretical foundation are presented in Table 8.

Table 8

Gender of Therapist and Theoretical Foundation

Gender		Body language theory	
		Unselected	Selected
Male Therapist	Unselected	140 (89.2%)	17 (10.8%)
	Selected	12 (60%)	8 (40%)
		Experiential Theory	
Female Therapist	Unselected	33 (68.8%)	15 (31.2%)
	Selected	39 (30.2%)	90 (69.8%)
		Anthropomorphic Theory	
Female Therapist	Unselected	46 (95.8%)	2 (4.2%)
	Selected	95 (73.6%)	34 (26.4%)

Relationships between theoretical foundations and the why use horses. Cross tabulations were again used to test the relationship between the theoretical foundation or orientation of the program and the reasons participants chose for using horses in their programs. Twenty-two of the results indicated the existence of significant relationships. The results of the significant relationships are presented by theoretical foundation. A discussion of the results of the significant relationships follows Table 9.

The relationship between the theoretical foundation of Exchange Theory and Attachment developed between horse and client was significant, $\chi^2(1) = 8.40, p < .01$, and indicated that programs that used Exchange Theory were more likely to use a horse because of the *Attachment developed between horse and client*.

Table 9

Theoretical Foundation and Reasons for Using Horses

Theoretical foundation	Reason for using horses	χ^2	p
Exchange Theory	Develop Attachment	8.40	< .01
Experiential Theory	Develop Confidence	30.28	< .001
	Develop Self-Efficacy	23.14	< .001
	Mirror Therapist	5.41	.02
	Manner of Therapist	4.12	.04
Human-Horse Bond	Bond Horse & Client	65.26	< .001
	Develop Attachment	29.40	< .001
	Develop Confidence	8.74	< .01
	Develop Self-Efficacy	9.47	< .01
	Manner of Therapist	6.40	.01
Anthropomorphic Theory	Bond Horse & Client	10.47	< .01
	Develop Confidence	7.69	< .01
	Develop Self-Efficacy	8.45	< .01
	Manner of Therapist	25.22	< .001
Relational Theory	Bond Horse & Client	6.62	.01
	Develop Attachment	7.31	< .01
	Develop Self-Efficacy	4.90	.03
Body Language Theory	Develop Attachment	4.89	.03
	Develop Confidence	7.59	< .01
	Develop Self-Efficacy	11.14	< .001
	Mirror Therapist	16.88	< .001
Gestalt Theory	Bond Horse & Client	8.34	< .01

Note. $df=1$.

There were four significant relationships found between the theoretical foundation of Experiential Theory and the reasons participants chose for using horses in their programs. The relationship between Experiential Theory and Development of confidence

in the client as he/she works with the horse was significant, $\chi^2(1) = 30.28, p < .001$, and indicated that those programs that used Experiential Theory were more likely to use horses because of the Development of confidence in the client as he/she works with the horse. The following relationships between Experiential Theory and the reason for using horses in the program were significant: Development of self-efficacy in the client as she/he works with the horse, $\chi^2(1) = 23.14, p < .001$; Mirroring behavior from the therapist as the client and therapist work with the horse was significant, $\chi^2(1) = 5.41, p = .02$; and The manner in which therapists treat the horse as they are working with the client, $\chi^2(1) = 4.12, p = .04$. The results of these four significant relationships indicated that those programs that used Experiential Theory were more likely to use horses for the development of confidence, the development of self-efficacy, the mirroring of behavior, and the manner in which the therapist treats the horse.

There were five significant relationships found between the theoretical foundation of Human-Horse Bond and the reason for using horses in the program. The following relationships between Human Horse Bond and the reason for using horses in the program were significant: Bond between horse and client, $\chi^2(1) = 62.26, p < .001$; Attachment developed between horse and client, $\chi^2(1) = 29.40, p < .001$; Development of confidence in the client as he/she works with the horse, $\chi^2(1) = 8.74, p < .01$; Development of self-efficacy in the client as she/he works with the horse was significant, $\chi^2(1) = 9.47, p < .01$; and The manner in which the therapist treats the horse as he/she is working with the client, $\chi^2(1) = 6.40, p = .01$. The results indicated that programs using the Human–Horse Bond theoretical foundation were more likely to use horses to garner a bond between the

horse and the client, attachment between the horse and client, development of confidence, development of self-efficacy, and for the manner in which the therapists treats the horse.

There were four significant relationships between the theoretical foundation of Anthropomorphic Theory and the reasons for using horses in the program. The following relationships between Anthropomorphic Theory and the reason for using horses in the program were significant: *Bond between horse and client*, $\chi^2(1) = 10.47, p < .001$; Development of confidence in the client as he/she works with the horse, $\chi^2(1) = 7.69, p < .01$; Development of self-efficacy in the client as she/he works with the horse was significant, $\chi^2(1) = 8.45, p < .01$; and The manner in which the therapist treats the horse as he/she is working with the client, $\chi^2(1) = 25.22, p < .001$. The significant relationship between Anthropomorphic Theory and Bond between horse and client indicated that those programs that use Anthropomorphic Theory as a theoretical foundation were more likely to use horses in their program for reasons other than the bond between horse and client. The results of the other three significant relationships indicated that those programs that use Anthropomorphic Theory as a theoretical foundation were more likely to use horses in their program to develop confidence, to develop self-efficacy, and to show the manner in which the therapist treats the horse.

Examination of those programs that use Relational Theory as a theoretical foundation, revealed significant relationships between the use of Relational Theory and the following reasons for using horses in the programs: Bond between horse and client, $\chi^2(1) = 6.62, p = .01$; Attachment developed between horse and client, $\chi^2(1) = 7.31, p < .01$; and Development of self-efficacy in the client as she/he works with the horse, $\chi^2(1) = 4.90, p = .03$. The results of these three cross tabulations indicated that those

programs that use Relational Theory as a theoretical foundation were more likely to use horse for the bond between the horse and the client, the attachment, and the development of self-efficacy.

Examination of those programs that use Body Language Theory as a theoretical foundation, revealed significant relationships between the use of Body Language Theory and the following reasons for using horses in the programs: Attachment developed between horse and client, $\chi^2(1) = 4.89, p = .03$; Development of confidence in the client as he/she works with the horse, $\chi^2(1) = 7.59, p < .01$; Development of self-efficacy in the client as she/he works with the horse, $\chi^2(1) = 11.14, p < .01$; and Mirroring behavior from the therapist as the client and therapist work with the horse, $\chi^2(1) = 16.88, p < .001$. The results of these four cross tabulations indicated that those programs that use Body Language Theory as a theoretical foundation were more likely to use horses in their programs to develop attachment, to develop confidence, to develop self-efficacy, and to mirror the behavior of the therapist.

Finally, there was a significant relationship found between the use of Gestalt Theory as a theoretical foundation and the use of horses in the program to develop a bond between the horse and the client, $\chi^2(1) = 8.34, p < .01$. The results of this significant cross tabulation indicated that those programs that use Gestalt Theory as a theoretical belief were more likely to use horses in their program to develop a bond between the horse and the client.

Relationships between the riding terminology and number clients riding. To examine the relationship between the number of clients riding horses in the programs and the terminology of the program, cross tabulations were calculated and the Pearson chi-

square was used to determine the statistical significance of the relationships. Four of the relationships were significant. Those participants who had about half of their clients ride in their program were less likely to use the terminology Therapeutic Riding, $\chi^2(1) = 4.25$, $p = .04$; more likely to use the terminology EAT, $\chi^2(1) = 10.45$, $p < .01$; and more likely to use the terminology Equine Facilitated Therapy, $\chi^2(1) = 21.66$, $p < .001$. However, those participants who had their entire clients ride in their program were more likely to use the terminology Therapeutic Riding in describing their program, $\chi^2(1) = 11.80$, $p < .01$. The results of the significant relationships are presented in Table 10.

Table 10

Terminology of Program and Number Clients Riding

Terminology		Number clients riding	
		About half	
		Unselected	Selected
Therapeutic Riding	Unselected	109 (69.4%)	48 (30.6%)
	Selected	39 (84.8%)	7 (15.2%)
Equine Assisted Therapy	Unselected	117 (79.1%)	31 (20.9%)
	Selected	31 (56.4%)	24 (43.6%)
Equine Facilitated Therapy	Unselected	136 (79.1%)	36 (20.9%)
	Selected	12 (38.7%)	19 (61.3%)
Clients in Therapeutic Riding			
Therapeutic Riding	Unselected	130 (82.8%)	27 (17.2%)
	Selected	27 (58.7%)	19 (41.3%)

Relationship between terminology of the program and activities of program.

To investigate the relationship between the terminology used by the programs if their clients rode horses, and the activities involved in their therapeutic program, cross

tabulations were calculated and Pearson chi-squares were used to test the significance of the relationships. Eleven of the relationships were found to be significant: Therapeutic Riding and the activity of Riding, $\chi^2(1) = 12.00, p < .01$; the activity of Ground Work, $\chi^2(1) = 7.28, p < .01$; the activity of Grooming, $\chi^2(1) = 6.62, p = .01$; the activity of Tacking, $\chi^2(1) = 10.21, p < .001$; and Activities on the Ground, $\chi^2(1) = 8.59, p < .01$. The results of the significant relationships indicated that those programs that labeled their work Therapeutic Riding were more likely to use the activities of Riding, Ground Work, Grooming, Tacking, and Activities on the Ground.

There were four significant relationships found between the terminology EAT and the activities of the program: the activity of Riding, $\chi^2(1) = 7.19, p < .01$; the activity of Ground Work, $\chi^2(1) = 13.37, p < .001$; the activity of Grooming, $\chi^2(1) = 7.93, p < .01$; and the activity of Tacking, $\chi^2(1) = 22.67, p < .001$. The results of the significant relationships indicated that those programs that labeled their work EAT were more likely to use the activities of Riding, Ground Work, Grooming, and Tacking.

Only two significant relationships were found between the terminology Equine Facilitated Therapy and the activities of the program: the activity of Riding, $\chi^2(1) = 4.39, p = .04$ and the activity of Tacking, $\chi^2(1) = 12.04, p < .01$. The results of the significant relationships indicated that those programs that labeled their work Equine Facilitated Therapy were more likely to use the activities of Riding and Tacking. The results are summarized in Table 11.

Table 11

Terminology of Program and Activities of the Program

Terminology	Activity	χ^2	p
Therapeutic Riding	Riding	12.00	< .01
	Ground Work	7.28	< .01
	Grooming	6.62	.01
	Tacking	10.21	< .001
	Activities on the Ground	8.59	< .01
Equine Assisted Therapy	Riding	7.19	< .01
	Ground Work	13.37	< .001
	Grooming	7.93	< .01
	Tacking	22.67	< .001
Equine Facilitated Therapy	Riding	4.39	.04
	Tacking	12.04	< .01

Research Question 3

What methods of equine therapy (riding, on the ground, mix of on the ground and riding) are used by most programs? How many programs use each method?

To answer Research Question 3, frequency and percent measures were taken on responses to the question asking participants to select which specific activities were involved in their therapeutic program. As indicated by the frequency measures, the participants' selections were uniformly spread throughout the available options, with the largest percentage of responses being Ground Work and Grooming. Riding and Other received the smallest number of responses.

Table 12

Frequency and Percent Measures on Specific Activities Involved in Therapeutic Program

Activities	Frequency	Percent
Ground Work	139	22.8
Grooming	135	22.1
Activities on the Ground	121	19.8
Tacking	108	17.7
Riding	89	14.6

The Client Diagnosis and Contra-indicators**Research Question 4**

What diagnosis/conditions are appropriate for EAT? Are there any that are contra-indicated?

Participants were asked if there were any specific diagnoses that were most appropriate for this modality. Responses fell into the following categories: no there is no specific diagnosis that is appropriate for this model ($n = 129$, 81.1 %,) or there is a specific diagnosis for this model. Participants who believed there was a specific diagnosis for this model answered the following: Developmental Delay ($n = 10$, 30%); Abuse ($n = 3$, 9%); Depression ($n = 22$, 67%); PTSD ($n = 2$, 6%). Reasoning for why a specific diagnosis was given in Question 29, participants responded in the following categories: this population makes the most progress ($n = 14$, 29.8%), and the clients cannot manipulate the horse ($n = 33$, 70%).

Table 13

Frequency and Percent Measures on Categorized Diagnosis

Diagnosis	Children % (N)	Adults % (N)	Total frequency
Substance Abuse	41.9% (18)	76.7% (33)	43
Psychosis	44.4% (24)	79.6% (43)	54
Mood/Stress	50.7 % (75)	80.4 % (119)	148
Physiological Disorder	45.9% (45)	82.7% (81)	98
Developmental Disorder	62.2% (84)	68.3% (99)	145
Disorders of Childhood	45.8% (65)	28.9% (24)	83
Depression	84.3% (70)	88.9% (144)	162
Domestic Abuse	32.7% (33)	83.2% (84)	101
Posttraumatic Stress Disorder	34.7% (35)	84.3% (86)	102

Contra-indicators for this modality emerged from open-ended Questions 30 and 31. Question 30 asked if there was any population that was not appropriate for EAT programs and 30.3% ($n = 50$) of the participants replied that there was no specific population/diagnosis that was contra-indicated. However 68.5% ($n = 113$) of the participants answered that there were specific populations that were contra-indicated.

The populations cited by participants were in the following categories: history of animal abuse ($n = 26$, 23%); physical disabilities ($n = 5$, 4.3%); young children ($n = 9$, 7.8%); psychosis ($n = 20$, 17%); suicidal ($n = 29$, 25%); obesity ($n = 5$, 4.3%); history of fire starting ($n = 9$, 7.8%); active drug and/or alcohol use ($n = 14$, 12%); and violent ($n = 53$, 46%).

In the corresponding Question 31, participants were asked if their program had any exclusionary criteria, 83% ($n = 137$) responded that they did have exclusionary

criteria and 17.6% ($n = 29$) responded that they did not have any exclusionary criteria. Those programs that responded positively to permitting exclusionary criteria, answered in the following categories: drug/alcohol use ($n = 16$, 12%); uncontrolled behavior ($n = 16$, 12%); weight ($n = 20$, 14.5%); animal abuse ($n = 27$, 19.7%); violence ($n = 35$, 42%); Developmental delay ($n = 14$, 10%); history of fire starting ($n = 20$, 12%); psychosis ($n = 13$, 9%); physical disability ($n = 24$, 15%); small children ($n = 17$, 12%); suicidal ($n = 43$, 31%); and sex offender ($n = 5$, 3.6%).

The Relationship Between Client Diagnosis and Use of Horses

Research Question 5

What is the theory underlying the concept of using horses as a therapeutic modality base?

To examine the relationship between the diagnosis of the clients in the programs and the reasons why the programs use horses, cross tabulations were calculated and the Pearson chi-square was used to determine the statistical significance of the relationships.

Seventy-four significant relationships were found. The results are presented and organized by the reason given for using horses in the program and the type of client (child or adult).

There were 11 significant relationships between using the horses in the program for the *Bond between horse and client* and client diagnoses. The results were as follows: psychoactive substance use in children, $\chi^2(1) = 13.26, p < .001$; psychotic disorders in children, $\chi^2(1) = 13.12, p < .001$; mood, stress related and anxiety disorder in children, $\chi^2(1) = 38.23, p < .001$; physiological disorder in children, $\chi^2(1) = 14.58, p < .001$; developmental disorders in children, $\chi^2(1) = 23.07, p < .001$; disorders of childhood in

children, $\chi^2(1) = 15.75, p < .001$; depression in children, $\chi^2(1) = 15.75, p < .001$; domestic abuse in children, $\chi^2(1) = 21.01, p < .001$; and PTSD in children, $\chi^2(1) = 22.96, p < .001$. The nature of the relationships were such that programs that treated children for psychoactive substance use, psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, and domestic abuse were more likely to use horses for bonding. There were fewer significant relationships in the same cross analysis for adults: developmental disorders in adults, $\chi^2(1) = 8.45, p < .01$ and domestic abuse in adults, $\chi^2(1) = 14.11, p < .001$. The nature of the relationships was such that programs that treated adults for developmental disorders and domestic abuse were less likely to use horses for the purpose of bonding.

There were 11 significant findings between using the horses in the program for the *Attachment developed between horse and client* and client diagnoses. The relationships were as follows: psychoactive substance use in children, $\chi^2(1) = 14.24, p < .001$; psychotic disorders in children, $\chi^2(1) = 10.63, p < .01$; mood, stress related and anxiety disorders in children, $\chi^2(1) = 14.43, p < .001$; physiological disorders in children, $\chi^2(1) = 5.67, p = .02$; developmental disorders in children, $\chi^2(1) = 9.63, p < .01$; disorders of childhood in children, $\chi^2(1) = 6.30, p = .01$; depression in children, $\chi^2(1) = 20.85, p < .001$; domestic abuse in children, $\chi^2(1) = 26.98, p < .001$; and PTSD in children, $\chi^2(1) = 20.63, p < .001$. The nature of the relationships were such that programs that treated children for psychoactive substance use, psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, domestic abuse, and PTSDs were more likely to use horses for

the *Attachment developed between horse and client*. Only two relationships were significant for those programs treating adults: developmental disorders, $\chi^2(1) = 3.96, p = .047$ and disorders of childhood, $\chi^2(1) = 6.43, p = .01$. The nature of the relationships was such that programs that treated adults for developmental disorders were less likely to use horses for the purpose of Attachment developed between horse and client. Programs that treated adults for disorders of childhood were more likely to use horses for the purpose of Attachment developed between horse and client.

There were 14 significant cross tabulations between using the horses in the program for the Development of confidence in the client as he/she works with the horse and client diagnoses. The significant relationships were as follows: psychotic disorders in children, $\chi^2(1) = 5.37, p = .02$; mood, stress related and anxiety disorders in children, $\chi^2(1) = 9.63, p < .01$; physiological disorders in children, $\chi^2(1) = 9.22, p < .01$; developmental disorders in children, $\chi^2(1) = 7.02, p < .01$; disorders of childhood in children, $\chi^2(1) = 11.07, p = .001$; depression in children, $\chi^2(1) = 13.63, p < .001$; and domestic abuse in children, $\chi^2(1) = 5.08, p = .02$. The results were such that, programs that treated children for psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, and domestic abuse were more likely to use horses for the purpose of Development of confidence in the client as he/she works with the horse. The finding for programs treating adult clients were nearly equal: psychotic disorders, $\chi^2(1) = 11.25, p = .001$; mood, stress related and anxiety disorders, $\chi^2(1) = 32.35, p < .001$; physiological disorders, $\chi^2(1) = 21.41, p < .001$; developmental disorders, $\chi^2(1) = 38.86, p < .001$; depression, $\chi^2(1) = 40.69, p < .001$; domestic abuse, $\chi^2(1) = 32.78, p < .001$; and PTSD,

$\chi^2(1) = 16.12, p < .001$. The results were such that, programs that treated adults for psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, depression, domestic abuse, and PTSD were more likely to use horses for the purpose of *Development of confidence in the client as he/she works with the horse*.

There were 13 significant relationships found between using the horses in the program for the Development of self-efficacy in the client as he/she works with the horse and client diagnoses. The significant relationships were as follows: mood, stress related and anxiety disorders in children, $\chi^2(1) = 10.97, p = .001$; physiological disorders in children, $\chi^2(1) = 9.99, p < .01$; developmental disorders in children, $\chi^2(1) = 10.37, p = .001$; disorders of childhood in children, $\chi^2(1) = 12.36, p < .001$; depression in children, $\chi^2(1) = 15.02, p < .001$; and domestic abuse in children, $\chi^2(1) = 5.64, p = .02$. The results were such that, programs that treated children for mood, stress related and anxiety disorders, physiological disorders, developmental disorders, depression, and domestic abuse were more likely to use horses for the purpose of Development of self-efficacy in the client as he/she works with the horse. Again, the findings for programs treating adult clients were nearly equal: psychotic disorders, $\chi^2(1) = 5.64, p = .02$; mood, stress related and anxiety disorders, $\chi^2(1) = 36.54, p < .001$; physiological disorders, $\chi^2(1) = 17.36, p < .01$; developmental disorders, $\chi^2(1) = 36.62, p = .001$; disorders of childhood, $\chi^2(1) = 3.93, p = .048$; depression, $\chi^2(1) = 40.86, p < .001$; domestic abuse, $\chi^2(1) = 31.66, p < .001$; and PTSD, $\chi^2(1) = 12.85, p < .001$. The results were such that, programs that treated adults for psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood,

depression, domestic abuse, and PTSD were more likely to use horses for the purpose of *Development of self-efficacy in the client as he/she works with the horse.*

There were 8 significant cross tabulations between using the horses in the program for the Mirroring behavior from the therapist as the client and therapist work with the horse and client diagnoses. Only one of the relationships involving programs that treated children was significant: PTSD in children, $\chi^2(1) = 10.04, p < .01$. The results were such that, programs that treated children for PTSD were more likely to use horses for the purpose of Mirroring behavior from the therapist as the client and therapist work with the *horse*. The other significant relationships involved programs that treated adults: mood, stress related and anxiety disorders, $\chi^2(1) = 20.37, p < .001$; physiological disorders, $\chi^2(1) = 13.91, p < .001$; developmental disorders, $\chi^2(1) = 10.90, p = .001$; disorders of childhood, $\chi^2(1) = 8.24, p < .01$; depression, $\chi^2(1) = 22.91, p < .001$; domestic abuse, $\chi^2(1) = 16.35, p < .001$; and PTSD, $\chi^2(1) = 11.25, p < .001$. The results were such that, programs that treated adults for mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, domestic abuse, and PTSD were more likely to use horses for the purpose of Mirroring behavior from the therapist as the client and therapists work with the horse.

There were 12 significant relationships found between using the horses in the program for The manner in which the therapist treats the horse as he/she is working with the client and client diagnoses. The significant relationships were as follows: mood, stress related and anxiety disorders in children, $\chi^2(1) = 5.30, p = .02$; physiological disorders in children, $\chi^2(1) = 5.68, p = .02$; developmental disorders in children, $\chi^2(1) = 7.21, p = .01$; and depression in children, $\chi^2(1) = 8.73, p < .01$. The results were such that, programs

that treated children for mood, stress related and anxiety disorders, physiological disorders, developmental disorders, and depression were more likely to use horses for the purpose of The manner in which the therapist treats the horse as he/she is working with the client. The other significant relationships involved programs that treated adults: psychoactive substance use, $\chi^2(1) = 5.09, p < .01$; psychotic disorders, $\chi^2(1) = 15.04, p < .001$; mood, stress related and anxiety disorders, $\chi^2(1) = 8.77, p < .01$; developmental disorders, $\chi^2(1) = 7.29, p < .01$; disorders of childhood, $\chi^2(1) = 13.94, p < .001$; depression, $\chi^2(1) = 14.04, p < .001$; domestic abuse, $\chi^2(1) = 12.04, p < .001$; and PTSD, $\chi^2(1) = 10.13, p = .001$. The results were such that, programs that treated adults for psychotic disorders, mood, stress related and anxiety disorders, developmental disorders, disorders of childhood, depression, domestic abuse, and PTSD were more likely to use horses for the purpose of The manner in which the therapist treats the horse as he/she is working with the client.

The Relationship between Theoretical Foundation and Use of Horses

To examine the relationship between the theoretical foundation of the programs and the reasons why the programs use horses, cross tabulations were calculated and the Pearson chi-square was used to determine the statistical significance of the relationships.

Twenty-six significant relationships were found. The results are presented and organized by the reason given for using horses in the program.

There were four significant relationships between using the horses in the program for the Bond between horse and client and theoretical foundations. The results were as follows: Human-Horse Bond, $\chi^2(1) = 65.26, p < .001$; Anthropomorphic Theory, $\chi^2(1) = 10.47, p = .001$; Relational Theory, $\chi^2(1) = 6.62, p < .01$; and Gestalt Theory,

$\chi^2(1) = 8.34, p < .01$. The results were such that, programs with the theoretical foundation of Anthropomorphic Theory were less likely to use horses for the purpose of Bond between horse and client, and programs with the theoretical foundations of Human-Horse Bond, Relational Theory, and Gestalt Theory were more likely to use horses for the purpose of the Bond between horse and client.

There were four significant relationships found between using the horses in the program for the *Attachment developed between horse and client* and theoretical foundations. The results of the analyses were as follows: Exchange Theory, $\chi^2(1) = 8.40, p < .01$; Human-Horse Bond, $\chi^2(1) = 29.40, p < .001$; Relational Theory, $\chi^2(1) = 7.31, p < .01$; and Body Language Theory, $\chi^2(1) = 4.89, p = .03$. The results were such that, programs with the theoretical foundations of Exchange Theory, Human-Horse Bond, Relational Theory, and Body Language Theory were more likely to use horses for the purpose of the Attachment developed between horse and client.

There were four significant relationships found between using the horses in the program for the Development of confidence in the client as he/she *works with the horse* and theoretical foundations. The results of the analyses were as follows: Experiential Theory, $\chi^2(1) = 30.28, p < .001$; Human-Horse Bond, $\chi^2(1) = 8.74, p < .01$; Anthropomorphic Theory, $\chi^2(1) = 7.69, p < .01$; and Body Language Theory, $\chi^2(1) = 7.59, p < .01$. The results were such that, programs with the theoretical foundations of Experiential Theory, Human-Horse Bond, Anthropomorphic Theory, and Body Language Theory were more likely to use horses for the purpose of the Development of confidence in the client as he/she works with the horse.

There were five significant relationships between using the horses in the program for the Development of self-efficacy in the client as he/she works with the horse and theoretical foundations. The results of the analyses were as follows: Experiential Theory, $\chi^2(1) = 23.14, p < .001$; Human-Horse Bond, $\chi^2(1) = 9.47, p < .01$; Anthropomorphic Theory, $\chi^2(1) = 8.45, p < .01$; Relational Theory, $\chi^2(1) = 4.90, p = .03$; and Body Language Theory, $\chi^2(1) = 11.14, p = .001$. The results were such that, programs with the theoretical foundations of Experiential Theory, Human-Horse Bond, Anthropomorphic Theory, Relational Theory, and Body Language Theory were more likely to use horses for the purpose of the Development of self-efficacy in the client as he/she works with the horse.

There were two significant relationships found between using the horses in the program for the Mirroring behavior from the therapist as the client and therapist work with the horse and theoretical foundations. The results were as follows: Experiential Theory, $\chi^2(1) = 5.41, p = .02$, and Body Language Theory, $\chi^2(1) = 16.88, p < .001$. The results were such that, programs with the theoretical foundations of Experiential Theory and Body Language Theory were more likely to use horses for the purpose of the Mirroring behavior from the therapist as the client and therapist work with the horse.

There were three significant relationships between using the horses in the program for The manner in which the therapist treats the horse as he/she is working with the client and theoretical foundations. The results were as follows: Experiential Theory, $\chi^2(1) = 4.12, p = .04$; Human-Horse Bond, $\chi^2(1) = 6.40, p = .01$; and Anthropomorphic Theory, $\chi^2(1) = 25.22, p < .001$. The results were such that, programs with the theoretical foundations of Experiential Theory, Human-Horse Bond, and Anthropomorphic Theory

were more likely to use horses for the purpose of The manner in which the therapist treats the horse as he/she is working with the client.

The Benefits and Effectiveness of EAT

Research Question 6

Why is EAT beneficial? How effective has EAT been to the majority of your clients? Why is it preferable or advantageous over therapeutic methods that do not incorporate the use of horses?

Ninety seven percent ($n = 157$) of participants reported that EAT was very beneficial for their clients, 2% ($n = 4$) reported that it is somewhat beneficial. This was measured by self report ($n = 144$, 88%); outside therapist analysis ($n = 35$, 21%); equine therapist analysis ($n = 53$, 32%); and psychological/psychometric testing with ($n = 20$, 12%).

Responses for why EAT is beneficial, a preferable model were answered in open ended questions, qualitative data. Questions 34 and 35 asked why this method using horses was preferable over traditional methods of therapy. One hundred and fifty participants reported that the horse was the catalyst (100%) for clients to work in this milieu. Clients participating the EAT programs specifically wanted to work with a horse. The categories of the horse being unique, having status, being special or having some mystique were associated with the client identifying these properties of the horse and wanting those properties for themselves. By working with a 'special horse', the client is special, is unique, has status, the clients' perception of the horse reflects what they want for themselves.

The response categories of gentle, reads people and nonjudgmental are anthropomorphic. Participants reported that horses did not judge clients, were able to read human emotions and were gentle. The last five categories included reactive, willing to engage, are mirrors, prey animals and are large.

These are inherent qualities of horses, they are social and want to engage, they are large, reactive as all prey animals are to their surroundings and people in their surroundings. Horses mirror by reaction what they see in humans, if a human is scared, the horse will mirror this and become nervous themselves.

Table 14

Frequency and Percent Measures on Horse as Catalyst

Category	Frequency	Percentage
Unique	21	14
Status	51	34
Special	42	28
Mystique	9	6
Gentleness	11	7.3
Reads People	5	3.3
Nonjudgmental	2	1.3
Reactive	6	4
Willing to engage	2	1.3
Are mirrors	6	4
Prey animals	11	7.3
Size	29	19

Another participant replied,

Horses are the draw to this type of therapy, it may be due to idealistic dreams of what the horse is, how they are, what their nature is; it really does not matter

because it works for the clients, they keep coming back, they laugh, they smile, they feel better, they get better. We are all trained therapists, the only real difference between traditional therapy and EAT is the horse, so who really is the therapist?

Triangulation

For validation methodological triangulation was employed, referring to qualitative and quantitative data collection, analysis and interpretation (Thurmond, 2001, p. 254). Data from the EAT survey was downloaded into SPSS; open ended questions were then downloaded into Microsoft Word documents. Qualitative data were read and re-read, broad categories were identified and coded, re-examination of the data brought a reduction of the broad categories that illustrated emerging themes. The themes derived from the data were examined repeatedly to illustrate a complete picture of the participant's answers.

Peer Reviewer

To reduce researcher bias and ensure dependability, a peer reviewer examined the data, reporting their own findings. The reviewer read the survey, the open ended questions were reviewed, and the responses from the participants were examined a number of times by the reviewer. The peer reviewer confirmed the themes identified by the researcher. Employing this methods of peer review for confirmation, allows objectivity, conformability, verification and reproducibility (Amankwaa, 2005, p. 29). The peer reviewer did suggest further reduction of categories, which the researcher agreed with and employed.

Summary

The data collected from the survey illustrated significant relationships not identified in the literature. The data from the survey also answered the research questions. Methodological triangulation and a peer reviewer were used for validation.

Chapter 5:

Summary, Conclusion, and Recommendations

Introduction

EAT is a little known model of therapeutic intervention. This model uses a horse to facilitate therapy. Activities with the horse can be on the ground, riding the horse or a mix of both activities. Scholarly literature in the field is limited, (a total of nine articles), with most of it being anecdotal (Schultz et al., 2007). No journal articles were found that illustrate the effectiveness of the horse, or different practices currently in programs and populations. The purpose of this exploratory descriptive research study was intended to gather data for demographics, foundation theory, specific practices, populations served, and as to how the horse facilitates the therapeutic practice.

A mixed methods survey was designed and implemented to illustrate the phenomena of EAT. The survey design had quantitative and qualitative questions, which complemented one another and ensured a complete picture of how EAT is practiced in the field today. The survey was sent to 800 practitioners in the field who had membership in NARHA, EAGALA, and EFMHA. The survey was administered to 203 respondents with a 28% response rate.

Research Questions

The research questions that directed this study were

1. What terminology is currently being used in programs?
2. What trend, themes, or relationships in the EAT field emerged from the data?

3. What method of equine therapy (riding, on the ground, mix of on the ground and riding is used by most programs?
4. What diagnosis/conditions are appropriate for EAT? Are there any contra-indicated?
5. What is the theory underlying the concept of using horses as a therapeutic modality base?
6. Why is EAT beneficial? How effective has EAT been for clients? Why is it preferable or advantageous over therapeutic methods that do not incorporate the use of horses?

Demographics

EAT programs are located in most states, in rural and suburban settings. Surveys were completed by 203 participants, which yielded a 28% rate of response. Programs had more than 20 clients per week; clients were evenly distributed as male and female, ethnicity of clients was predominantly White. Client populations included children and adults, with developmental disorder and depression as the major psychological issues of children, for adults' depression, PTSD, domestic abuse, physiological disorder and stress evenly distributed as the main psychological issues of clients. Contra-indicators were clients who had a history of fire starters, violence, and obesity.

The programs had a therapist and horse expert working together with the clients. Overall, most work with the horse and client was on the ground. Each session with the client was with the horse at all times, session were 60 minutes in duration, once a week. Various terms were used for program names with Equine Assisted Psychotherapy as the

most common, followed by Therapeutic Riding, Equines Assisted Therapy; and, Equine Facilitated Therapy, and Equine Assisted Activities in close grouping.

Theoretical foundation of the programs was experiential theory, followed by human-horse bond and anthropomorphic theory. Horses were used in the programs to the development of confidence in the client as he/she worked with the horse and the development of self efficacy in the client. Horses were considered essential aspects of the programs, as the horse was the catalyst for the clients. This model was considered very effective with clients as attested to by self report.

Interpretation of Findings

Grounded theory was the theoretical lens of this research study. Grounded theory is an enriching element for the methodology (Gilgun, 2005). Grounded theory was applicable in this study as “the researcher attempts to derive a general, abstract theory of a process, action or interaction grounded in the views of the participants” (Creswell, 2003, p. 14). The microconceptual framework was exploration and description of contemporary EAT programs, the theoretical foundations of therapists’ models, and how and why EAT is used.

Research Question 1: What terminology is currently being used by persons working in programs?

In the EAT field, there are confusing and contradicting terms to describe specific programs. By providing concrete terms for specific applications, there could be a universal knowledge of the terms used in these types of treatment programs. Terminology is important so that it can be used with concept understanding by lay people.

Terminology is aligned with concept, when a specific term is used, lay people should have a solid understanding of the terminology (Felber, 1977).

An analysis of current terminology through this survey data showed a total of 33 different terms for EAT practices. Various terms were used for program names with Equine Assisted Psychotherapy ($n = 34, 19.2\%$) as the most common, followed by Therapeutic Riding ($n = 28, 15.8\%$); EAT ($n = 25, 14.1\%$); Equine Facilitated Therapy ($n = 24, 13.6\%$); and Equine Assisted Activities ($n = 24, 13.6\%$) in close grouping. This affirms what has been found in the literature review with most articles having conflicting terminology.

However, relationships were found within the terminology category. Participants who had half of their clients ride in their program used the terminology EAT, and Equine Facilitated Therapy, to describe their program. Participants who had their entire clients ride in their program used the terminology Therapeutic Riding in describing their program.

Programs that labeled their work Therapeutic Riding used the activities of riding, ground work, grooming, tacking, and activities on the ground. Programs that labeled their work EAT used the activities of Riding, Ground Work, Grooming, and Tacking. The programs that labeled their work Equine Facilitated Therapy used the activities of riding and tacking.

Research Question 2: What trends, themes, or relationships in the equine-therapy field emerged from the data?

Significant relationships emerged from the data with mental health issues, population, and the theory of why horses are used. The relationship of participants who

worked with children for psychoactive substance use, psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, and domestic abuse used horses for bonding.

Programs that treated children for psychoactive substance use, psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, domestic abuse, and PTSDs were more likely to use horses for the attachment developed between horse and client. Programs working with children with psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, and domestic abuse used horses for the purpose of development of confidence in the client as he/she works with the horse. Programs that treated children for mood, stress related and anxiety disorders, physiological disorders, developmental disorders, depression, and domestic abuse were more likely to use horses for the purpose of development of self-efficacy in the client as he/she works with the horse. Programs that treated children for PTSD were more likely to use horses for the purpose of mirroring behavior from the therapist as the client and therapist work with the horse.

The results were such that, programs that treated children for mood, stress related and anxiety disorders, physiological disorders, developmental disorders, and depression were more likely to use horses for the purpose of the manner in which the therapist treats the horse as he/she is working with the client.

Programs that treated adults for developmental disorders were less likely to use horses for the purpose of attachment developed between horse and client. Programs that treated adults for disorders of childhood were more likely to use horses for the purpose of

attachment developed between horse and client. Programs that treated adults for psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, depression, domestic abuse, and PTSD were more likely to use horses for the purpose of development of confidence in the client as he/she works with the horse. Programs that treated adults for psychotic disorders, mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, domestic abuse, and PTSD were more likely to use horses for the purpose of development of self-efficacy in the client as he/she works with the horse. Programs that treated adults for mood, stress related and anxiety disorders, physiological disorders, developmental disorders, disorders of childhood, depression, domestic abuse, and PTSD were more likely to use horses for the purpose of mirroring behavior from the therapist as the client and therapists work with the horse. Adults for psychotic disorders, mood, stress related and anxiety disorders, developmental disorders, disorders of childhood, depression, domestic abuse, and PTSD used horses due to the manner in which the therapist treats the horse as he/she is working with the client.

The results of these relationships are congruent with AAT literature where populations with various psychiatric diagnoses respond to animals used in therapeutic intervention. Barker and Dawson (1998) reported that AAT reduced anxiety levels in people with mood disorders. Berget et al. (2008) reported increase in self efficacy in “among psychiatric patients with long lasting psychiatric symptoms” (p. 9). The literature on EAT mentioned populations with issues such as alcoholism, behavioral issues and trauma, in broad categories (Klontz et al., 2007).

These responses from the survey illustrated that horses are most often used therapeutically to develop the confidence in the client and for the development of self efficacy. This aligns with the responses of Question 32, why therapists used horses in their program, where development of confidence and development of self efficacy were the overwhelming choices.

Research Question 3: What methods of equine therapy (riding, on the ground, mix of on the ground and riding) are used by most programs? How many programs use each method?

The participants' selections were uniformly spread throughout the available options, with the largest percentage of responses being ground work and grooming, followed by activities on the ground, tacking and riding.

Research Question 4: What diagnoses/conditions are appropriate for EAT? Are there any that are contraindicated?

Client populations included children and adults with developmental disorder and depression as the major psychological issues of children, for adults' depression, PTSD, domestic abuse, physiological disorder and stress evenly distributed as the main psychological issues of clients. Contra-indicators included clients who were noted as fire starters, had a history of violent behavior, or who were obese. Participants were asked if there were any specific diagnoses that were most appropriate for this modality. Participants who believed there was a specific diagnosis for this model answered the following: Developmental Delay ($n = 10$, 30%), Abuse ($n = 3$, 9%), Depression ($n = 22$, 67%), PTSD ($n = 2$, 6%). Reasoning for why a specific diagnosis participants responded

in the following categories: this population makes the most progress ($n = 14$, 29.8%); and the clients cannot manipulate the horse ($n = 33$, 70%).

Contra-indicators for this modality emerged from open-ended Questions 30 and 31. Question 30 asked if there was any population that was not appropriate for EAT programs and 30.3% ($n = 50$) of the participants replied that there was no specific population/diagnosis that was contra-indicated. However 68.5% ($n = 113$) of the participants answered that there were specific populations that were contra-indicated.

The populations cited by participants were in the following categories: history of animal abuse ($n = 26$, 23%); physical disabilities ($n = 5$, 4.3%); young children ($n = 9$, 7.8%); psychosis ($n = 20$, 17%); suicidal ($n = 29$, 25%); obesity ($n = 5$, 4.3%); history of fire starting ($n = 9$, 7.8%); active drug and/or alcohol use ($n = 14$, 12%); and violent ($n = 53$, 46%).

Most programs had exclusionary criteria, Those programs that responded positively to permitting exclusionary criteria, answered in the following categories: drug/alcohol use ($n = 16$, 12%); uncontrolled behavior ($n = 16$, 12%); weight ($n = 20$, 14.5%); animal abuse ($n = 27$, 19.7%); violence ($n = 35$, 42%); Developmental delay ($n = 14$, 10%); history of fire starting ($n = 20$, 12%); psychosis ($n = 13$, 9%); physical disability ($n = 24$, 15%); small children ($n = 17$, 12%); suicidal ($n = 43$, 31%); and sex offender ($n = 5$, 3.6%). It should be noted that this topic has never been discussed in the literature.

Research Question 5: What theoretical foundations are used by the persons who employ horses as part of their therapeutic work?

The most used theoretical foundation that emerged from the data were overwhelmingly found with Experiential Theory ($n = 111$, 68%). EAGALA and NARHA (2005) reported that the basis of equine assisted activities is experiential in nature. The experience of being with the horse, how the client perceives the experience of being with the horse allows validation and enhancement of self esteem (Chardonens, 2009; Cooper, 2005).

Human-horse bond received 26% ($n = 42$) response rate. The bond between the human and the horse is where the horse is perceived as listener, teacher and a nonjudgmental friend (Weigel et al., 2002). The bond between human and horse is built from the interactions between them, with each interaction bringing learning and insight to the human. By using each interaction with the horse, as a positive building block, the bond between horse and human is strengthened (Hausberger et al., 2008). The response from participants was often stated, “the horse brings the client to us,” “we are a horse program,” or “clients come to be with the horse.”

In an examination of theoretical foundation and why horses are used, a number of relationships were derived from the data. Therapists using anthropomorphic theory as a theoretical foundation were more likely to use horses in their program to develop confidence, to develop self-efficacy, and to show the manner in which the therapist treats the horse. Therapists using Exchange theory were more likely to use the horse because of the attachment developed between horse and client, while therapists who used Experiential Theory were more likely to use horses for the development of confidence, the development of self-efficacy, the mirroring of behavior, and the manner in which the therapist treats the horse.

Significant relationships were illustrated from the data in the Human Horse Bond theoretical foundation were more likely to use horses for the bond between the horse and the client, attachment between the horse and the client, the development of confidence, the development of self-efficacy, and the manner in which the therapists treats the horse.

Therapists who used Relational Theory as a theoretical foundation were more likely to use the horse for the bond between the horse and the client, the attachment, and the development of self-efficacy. Those who used Body Language Theory as a theoretical foundation were more likely to use horses in their programs to develop attachment, to develop confidence, to develop self-efficacy, and to mirror the behavior of the therapist. Gestalt therapists were more likely to use horses in their program to develop a bond between the horse and the client.

Research Question 6: Why is EAT beneficial? Specifically, why is it preferable or advantageous over therapeutic methods that do not incorporate the use of horses?

Ninety seven percent of participants reported that EAT was very effective for their clients, 2% reported that it was somewhat effective. Effectiveness was measured by self report 88%, outside therapist analysis 21%; equine therapist analysis 32% and psychological/psychometric testing with 12%.

Responses for why EAT is beneficial, a preferable model were answered in open ended questions, qualitative data. Questions 34 and 35 asked why this method using horses was preferable over traditional methods of therapy. One hundred and fifty participants reported that the horse was the catalyst (100%) for clients to work in this milieu. Clients participating the EAT programs specifically wanted to work with a horse. The categories of the horse being unique, having status, being special or having some

mystique were associated with the client identifying these properties of the horse and wanting those properties for themselves.

Response: “We use horses because clients ‘love’ them; they represent freedom, beauty, nature and power. There are all things clients want and through working with the horse are actual attainable goals.”

The response categories of gentle, reads people and nonjudgmental are anthropomorphic. Participants reported that horses did not judge clients, were able to read human emotions and were gentle.

Response:

Many clients have grown up watching movies where horses show great courage, comfort humans, read the emotions of the humans, the horse rises through cruel adversity, and they are heroic. An animal that is relatively uncommon in their lives, but touches some of them in a way they remember. By working with gentle horses the client brings this perspective with them, they want to be courageous, to endure, to find a way to overcome their issues, to be understood, they look to the horse to help them do this.

The last five categories included reactive, willing to engage, are mirrors, prey animals and are large these were inherent qualities of the horse.

Response for why to use horses:

Horses differ from dogs, cats, bunnies and fish, the AAT animals. In order to work with horses, the client must go to the horses’ environment. The horse is the largest domesticated animal we are able to engage with. They are prey animals so they must be aware of their surroundings at all times. They must read the body

language of other horses and animals, including possible predators. This allows them to survive. They have acute hearing, almost 306 degree vision ability, and can smell anything near to them or on the wind. These innate, natural born abilities make them reactive, sensitive.

Horses are social creatures that thrive in a herd, and if it isn't a herd of horses they will adopt donkeys, cats, dogs, cows and even humans as part of their herd, so they are adaptable. Why use horses? Well for all of the above and also that they read body language, and are willing to engage with us.

Summary

A survey was employed to illustrate the phenomena of EAT. The survey was a mixed methods design. This method was selected to illustrate a picture of what is being practiced in the field today. The survey consisted of closed and open ended questions to provide thick descriptions of EAT. Analysis of the data answered all research questions; thus capturing a picture of EAT as it is practiced in the field today.

EAT programs are located in most states, in rural and suburban settings. Programs had more than 20 clients per week; clients were evenly distributed as male and female, ethnicity of clients was predominantly White. Client populations included children and adults, with developmental disorder and depression as the major psychological issues of children, for adults' depression, PTSD, domestic abuse, physiological disorder and stress evenly distributed as the main psychological issues of clients. Contra-indicators were clients noted as being fire starters, having a history of violent behavior, or who were obese.

The programs consisted of a therapist and the horse expert working together with the clients. Overall, most work with the horse and client was on the ground. Each session with the client was with the horse at all times, sessions were 60 minutes in duration, once a week. Various terms were used for program names with Equine Assisted Psychotherapy as the most common, followed by Therapeutic Riding, Equines Assisted Therapy and Equine Facilitated Therapy, and Equine Assisted Activities in close grouping.

Theoretical foundation of the programs was experiential theory, followed by human-horse bond and anthropomorphic theory. Horses were used in the programs due to the development of confidence in the clients as they work with the horse and the development of self efficacy in the client. Horses were considered essential aspects of the program, as the horse was the catalyst for the clients. This model was considered very effective with clients. The results illustrate that the EAT model as it is practiced today, is effective with the horse as a catalyst for client populations.

Implications for Social Change

Horses have been a conduit for social change since their domestication (Van Dierendonck & Goodwin, 2005). Domestication of the horse allowed the human world to change, as horses allowed faster transportation. For hundreds of years horses were the main instrument to other worlds as a mode of transportation that opened trade routes, carried wars further and hastened communication. Societies depended on horses to enhance travel, communication, building, conquering new lands, hunt food, plow lands; horses literally changed how people lived their lives (Waran & Casey, 2005).

Today horses are also used for therapeutic intervention in various modes for different populations and in different applications; all of which enhance the lives of

clients. This study is the first and only survey on EAT. As such, this study can be the foundation for further research on this field. Results from this study illustrate that EAT has efficacy, which encourages positive change within clients, which is the foundation of what social change is about.

EAGALA, EFMHA, and NARHA presently have 800 programs that practice some format of EAT, a search of the Internet, shows over 2,200 programs currently in practice. Each program that practices EAT influences social change within their population (Yorke et al., 2008). Wheatley and Freize (2007), stated, “We don’t need to convince large numbers of people to change; instead, we need to connect with kindred spirits. Through these relationships, we will develop the new knowledge, practices, courage and commitment that lead to broad-based change” (p. 1). This is what EAT is practicing today.

In EAT, a horse and therapist (or also a horse expert) work together to effect a positive change within the client. The horse is the catalyst of the EAT modality, that brings a valuable change within the clients’ lives, which in essence is the definition of social change. As the field grows so does the voice of practitioners of EAT; which puts forth a positive effect within the community. This study identified demographics, populations, theoretical foundations and problematic issues identified by practitioners in the field. This data illustrates the picture of EAT as practiced today, and that this intervention is seen as effective for clients. Each study undertaken in the field can effect more change in that EAT become less of ‘a little known’ field and more main stream. This in turn influences more participation in a positive therapeutic intervention.

Limitations

This study included a population that had membership in NARHA, EFEMA, or EAGALA only. The study did not include practitioners of EAT who belong to any other organization that offers membership in the equine activities field. Also excluded were practitioners who have no membership but are seen on the Internet, practicing EAT. By excluding these populations, the picture of EAT that emerged from the data may be biased.

Recommendations for Further Study

This topic was addressed in Question 44 of the survey: What issues need to be addressed in further research? This was an open ended question where 126 participants responded. The largest issue ($n = 124$, 97%) recommended to study further is ethical treatment of the horses in the program. This does seem to be of concern to participants, particularly as the horse is the catalyst for these therapeutic programs.

Universal terminology is essential in a newer field. There are example of confusing terminology in EAT in the literature review. If the terminology is not specific for the applications of EAT, people will not understand what type of therapy is practiced and this is necessary for acceptance, knowledge base and recommendation as a viable intervention. Universal terminology allows all therapists and therapeutic populations to understand that EAT is an effective modality.

Further studies are needed to illustrate why horses are an effective catalyst, how efficacy is measured and that this application of therapy is viable for certain populations. Furthermore, since horses are the catalyst, studies are needed to show that horses are

cared for according to ethical standards. This lack of standards found in the field currently, was the number one issue of concern from practitioners in the field.

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Appendix A:

Survey

Descriptive Information

The first set of questions asks about certain characteristics of your program, yourself, and those involved in your therapeutic practice.

1. In what state is your program located?

- | | | |
|---|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Kentucky | <input type="checkbox"/> North Dakota |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Louisiana | <input type="checkbox"/> Ohio |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Maine | <input type="checkbox"/> Oklahoma |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Maryland | <input type="checkbox"/> Oregon |
| <input type="checkbox"/> California | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> Pennsylvania |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Michigan | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Minnesota | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Mississippi | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> District of Columbia | <input type="checkbox"/> Missouri | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Montana | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Nevada | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Illinois | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Indiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Iowa | <input type="checkbox"/> New York | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Kansas | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Wyoming |

2. Is your program in a Rural, Urban, or Suburban area?

- Rural
 Suburban
 Urban

3. As the respondent of this survey, what is your primary position in the program?

- Administrative staff

- Horse specialist
- Therapist
- Other (please specify)

4. How many people at your facility are in the following categories?

	None	1-3	4-7	8-10	10+
Administrative staff	<input type="radio"/> How many people at your facility are in the following categories? Administrative staff None	<input type="radio"/> 1-3	<input type="radio"/> 4-7	<input type="radio"/> 8-10	<input type="radio"/> 10+
Horse specialist	<input type="radio"/> Horse specialist None	<input type="radio"/> 1-3	<input type="radio"/> 4-7	<input type="radio"/> 8-10	<input type="radio"/> 10+
Therapist	<input type="radio"/> Therapist None	<input type="radio"/> 1-3	<input type="radio"/> 4-7	<input type="radio"/> 8-10	<input type="radio"/> 10+
Volunteer	<input type="radio"/> Volunteer None	<input type="radio"/> 1-3	<input type="radio"/> 4-7	<input type="radio"/> 8-10	<input type="radio"/> 10+

5. What length of time has your equine assisted therapy program been in operation? Please enter a number of years or number of months in operation with clients.

6. What credentials does the therapist(s) have at this time? (You may choose more than one answer)

- Bachelors Degree
- Masters Degree
- Doctorate Degree
- Medical Degree
- Other (please specify)

7. What is the gender of:

	Male	Female
Administrator	<input type="checkbox"/> What is the gender of: Administrator Male	<input type="checkbox"/> Female
Horse Specialist	<input type="checkbox"/> Horse Specialist Male	<input type="checkbox"/> Female
Therapist	<input type="checkbox"/> Therapist Male	<input type="checkbox"/> Female
Volunteers	<input type="checkbox"/> Volunteers Male	<input type="checkbox"/> Female

8. In what field does your therapist hold a degree?

- Psychology
 Social Work
 Counseling
 Other (please specify)

9. What do you call your program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Equine assisted activities | <input type="checkbox"/> Equine assisted therapy | <input type="checkbox"/> Equine therapy |
| <input type="checkbox"/> Equine assisted growth | <input type="checkbox"/> Equine facilitated growth and learning | <input type="checkbox"/> Horse therapy |
| <input type="checkbox"/> Equine assisted growth and learning | <input type="checkbox"/> Equine facilitated psychotherapy | <input type="checkbox"/> Therapeutic riding |
| <input type="checkbox"/> Equine assisted psychotherapy | <input type="checkbox"/> Equine facilitated therapy | |
| <input type="checkbox"/> Other (please specify) | | |

10. How do you recruit clients?

- Physician referral
 School referral
 State referral
 Advertisement
 Word of mouth

Other (please specify)

11. Is your program currently certified by:

EFMHA EAGALA NARHA Not certified

Other (please specify)

The next set of questions asks for details concerning your program and the therapy provided.

12. What specific activities are involved in your therapeutic program? (Check all that apply)

- Riding
- Hippotherapy
- Ground Work
- Grooming
- Tacking
- Activities on the ground with the horse
- Other (please specify)

13. When a client is working with a horse, what professionals from your program are present?

- Therapist only
- Therapist and horse trainer/expert together
- Horse trainer/expert only with therapist working with client after session with the horse

14. Do you use horse expert(s)?

- Yes
- No

15. How many clients does your program have using horses for therapy? Please put the total amount of clients using this modality.

- 1-5
- 6-10
- 11-15

- 16-20
- 20+

16. What portion of your entire client base participates in equine assisted therapy?

- 5%
- 10%
- 25%
- 50%
- 100%

Other (please specify)

17. How many clients of the following age categories are enrolled in your program?

		None	1-5	6-10	11-15	16-20	20+
Under 10 years old	<input type="radio"/> How many clients of the following age categories are enrolled in your program? Under 10 years old		<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16-20	<input type="radio"/> 20+
	<input type="radio"/> None						
10-19 years old	<input type="radio"/> 10-19 years old		<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16-20	<input type="radio"/> 20+
	<input type="radio"/> None						
20-29 years old	<input type="radio"/> 20-29 years old		<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16-20	<input type="radio"/> 20+
	<input type="radio"/> None						
30-39 years old	<input type="radio"/> 30-39 years old		<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16-20	<input type="radio"/> 20+
	<input type="radio"/> None						

	None	1-5	6-10	11-15	16-20	20+
40-49 years old	<input type="radio"/> 40-49 years old None	<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16-20	<input type="radio"/> 20+
Over 50 years old	<input type="radio"/> Over 50 years old None	<input type="radio"/> 1-5	<input type="radio"/> 6-10	<input type="radio"/> 11-15	<input type="radio"/> 16-20	<input type="radio"/> 20+

18. Gender: please put the number of male and female clients that participate in your equine assisted program.

Number of Females

Number of Males

19. What is the duration of each therapeutic session?

- Half an hour
- Hour
- Other (please specify)

20. The typical session with a client consists of:

- Some time with the horse, then therapy in an office
- Therapy is with the horse all the time
- One session is with the horse, next session is in the office
- Depends on what the client needs
- Other (please specify)

21. Please check all that apply to your program.

- Equine Assisted Therapy is an adjunct to traditional therapy.
- This is the only therapy my clients receive.

22. What is the ethnic background of your clients?

	0-10%	10% - 30%	30% - 50%	50% - 75%	75% - 100%
White	<input type="checkbox"/> What is the ethnic background of your clients?	<input type="checkbox"/> 10% - 30%	<input type="checkbox"/> 30% - 50%	<input type="checkbox"/> 50% - 75%	<input type="checkbox"/> 75% - 100%

	White 0-10%				
Black, African American	<input type="checkbox"/> Black, African American 0-10%	<input type="checkbox"/> 10% - 30%	<input type="checkbox"/> 30% - 50%	<input type="checkbox"/> 50% - 75%	<input type="checkbox"/> 75% - 100%
American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native 0-10%	<input type="checkbox"/> 10% - 30%	<input type="checkbox"/> 30% - 50%	<input type="checkbox"/> 50% - 75%	<input type="checkbox"/> 75% - 100%
Native Hawaiian	<input type="checkbox"/> Native Hawaiian 0-10%	<input type="checkbox"/> 10% - 30%	<input type="checkbox"/> 30% - 50%	<input type="checkbox"/> 50% - 75%	<input type="checkbox"/> 75% - 100%
Hispanic.	<input type="checkbox"/> Hispanic. 0-10%	<input type="checkbox"/> 10% - 30%	<input type="checkbox"/> 30% - 50%	<input type="checkbox"/> 50% - 75%	<input type="checkbox"/> 75% - 100%
Asian	<input type="checkbox"/> Asian 0-10%	<input type="checkbox"/> 10% - 30%	<input type="checkbox"/> 30% - 50%	<input type="checkbox"/> 50% - 75%	<input type="checkbox"/> 75% - 100%
Other	<input type="checkbox"/> Other 0-10%	<input type="checkbox"/> 10% - 30%	<input type="checkbox"/> 30% - 50%	<input type="checkbox"/> 50% - 75%	<input type="checkbox"/> 75% - 100%

23. How many of your clients ride in your program?

- None, it is all on the ground
- About half
- All
- Other (please explain)

24. How often do you have the client work with the horse?

- Once a month
- Once every two weeks
- Once a week
- Twice a week
- More than twice a week
- Other (please specify)

3. Program overview

This set of questions addresses the conceptual, medical, and therapeutic aspects of your program.

25. What is the theoretical foundation or orientation for your program?

- Exchange theory
- Experiential Theory
- Human-Horse Bond
- Biophilia Theory
- Anthropomorphic Theory
- Theory of Self Psychology
- Relational Theory
- Body Language Theory
- Gestalt Theory
- Other (please specify)

26. What diagnosis do your clients have in your program? Please check all categories that you have clients in.

	Children	Adults
Psychoactive substance use	<input type="checkbox"/> What diagnosis do your clients have in your program? Please check all categories that you have clients in. Psychoactive substance use Children	<input type="checkbox"/> Adults
Psychotic disorders	<input type="checkbox"/> Psychotic disorders Children	<input type="checkbox"/> Adults
Mood, stress related and anxiety disorder	<input type="checkbox"/> Mood, stress related and anxiety disorder Children	<input type="checkbox"/> Adults

disorder		
Physiological disorder	<input type="checkbox"/> Physiological disorder Children	<input type="checkbox"/> Adults
Developmental disorders	<input type="checkbox"/> Developmental disorders Children	<input type="checkbox"/> Adults
Disorders of childhood	<input type="checkbox"/> Disorders of childhood Children	<input type="checkbox"/> Adults
Depression	<input type="checkbox"/> Depression Children	<input type="checkbox"/> Adults
Domestic abuse	<input type="checkbox"/> Domestic abuse Children	<input type="checkbox"/> Adults
Post-traumatic stress disorder	<input type="checkbox"/> Post-traumatic stress disorder Children	<input type="checkbox"/> Adults

Other (please specify)

27. Is there any specific diagnosis that is most appropriate for this type of therapy? If so what diagnosis?

- Yes
 No

Specific Diagnosis

28. Why do you believe this is the most appropriate?

29. Is there any specific population that would NOT be appropriate for this therapeutic model? If so which population?

- Yes
 No
 If answering yes, please specify what population would not be appropriate for this model.

30. Does your program have any exclusionary criteria for clients? If so what is the criteria?

- Yes

- No

Exclusionary criteria

Why use horses as the therapeutic catalyst?

The next set of questions specifically asks about the use of the horse in therapy.

31. Why do you use horses in your program?

- Bond between horse and client
- Attachment developed between horse and client
- Development of confidence in the client as he/she works with the horse
- Development of self-efficacy in the client as she/he works with the horse
- Mirroring behavior from the therapist as the client and therapist work with the horse
- The manner in which the therapist treats the horse as he/she is working with the client
- Other (please explain)

32. How important is the horse to your therapeutic model?

- Least important aspect of the therapy
- Somewhat important in conjunction with other aspects of the therapy
- Equally important with all aspects of the therapy
- More important aspect of the therapy than others
- Essential aspect of the therapy

33. In your opinion, do you feel that working with horses provides a significantly different therapeutic experience for your clients than if they were working with a different type of animal?

- Yes
- No

If yes, please explain the difference.

34. What points to the horse as being the catalyst of this type of therapy?

35. Do you believe that the horses which you use can read the clients' emotions?

- Yes
- No

If yes, please explain

5. Distinctions in horse therapy

36. If clients in the program do RIDE the horse, what terminology would you use to label the work?

- Therapeutic riding
- Equine assisted therapy
- Equine facilitated therapy
- Hippotherapy
- Other (please explain)

37. Does your program have hippotherapy?

- Yes
- No

38. How do you measure the success of your program?

- Client self-report
- Outside Therapist analysis
- Equine Therapist analysis

- Psychological/Psychometric tests (please list)

39. In your experience, what is the biggest obstacle in this therapeutic model?

40. How effective has equine assisted therapy been to the majority of your clients?

- Not at all effective
- Somewhat effective
- Very effective
- Undetermined

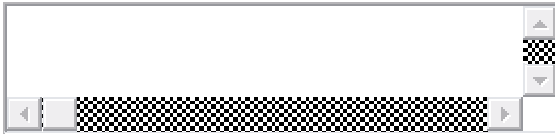
6. survey

41. How is the therapy which you provide funded? (Check all that apply.)

- Insurance
- Private agency payments
- Client fees
- Donations from the public
- Corporate sponsorships
- Foundation grants
- Other (please specify)

42. Do you feel that the questions on this survey properly captured your experience and current practices within the EAT field? Please elaborate on your answer.

43. Is there anything in the survey that was not covered and should be added in further research?



Appendix B:

Invitational Notice

Dear Participant,

You are invited to participate in a survey on equine assisted/facilitated therapy which will be sent to you via email through a survey company called SurveyMonkey. Today I would like to give you information about the upcoming survey and explain why I hope you will participate. This survey is part of my dissertation on Equine Assisted Therapy at Walden University. As a practitioner of Equine Assisted Therapy, I realize the importance of our programs, how they help so many different populations and I also realize that not many professionals in the psychological or academic world are knowledgeable about our field, hence my dissertation. Our field is not traditional and still not fully investigated through published articles, I am hoping with your help that this will change. I sincerely hope you will take 10 minutes out of your busy schedule to fill out the survey

You have been selected from a list of currently certified equine assisted programs. The survey is designed to help understand the phenomena of equine assisted therapy today, information gathered from this survey will highlight theoretical foundations, demographics, and why the horse is the catalyst for this type of therapeutic intervention.

You may benefit by knowing that you have assisted in providing accurate information that will be used to find emerging patterns and theoretical foundations. In addition, survey results may be used in current and/or future studies conducted by other researchers on this important topic.

Your participation is completely voluntary and anonymous. The survey is completed online via the Internet and takes about 10 minutes. You may scroll through the survey as you fill it out. I encourage you to complete the survey in one sitting, but it is not necessary to do so. Specific directions are found at Survey Monkey link, this is a basic format of fill in the answer or check off a box for your answers. At any time you may stop answering the survey questions, as this is a voluntary exercise.

Your name and e-mail address will never be associated with your responses. You may answer only some questions, or you may choose not to participate in the survey at all.

To give you access to the survey, a web link will be provided in the forthcoming invitation. If you choose to link to the survey web site you are acknowledging that you are 18 years of age or older, and you are agreeing to participate in the survey. Once you have accessed the web page, which will connect you to the Equine Assisted Therapy survey, your email address or other personal information is not associated with your survey responses. Data transmission is encrypted and firewall securities are in place.

The final survey responses will be housed securely where individual responses will be compiled in aggregate. The aggregate data set will not include personal identification such as e-mail addresses.

Questions and concerns you may have regarding participation in this survey can be directed to me at dreamctfarm@yahoo.com; patricia.mcconnell@walden.edu or 978-422-1861. You may also contact Walden University IRB Department (irb@waldenu.edu), Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 1210.

Thank you for your cooperation!

Patricia McConnell
Psychology Doctoral Program
Walden University

Appendix C:

Equine Assisted Therapy Invitation

INTRODUCTION

You are invited to be a participant in a research study about the field of Equine Assisted Therapy.

You were selected as a possible participant because you are a member of NARHA, EFEMA or

EAGALA. We ask that you read this document and ask any questions you may have before agreeing to be in the study. The study is being conducted by Patricia McConnell, doctoral student at Walden University.

BACKGROUND/BENEFIT

The purpose of this study is to look at the field as it is practiced currently. As practitioners, you

are the expert in the field. The benefit of participation allows a clear picture of how equine assisted therapy is practiced today, which can lay the foundation for further study.

DURATION

The length of time you will be involved with this study is 15-20 minutes.

PROCEDURES

If you agree to be in this study, we will ask you to do the following things: Answer the survey questions. Some of the questions are open-ended and ask about your program, your experience,

and your theoretical foundational belief.

CONFIDENTIALITY

The researcher has taken all reasonable measures to protect your identity and responses. For example, the data is SSL encrypted, it is stored on a password protected database, and IP addresses are not collected. However, e-mail and the internet are not 100% secure, so it is also

suggested that you clear the computer's cache and browser history to protect your privacy after

completing the survey. In any sort of report that is published or presentation that is given, I will

not include any information that will make it possible to identify a participant.

RISKS

This study has the following risks: Your participation in this study does not involve any significant risk or discomfort to you. Participation in this study is entirely voluntary and you

may withdraw at any time. There is no penalty for withdrawal from the survey or refusal to participate.

CONSENT

At the end of this page there is a consent button, if you hit the button you will be brought immediately to the survey. By hitting this button you give your consent to participate in the study.

Completion and return of the survey indicates your consent to participate. You may keep a copy of the informed consent form by hitting the print button.

CONTACT

Any question you have about the study may be directed to Patricia McConnell at patricia.mcconnell@waldenu.edu and/or the Research Participant Advocate at 800-925-3369. Walden University's approval number for this study is 01-21-10-0334552 and it expires on January 20, 2011.

Thank you for your participation.

Patricia McConnell
Psychology Doctoral Program
Walden University

CLICK TO PARTICIPATE

https://www.surveymonkey.com/s.aspx?sm=fWka2FdseVZLlhQGJo0scg_3d_3d

Click to decline

https://www.surveymonkey.com/optout.aspx?sm=fWka2FdseVZLlhQGJo0scg_3d_3d

Appendix D:

IRB Approval Letter

Dear Ms. McConnell,

This email is to notify you that the Institutional Review Board (IRB) has approved your application for the study entitled, "National survey on equine assisted therapy."

Your approval # is 01-21-10-0334552. You will need to reference this number in your dissertation and in any future funding or publication submissions.

Your IRB approval expires on January 20, 2011. One month before this expiration date, you will be sent a Continuing Review Form, which must be submitted if you wish to collect data beyond the approval expiration date.

Your IRB approval is contingent upon your adherence to the exact procedures described in the final version of the IRB application document that has been submitted as of this date. If you need to make any changes to your research staff or procedures, you must obtain IRB approval by submitting the IRB Request for Change in Procedures Form. You will receive an IRB approval status update within 1 week of submitting the change request form and are not permitted to implement changes prior to receiving approval. Please note that Walden University does not accept responsibility or liability for research activities conducted without the IRB's approval, and the University will not accept or grant credit for student work that fails to comply with the policies and procedures related to ethical standards in research.

When you submitted your IRB application, you made a commitment to communicate both discrete adverse events and general problems to the IRB within 1 week of their occurrence/realization. Failure to do so may result in invalidation of data, loss of academic credit, and/or loss of legal protections otherwise available to the researcher.

Both the Adverse Event Reporting form and Request for Change in Procedures form can be obtained at the IRB section of the Walden web site or by emailing irb@waldenu.edu: http://inside.waldenu.edu/c/Student_Faculty/StudentFaculty_4274.htm

Researchers are expected to keep detailed records of their research activities (i.e., participant log sheets, completed consent forms, etc.) for the same period of time they retain the original data. If, in the future, you require copies of the originally submitted IRB materials, you may request them from Institutional Review Board.

Please note that this letter indicates that the IRB has approved your research. You may not begin the research phase of your dissertation, however, until you have received the **Notification of Approval to Conduct Research** (which indicates that

your committee and Program Chair have also approved your research proposal). Once you have received this notification by email, you may begin your data collection.

Both students and faculty are invited to provide feedback on this IRB experience at the link below:

http://www.surveymonkey.com/s.aspx?sm=qHBJzkJMUx43pZegKlmdiQ_3d_3d

Sincerely,
Jenny Sherer, M.Ed.
Operations Manger
Office of Research Integrity and Compliance
Email: irb@waldenu.edu
Fax: 626-605-0472
Tollfree : 800-925-3368 ext. 1341
Office address for Walden University:
155 5th Avenue South, Suite 100
Minneapolis, MN 55401

Appendix E:
Follow Up Reminder

Dear Colleague,

I recently sent you an invitation to participate in a survey on equine assisted therapy, as part of my dissertation for Walden University. Presently there is little published in our field, I would like to study what is presently being practiced in the field. This survey is intended to portray this picture of our field.

This is a reminder that the survey is open and your participation would be greatly appreciated. It is only with your responses can our field be better known in the academic world, so your response is greatly appreciated. Attached is the link to survey, which will take you directly to the survey.

Questions and concerns you may have regarding participation in this survey can be directed to me at dreamctfarm@yahoo.com; patricia.mcconnell@walden.edu or 978-422-1861. You may also contact Walden University IRB Department (irb@waldenu.edu), Dr. Leilani Endicott. She is the Walden University representative who can discuss this with you. Her phone number is 1-800-925-3368, extension 1210.

Thank you for your cooperation!

Patricia McConnell
Psychology Doctoral Program
Walden University

CLICK TO PARTICIPATE

https://www.surveymonkey.com/s.aspx?sm=fWka2FdseVZLlhQGJo0scg_3d_3d

Click to decline

https://www.surveymonkey.com/optout.aspx?sm=fWka2FdseVZLlhQGJo0scg_3d_3d

Appendix F:

Thank You Letter

Dear Colleague,

Thank you for your participation, through your responses to the Equine Assisted Therapy survey, a picture of how the field is being practiced is emerging. This would not have been possible without your voluntary participation, and I thank you for taking the time to respond.

Social change happens when voices are heard, and people care enough to raise their voice. It is evident that people in the EAT field are determined to continue to help others through this practice with horses. Should you wish to learn the results of the study, please contact me at: patricia.mcconnell@waldenu.edu, dreamctfarm@yahoo.com or you may call 978-433-1860.

Thank you for your considerable help.

Patricia McConnell
Psychology Program, Doctoral Student
Walden University

Appendix G:

Horse is a Significantly Different Therapeutic Experience

Emerging Themes

Descriptive: describes the horse, physically or with adjectives. [DESC]

Color code: Blue

- horses have a status, have the ability to seem kind
- horses have a status in our society, are perceived as noble and invincible
- horses has status which client wants
- Horses have a way of being seen as mystical or has status which is transferred to the client
- horses have status
- horses are mysterious to most of clients they are not used to them, but seem them as having some specialness
- horses have a long history of being important, having status, being special to our society
- horses are perceived as not dangerous but with status
- horses are see as being friendly, although large
- horses are seen as gentle, non threatening and friendly
- horses have a special status in our society, are perceived as kind, friendly, not harmful, but special
- horses are portrayed as gentle, have status
- horse has status
- horses are seen as having high status which give clients status
- horse has mystique, status, beauty and kindness in the feelings of clients
- horses are special
- status
- horse is status, is unusual giving status to client
- horses have status and are unique
- horses are special and have status
- horses are an unusual attraction that have status as being special, working with them makes the clients special
- horses are an unusual attraction that have status as being special, working with them makes the clients special
- horses are a unique attraction, that have a reputation for being special.
- horses have a status that makes the client special.
- horses have a status that makes the client special
- status
- status

- horses are unique
- status, importance, different from trad
- Horses have a unique place in our society, clients often are in awe of them, and want to be
- able to be part of a relationship to these unique creatures
- the horse has a mystique, or clients feel the horse is somehow special, unique
- horses have a draw to certain people, more so than cows or llamas, perhaps because of fairytales, racing legends, movies, horses are often idealized and for clients this idealization can be realized at our program
- horses are larger than life, and people grow up watching them in movies, are bigger than life
- Horses have a idealized reputation, are beautiful and often represent freedom, no other animal has the same status in society
- horses are idealized and have a special place in the clients imagination, where they transfer their dreams of being beautiful and loved to the horse
- horses have an idealization in our society, they are different from other animals, people are drawn to them.
- Horses bring the clients in to this modality
- half my clients want to work with horses, the half do not. Horses are seen as special and fun
- horses are different from other animals they have their own specialness, or status, clients come to work in particular with the horse
- horses are unique in our society, have a special status with some populations this is a draw for clients
- horses have their own group of fans, they have a certain status in our society, clients feel special working with horses
- horses are in a unique position in our society, they are often perceived as powerful, pretty and free, just as clients want to see themselves
- Unlike other animals seen in the media, horses are normally portrayed as graceful, beautiful and special, people want to be associated with this portraiture
- horses are attractive to certain populations. These populations are the ones who come, perhaps it is the portrayal of horses from TV and books
- horses have the ability to kill or badly hurt, but are also beautiful and have a status, so there is attraction aligned with caution, a goal that is attainable to be able to work with the horse
- Horses will pull the truth out of a person. Builds confidence and physical abilities, while having fun.

- horses are popular due to status
- horses hold a mystique, an honor of being special, perhaps idealized, unlike other animals
- These animals hold a unique position in that they are not tame like dogs or cats, yet can be walked, or ridden, they are special
- horses have status, have an idealistic thoughts of horses
- as a domesticated animal the horse is imposing yet approachable, perceived as working with humans
- horses are at a certain status, or importance
- horses are special and unique
- horses are unique are able to work with humans responding to body language
- they are pleasing to eye and have been integrated into our society as important
- high status of horse is attainable for client, makes them different in a good way
- these animals are in a class by themselves, proud and still able to work with humans, they are a gift
- horses are perceived as special or having status
- horses have status, have an idealistic thoughts of horses
- as a domesticated animal the horse is imposing yet approachable, perceived as working with humans
- horses are at a certain status, or importance
- Because horses can read people well and have a compassion to help. Also, due to their size they can bring out other issues.
- horses are highly social, are nonaggressive, and have a pecking order within their herd. Those factors combined allow for much growth in a variety of areas
- The horses are not as controlled by clients emotional outbursts as a smaller animal would be, horses exhibit curiosity and patience...less distracted than other animals
- horses have a status, have the ability to seem kind
- horses are see as being friendly, although large
- horses are seen as gentle, non threatening and friendly
- horses have a special status in our society, are perceived as kind, friendly, not harmful, but special
- horses are portrayed as gentle, have status
- horses are seen as gentle and attractive and different like the clients
- Horses are more willing to engage. The combination of gentleness & strength is a good foundation.

- *Anthropomorphic*: describes the horse as having human capabilities or attributes
 - [ANTHRO]
 - Color code: Green
-
- horse has mystique, status, beauty and kindness in the feelings of clients
 - Because horses can read people well and have a compassion to help. Also, due to their size they can bring out other issues.
 - they don't have unconditional love, intimidating in size, sensitive to the environment and human body language
 - Equine thought processes are very much like those of humans; particularly as horses use and/or communicate information primarily by body language.
 - Horses are able to read the body language of the human and respond accordingly, they are unique to the animal world of large animals
 - The horse is large enough that the person cannot overpower it for long. They must out think the horse. Also the horse demonstrates unconditional love in an understandable manner.
 - Horses are innate animals who are nonjudgmental and provide positive feedback to the clients
 - The horses reaction is different than other animals, as well as the fact that no other animal can be ridden and provide the physical benefits as well.
 - the horse reacts honestly and is forgiving
 - Horses are more honest and forgiving. They provide better feedback to the body at a quicker rate
 - Horses mirror behavior and my horse provides a loving interaction with clients.

Naturalistic: inherent qualities and capabilities [Natur]

Color code: yellow

- Size, willingness to work with humans, positive cultural views of horses.
- Horses are more willing to engage. The combination of gentleness & strength is a good foundation.
- tremendous potential for client motivation, incentive & immediate feedback which is complimented by the natural peaceful setting of our facility to positive associations with "stick appeal."

- The mirroring aspect is significant as well as the prey aspect of horses.
- they mirror their behavior, and do to their size they can be intimidating
- The horses mirror the students issues and give them what they need to develop a relationship with it - the majority of the clients do deal with RAD, ODD, etc so relationship development is crucial between client, horse and mentor.
- Horses mirror behavior and my horse provides a loving interaction with clients.
- size is intimidating and stretches the client; mirroring not present in many other animals
- Horses are better at mirroring than other animals.
- prey vs. predator dynamics, size, dealing with fear, highly social animals with hierarchy.
- They are a different species than most companion animals with an evolutionary history as a prey animal. This creates a different dynamic with humans. They are such large animals and the client has to communicate on their terms to build a relationship.
- size, contrast between essentially/typically predator behaviors and prey animal behaviors, levels of self-control, trust, confidence elicited...
- As prey animals, horses are inherently equipped to pick up on the client's energy, intention, shifts in focus or inner awareness.
- heard animal (vs. predator)
- horses are herd animals. we follow the EAGALA model.
- They prey/predator barrier makes the difference..
- Horses are social animals, so they have similar needs socially to humans. Horses are also prey animals which means that they are always in survival mode, much like children who have suffered abuse or neglect. Horses are large and require a client to be mentally and physically present during sessions to remain safe.
- Prey animals are much more sensitive to environment and give feedback as they protect themselves, dogs do not do this, will submit to aggression, for example. Other prey animals such as llamas have a tendency to kick that can cause severe cuts.
- We have offered canine therapy as well in the past. It was also beneficial, but there is a distinct difference for our girls in the relationship bond of human - prey as opposed to human-predator. the size and power of the horse adds a critical level of responsibility and boundary setting.
- Horses have always been preyed upon - not a predator, so that their instincts are for self-preservation and safety

- Size and nature/behavior of horse elicits a significantly different experience (as compared with small domestic animals.)
- The horse is large enough that the person cannot overpower it for long. They must out think the horse. Also the horse demonstrates unconditional love in an understandable manner.
- Horses are larger and more physically powerful than the client
- Being able to build a relationship with a very large, powerful animal can be daunting to some, but when achieved, instills confidence. Horses are very sensitive to people's moods and act accordingly. As social creatures, many of the same skills needed to build relationships with horses are also needed to bond with humans.
- Because horses can read people well and have a compassion to help. Also, due to their size they can bring out other issues.
- Horses are larger animals thus providing many metaphors relating to their real world.
- they don't have unconditional love, intimidating in size, sensitive to the environment and human body language
- Size, unpredictability, subtlety of "communication," to name a few
- size is intimidating and stretches the client; mirroring not present in many other animals
- the horse can kill you
- Because of the size of the horse to build confidence; the mentality of the horse with regard to safety; the herd mentality of the horse with regard to social settings of humans; they provide so many metaphors to compare to human life.
- Their size and intuition.
- Horses are social animals, so they have similar needs socially to humans. Horses are also prey animals which means that they are always in survival mode, much like children who have suffered abuse or neglect. Horses are large and require a client to be mentally and physically present during sessions to remain safe.
- horses are seen as being friendly, although large
- Horses are larger, which creates its own dynamic; horses are VERY intuitive in their reactions with/towards the client(s)
- Haven't worked with other animals in therapy but I feel the size of the equine lends to clients honesty and focus.
- Due to their instinctual natures and their size and power and how they reflect our communication with them

- The size brings more fear and trepidation out in the client and can also foster more growth, self esteem increases and sense of self empowerment
- Their powerful nature has great benefits
- Horses are large, powerful and provide immediate feedback whether the student needs to be lifted up or settled down.
- My students are full of bravado...and have seen or touched a dog or cat etc. However, a 1000 lbs horse is a new experience & levels playing field/they learn to give respect to horse & get respect mirrored- a new experience for most. I use this to build trust in our staff- i.e. they learn "horse rules" and then can trust certain things will happen with the horse. These things that are promised happen (i.e. they can lead the horse and not get "hurt" - are in control and still gentle). They then look at school and barn staff w/respect -
- horses are large and powerful, but also approachable, it is a feat for a client to overcome the size of the horse and actually work with it.
- We have offered canine therapy as well in the past. It was also beneficial, but there is a distinct difference for our girls in the relationship bond of human - prey as opposed to human-predator. the size and power of the horse adds a critical level of responsibility and boundary setting.
- Large, need to build trust, develops confidence, more varied personalities,
- Size, able to ride, confidence from asking large animal to do what you would like
- The horse has an element of danger and risk not associated with most other companion animals.
- The size of the animal makes a big difference, and horses are prey animals so their responses are different to other animals such dogs.

Coding was conducted by color coding, first with broad categories, then reduced to the listed responses under descriptive, anthropomorphic and naturalistic

Due to the fact that in open ended questions participants were able to expound on their answers the percentages will not equal 100 nor match the number of people who responded.

Terminology:

Descriptive: describes the horse, physically or with adjectives.

Anthropomorphic: describes the horse as having human capabilities or attributes

Naturalistic: inherent behavior.

Appendix H:

Horse As Catalyst

Different from traditional therapy, special variable (yellow)[DFTT]

- This is a horse program, clients come to work with the horses
- They allow varied opportunities for therapy situations and adaptations.
- This is a horse program, clients come to work with the horses
- The horse is a tool to improve efficacy of therapy goals
- horses are an attraction to certain populations
- horse program
- What needs to happen, the direction the client needs to go always happens.
- Horses do what traditional therapy can not do, reach the client.
- Horses draw their own clients, not the therapist.
- Clients come to see, feel, be with, work with horses, it is most interesting to see clients who have never been around a horse, change behaviors while they are with the horse
- Horses bring people who like or wanted to be with horses to us
- Working with horses garner results that are not duplicated in traditional therapy
- Our program would not exist; the field would not exist if it were not for the horses.
- By using horses, clients make more progress than in traditional therapy.
- People come specifically for the horse and their own view of what the horse means to them.
- Horses are the catalyst in that they are unique, progress is seen
- Horses bring their own clients to us.
- People come specifically to be with the horse, it is what makes us different from traditional programs.
- what can I say, come visit us and see the face of our clients as they want to work with the client, excitement.
- The change in the clients after they have sessions in the arena.
- people want to work with them
- we are a horse program, so duh, it is the horse that brings in clients
- The fact that clients know they are working with horses before they step foot on our ranch.
- horses are the difference from traditional models
- The horse is the only difference in therapy sessions.
- people have to want to work with horses as this is our model

- certain populations want to work with horses
- horse program, horse as the catalyst beings in clients
- The children make the choice of wanting to work and ride the horse.
- People come for the horses.
- We are a horse program.
- People come to our program knowing they will work with horses
- horse brings people to us
- clients want to work with the horse
- this is a horse program
- horses have their own following
- horses draw clients by being themselves
- horse program
- We work with horses because they draw their own populations to us.
- horse program
- Horses are horses, some people like to work with some do not, those who do come here.
- The movement of the horse and their personality draw people to them.
- Horses are the draw and catalyst to this type of therapy
- horse program
- Although clients come to work with horses, the often cannot articulate why they want to work with them, they are just happy to be with the horse. The horse makes them feel happy.
- this is a horse program
- they come for the horses
- horse program
- bring their own clients in for us.
- horses are unique
- horse program
- they are the variable that is different from traditional modalities
- they bring their own fans, or clients!!!!
- are unique
- horses are an attraction to certain populations
- they are important to the client in some way or the people would not come
- this is a horse program
- this is a horse program
- Clients come to work with the horses, unlike traditional modalities.

Descriptive: describes horse physically or metaphorically (Green)[DES]

- Speaking about and bringing into the session the equine communication
- They boost self esteem resulting from conquering fears; learning about and connecting with large, strong being; controlling/communicating and working with something larger than self.
- The therapy becomes about the horse and not the clients, it is more emotionally safe for people. You leave sessions with a smell, sounds, a touch, Clients are fully engaged on every level: physically, sensory, mentally and emotionally.
- Horses are the draw and catalyst to this type of therapy, it may be due to idealistic dreams of what the horse is, how they are, what their nature is; it really does not matter because it works for the clients, they keep coming back, they laugh, they smile, they feel better, they get better. We are all trained therapists, the only real difference between traditional therapy and EAT is the horse, so who really is the therapist?
- The body language reading ability of the horse.
- The inherent nature of waking up the entire physical and emotional life of the clients
- Size, ability to intimidate, clients is always watching for the horse's reaction, as the horse does appear mighty, powerful and dangerous
- Herd dynamics, authentic interaction, and size/potential for empowerment.
- No other animal can you be entirely in control of, and feel that you can partner with. The satisfaction and pleasure the riders receive, the challenge, the opportunity to do something most people do not get to do, a large animal responding to a small child gives the message that if "I can handle this big horse, I can handle my fears".
- The horse is the catalyst for change because the client is able to see how their actions affect the horses. If the client is not having "success" in an activity they are able to try out new approaches and ideas until they gain the desired result. Because the horses react to clients in the moment and are "true" to those moments the horses are the key to relating the feedback of what is working to the clients and then allowing the therapist to reflect what the clients learned in the arena to what sis/her issues are in real life.
- In addition to their size and power they are not easily manipulated. You can give them a carrot and they will still buck you off. Dogs can be bought.
- Because you cannot ride a dog!
- they read body language of the client
- Can read body language.
- The horse being an emotional animal, prey animal, herd animal and such a good mirror.
- Horses read body language and react, unfortunately humans are too stupid to do the same

- The herd dynamic, the power of the animal. People have to work for a positive relationship with this animal. Horses do not have the drive to please people.
- The rider's response to the horse: its movement and nature.
- Horses are intuitive and honest, they mirror/reflect what the client puts out and needs back.
- They are the catalyst due to their nature.
- they will engage with clients and react
- they are the catalyst due to their ability to read body language
- horses are reactive to what they read from the human
- Their evolutionary programming
- The facilitation of the questioning toward horse behaviors. Several things, first their size, but most of our clients think horses are magical because they seem to react to intention/thoughts and or emotions, as opposed to what they speak.
- Clients specifically want to work with the horse.
- Horses do not lie, they react to what they see and perceive
- inherent characteristics of the horse
- personality of the horse
- horses are the catalyst due to their basic nature
- they read body language
- instinctive inherent behavior of the horse makes it a great catalyst to work with.
- they observe and react
- read body language
- horses are larger than life, for sure, and demand respect, there is the aspect of danger
- clients must focus when working with the horse or risk being injured
- the sheer size of the horse represents power, clients often feel powerless, yet by working with these powerful creatures, the client can gain power in their own lives. No other animal has this ability.
- you cannot fool a horse, they instinctively know deception and
- Horses provide pronounced metaphor for clients. Their size, energy and strength often lead to powerful metaphor that can assist clients in uncovering unconscious thought or behavior patterns

Anthropomorphic: the horse as having human capabilities and attributes
(Blue)[ANTHRO]

- Horses seem to remove many barriers that children/adults have put in place to protect themselves
- Horses allow rapid improvement in self esteem of the client
- The horse lets us know what is going on with the client and is able to help the client through rough times

- Horses create potential for risk, creates immediacy, focus, concentration, observation, etc.
- Children often transfer their fears, concerns, feelings, etc., onto the horse. For adults and children, during the session, the horse becomes a metaphor for issues, people or situations in the clients' life.
- The horses and how they interact with each other and with the clients can be related back to metaphors as to what is going on in their world.
- Horses live in the present moment, which means the client must also.
- Horses demand respect, trust, leadership, confidence to be for the student receives the best from the horse.
- Desire for relationship.
- They respond best to appropriate leadership, and help individuals gear their approach toward becoming a better leader.
- A respect/healthy fear factor levels the "field" when dealing with issues of bullying, disrespect and conversely the gentleness and sensitivity of the equine is viewed by clients with abuse and attachment issues
- They mirror clients' behavior, not other animal does that.
- The entire interactions. The horses intuitively give the client what they need.
- Their non judgmental and present nature
- Their being who they are and why they give.
- Honesty and affective non verbal communication.
- Horses don't lie.
- Horses intrigue people drawing them out of themselves.
- Offering a safe and nonjudgmental third party to observe and respond to social interaction and general communication
- Horses are nonjudgmental, larger size equals bigger results compared to a therapy dog, most people are around and known how to treat and train a dog, that is rarely the case for horses.
- Calmness, loving presence
- Immediate, honest feedback
- The love and compassion that they show
- Horses teach, we are a program that works with delinquent boys. The boys quickly learn that the horse is not intimidate by the, however, the boys are often intimidated by the horse. By working with the horse, they cant lie or use their strength against the horse. They must learn to co operate with the horse. The horse affects positive changes within these boys, they are the catalyst to change.
- Horses are honest
- They decide whether or not the clients is being congruent and true to themselves
- Their hones responses to the way they are treated and approached.
- They are very good mirrors and very good judge of people

- nonjudgmental, clients feel that are not universally accepted, but horses are and the horse is nonjudgmental, they do not feel the client is off or mentally ill
- horses are sensitive to human reactions, this keeps the horse safe
- are honest
- bring a sense of mystery, of the unknown where the client must work to engage

Inherent: Behavior or description of horse behavior that is a natural part of all horses. (Red) [INHER]

- They are large nonverbal prey animals with social hierarchy who respond very quickly to situational variables
- Horses are the draw and catalyst to this type of therapy, it may be due to idealistic dreams of what the horse is, how they are, what their nature is; it really does not
- matter because it works for the clients, they keep coming back, they laugh, they smile, they feel better, they get better. We are all trained therapists, the only real difference between traditional therapy and EAT is the horse, so who really is the therapist?
- These are inherent qualities of horses, they are social and want to engage, they are large, reactive as all prey animals are to their surroundings and people in their surroundings. Horses mirror by reaction what they see in humans, if a human is
- scared, the horse will mirror this and become nervous themselves.
- Horses provide pronounced metaphor for clients. Their size, energy and strength often lead to powerful metaphor that can assist clients in uncovering unconscious thought or behavior patterns
- The unique characteristics of equines
- Horses have a rarefied status in our society, they are almost dreamlike, a goal that would seem unattainable, like much in the lives of our clients. Yet, working with the horses allows clients to be realistic, attain goals that seemed unattainable, or dreamlike.
- People seek out horses, they do not know about horses but want to see them as they dream about via movies and books.
- horses affect people, we are not sure how exactly
- You have to go to the horse's environment, and want to work with them. We rarely lose any clients because of the horse.
- Working with horse is a new experience, they learn trust and kindness.
- The horses' makeup: flight response and honesty
- Watch the awe in the peoples faces as the horse runs, watch the smile when the horse plays, look at excitement when the horse come to them when the client calls, yup horse are the catalyst, the draw, they are what makes this work!!!!

- Participant response to the horse, motivations to accomplish skills that control the movement of the horse, and physical, spatial and environmental awareness that is unique (versus observations of the same participant in a school, indoor facility, home environment).
- Somehow the horse takes on the metaphors/roles/behaviors the clients need to see.
- working wit horses, the client brings a perspective of the horse with them, they want to be courageous, to endure to find a way to overcome their issues, and with the horse they are able to do so.
- By working with a ‘special horse’, the client is special, is unique, has status, the clients’ perception of the horse reflects what they want for themselves.
- These are inherent qualities of horses, they are social and want to engage, they are large, reactive as all prey animals are to their surroundings and people in their surroundings. Horses mirror by reaction what they see in humans, if a human is scared, the horse will mirror this and become nervous themselves.
- Metaphors that are used in the sessions.
- Horses are different from other animals used in AAT, they are the largest domesticated animal we work with, and people see to want to be part of the mysticism that surrounds the horse.
- Status of the horse is what the client seeks
- perceptions of the horse
- horses are large and intimidating to the human species
- they have a status the client wants to associate with, more likely want that to rub off on them.
- .many clients have grown up watching movies where horse show great courage, rise throu adversity, where horse are heroic. An animal that is relatively uncommon in their lives, but touches some of them in a way they remember.

Coding: coding was conducted by color coding, deductive coding reducing categories to show emerging themes of the horse: descriptive, inherent, anthropomorphic and the horse difference

Terminology:

Descriptive: describes horse physically or metaphorically.

Anthropomorphic: the horse as having human capabilities and attributes

Inherent: Behavior or description of horse behavior that is a natural part of all horses.

Horse Difference: the horse makes the program different from traditional models.

CURRICULUM VITAE

Patricia J. McConnell, PhD
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Degrees: Ph.D. Psychology

Masters in Education: Counseling/Salem State College

BA/ Bentley College

Licensure: Licensed Social Worker

Experience:

Director: Transition/Enrichment Program. *Dreams Come True Farm, MA 2003-present*

Equine Assisted Learning incorporates horses experientially for emotional growth and learning. As an experiential modality, participants can learn about themselves and others through activities with horses that can lead to processing and/or discussing thoughts, beliefs, behaviors, and patterns. We use equines to facilitate behavioral change with various populations. The program is designed on behavior modification and enhancement of self esteem. Through the use of the equine activities which may include grooming, training, care and/or riding, a building block of basic trust is established. . At the end of each session, there is a review, where progress is talked about, concerns/issues are opened and goals set for the next session. DCT's aim is to provide options for children, youth, adults, and families whose needs are not being met in traditional therapeutic settings. We work independently or in collaboration with other providers to help their patients break through barriers and move on to their next level of treatment.

As director primary functions include: recruitment of clients, presentation of program to court system and local social service agencies, and mental health facilities. In addition, hiring and training of staff, overseeing care and special training of horses and financial upkeep of the facilities.

Director: Transition/Enrichment Program. Little Valley Farm, NJ 1998-2003

An Equine Assisted Growth and Learning program which help youth deal with problems and provide skills to communicate, make good choices, and take responsibility. This modality allows change for children/youth from being “on the edge, looking in” to active participants in his/her own development and life choices. The program creates conditions for people to reach their full health and well-being potential. Participants are responsible for ‘their’ horse: riding, grooming, maintaining equipment, clean-up, providing exercise and active environment. Outcomes for this model are to build confidence and self-worth contributing to optimum physical and mental health.

The program provides successful therapeutic and learning programs using horses as the teaching tool. EAL can help strengthen: communication, leadership, self-awareness, confidence and teamwork.

As director primary functions include: recruitment of clients, presentation of program to court system and local social service agencies, and mental health facilities. In addition, hiring and training of staff, overseeing care and special training of horses and financial upkeep of the facilities.

Psychology Instructor. Bay State College, MA 1997-1998

- Designed syllabus and taught Introduction to Psychology, Abnormal Psychology, Child Development and Marriage and Family courses.
- Set up a Student at Risk/Crisis Program network to be reviewed by the dean for possible institution.
- Help/crisis intervention with students as necessary, counseled students having issues with home relationships, school issues and relationship issues.
- Tutored individual students in psychology, critical writing, and academic research.

Psychology Instructor. Northern Essex Community College, MA 1996-1997

- Designed syllabus.
- Fostered a classroom environment conducive to learning and promoting excellent student/teacher interaction.
- Administered tests and evaluations, and analyzed student performance.
- Taught Introduction to Psychology, Lifespan, Personality Development, and Marriage and Family courses.

Psychology Instructor. North Shore Community College, MA 1995-1996

- Designed syllabus and taught Introduction to Psychology, and Human Development courses.
- Met with students to assess success in class and other issues if student so desired.
- Developed excellent rapport with students.

Psychology /English Instructor. Northern Essex Community College, MA 1993-1994

- Taught Introduction to Psychology, Basic English/Effective Communication and Math at all levels.
- This was a specialized program under the umbrella of DMH, for special adult students returning to school for a re-education/success program.
- Met with individual students for success coaching for entry into academic setting.
- Tutored students for success in the college level academics.

Licensed Social Worker. MA Society for the Protection of Children, MA 1989-1992

- Responsible for investigating reports of child abuse, collecting evidence of abuse, and documenting all the above for legal action.
- Developed rapport and counseled families in crisis.
- Monitored foster family for care of children.

- Supervised visitation, made recommendations for Family Court.
- Removed children when their safety was at risk.
- Testified in family court and at trial.
- Recorded transcripts of all situations, recommendations and court reports.

Assistant Editor/Psychology Department. DC Heath Publishing Co., MA 1984-

1988

- Edited manuscripts
- Worked with various departments for final manuscript development.
- Traveled to colleges to investigate potential authors for the Psychology Text Book list
- Read unsolicited manuscripts.
- Worked at conventions to promote book list.

Professional Membership

American Psychological Association

North American Riding for Handicapped Association

Equine Assisted Growth and Learning Association

Equine Facilitated Mental Health Association

Equine Facilitated Interaction Professionals, in Mental Health or Education
(Certification)

Equine Facilitated Experiential Learning (EFEL), (certification)