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# Exploring the Experiences of Adults After Equine Facilitated Psychotherapy (EFP)

Deby Kay Torbett  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Deborah Torbett

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## Review Committee

Dr. Nina Nabors, Committee Chairperson, Psychology Faculty  
Dr. Leann Stadlander, Committee Member, Psychology Faculty  
Dr. Valerie Worthington, University Reviewer, Psychology Faculty

Chief Academic Officer  
Eric Riedel, Ph.D.

Walden University  
2017

Abstract

Exploring the Experiences of Adults After Equine Facilitated Psychotherapy (EFP)

by

Deby Torbett

MS, Walden University, 2010

BS, University of Tennessee, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

Walden University

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## Abstract

The aim of this phenomenological qualitative study was to capture and understand the essence of the lived experiences of individuals after participating in equine facilitated psychotherapy (EFP). In that the experiences of participants after exposure to EFP have not previously been examined, this study adds to the literature on this innovative therapy. Theoretical viewpoints on animal assisted therapy and solution-focused brief therapy (SFBT) were explored, as well as how the SFBT methodology compares to techniques used in EFP. Using interviews, the study involved capturing participants' experiences by collecting their descriptions of their involvement with EFP, identifying the specific experiences they noted, ascertaining what the participants did with these experiences, and discerning themes or patterns in the interview data. A purposive sample of 10 adults who had participated in EFP participated in interviews, the data from which were analyzed by hand coding. Analysis showed improved quality of life with improvements in overall well-being and in participants' relationships. The findings of this research study may lead to additional research in this area and may promote the establishment of consistent techniques in EFP, proper credentialing of those who use EFP, and applicable regulatory standards. By exploring the lived experiences of individuals who have participated in EFP, providers may be able to delve more deeply into the curative factors that may be at work with this type of therapy.

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## Dedication

I dedicate my dissertation work to my daughters, Summer, Nicole, and Brooke. During the beginning of this journey, they provided me with inspiration through fun coloring and drawings to keep me motivated. The beauty of their innocence will forever remain in my heart. I dedicate this to them, as upon their reflection it will show that with love, determination, and perseverance, they may follow and accomplish their dreams. I dedicate this to those who find solace with animals, as I did with my horse, Becquadora, who for over 32 years was my confidant and companion, and my dog, Whisper, who always sat near me through the years of research and writing of this dissertation.

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## Chapter 1: Introduction to the Study

### **Introduction**

Equine facilitated psychotherapy (EFP) has been researched as an effective therapeutic alternative for the development of life skills and coping skills, as well as the improvement of emotional and cognitive functioning (Levinson, 1997; Rothe, Vega, Torres, Soler, & Pazos, 2005). EFP has been explored as a beneficial therapeutic intervention for various mental disorders such as depression, attention-deficit/hyperactivity disorder, conduct disorders, dissociative disorders, and eating disorders (Marx & Cumella, 2003; Tyler, 1994). Areas of behavioral modification, self-concept, confidence, anxiety, trust, communication, and self-efficacy have also been explored when examining the effectiveness of EFP (Lentini & Knox, 2009). Despite the research demonstrating EFP's effectiveness, little qualitative investigation has been done to capture the experiences of individuals after their exposure to EFP. The potential for emotional growth related to self-knowledge and interpersonal behavioral insights that derives from participating in equine activities may yield new thoughts, feelings, and alternative behavior patterns. Perhaps the longitudinal impact of EFP could be strengthened if providers understood the experiences of individuals long after their EFP ended.

Chapter 2 introduces a thorough review of results from existing quantitative literature as well as quantitative studies that are most pertinent to this study. Chapter 3 includes the research design, sample population, methodology, and instrumentation of the present qualitative study. Procedures for establishing the trustworthiness of the data are

also highlighted. Confidentiality and other ethical procedures conclude Chapter 3. Chapter 4 presents the results, including the development of key themes from the interview data. Chapter 5 introduces the interpretation of the results, limitations of the study, and recommendations for further qualitative research regarding EFP. Chapter 5 concludes with social change implications.

### **Background of the Study**

Scientific research in the area of animal-assisted therapy is abundant. However, equine therapy is a relatively new area, and research is somewhat limited concerning the scope of therapeutic benefits. According to Lentini and Knox (2009), abundant literature is available on the practice of EFP; however, more research on the theory of EFP needs to be conducted. Supporting literature exists regarding the therapeutic benefits of EFP, but studies describing the experiences of individuals and interaction with horses as a therapeutic tool are limited. The literature on EFP is available for describing the components of equine therapy, psychological approaches and theories, and influences on self-esteem and behavior (Rothe et al., 2005). Research in the area of EFP has increased in recent years; however, the aim of this paper is to increase understanding of human experiences during and after EFP and potential benefits in relation to long-term quality of life.

### **Theory of Animal-Assisted Therapy (AAT)**

The companionship between people and animals molds into a special bond for many people. Research has explored the psychological and emotional benefits for people who have developed a bond with animals (Barker, 1999). Such bonds are said to have a

special healing power. Literature indicates that animal-assisted therapy (AAT) is a goal-oriented intervention that involves an animal as an integral part of therapy (Lentini & Knox, 2009; Rothe et al., 2005). Prior to the inclusion of animals as part of therapy, research existed on the benefits of pet ownership in relation to general health factors and psychosocial development (Barker, 1999). AAT emerged from the observation of the bond that exists between people and animals and the correlated promotion of well-being. EFP is a form of AAT (Lentini & Knox, 2009; Rothe et al., 2005). In EFP, the horses serve as a catalyst to intervene and promote social interaction and serve as a bridge to interpersonal communication. The objectives and components of EFP involve activities with horses that require participants to apply certain skills such as leadership, problem solving, nonverbal and verbal communication, creative thinking, teamwork, relationships, confidence, assertiveness, and attitude (Iannuzzi & Rowan, 1991). The combination of the equine specialist, mental health professional, participant, and the horse allows for an experiential opportunity for growth (Froug et al., 2013).

### **Theory of Equine Therapy**

EFP is a type of AAT in which horses are used as an integral part of the treatment process. In literature, various terms are used to describe the use of horses for therapeutic modalities, including *equine assisted psychotherapy* (EAP), *equine facilitated therapy* (EFT), *equine assisted experiential therapy* (EAET), *equine facilitated psychotherapy* (EFP), and *equine assisted learning* (EAL; Lentini & Knox, 2009; Rothe et al., 2005). Psychotherapeutic or therapeutic riding and hippotherapy are often used in physical or rehabilitation therapy settings (Lentini & Knox, 2009; Rothe et al., 2005). For the

purposes of this study, the term *EFP* is used. The purpose of this research was to explore what participants' experiences of the activities used in EFP were and what they did with them in their personal lives.

Existing literature supports the notion that EFP leads to improvement in nonverbal and verbal communication, problem-solving skills, and confidence among participants (Iannuzzi & Rowan, 1991). EFP research involving individuals with various mental disorders such as eating, mood, and conduct disorders has indicated that this treatment has beneficial results (Marx & Cumella, 2003; Tyler, 1994). In addition, studies on juvenile offenders who have participated in EFP have demonstrated positive results such as reduction in presenting problems involving disruptive behavioral disorders such as oppositional defiant, attention deficit, and conduct disorder (Ewing, MacDonald, Taylor, & Bowers, 2007; Mann & Williams, 2002; Sapir, 2007; Trotter, 2006). Self-esteem is another area in which a large collection of literature exists comparing EFP participants' self-worth, self-image, and self-evaluation after exposure to EFP (Bray, 2002; Tramutt, 2003). Processes, measures, and results of family therapy consisting of parent(s) and child(ren) or couples therapy using EFP are also available as a nontraditional therapeutic intervention (Russell-Martin, 2006). However, research literature that focuses on the phenomenological experiences of EFP participants is largely nonexistent. The research addressed this gap in the literature.

### **Problem Statement**

EFP helps participants develop accountability for their emotions while recognizing the effects that their emotions and behaviors can have on others (Marx &

Cumella, 2003). The process of experiential learning through the use of activities involving participants and horses leads to self-discovery, and results suggest an increase in participants' overall self-evaluation or sense of self-worth (Marx & Cumella, 2003). In a review of the literature, a gap in understanding the experiences of adults during and after EFP is apparent.

### **Purpose of the Study**

The experiences of individuals after exposure to EFP have not been examined. In contrast to many quantitative reviews of EFP, a qualitative study could investigate how individuals think and feel after exposure to EFP and perhaps further understanding of psychological processes underlying participants' responses to this particular therapeutic approach. The potential for emotional growth related to self-knowledge and interpersonal behavioral insights that derives from participating in equine activities may yield new thoughts, feelings, and alternative behavior patterns. Insights and perspectives arising from individuals' experiences after EFP may supplement research in the areas of efficacy in skill building, emotional and cognitive function, and overall mental health.

### **Research Questions**

The following questions were addressed in this phenomenological study:

1. What are the experiences of adults during and after receiving equine facilitated psychotherapy (EFP)?
2. What aspects of those experiences are considered by participants to be most beneficial for their well-being?
3. How have participants been affected by the experience of EFP?

4. What did the participants do with their experiences after EFP?

### **Conceptual Framework**

Theories such as animal-assisted therapy (AAT) and solution-focused brief therapy (SFBT) support the application and effectiveness of therapy between humans and horses. AAT research is abundant and reveals positive bonds developed between humans and animals as well as benefits for general health and psychosocial development. Self-esteem, one of the emotional benefits of AAT, is a strong factor in interaction with the social environment and its relationship to growth and development. Equine therapy integrates the techniques of SFBT, which allows the therapist to use a variety of solutions when working with participants.

### **Solution-Focused Brief Therapy (SFBT)**

Solution-focused therapy can also be linked to brief therapy and problem-focused therapy, in that these approaches emphasize brief, short-term change through a series of small steps that may lead to bigger change (Schieffer & Schieffer, 2000). EFT has roots in solution-focused therapy, and the techniques of SBFT are used in equine therapy as a solution focused/strategic approach to resolving psychological issues.

Part of effective therapy is increasing participants' ability to problem solve in personal and academic situations. These skills may lead to enhanced self-esteem and to promotion of competence and a sense of empowerment. Benefits of using SFBT are its practical application to current life circumstances and help in assessing the degree of progress (Fernando, 2007). Aspects of SFBT that are used in equine therapy include a focus on future goals, a focus on solutions, a focus on what does or does not work for the

individual, and removal of any barriers that may hinder goal orientation and well-being. The techniques of SFBT establish the groundwork for new thinking and are designed to elicit positive behaviors (Nims, 2007). The techniques of SFBT are goal setting, the miracle question, and solution message (Nims, 2007).

A basic premise of SFBT is goal setting, which involves establishing clear and concrete goals that are positive in nature and clearly behavioral (Nims, 2007). The goals must be relevant and meaningful to the participant's situation (Nims, 2007). For instance, a couple attending EFP might work together in EFP activities, with the mental health professional helping the couple resolve issues through the use of skillful language and appropriate goals for improving the relationship. While focusing on problem resolution, the mental health professional in EFP may ask participants to visualize how life would be different if the goal were achieved, thus focusing on resolution and not interpretation of the problem (Nims, 2007). In SFBT, this type of question is referred to as the *miracle question*. During EFP activities, a couple might be asked what life would be like if their problem were magically solved, thus promoting a vision for the solution (Nims, 2007). Whatever has been blocking progress to finding a solution could be paralleled with activities in EFP as the couple works together through equine activities. A final step in SFBT is to reinforce participants with a series of compliments and affirmations about effort. This is referred to as the *solution message* (Nims, 2007). This technique might be used by the mental health professional to communicate to the couple (participants) and/or by each partner to communicate with the other. EFP using SFBT

techniques may create greater satisfaction for couples and acknowledgement of effort through the use of language and open communication.

In SFBT, subsequent sessions involve discussion of previous goals and identification of any difference since the last session (Nims, 2007). The principal skills of SFBT, active and reflective listening, can be applied to the adolescent during equine activities in equine therapy. During engagement in equine activities, goals and tasks are agreed upon based on the participant's experience, values, and beliefs. The therapist in equine therapy consistently draws from the client's point of view in each activity and guides the client through the process of finding a solution, which enhances coping strategies and psychological well-being.

In SFBT, focus is placed on the client's strengths rather than weaknesses. Less attention is devoted to how problems arose than to solutions to problems and coping abilities to reach obtainable goals (Fernando, 2007). Focus is also placed on continuing with what works for the individual and discontinuing whatever it is that is not working. The parallel between SFBT and EFP is the solution-directed and solution-focused approach. For example, during an equine activity, a client may become frustrated with not being able to get the result she or he wanted in relation to the goal of the equine activity. Mental health professionals can use this opportunity to intervene and discuss with the participants reasons why a particular approach did or did not work. In alignment with the SFBT approach, placing emphasis on what did work helps clients plan the next small steps in equine activities. Opportunities for mental health professionals to interject

therapy depend upon the reasons that the participants sought therapy (e.g., communication issues, leadership, relationship, leadership style, anxiety, etc.).

### **Nature of the Study**

#### **Design**

Phenomenology was chosen as the design for this qualitative study. To gain an understanding and description of the experiences of adults after EFP, the best qualitative approach is a phenomenological study. The research described “what” these individuals experienced, “how” they experienced it, and what they did with those experiences (Moustakas, 1994, as cited in Creswell, 2013). To clarify, the research did not involve explanations or analyses of reported experiences; rather, it involved descriptions of adults’ experiences after EFP (Moustakas, 1994, as cited in Creswell, 2013).

Phenomenology also involves discussion of the essential themes expressed within participants’ experiences (Creswell, 2013).

#### **Participants and Site**

Adult participants were located through a facility that provided EFP so that all participants would have experienced the phenomenon being studied and would be able to report their experiences. Participants had various reasons for attending EFP such as bereavement, posttraumatic stress, communication, behavioral, or relationship issues. Generally, when EFP is provided, there is a focus group of participants aiming to improve areas of their mental health. Permission to study at a particular site along with consent to participate, when appropriate, was obtained for this study. The consent form for participants included the following essential information: (a) the right of participants

to voluntarily withdraw from the study at any time, (b) the purpose and procedures of the study, (c) measures to ensure confidentiality of participants, (d) any risks associated with participation, and (e) benefits of the study. The form concluded with space for the signatures of the participants and myself (Creswell, 2013).

### **Data Collection**

Structured in-depth phenomenological interviews served as the data collection instrument. The interviews were structured around key questions to ensure a systematic approach (Patton, 2002). I also used audio tapes and transcriptions of the interviews. The data collection process involved conducting one-on-one interviews with adult participants in EFP.

Interviews may include open-ended or close-ended questions (Creswell, 2013). This study involved the use of open-ended structured questions with a sample of eight to 12 EFP participants. These questions allowed participants the opportunity to reflect on thoughts, feelings, and experiences related to EFP. The standardized open-ended strategy allowed in-depth exploration and flexibility in probing discourse (Patton, 2002).

### **Data Analysis**

Data analysis included organizing the interview questions and examining insights and interpretations that occurred during data collection (Patton, 2002). Participants' responses to questions were grouped together into meaningful units, and any significant statements or nonrepetitive statements from participants were identified (Creswell, 2013; Patton, 2002). Data were then organized into meaningful units, clusters, or themes (Creswell, 2013; Patton, 2002). Data management began with making a list of significant

statements from participants and then grouping them into units of information or themes (Creswell, 2013). I wrote a description of “what” participants experienced (i.e., textural description), followed by a description of “how” the phenomena were experienced (i.e., structural description); this approach allowed me the ability to write a composite description of the experiences of adults after EFP (Creswell, 2013). Data on what the participants did with their experiences were also gathered and analyzed in a similar manner. The resulting detailed description, known as a *textural description*, used exact words from participants (Creswell, 2013).

The next step allowed delimitation to occur in identifying overlapping or repetitive data (Patton, 2002). This step involved determining “how” the experience happened, or the “bones” of the description (Creswell, 2013). Structural description, as described by Patton (2002), captures what participants experienced and how they experienced it in a phenomenological analysis. A final step in phenomenological analysis is an integration that captures the meanings and essences of described experiences (Creswell, 2013; Patton, 2002). This synthesis included the composite structural and textural descriptions of the experiences (Creswell, 2013; Patton, 2002).

### **Definition of Key Terms**

*Equine assisted psychotherapy* (EAP) and *equine facilitated psychotherapy* (EFP) are forms of experiential psychotherapy that include equine(s) for emotional growth (Equine Assisted Growth and Learning Association [EAGALA], 2010). It is a collaborative effort between a licensed therapist and horse professional working with clients and horses to address treatment goals. Because of its intensity and effectiveness,

it is considered a short-term or “brief” approach. EFP goes by several names, and theories may vary, as may methods. For example, some therapists use mounted activities, whereas other therapists use unmounted activities (Lentini & Knox, 2009).

*An equine specialist (ES)* “decides what horses are used in each session, works with the licensed mental health professional to structure the session, and keeps an equine log to document horse behaviors in session. The ES remains aware of safety guidelines that must be followed in interactions between participants and horses, securing the welfare of participants and horses during equine activities.

*A mental health professional (MHP)* is responsible for treatment planning, documentation of clients, and ensuring ethical practice. The MHP builds on the ES’s horse observations, bringing in the metaphoric and therapeutic/learning relevance of the session (EAGALA, 2010).

*Solution-focused brief therapy (SFBT)* is also referred to as *brief therapy*. This approach focuses on issues of the present and how to explore ways of goal setting to bring about a desired future (McCollum & Trepper, 2001).

### **Assumptions**

For this study, I assumed that all adults who participated in interviews after receiving EFP would answer honestly and to the best of their ability. I entered the interview without any preconceived notion of what the lived experiences of the adult participants would be. I also avoided interjecting any personal experiences during the interviews. I also assumed that the EFP processes and procedures were carried out in a way that met the prevailing professional standards set by EAGALA.

### **Scope and Delimitations**

This qualitative study was designed to capture the experiences of adults during and after EFP. The qualitative approach taken to this study was the opposite of a quantitative approach that would allow generalizations about the effectiveness of EFP to be made. The significance of this study resided in its effort to uncover what and how adults experienced EFP and what they did with their experiences. This study did not uncover this information at a single location. The sample in this study was not applicable to any specific population and cannot be assumed to be generalizable to all adults who receive EFP.

### **Limitations**

The study was limited to a specific group of participants in one location and their views based upon their own experiences during and after EFP. Qualitative reviews of EFP are needed to further understand how perceptions contribute to the therapeutic benefits of EFP. Qualitative methods in this study were discussed with results in context and according to the study's purpose to lessen subjectivity. Qualitative interviews cannot cover all important areas of adults' experiences during and after EFP. Other limitations on conducting interviews in a qualitative study include time constraints and the researcher's ability to obtain accurate information and to ensure that participants provide complete answers. Standardized interviews help to ensure consistency, and using probes during interviews provides a level of comfort for the participant and minimizes influence from the researcher. The researcher must be conscientious about noting any bias or expectations of the outcome of the study to lessen threats to validity. The researcher

must also identify and be aware of his or her own body language and convey neutrality and acceptance while interviewing participants.

### **Significance of the Study**

Many researchers have noted that research on EFP is not prevalent in literature (Klontz, Bivens, Leinart, & Klontz, 2007; Lentini & Knox, 2009; Russell-Martin, 2006). This study contributes to the literature in its exploration of cause-and-effect relationships in EFP. By exploring the lived experiences of people who have participated in EFP, it may be possible to delve more deeply into the curative factors that may be at work with this type of therapy. The value of drawing on participants' experiences is that specific curative aspects of EFP may be identified so that mental health professionals can better tailor their regimens as they carry out treatment. As a researcher uncovers thoughts, perceptions, and feelings experienced by participants, participants' frames of reference and lived experiences emerge as unique sources of insight to be valued. Continued maintenance of change may occur as participants share their experiences, thereby further improving their sense of self.

Dissemination of knowledge of the participants' experiences may occur across various branches of psychology, such as clinical, cognitive, developmental, psychotherapy, and social psychology. This study may also encourage the development of enhanced standards of practice among providers of EFP. Dissemination of the findings from this study may occur through EFP brochures and planning strategies for organizations that provide EFP.

## Summary

In this chapter, I have described literature on the therapeutic benefits of EFP and have justified the need for more research on the experiences of adults after EFP. In so doing, I have outlined several relevant theories, including AAT and SFBT, to support the application and effectiveness of therapy involving humans and horses. AAT research is abundant and reveals positive bonds developed between humans and animals, as well as benefits for general health and psychosocial development. Equine therapy integrates the techniques of SFBT, which allows the therapist to use a variety of solutions when working with adolescents.

There are few studies in the available literature regarding the experiences of adults during and after EFP. More studies in this area of EFP may assist therapists in using the horse as a vehicle to assist participants in identifying problematic areas and attaining solutions through exploration of their experiences during and after receiving EFP. Although quantitative data have indicated benefits of EFP in relation to various aspects of mental health, such as mood and anxiety disorders, communication, and behavioral modifications, qualitative studies examining participants' perspectives on life experiences during EFP activities may assist in better understanding what individuals find meaningful in their daily lives, as well as how they find this meaning.

Chapter 2 provides a literature review that summarizes the current state of knowledge about EFP, the gap in the literature that the study addressed, and the areas explored through the phenomenological interview process.

## Chapter 2: Review of the Literature

### Introduction

Literature has been published on incorporating horses as a therapeutic aid in terms of its effects of self-esteem and behavior (Bray, 2002; Rothe et al., 2005; Trotter, 2006), self-evaluation or sense of self-worth (Marx & Cumella, 2003), mental disorders (Marx & Cumella, 2003; Tyler, 1994), behavioral disorders (Ewing et al., 2007; Mann & Williams, 2002; Sapir, 2007; Trotter, 2006), and improvement in nonverbal and verbal communication among clients (Iannuzzi & Rowan, 1991). Quantitative studies have captured the influences and outcomes of the emerging therapeutic intervention known as EFP; however, existing qualitative literature in this field is insufficient. Some literature identifies the importance of capturing the clients' experiences (Bachi, 2012; Burgon, 2011; Masini, 2010) to enrich clinical practice of EFP. The benefit of this phenomenological qualitative approach derives from the effort to explore the experiences and responses of clients to this particular therapeutic approach. In this chapter, I review and summarize current literature on EFP, strategies used to search the literature, theoretical foundations as noted in the literature, and other key variables and/or concepts.

### Literature Search Strategy

The strategy for data collection used for this critical literature review was an online search using several sources of information. Searches through the Walden University online library included sources from PsycARTICLES and PsycINFO databases using terms such as *equine therapy*, *equine assisted psychotherapy*, and *equine facilitated therapy*. The literature review for this study also included material related to

components of SFBT. The databases searched contain full-text, peer-reviewed scholarly and scientific articles. Articles and books from the online digital library Questia were also used. The literature search also identified published books relevant to this study.

### **Theoretical Foundation**

EFP has derived techniques from various modalities, such as forms of brief therapy and solution-focused therapy (Shultz, 2005). Generally, SFBT focuses on problem resolution rather than problem interpretation (Russell-Martin, 2006; Shultz, 2005). The model of brief therapy integrates and focuses on the importance of the therapeutic process, doing something different if problems exist when solutions are followed that do not work, observing behavioral interactions, and identifying patterns of unwanted behaviors (Russell-Martin, 2006; Shultz, 2005). In EFT, therapists observe clients' interactions with horses. Often, when a client experiences an unfavorable response from a horse, it is assumed that the same behavior is potentially causing problems in other areas of the client's life (Shultz, 2005). An assumption in EFT is that a horse will mirror or provide feedback to clients during EFP due to the horse's ability to be flexible in adapting to persons or situations (their environment) and respond accordingly (Bachi, Terkel, & Teichman, 2012). In EFT, horses are therapeutic facilitators, and their role allows a window of opportunity for the therapist to address what changes to undesirable behavior may be needed in other areas of the client's life, as well as discussion of solutions (Shultz, 2005). This technique in EFT allows the therapist to transfer the learning-theory to other relationships (Shultz, 2005). The ideology of problem solving is enhanced by clients learning through participation and by action as

well as the use of therapeutic metaphors by the therapist (Shultz, 2005). Another brief therapy technique is to find not only current solutions to problems, but also applicable problem-solving processes for future problems (Shultz, 2005). During EFT activities, a client may become frustrated or upset when trying to engage the horse to complete an activity. This behavior would be applied to how the client reacted to similar problems at other times, and solutions developed during the session would be discussed as they might be applied to difficult experiences (Shultz, 2005).

### **Conceptual Framework**

Activities within EFP vary because some professionals use mounted activities and others use unmounted activities (Lentini & Knox, 2009). Each activity involves interaction between the client and the horse. Metaphors are used for the therapeutic process of EFP. For example, some clients can identify or relate with a horse's fight-or-flight instincts and natural hypervigilance when threatened or frightened (Klontz et al., 2007; Lentini & Knox, 2009). The use of metaphors and the therapist's efforts to elicit responses and interpretations of the horse's movement and behavior from the client provide a gateway for bringing forth any unfinished business or transference reactions (Klontz et al., 2007; Lentini & Knox, 2009).

*Transference* refers to what occurs when a client may relate to the therapist, or with the horse in the case of EFP, that emulate important relationships or issues occurring in their lives (Weiten, 2005). During transference, conflicting feelings within clients may be transferred onto the therapist (Weiten, 2005). The client's interpretation of the horse's

behaviors allows for a portal for the therapist to address transference reactions immediately during EFP (Klontz et al., 2007).

The theory of equine therapy posits that, through the interactions of humans and horses, immediate therapeutic feedback is provided to humans. Horses are known to *mirror* what they experience, thereby giving feedback on human body language and other physical and emotional signals (Rothe et al., 2005). Horses have the ability to give unbiased and accurate feedback that mirrors the emotional and physical state of clients during activities; in this way, EFP provides therapists with a way to assist clients in raising their awareness about feelings and actions, thus practicing congruency between emotions and behaviors (Klontz et al., 2007). Regardless of how much a client may try to disguise inner feelings, horses respond to the internal state of the client (Lentini & Knox, 2009).

One EFP activity is leading the horse. This activity may indicate how the client feels about being led by others (Rothe et al., 2005). Some clients portray their inner feelings by letting the horse go free instead of being more restricted (Rothe et al., 2005). Leading a horse often brings up issues of body placement in relation with others, the ability to notice potentially dangerous situations, and the ability to ask for help (Rothe et al., 2005). The variety of emotions and behaviors that clients exhibit during EFP offers the opportunity for therapeutic metaphor and a method for awareness and growth (Klontz et al., 2007). In a traditional setting, transference may sometimes be difficult to address or may be easily dismissed when it appears to the therapist as an inappropriate action. In EFP, transference action may occur in relation to offenses or inappropriate behaviors of a

horse (Klontz et al., 2007). Working with horses during EFP allows for opportunities for projection and transference; for instance, actions such as a horse wanting to graze at an inappropriate time, biting, neighing, walking away, ignoring the client, or being distracted by the herd may elicit responses from clients (Klontz et al., 2007). Generally, due to biological programming, clients can relate to the horse's natural impulse to flee when afraid—its instinctual hypervigilance. Horses offer immediate and unbiased feedback to clients (Vidrine, Owen-Smith, & Faulkner, 2002). This transference reaction to the horse during EFP can be addressed without some of the confounding interpersonal factors that occur in traditional therapies and may be easily dismissed (Klontz et al., 2007). While horses “mirror” emotional states of the clients, it is difficult to attribute the clients' reactions of the unbiased feedback or inappropriate behaviors of a horse (Klontz et al., 2007). The requirement of total attention to the present from clients and the calming effects of horses elicit relational features and prospects for metaphors (Klontz et al., 2007).

Psychosocial issues and mental health issues that influence communication, cognition, behavior difficulties, social skills, and anxiety, as well as mood disorders or posttraumatic stress, are addressed in EFP. Goals in EFP can focus on group participation, development of social skills, speech and language enhancement, organizing abilities, problem solving, improvement in self-esteem, and resolution of inner conflicts (Rothe et al., 2005). The human and horse bond may elicit trust, affection, respect, empathy, confidence, and personal success through activities, assertiveness, self-control, and responsibility (Rothe et al., 2005). This bond may also help the client connect

unconditionally with another individual and self-disclose with feelings of safety and respectfulness (Rothe et al., 2005). The theory also posits that if a client is behaving in a way that is inconsistent with her or his thoughts or feelings, the horse will display unsettled behavior through equine-facilitated activities until the client becomes internally consistent, whereupon the horse responds when the client is congruently affective (Lentini & Knox, 2009).

Activities in equine therapies are designed to promote trust, self-knowledge, communication, teamwork, problem solving, and overcoming obstacles as clients are engaged with horses and the therapist facilitates change (EAGALA, 2010). Commonly used activities in EFP or equine therapy include haltering activities, obstacle courses, and extended appendages. These activities are discussed in greater detail in the section on therapeutic benefits that follows.

### **Therapeutic Benefits**

Greg Kersten, cofounder of EAGALA in 1999, provided the following descriptions of key EFP procedures and methods (Kersten, 1997).

#### **Haltering Activity**

A *haltering activity* is an activity or method in which a halter and rope is handed to the client and the client is instructed to go into the arena and catch a horse. There is no right or wrong way of haltering a horse in this activity, which is used as a metaphor for one's approach to problem solving. Clients have various reactions, as do the horses, depending on how clients approach them; a horse may back away, run, or allow the individual to place the halter over its head. How the halter is put on the horse can be a

determining factor in the client's reaction and approach. The client may give up or walk away, deeming the task impossible, or the client may be consistent in his or her approach to the activity. The client may be forced to re-examine the situation. Reactions of clients can be used metaphorically to represent how they handle other difficult situations at home, work, or elsewhere. Clients may be asked if their reactions represent their work ethic, their ability to take on challenges, their reaction to negative communication or body signals, and so on.

### **Obstacle Course Activity**

*An obstacle course activity* takes place in an enclosed arena and allows the horse to walk around unassisted (Kersten, 1997). Various temptations are set up for the horse, such as grain and hay. Obstacles are sometimes laid out that involve poles, jumps, and barrels. The activity for the group is to lead the horse (haltered or unhaltered, depending upon the therapist) through the obstacles without the horse eating anything until the horse successfully completes the obstacle course. Rules are set up, and the group of clients decides the consequences for breaking any of the rules. This activity allows the professionals to observe clients' interaction skills, communication styles, and reactions to problem solving, thereby inferring how they may react to consequences in the "real world." Therapists may also ask the clients what approaches worked and which did not and may make inferences regarding clients' daily decision-making processes and reactions.

## Extended Appendages

Kersten (2008) stated that horse activities can take place on the ground or mounted on a horse. The *extended appendages* activity requires three clients: two functioning as the left and right arms receiving direction from the “brain,” and one functioning as the brain that gives instruction. The mounted activity has one client mounted while the other two clients hold a lead rope from both sides of the horse. The two clients are instructed to hold the end of their lead rope with one hand (appendages), and the mounted client, the leader, assumes the role of the brain and body. The “brain” (the only one allowed to speak) instructs the appendages verbally on how to successfully get through the obstacles that have been set up. When this activity is used in family therapy and the client is placed in the leader position, the “brain” can often set in motion the client’s underlying thoughts and feelings. For instance, the client may demonstrate more trust toward one parent than another. This activity may also lend clients a chance to be in a position in which they feel that they can reveal their perspective on family dynamics. In family therapy, the therapist is looking for communication styles, relationship roles, and problem-solving styles (Kersten, 1997, 2008).

The EFP therapist looks for the confidence level of the “brain” in giving directions and how instructions are received by “appendages.” Giving the clients general instructions and allowing them to apply the specifics within the activities reveals where clients are in the “here and now” mentally and emotionally. The therapist applies therapeutic metaphors of horses’ behaviors as well as the clients’ interaction with horses to daily living and problem-solving skills. According to research, this activity has been

successful for individuals with eating disorders and behavioral issues, and it can reveal various dynamics during family therapy through role reversals and bringing parent/child perspectives out into the open (Marx & Cumella, 2003; Russell-Martin, 2006; Tyler, 1994). Tyler (1994) also supported equine therapy as a useful supplement to conventional psychotherapy. According to Tyler (1994), equine therapy can be beneficial to adolescents with oppositional defiant disorder. Defensive behaviors of adolescents disappear due to attention being focused on a horse. Additionally, adolescents with low self-esteem or the perception of having little control in their lives feel empowered through activities used in equine therapy (Tyler, 1994).

### **Review of Literature**

Since the growth of EFP, few qualitative studies have documented experiences of clients in EFP. The purpose of this study was to explore and interpret the experiences of clients after EFP to add to limited knowledge of EFP. EFP is being widely used, and research indicates that using horses in the psychotherapy process has been beneficial (Nilson, 2004). The benefits of including animals in the therapeutic process have been documented (Lentini & Knox, 2009). Equine therapy methods are different from other forms of AAT because horses are large animals that are less likely to be household pets, and exposure to these majestic creatures provides clients unconditional positive regard and has a calming effect (Lentini & Knox, 2009; Vidrine et al., 2002). Along with how EFP activities work, this discussion presents reviews of both quantitative and qualitative research articles on the efficacy of EFP through experiential learning aspects as it applies to cognitive, emotional, behavioral, and other psychological variables. Qualitative

studies in EFP are often applied to attachment theory within a human-animal context. Few qualitative studies have captured clients' experiences during EFP to gain an in-depth understanding of the richness of their lived experiences. The following sections address quantitative and qualitative studies of EFP and how the study contributes to existing literature regarding the lived experiences of EFP clients.

### **Quantitative Studies of EFP**

A study was conducted at Horse Sense of the Carolinas based in North Carolina, which offers EAP outpatient services for individuals and families (Sapir, 2007). The agency offers various therapy programs and specializations and works closely with local courts and incarcerated youth. Data on recidivism rates for juveniles were collected after the juveniles received equine-assisted clinical practice (EACP) in order to assess outcomes for juveniles receiving equine therapy. Pretest and posttest scores from the Youth Outcome Questionnaire (Y-OQ) were used along with follow-up three, six, and 12 months after receiving EACP.

Funding for this study was provided through the Juvenile Crime Prevention Council (JCPC). In 2005-2006, 62.5% of JCPC clients completed treatment, of which 20% had sufficient Y-OQ data (Sapir, 2007). Of the 20%, 100% reported positive clinical change and 66.6% reported significant clinical change based on Y-OQ scores (Sapir, 2007). The same data were collected in 2006-2007, when 84.6% completed the program and 54.5% had sufficient Y-OQ data. Of the latter 54.5%, 66.6% reported positive change, and 50% reported significant positive clinical change based on Y-OQ scores (Sapir, 2007). Recidivism rates were collected from referrals in the 2005-2006

data, of which 100% of JCPC had no referrals on the 3<sup>rd</sup> month follow-up, 80% had one or fewer referrals on the 6-month follow-up, and 60% had no new referrals on the 12-month follow-up (Sapir, 2007).

A clinical study of equine-assisted experiential therapy (EAET) was conducted on the treatment outcomes of 31 clients in a residential facility with a 6-month follow-up. The study design was a 4 ½-day residential program, 28 hours of EAET, eight clients per group over an 8-month period, with a total of 31 clients in eight programs (Klontz et al., 2007). Clients included nine men and 22 women, ranging from 23 to 70 years ( $M = 44.74$ ), with an average of 15.77 years of education, covering 13 states, 90% Caucasian, 39% married, 10% in a committed relationship, 35% previously married or separated, and 16% were single (Klontz et al., 2007).

Groups were led by Master's level licensed psychotherapists, along with a Level II certification in Experiential Therapy from the American Society of Experiential Therapists (ASET). The horse specialist handled the safety guidelines of between horses and humans and the activities involved in equine therapy. A central hypothesis of this study was that clients would report reductions in psychological distress and increased psychological well-being (Klontz et al., 2007). Instruments used were The Brief Symptom Inventory (BSI) and the Personal Orientation Inventory (POI). The BSI a 53-item self-report, Likert-type scale was used to measure psychological symptom patterns and the Personal Orientation Inventory (POI), a 150-item, true/false self-report was used to measure constructs related to self-actualization (Klontz, et al., 2007).

Results of the BSI measures included a multiple analysis of variance (MANOVA) with repeated measures on the BSI Global Severity Index (GSI) which showed significant reductions in overall psychological distress from clients and an enhanced psychological well-being from pretest to posttest (Klontz et al., 2007). The brief therapy approach of equine therapy showed significant improvements in psychological functioning in which future research in equine therapy is relevant/needed (Klontz et al., 2007). The pretest vs. posttest vs. follow-up indicated a significant effect and examined using repeated measures that indicated a decrease in GSI scores from pretest to posttest (Klontz et al., 2007). There was no significant difference between the posttest and the 6-month follow-up (Klontz et al., 2007). Measures indicated that 60% of the clients had scores in the clinical range on the GSI on the pretest, 20% of clients remained above the clinical range at posttest, and an increase to 27% in the clinical range at the 6-month follow-up (Klontz et al., 2007).

The prediction that clients would report an enhancement in psychological well-being after EAET was further reported using the same measure of MANOVA in relation to the POI (Klontz et al., 2007). An increase of reported enhancements indicated a significant effect from pretest to posttest; however, no significant change was reported from posttest to 6-month follow-up (Klontz et al., 2007). Overall results of the study supported the hypotheses that clients would report a reduction in psychological distress and increased scores in psychological well-being from pretest to posttest and follow-up (Klontz et al., 2007).

Weaknesses in this study were the lack of experimental controls such as the lack of a control or comparison group and utilization of a non-random sample (Klontz et al., 2007). Due to the lack of comparison treatment groups, it is difficult to generalize if the clients' reports of changes were due to treatment, other factors, or time alone (Klontz et al., 2007). Self-report questionnaires also limit reliance on data collection due to some clients may want to falsely report improvements in functioning (Klontz et al., 2007). A strength of this study indicated significant improvements in psychological functioning reported by clients immediately following EAET (Klontz et al., 2007). Exploring the meaning of lived experiences of the participants could have given some insight of the utility of equine therapy.

Mann and Williams (2002) conducted a research project for equine-assisted family therapy (EAFT) treatment outcomes of eleven children and adolescents who had received prior outpatient and inpatient treatment. This study monitored juvenile delinquents on probation over a three-month period using performance targets to measure the effectiveness of equine therapy (Mann & Williams, 2002). Conduct disorders were the most prevalent primary diagnosis followed by mood disorders and psychotic disorders. This project provided information on a comparison of equine therapy with other approaches and reflected the recognition and attention in the therapeutic community that the effectiveness of equine therapy ought to be explored and documented (Mann & Williams, 2002). The research design consisted of a pretest and posttest utilizing the Youth Outcome Questionnaire (Y-OQ) followed with posttest parent survey measurements. The Y-OQ consists of 64 Likert scaled questions with six separate

subscales designed to measure behavioral categories of children and adolescents with disturbances of mood and conduct (Mann & Williams, 2002).

The client sample represented 11 youths, seven males and four females age range from 8 to 17 years with a mean age of 12.5. Prior to treatment, the clients were diagnosed with behavioral disorders (4), mood disorders (3), and psychotic disorders (4) as primary diagnoses (Mann & Williams, 2002). All clients had received previous outpatient patient psychotherapy services, four of the 11 and previous in-patient psychiatric admissions (Mann & Williams, 2002). Two of the 11 youth were on parole with the division of youth corrections and two others on probation with the division of juvenile justice (Mann & Williams, 2002).

The study posited that equine-assisted family therapy (EAFT) is an effective intervention for the reduction of emotional and behavioral disorders in high risk youths (Mann & Williams, 2002). The research questions were: (a) What outcomes resulted from EAFT treatment as measured by the (Y-OQ) composite and content area score differences between admission and discharge?, (b) How did treatment outcomes vary according to client presenting symptoms, diagnosis, and severity?, and (c) How did treatment outcomes compare to other methods of therapy as measured by the Y-OQ?. The study concluded that 90% of the participants had an increase in school attendance. Eighty-two percent of the youth in EAFT demonstrated clinical improvement from treatment for an average of five sessions at a cost of \$800 per family (Mann & Williams, 2002). Results of the experimental group indicated that 53% achieved the performance targets by the end of the twelve-week program compared to 11% of the control group

(Mann & Williams, (2002). A control group was not used for comparison; however, the study compared juveniles participating in the EAP program with office-based therapy and showed a 43% increase in performance target for the EAP group. During the first eight weeks of EAP, six of nine adolescents achieved their performance targets (Mann & Williams, 2002). A one-year follow-up of the six adolescents indicated that four of them were maintaining their performance targets successfully (Mann & Williams, 2002). A comparison of results with other Y-OQ studies was conducted and results concluded receiving EAFT treatment had a larger score reduction as compared to other non-EAFT treatments (Mann & Williams, 2002).

Upon discharge of the EAFT program, an open-ended parent questionnaire was given to obtain qualitative data. Four open-ended survey questions were given to parents and/or guardians upon discharge (Mann & Williams, 2002). The term horse was chosen over the use of equine to avoid any misunderstanding in the survey (Mann & Williams, 2002). The following survey questions were: (a) What benefit (if any) did you and your family receive from participating in the horse-assisted family sessions?, (b) What are some of the specific differences (aside from the addition of horses to the sessions) that you noticed between regular office-based therapy and the horse-assisted approach?, (c) Describe what the horses may have taught you about yourself and/or your family members., and (d) Please write any comments that you would like the program staff to read, or for them to pass on to other professionals and clients who may be interested in trying a horse-assisted approach to family therapy (Mann & Williams, 2002).

Direct quotes:

- (a) “My son accomplished goals and was ecstatic about it.” (mother)
- (a) “The family learned that mom and dad work against each other.” (mother)
- (b) “This is a more down to earth and more relaxed way to do therapy.” (mother)
- (b) “This is the only counseling that has worked in over ten years of seeking help for our daughter.” (mother)
- (c) “We were frustrated until we understood that the horse was just like our kids and we better do something to solve this problem.” (parent)
- (c) “The horses taught us to be calm.” (mother)
- (c) “I learned [from the horses] that I have a very hard time following through with my kids.” (mother)
- (d) “This is the best counseling I have ever had and it made me look at myself and not just my kids.” (mother)
- (d) “It is giving the three of us something in common to talk about.” (mother)

Direct quotes presented were collected from five family sessions that met three criteria: (a) equine activity targeted or was appropriate for specific change needed within the family, (b) the opportunity for metaphoric communication to occur through the interaction of client and horse in regard to family dynamics, and (c) the therapist noted significant change during therapy session (Mann & Williams, 2002).

Demographics of case example 1 include a mother and father both on their second marriage and custody of their children from a previous marriage (Mann & Williams, 2002). The mother has custody of her two daughters, ages 14 & 16 and the father of his son and daughter, ages 12 & 11 (Mann & Williams, 2002). The parents have also taken

custody of two foster children ages 9 & 13 (Mann & Williams, 2002). The identified clients are the father's 12-year-old son for reducing behavioral problems at home and school such as opposition and defiance (Mann & Williams, 2002). The other two identified clients are the two foster children, 13-year-old female for behavioral symptoms of withdrawal and depression and nine-year-old (Mann & Williams, 2002). The therapeutic team suggested that all members of the family engage in equine-assisted therapy sessions (or equine session) (Mann & Williams, 2002).

Case 2 included a mother, father, 10-year-old son, and 8-year-old daughter both whom are home-schooled and had limited success in reducing identified problems with traditional therapy (Mann & Williams, 2002). The parents reported the son exhibiting oppositional and defiant behavior toward the family, isolating himself from the family, and combative with his sister (Mann & Williams, 2002). The daughter was silent during the intake and was observed as being "clingy" with the mother (Mann & Williams, 2002). Upon observation from the therapy team, the mother appeared to be the spokesperson for the family while the father appeared passive and they both appeared to have incongruency with discipline and parenting of their children (Mann & Williams, 2002).

The third case involved a father and his 17-year-old daughter, and his wife (Mann & Williams, 2002). The daughter had been in at least five home placements, long history of being a runaway, 10 scenarios of treatment (Mann & Williams, 2002). The father is out of town a lot for work and the stepmother homeschools the daughter (Mann & Williams, 2002). The therapeutic team's aims were to discuss the familial structure and

involvement/role of each parent along with assisting the 17-year-old of appropriate skills to live independently (Mann & Williams, 2002).

The fourth case was referred by the Department of Social Services for equine-assisted family therapy (EAFT) in conjunction with traditional therapy (Mann & Williams, 2002). The mother and father, divorced for five years, have two sons ages 16 & 17 that reportedly exhibit unruly behaviors in the home, suspected substance use/abuse, and are prescribed antipsychotic medications for psychotic disorders (Mann & Williams, 2002). The mother has primary custody and the father remains involved with his sons and employs one in his business (Mann & Williams, 2002). The last case involved a single mother of a 16-year-old son and a 14-year-old daughter that were recently diagnosed with psychotic disorders and prescribed antipsychotic disorders (Mann & Williams, 2002). The mother indicated she would like to have better communication with her children and denied any behavioral difficulties with either child (Mann & Williams, 2002).

No additional information was provided as it pertains to qualitative inquiry. Further qualitative research could capture the process of youths' experiences to understand meaning and provide explanations by analyzing text and conceptualization. Additionally, the authors recommended duplicating the research in other geographic locations with a larger population sample, and more diversity (Mann & Williams, 2002).

A similar quantitative study conducted on 29 at-risk adolescents hypothesized that EAP participation would increase positive psychosocial functioning greater than or compared to adolescents who did not participate in EAP (Shultz, 2005). The term at-risk

entailed meeting three or more of 12 risk factors set by Rak and Patterson as cited in Shultz (2005); family discord and disorganization, poverty, substance abuse, violence and abuse, low birth weight, congenital defects, perinatal stress, parental alcoholism, divorce, more than four siblings living in the home, parents with minimal education, and parental mental illness (Shultz, 2005).

Twenty-nine adolescents, ages 12-18, were living in either in a residential facility or enrolled in outpatient treatment (Shultz, 2005). Gender was evenly dispersed in both treatment group and control group, demographics of residential and non-residential enrollment, and participation in individual or group EAP (Shultz, 2005). Informed consent for research was obtained from the clients' current primary caregiver.

Instruments given to the clients were the Youth Outcome Questionnaire Self-Report (Y-OQ-SR) before, during (sessions six & eight), and after treatment (session 10) (Shultz, 2005). Clients either received EAP along with traditional talk therapy, traditional talk therapy, or no participation in any counseling (Shultz, 2005). The Youth Outcome Questionnaire (Y-OQ) was given to the client's primary caregiver before and after treatment (Shultz, 2005). The control group was also given the instruments again after six, eight, & 10 sessions (Shultz, 2005).

The author identified and discussed potential extraneous variables; such as outpatient treatment, residential treatment facility, and receiving other treatments (Shultz, 2005). Balancing was used for potential variables or factors that could cause a potential affect and differences between the treatment and control group (Shultz, 2005). The convenience sample included participants that received EAP and those that did not and

within the two groups, some participants lived in a treatment facility and others did not (Shultz, 2005). For example, three clients participating in EAP and also in outpatient treatment, three clients in the control group did not live in any treatment facility program, 12 participants in EAP lived in a residential treatment facility which nine received traditional therapy such as talk therapy along with EAP (Shultz, 2005). The control group had nine participants who lived in a residential treatment facility while receiving traditional therapy and three living in residential care in the control group that did not receive any type of treatment (Shultz, 2005).

Results included statistical analyses of data on the Y-OQ and Y-OQ-SR, changes in total scores, and changes on each subtest were computed (Shultz, 2005). An independent-samples *t* test was conducted on the total posttest score from the total pretest score and to analyze each of the subscales on both instruments to evaluate the hypothesis that clients who participated in EAP would experience greater positive therapeutic progress in psychosocial functioning as compared to those clients who did not participate in EAP (Shultz, 2005). The results for total score changes on the Y-OQ supported the research hypothesis (Shultz, 2005). The results of the changes on total scores on the Y-OQ-SR were also significant which also supported the research hypothesis (Shultz, 2005). One of the six subscales test (somatic) on the Y-OQ were not significant while five (interpersonal distress, interpersonal relations, critical items, social problems, and behavioral dysfunction) were significant (Shultz, 2005). Clients that participated in EAP had an average change in psychosocial functioning between 15.77 and 32.11 points greater than the comparison group (Shultz, 2005). Three subscales on the Y-OQ-SR;

critical items, behavioral dysfunction, and social problems, did not report statistically significant changes in scores (Shultz, 2005).

Although the sample selection was random, and selection was not based on any inherent characteristic, it was a convenience sample which could be a limitation of this study (Shultz, 2005). Inherent differences between two treatment modalities, group and individual EAP, were not discussed as well as which aspect of EAP influenced therapeutic benefits in this study which may reveal another limitation (Shultz, 2005). Additionally, this study identified demoralization which may occur in a control group phenomenon in which clients lower their performance being denied access to the experiential treatment, thus a possibility of threatening internal validity in this study (Shultz, 2005).

Future research could entail which aspects of EAP are correlated with therapeutic benefits, what population would obtain the greatest benefits from EAP, long-term effects of EAP for a particular population, duplication including specificity on the number of risk factors in each participant, and conducting an analysis of covariance identifying differences in a non-random group (Shultz, 2005). The addition of the current phenomenology study might identify and understand the essence of experiences from clients and formation of client's cognitive maps through phenomenological inquiry. Cognitive maps are formed by how clients organize information from their surrounds would help clinicians identify what clients notice and interpret from participating in EFP. What, if any information is most readily remembered by clients? Similarities and dissimilarities are vital factors in gaining a deeper understanding how clients interpret

information and identify automatic thoughts and empowering clients to identify their own belief system and whether they are rational or irrational and make changes accordingly.

Understanding how clients form cognitive maps from treatment experiences such as EFP and its effects, allows clinicians to understand what inferences clients draw upon during and after EFP. This understanding of thoughts, beliefs, and internal dialogue would enhance a clinician's knowledge about any potential maladaptive thought processes, thus changing behavior patterns through participation in EFP. This information could also be used to synergize EFP modalities with other treatment modalities that include clients and address any identifying issues.

A quantitative pilot study tested the efficacy of EAP in a cross-sectional group of children diagnosed with various behavioral and mental health disorders (Schultz, Remick-Barlow, & Robbins, 2007). Of the 63 clients, 37 males and 26 females ranging from 4 to 16 years, 36 were diagnosed with a mood disturbance, 10 with ADHD, five with PTSD, three with adjustment disorder, three with disruptive disorder, three with other disorders, and three without a diagnosis (Schultz et al., 2007). Fifty-one percent of the clients were non-Hispanic white, 46% Hispanic white, and 3% black (Schultz et al., 2007). Clients were referred from school counselors, therapists, and pediatricians who were divided into three categories for this study: (a) interpersonal violence, sexual abuse, and abuse/neglect (Schultz et al., 2007). Clients who reported experience with a combination of sexual and physical abuse were reported in one category such as abuse/neglect (Schultz et al., 2007). Participation included a mean number of 19 EAP

sessions over an 18-month period and participation at least six EAP sessions was included in analysis (Schultz et al., 2007).

The quantitative measure used was the Children's Global Assessment of Functioning (GAF), a 100-point rating scale measuring psychological, social and school designed for children aged 6 to 17 years (Schultz et al., 2007). Maximum functioning is indicated with a score of 100 (Schultz et al., 2007). Administration of the GAF was given pre and post treatment. Three age categorizations were used: (a) <8 years old, (b) 8 to 12 years old, and (c) >12 years old and a univariate analysis indicated greatest improvement in mental health promotion were in the youngest clients ( $F = 4.9$ ,  $d.f. = 2$ ,  $46$ ,  $P = 0.01$ ) (Schultz et al., 2007). All clients showed improvement in GAF scores with statistically significant correlation between improvement of GAF scores and number of EAP sessions ( $r = 0.73$ ,  $P < 0.0001$ ) (Schultz et al., 2007). Statistically greater improvement in GAF scores were indicated in females (15% versus 10.3%,  $t = 2.46$ ,  $d.f. = 47$ ,  $P = 0.02$ ) and no statistically significant in pre and post scores between Hispanic and non-Hispanic white clients (Schultz et al., 2007). Improvement in GAF scores and statistically significant improvement occurred in clients with a history of physical abuse and neglect in post scores compared to clients without a history of abuse and neglect (Schultz et al., 2007). Another statistically significant improvement in GAF scores occurred with clients who reported at least one parent with a substance abuse problem when compared to the group whose parents did not (mean  $\pm$  SD =  $14.3 \pm 5.7$  versus  $10.8 \pm 7.0$ ;  $t = 1.81$ ,  $d.f. = 47$ ,  $P = 0.08$ ; Schultz et al., 2007).

Limitations of this pilot study included a biased sample that was self-selected by me and it is unlikely that all children benefit from EAP as the results indicated that all clients who had a history of neglect and physical abuse showed an improved GAF scores (Schultz et al., 2007). A therapist interviewed each client to identify suitability for EAP which could be difficult to determine causation; any treatment effect could be due to selection bias, and not applicable or representable for a larger population. The limited number of instruments used to measure overall mental health such as psychological functioning is an identified weakness as well as other extraneous factors that may have contributed to improved scores (Schultz et al., 2007).

Reporting of a study conducted at a residential treatment facility in Israel for adolescents at-risk examined the influence of equine facilitated psychotherapy (EFP) and comparing the treatment group with a control group (Bachi et al., 2012). The at-risk variables measured were outcomes of EFP on self-image, self-control, trust, and general life satisfaction (Bachi et al., 2012). The hypothesis posited that clients in the treatment group would report greater improvement as compared to those of the control group (Bachi et al., 2012). Quantitative examination of the research hypothesis conducted multi-variants with repeated measures analysis where the treatment and control groups served as between-subjects factors and repeated measures were within-subjects factors (Bachi et al., 2012).

Twenty-nine clients between the ages 14 to 18 were selected; the treatment group was comprised of 14 and 15 were referred to the control group (Bachi et al., 2012). Participation included weekly 50-minute EFP sessions over seven months with a total of

14 to 26 therapy sessions were received by the treatment group excluding two participants that participated in nine sessions (Bachi et al., 2012). Participants were similar in background demographics such as being from socio-economic class, parents were divorced, referral to residential treatment facility following a court order and supervision from child protection services, police file records relating to drugs and/or, property theft and/or, physical violence and/or traffic offenses (Bachi et al., 2012). Pre and post questionnaire instruments were administered along with a one-year follow-up of both groups (Bachi et al., 2012).

Quantitative measures in Hebrew versions were used to assess the four parameters: (a) Offer self-image questionnaire (OSIQ) relating to psychological, social, and coping types of “self”; (b) Rosenbaum’s (1980) measure to assess self-control behaviors and tendencies to solve behavioral problems; (c) seven items from the Children’s Interpersonal Trust Scale written by Hochreich (1973) to identify reactions and interactions with authority figures, friends, etc.; and (d) Student’s Life Satisfaction Scale written by Huebner (1991) to evaluate general life satisfaction in connection to domains such as family, friends, or school (as cited in Bachi et al., 2012).

Although results in the trust variant indicated a trend of increase in trust among the treatment group (treatment group -  $M=2.714$  before,  $M=3.071$  after) and decrease among the control group ( $M=3.4$  before,  $M=3.0$  after), results were not statistically significant between the measure effect ( $F=.005$ ,  $p>.05$ ), the group effect ( $F=.993$ ,  $p>.05$ ), and between the measure and the group ( $F=1.425$ ,  $p>.05$ ; Bachi et al., 2012). Results in self-control indicated an increase in both groups (treatment group – before  $M=2.734$ , after

M=3.081; control group – before M=2.96, after M=3.2) and neither results of the group effect ( $F=.563$ ,  $p>.05$ ) nor the between measure interaction and the group ( $F=.119$ ,  $p>.05$ ) were statistically significant (Bachi et al., 2012). Similar results of self-control, self-image, and general life-satisfaction indicated results that were not statistically significant; however, the treatment group in all parameters did indicate an increase in scores when compared to the control group, thus indicating a trend of increase scores among the treatment group versus decrease scores among the control group (Bachi et al., 2012). Absentee days and change in means were higher among the control group than the treatment group (Bachi et al., 2012). To evaluate the long-term influence of EFP, a one-year follow was conducted and indicated a lower incidence of new police records among clients that participated in EFP (treatment group 21% and control group 47%) and incidence of reported drug use was lower among EFP participants (treatment group – 71% had not used drugs and control group – 20% had not used drugs (Bachi et al., 2012). The research hypothesis was not statistically supported; however, the authors noted the data indicated a trend of greater improvement in the at-risk parameters among clients participating in EFP relative to the control group (Bachi et al., 2012).

Environment is noteworthy in terms of connecting therapeutic setting to the therapeutic alliance of client, therapist, and horse in EFP which generally occurs in a natural environment of pasture, barn, and rinks/paddocks (Bachi et al., 2012). A benefit of this research is that it was conducted with clients living in a treatment facility so the effects of EFP for at-risk-inpatient adolescents could be assessed (Bachi et al., 2012). This study also contained an experimental and control groups (Bachi et al., 2012). The

authors indicated a concern that the study of EFP occurred in a residential facility and not a residential equine therapy program and implications of systemic approach are noted (Bachi et al., 2012). Bach et al. (2012) adds to the reliability data of EFP since different living conditions (i.e., home environment and residential treatment) have now been explored. A drop-in participation in the control group fell from 15 to 10 during the study in which findings should be read with caution and decreased results from the control group in life-satisfaction could be attributed to clients that reside in a treatment facility and do not participate in therapy may be a contributing factor to decreased satisfaction (Bachi et al., 2012). Forty percent of the clients in the control group had participated in other forms of therapy and sampling was not random indicate concerns of this research process (Bachi et al., 2012).

Future research could incorporate larger sample sizes to extrapolate and contribute findings to a larger population concerning studies of EFP (Bachi et al., 2012). This study suggested the use of qualitative data to parallel to quantitative data to evaluate the development and occurrence of change among EFP participants (Bachi et al., 2012). The benefits of utilizing qualitative data could add descriptions from EFP participants to provide rich data and details on their emotion, personality characteristics, behaviors, needs, and desires. While examining therapeutic interventions, relevant data such as the perspectives of clients are essential in assessing areas/factors to gain access to the human experience.

Studies of EAP/EFP often involve findings on reductions in psychological distress or and enhanced psychological well-being reported from clients (Cumella, Lutter, Smith-

Osborne, & Kally, 2013; Kemp, Signal, Botros, Taylor, & Prentice, 2014; Klontz et al., 2007; Schultz et al., 2007; Shultz, 2005). Potential symptoms of psychological distress are suicide ideation and suicide attempt rates among females (Bauducco, 2012). A study investigated 17 suicidal females (ages 13-22) in a residential facility in East of Sweden participating in EAP as part of examining complementary therapies and prevention efforts to address females at risk for suicide (Bauducco, 2012). The aim of the study was to examine significant changes in female clients attending EAP sessions over time (Bauducco, 2012). Intervening variables such as client and horse characteristics, previous experience (riding experience), and number of sessions were also examined (Bauducco, 2012). Comparison of the two groups (previous riding experience and beginners) were analyzed to identify if any distinction exists between the two groups and clarify if certain clients are more suited for EAP (Bauducco, 2012).

A Likert scale (1-10) was used by a therapist to evaluate client's characteristics; active participation, motivation, willingness (predictors of client outcomes), warm emotion, happiness, awareness, control, loquacity, relaxation, and coordination (identified as client outcomes of EAP) (Bauducco, 2012). An Individual Growth Curve analysis was used on three main issues: (a) improved scores in happiness, warm emotions, awareness, relaxation, control, loquacity, and coordination; (b) comparison between riders and beginners; and (c) client-horse interaction and how client motivation affected therapy outcome (Bauducco, 2012). Client-horse interaction aims to extrapolate which EAP elements play a crucial therapeutic role (Bauducco, 2012). Clients received EAP as a complementary therapy to cognitive-behavioral therapy (CBT) at this

residential treatment facility (Bauducco, 2012). Equine assisted psychotherapy sessions ranged between seven-16 sessions during a 12-month-period and data retained findings from two females who committed suicide during this study (Bauducco, 2012). The EAP sessions varied between ground work as previously mentioned as components of EAP such as grooming, longeing, leading, etc. or mounted work (riding) (Bauducco, 2012).

Data was collected after each EAP session in a protocol by therapists with academia background in psychology, socio-pedagogy, and basic horse riding and therapy that observed both individual and group change over time (Bauducco, 2012). Informed consent was obtained along with fulfillment of research ethical requirements for horses (Bauducco, 2012). Data of the first research question on whether the client's relaxation, control, warm emotions, emotions, loquacity, and coordination changed over time was collected with an Individual Growth analyses (Bauducco, 2012).

Results indicated significant change over time for coordination (Est. = .11,  $p = .04$ , 95% CI [0.01, 0.22]), awareness (Est. = .13,  $p = .01$ , 95% CI [0.03, 0.22]), and a small change for warm emotion (Est. = .10,  $p = .07$ , 95% CI [-0.01, 0.20] and relaxation (Est. = .13,  $p = .06$ , 95% CI [-0.01, 0.26]) (Bauducco, 2012). Results for happiness, loquacity, and control indicated no change (Bauducco, 2012). Analysis on the second question on the effects of previous riding experience entered the variables 1 = rider and 0 = beginner as covariates in the individual growth model (Bauducco, 2012). Results indicated a small change for riders in relaxation as compared to beginners (Est. = .13,  $p = .06$ , 95% CI [-0.004, 0.26] and (Est. = .26,  $p = .61$ , 95% CI [-0.79, 1.31]) (Bauducco, 2012). Measure of control had a significant effect (Est. = 1.3,  $p = .03$ , 95% CI [0.2, 2.4])

(Bauducco, 2012). The effect on the warm emotion measure was small for riders (Est. = .11,  $p = .04$ , 95% CI [0.003, 0.21]) and a significant change in coordination (Est. = .12,  $p = .03$ , 95% CI [0.01, 0.22]) and (Est. = .90,  $p = .02$ , 95% CI [0.2, 1.62]) (Bauducco, 2012). No changes were indicated on either loquacity or happiness (Bauducco, 2012). Significant results indicated change in awareness for riders (Est. = .13,  $p = .006$ , 95% CI [0.04, 0.22]) and (Est. = .74,  $p = .04$ , 95% CI [-0.2, 1.5]) (Bauducco, 2012). Thirdly, to examine the effects horse responsiveness and effect on patient's motivation outcome were examined by entering the horse responsiveness characteristic in the model as the only covariate and results indicated a significant effect on all outcomes; however, when both client and horse characteristics were entered, horse responsiveness indicated no significance on the client's outcome (Bauducco, 2012). This indicated that the client's motivation had significance on each outcome in warm emotion, happiness, awareness, control, loquacity, relaxation, and coordination (Bauducco, 2012).

Overall results indicated that that the higher motivation in clients resulted in higher scores in warm emotion, awareness, control, loquacity, relaxation, and coordination and a small effect in client's happiness (Bauducco, 2012). Differences in scores comparing riders and beginners dissipated over time, resulting in positive outcomes from EAP for both groups (Bauducco, 2012). The study discussed the two suicides that occurred during the study and other contributions other than mental disorders that contribute to suicide along with the role of the ventral prefrontal cortex (Bauducco, 2012). This study indicated that suicidal girls both beginners and riders receiving EAP as complementary therapy was suitable (Bauducco, 2012).

Limitations of this study included a narrow sample and the transferability to a larger population. An additional weakness may include measures of this study being derived from direct observation of the therapist which may lend to potential bias or positive trend by potentially recording what they expect clients may do instead of what they are actually doing (Bauducco, 2012). Future clinical research could include a wider population including both females and males along with including a controlled randomized research design to compare three groups receiving traditional treatment, those receiving traditional treatment and EAP, and others receiving another form of complementary treatment (Bauducco, 2012).

Residential centers treating inpatients diagnosed with eating disorder(ED) often incorporate forms of equine therapy (EQT) into their treatment plan (Cumella et al., 2013). Standardized treatment among facilities adheres to the American Psychiatric Association's Practice Guideline for the Treatment of Patients with Eating Disorders, Third Edition (Cumella et al., 2013). Out of 250 meta-analysis studies that utilized animal-assisted therapy in treating patients with ED, less than 10% involved equine therapy and according to a survey, 24% of ED treatment facilities incorporated EQT (Cumella et al., 2013). This study aimed in adding to literature the efficacy of EQT in the treatment of ED and compare efficacy of treatment outcome of the standardized inpatient treatment protocol to standard treatment with EQT among EQ inpatients (Cumella et al., 2013).

Cumella and colleagues' study (2013) had six hypotheses that inpatients with ED participating in EQT with standard inpatient treatment would produce statistically

significant results and reduction in the following symptoms: (a) drive for thinness, (b) impaired self-efficacy, (c) interpersonal distrust, (d) impulse dysregulation, (e) depressed mood, and (f) anxiety (Cumella et al., 2013). Demographic characteristics included 72 female inpatients being treated at an inpatient facility for ED between 2005 and 2008 (Cumella et al., 2013). The age ranged from 18-49 years; 92% White, one African-American, one Asian, one Native-American, and three identified themselves as multi-racial (Cumella et al., 2013). Diagnoses included anorexia nervosa (32%), bulimia nervosa (33%), and ED not otherwise specified (35%) (Cumella et al., 2013).

To measure areas four areas of the hypotheses (a) drive for thinness (DT), (b) ineffectiveness (I), (c) interpersonal distrust (ID), and (d) impulse regulation (IR), the Eating Disorder Inventory-2 was used (Cumella et al., 2013). The Beck Anxiety Inventory (BAI) and Beck Depression Inventory (BDI-II) are also self-report measures to measure symptoms associated with anxiety and depression (Cumella et al., 2013). In addition to comparing self-reported measures from inpatients who received standardized treatment against self-reported measures from inpatients receiving EQT in addition to standardized treatment, variables such as total equine minutes (TEM) time spent in any EQT activities during treatment and length of stay (LOS) time receiving standardized treatment were used as statistical controls for each measure and regression models to identify relationships between these control variables (Cumella et al., 2013).

Results of all six hypotheses were highly statistically significant and there was a significance relationship between TEM in EQT (Cumella et al., 2013). According to regression models, the more often inpatients were receiving EQT the more self-reported

symptoms decreased at discharge indicating an inverse relationship between EQT and TEM (Cumella et al., 2013). As predicted, inpatients receiving treatment for ED in addition to receiving EQT had a decrease in drive for thinness, impaired self-efficacy, interpersonal distrust, impulse dysregulation, depressed mood, and anxiety (Cumella et al., 2013). Beta coefficients indicated a significant relationship between the six models to TEM in EQT (Cumella et al., 2013).

Several limitations in the study were identified such as generalizing the results due to whether the inpatients voluntarily sought admission or were persuaded, grouping three diagnoses in one sample, and grouping all horse activities under EQT (Cumella et al., 2013). An additional stated limitation was allowing the inpatients immediate participation of EQT upon a physician's whereas an inpatient receiving EQT may need to be according to specific symptoms (Cumella et al., 2013). Collection of results at the time of discharge also presents a limitation in the study without outcome measurements of long-term outcome (Cumella et al., 2013). Although most facilities that treat inpatients diagnosed with ED generally report following guidelines from the American Psychiatric Association's Practice Guidelines for the Treatment of Patients with Eating Disorders, there will inevitable be variability among providers in standardized treatment (Cumella et al., 2013).

Efficacy of EFP for children and adolescents that have experienced sexual abuse was studied by Kemp et al. (2014). This study was conducted in Australia that included 15 children (nine females and six males aged 8 to 11 years) and 15 female adolescents aged 12 to 17 years (Kemp et al., 2014). Three of the child groups were identified as

Indigenous and nine were non-Indigenous and five adolescents identified as Indigenous and 10 as non-Indigenous of the adolescent group (Kemp et al., 2014). Measures of psychological distress for all clients were conducted in three-time intervals: Time 1-intake; Time 2-post tests after 6 weeks of traditional counseling (in-clinic) and pre EFT; and Time 3-after 9-10 weeks of EFP (Kemp et al., 2014). Two hypotheses: (a) fewer reported symptoms of trauma, internal and external behaviors would be significantly less after Time 3 as compared to results collected at Time 1 and 2 and (b) change scores on psychometric measures from Time 2 to Time 3 would show significant improvements as compared to change-scores from Time 1 to Time 2 (Kemp et al., 2014). The research design of this study was a quasi-experimental, repeated measure ANOVA, was utilized (Kemp et al., 2014).

Appropriate measures for both the child group and adolescent group were used such as the Children's Depression Inventory (CDI) and Child Behavior Checklist (CBCL) for the children aged 8 to 11 years and Trauma Symptom Checklist (TSCC), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI) for adolescents aged 12 to 17 (Kemp et al., 2014). To test their hypothesis of the efficacy of EFP for psychological trauma, a repeated measures analysis of variances (ANOVA) of the three-time intervals of the CDI were examined and no significant change in reported symptoms of depression between Time 1 and Time 2 were indicated with tests of within subject (Kemp et al., 2014). In contrast, data collected at Time 3 showed a significant improvement in depression symptoms with significantly lower scores from Time 1 to Time 3 (Kemp et al., 2014). Data collected from the CBCL internalized behaviors had

lower scores between the three-time intervals; however, scores at Time 2 indicated a significant improvement when compared to Time 1 (Kemp et al., 2014). The same analysis was conducted for externalized behaviors and a similar overall difference between the three-time intervals were collected and further analysis indicated significant improvement of scores for Time 3 as compared to scores for Time 2 (Kemp et al., 2014). Paired sample t tests indicated change scores between Time 2 and Time 3 were significantly greater than the change scores from Time 1 to Time 2 (Kemp et al., 2014).

Similar analysis to test the hypothesis for fewer psychological symptoms such as trauma reported by adolescents, ANOVAs were used to examine the difference between Time 1, Time 2, and Time 3 score intervals (Kemp et al., 2014). The first measure, TSCC, indicated significant differences between all three-time intervals and change scores from Time 2 to Time 3 were significantly greater than scores from Time 1 to Time 2 (Kemp et al., 2014). Testing the hypothesis that adolescents participating in EFP would report fewer depressive symptoms, the three-time intervals were used as dependent variables in ANOVA analysis (Kemp et al., 2014). Non-significant results in within subjects were indicated between Time 1 and Time 2, while significant improvement between Time 2 and Time 3 scores (Kemp et al., 2014). Additional data collected in change scores between Time 2 and Time 2 indicated significantly greater improvement compared to Time 1 to Time 2 change scores.

Levels of anxiety of repeated measures ANOVA of BAI indicated less reported symptoms between Time 1 and Time 2 and significant reduction in anxiety symptoms from Time 2 to Time 3 (Kemp et al., 2014). To further test the hypothesis that clients

would have significant improvement after participating in EFP, a paired t test indicated significantly higher change scores from Time 2 to Time 3 as compared to change scores from Time 1 to Time 2 (Kemp et al., 2014).

Hypotheses that both groups, children and adolescents, regardless of gender or ethnicity would show significant improvement in change scores in data collected after EFP and a significant reduction in symptoms of anxiety, depression, trauma, and undesirable behavior would show significant results were supported (Kemp et al., 2014). Limitations of this study may be the threat of confounding variables such as maturation, living arrangements, etc. as potential factors influencing symptomology (Kemp et al., 2014). Implications for future clinical work could include methodologically robust research including adults that are survivors of sexual abuse. The addition of qualitative research used in conjunction could produce or be used as a gauge to providing therapy for clients across various age, gender, and ethnicities. Identification of themes that are collected in qualitative research could link an in-depth understanding of patterns from clients' reaction/responses to situations and outcomes, thinking, reactions within a group of other clients or family that occur during EFP (Kemp et al., 2014).

### **Mixed Methods Studies of EFP**

A three-year quantitative and qualitative study hypothesized that equine-facilitated psychotherapy and learning (EFP/L) would enhance traditional therapy for youths with severe emotional disorders (SED) (Ewing et al., 2007). Severe emotional disorders consist of moderate to severe behavioral or conduct disorders and/or learning disorders with an average IQ score of 86 (Ewing et al., 2007). The youth were given

pretest questionnaires prior to the nine-week session and posttest after completing the nine-week EFP/L session (Ewing et al., 2007). Twenty-six of the thirty-six students that were tested included both females and males with various ethnic backgrounds and ages from 10-13 years from an alternative school (Ewing et al., 2007). The experimental group consisted of students of similar age and IQ as the control group (Ewing et al., 2007). Participation was voluntary and guidelines for ethical treatment of research according to the American Psychological Association (APA) were followed (Ewing et al., 2007).

Five quantitative measures used were: (a) Self-Perception Profile for Children, (b) Empathy Questionnaire, (c) Locus of Control Scale, (d) Children's Depression Inventory, and (e) Children's Loneliness Questionnaire (Ewing et al., 2007). Administration of pretests and posttests evaluations were given during the same time for both the experimental and control group with each item of the measures read aloud to the students and answers recorded (Ewing et al., 2007). Results of the quantitative measures, analyzed individually with paired *t*-tests, between the pretests and posttests did not show statistical significance. Five hypotheses were not supported by quantitative results; however, qualitative analyses compiled from interviews and observations were illuminating (Ewing et al., 2007). Qualitative data were collected from the special education teacher, therapeutic riding instructor, and volunteers (Ewing et al., 2007).

Four case studies were chosen to demonstrate the positive effects exhibited by the students. Case study 1: The Victim, "V" is a 10-year-old girl diagnosed with posttraumatic stress disorder (PTSD) with a family history of mental illness, emotional,

and physical abuse (Ewing et al., 2007). Living with her mother that exhibits sexual promiscuity and all her siblings have different fathers, “V” is anxious, distrustful, and fearful of men. “V” was paired with a female horse and during the program; “V” began discussions with her horse about issues of fatherhood and personal worries including safety and trust (Ewing et al., 2007). “V” related aspects of her life to her horse’s life in terms of horses having a family together regardless of having different fathers as is true in her own family (Ewing et al., 2007). The avenue of working with a horse through the therapeutic intervention of EFP/L, allowed/enabled “V” to open up and discuss her fears and anxieties and smile again (Ewing et al., 2007).

The Feral Child, “FC” refers to an 11-year-old girl with multiple diagnoses that include behavioral disorder (BD) and educational mental handicap (EMH) along with a speech impediment (Ewing et al., 2007). Teachers referred to her as the feral child due to her out of control behaviors of mimicking the bad behaviors of other students, lying on the floor in defiance, poor personal hygiene, and avoidance of eye contact (Ewing et al., 2007). Her background includes a poverty-stricken family, sexual abuse, and a low functioning mother (Ewing et al., 2007). Due to the history of sexual abuse, “FC” was paired with a female volunteer (Ewing et al., 2007). The first equine activity was grooming her horse and paralleled with her own self-care. “FC” soon insisted that she would not ride her horse until her own hair was brushed and away from her eyes so that she could see while riding (Ewing et al., 2007). Eye contact between “FC” and the female volunteer is essential during riding instruction and riding appear to instill confidence in “FC” (Ewing et al., 2007). Teachers were impressed by “FC’s” positive

social skills and behavior that they requested she repeat the EFP/L program (Ewing et al., 2007). By the end of the school year, “FC’s” improved progress allowed her to be back in a traditional middle school (Ewing et al., 2007).

Similar in revelation, the other two cases presented a 13-year-old male, “R” The Runaway that shadowed his instructor and modeled positive behavior which resulted in building trust with his instructor and horse that carried over into the classroom where he no longer ran away (Ewing et al., 2007). Another male, 10-years-old diagnosed with behavioral disorder (BD) with an average IQ with an explosive temperament is called The Boost Needed “BN” (Ewing et al., 2007). Areas of interest in developing for “BN” were social skills and self-esteem. Through interaction with instructors and his horse, the message of how to be “up front” were demonstrated (Ewing et al., 2007). Observed confidence and boosted self-esteem were exhibited by “BN” through EFP/L and he was eventually mainstreamed into middle school (Ewing et al., 2007).

Over the three-year period, situational factors such as changes in parental custody, placement in foster care, and the death of one parent that may have taken away benefits of EFP/L in terms of increased self-esteem, self-worth, depression, and increased feelings of internal locus of control as compared to other studies in EFP (Ewing et al., 2007). Other reasons for unexpected results besides the disrupted family lives may be the duration of the participation in EFP/L and changes in medication (Ewing et al., 2007). Implications for future clinical work could include qualitative results to capture positive outcomes that are not reported on quantitative self-measures. Duration of time or more frequent sessions may also provide additional information in empirical studies on EFP/L.

Additional empirical studies including case studies and meta analyses could provide information if life skills learned through the participation of EFP carries over into clients' daily lives. According to Kemp et al. (2014), the location and aim of this study was conducted in an educational setting with goals of behavior management and learning versus therapy so measures of depression, self-esteem, and loneliness are not surprising.

A phenomenological study of six clients in equine psychotherapy after experiencing trauma, physical and/or psychological, was conducted to explore the interpretations of the clients' lived experiences and relationships with their horses during therapy (Yorke, Adams, & Coady, 2008). The study aimed at gaining insight into the clients' bond with the horses and its contribution to recovery from trauma (Yorke et al., 2008). The method combined semi-structured, audio-taped interviews and observation of clients during equine psychotherapy. Interviews were divided into two parts; the first interview explored the trauma experienced by the clients and their relationships with the horse (Yorke et al., 2008). The second part of the interview consisted of videotaping the interaction between clients and horses such as grooming and riding that provided data in a natural setting to gain insight into the horse-human bond relationships (Yorke et al., 2008). Purposive sampling of clients in equine therapy was chosen to discuss their experiences with horses during therapy and progress of healing (Yorke et al., 2008). Four women and two men, ages 18 to 51, had all experienced trauma within the timeframe of 10 months to 11 years prior to equine therapy and sample selection (Yorke et al., 2008).

The open coding process in data analysis utilized transcripts, notes, videotapes, and clients' input based on quotations, and authors' input. The notes were then entered in a qualitative software NUD\*IST (Non-numerical and Unstructured Data\* Indexing Searching and Theorizing) that contained over 1600 individual codes (Yorke et al., 2008). Two dimensions, emotional and task fell under the therapeutic process that resulted in four horse-human bond themes: intimacy and identity bond (emotional dimension) and partnership and utility bond (task dimension) and the relationship to healing (Yorke et al., 2008). The nature of the therapeutic alliance was also analyzed when two categories horse-human bond (intimacy/nurturing bond, identity bond, partnership bond, & utility bond) and trauma experience and recovery come together (therapeutic value) (Yorke et al., 2008). Yorke et al. (2008) suggest that therapeutic alliance in EFP is comprised of two primary components which are the equine-human bond and the therapeutic value of equine human bond. The equine human bond has 4 main components: (a) two emotional dimensions and two task dimensions. The therapeutic value of the equine-human bond had three sub categories: (a) feelings, (b) proximity/touch, and (c) behaviors relevant to healing and recovery (Yorke et al., 2008). Further results of the horse-human bond themes, intimacy/nurturing bond and identity bond were identified with emotions, which emphasized the clients' feelings about the horse (Yorke et al., 2008). The two themes, partnership bond and utility bond, were labeled under task dimension (Yorke et al., 2008). The task-oriented or partnership bond emphasized communication and teamwork during EFP (Yorke et al., 2008). This study paralleled the impact of the client-horse relationship as a therapeutic relationship as

between the therapeutic impact of the therapist-client relationship (Yorke et al., 2008). Descriptors of how participants' relationships with horses contributed to their healing from trauma parallels what the psychotherapy literature describes about how therapeutic alliances contribute to client change. Therapeutic alliance occurred when the equine-human bond (relationship between riders and horses) and the therapeutic value of the equine-human bond were clearly described by participants. The relationship participants had with their horses contributed significantly to their healing from trauma.

Furthermore, clients who have experienced trauma and how they began to diminish defense mechanisms and build trust during equine psychotherapy can be examined through exploring and interpreting the feelings and descriptions of the bond clients experienced toward their horses (Yorke et al., 2008). The authors reported that clients began to speak to their horses as they would speak to a loved one (Yorke et al., 2008). For example, expressions of the horse-human bond were expressed in the following: (a) "We both want to be close", (b) "They don't try and analyze you", (c) "It has a lot to do with his innocence [horse], he's completely pure, who he is. There is no second guessing what he is thinking", (d) "I can remember standing with my arms around [her horse], and crying on her shoulder, literally tears running down onto her fur, and it was like her saying 'It's okay, you can tell me your story..I won't tell anyone else there were tears in your eyes.' You just kinda get it [emotion] out and they seem so accepting of it", (e) "This was a way to get back on my feet again", and (f) "I'd have no means of finding it myself [without riding her horse]" (Yorke et al., 2008).

Results of the second broad category, therapeutic value of equine-human bond, and the sub-category of feelings were expressed in the following: (a) “It’s like we’ve known each other for over 20 years”, and (b) “Going to the barn and mucking out, and turning out, and feeding, being out in the country, being at one with nature, there’s a whole warmth to it, and it’s very healing, positive warmth” (Yorke et al., 2008). The second sub category, proximity/touch related to the physical contact between horse and human, touch, and closeness were expressed in the following: (a) “To me it’s a safe zone, I just want to be there”, and (b) “There’s the physical contact, which is therapeutic” (Yorke et al., 2008). The third sub category of behaviors as it related to healing and recovery were described by the acts of grooming and training techniques and using equipment that were expressed by participants as feelings of competence (Yorke et al., 2008). An example of how behaviors were relevant to healing and recovery was expressed in the following: “I think the emotional part that helped me was in the barn, playing with [my horse]. You know, grooming him, playing with him, talking to him..because with a horse, you’re not alone, he’s always responding to what I do, whether it’s the grooming aspect I’m doing to him, or talking to him, he’s always talking back” (Yorke et al., 2008). Not only could larger studies explore meanings from clients in equine psychotherapy, but also how the horse-human bond may lend understanding in how it relates to trauma recovery (Yorke et al., 2008). My study complemented this study by exploring the essence of clients’ experiences during and after EFP thereby providing the meanings and views on the relationship between them and the horse.

According to Bachi (2012), knowledge and existing literature in EFP is insufficient and recommends the application of attachment theory to the client-horse relationship and bond. Identification and exploration of the bond that clients experience are discussed as relevant in the transformation process of clients, but lack in empirical methodology and reporting (Bachi, 2012). Furthermore, Bachi (2012) suggested a need in conducting qualitative studies to examine the experiences of clients to fill a gap between indications from research and observations from the therapist during EFP. Qualitative studies could lead to a level of conceptualization factors to introduce relevant factors and new constructs in the practice of EFP (Bachi, 2012). The complexities of the client-horse relationship could be revealed through qualitative methodology (Bachi, 2012).

Literature in equine assisted psychotherapy (EAP) relate the importance of understanding clients' experiences during horse activities and often refer to observations of clients during EAP; however, through self-reports these studies generally gather data as it relates to improved self-care, positive attitude, improved social skills, improved communication and behavior, etc. (Masini, 2010; McCormick & McCormick, 1997; Schultz et al., 2007; Tyler, 1994). The format of equine therapy consists of activities between clients and horses which are most often followed by discussions about clients' experiences during this process without documenting the deep meaning that clients ascribe and interpret their experiences (Masini, 2010).

Major themes in quantitative studies of equine therapy examine reductions in psychological distress and improvement in psychological well-being. Inferences of

equine clients are noted throughout literature; however, existence of literature capturing the lived experiences described by clients during and after EFP is essentially nonexistent/limited. Exploration to this insight may lead information on what psychological changes people experience when they participate in EFP. Anecdotal evidence would be made available in exploring the deep meaning that clients experience during and after EFP, therefore, this study hopes to add to the existing literature.

Chapter 3 follows with a description of the research design, clients, methodology, and instrumentation of the present qualitative study. Procedures for establishing the trustworthiness of the data will also be highlighted. Confidentiality and other ethical procedures conclude Chapter 3.

## Chapter 3: Methodology

### **Methodology**

Research on equine therapy allows for exploration of the use of metaphoric and experiential experiences of people through engagement in horse-related activities. The purpose of this study was to investigate and define the direct experiences of adults after EFP. This phenomenological study aimed to identify significant statements and themes among adults' described personal experiences of EFP. This qualitative phenomenological research incorporated both textural (*what*) and structural (*how*) descriptions to add to existing knowledge, practice, and theory on equine therapies.

Chapter 3 contains descriptions of the research design, clients, methodology, and instrumentation of the present qualitative study. Procedures for establishing the trustworthiness of the data are also highlighted. A discussion of confidentiality and other ethical procedures concludes Chapter 3.

### **Research Design**

I sought to answer the following questions through this phenomenological study:

1. What are the experiences of adults after receiving equine facilitated psychotherapy (EFP)?
2. What aspects of those experiences are considered by participants to be most beneficial for their well-being?
3. How have participants been affected by the experience of EFP?
4. What did the participants do with their experiences after EFP?

**Central Concept(s)/Phenomenon of Interest**

Consistent, empirically supported data on equine assisted therapies are lacking; however, researchers consistently report positive outcomes of equine assisted therapies. Moreover, qualitative research is even less available within the realm of documented experiences of adults after equine assisted therapies.

**The Research Tradition for the Study**

The phenomenon of lived experiences after EFP defined the qualitative philosophy underlying the study. The empowerment of EFP participants to share their experiences was a fundamental goal of this qualitative research. This qualitative approach allowed themes among participants to be identified, thus providing rich descriptions of the phenomenon (i.e., the experience of EFP).

**Rationale for the Chosen Tradition**

As previously mentioned, studying the phenomenon of the lived experiences of adults after EFP was the key goal of the project because little research is available on this topic. According to Creswell (2009), four qualitative strategies or approaches are viable for conducting qualitative studies: (a) ethnography, (b) grounded theory (case studies), (c) phenomenology, and (d) narrative research. Given that the lived experiences of participants in EFP cannot be easily measured, exploration of how they derive meaning from the phenomenon may be best conducted through qualitative inquiry. Collection of data were accomplished through the traditional phenomenological approach to gain a deep understanding of EFP participants' experiences (Patton, 2002).

## **Role of the Researcher**

### **Role, Relationship, & Biases**

In my role as the primary instrument in this study, I sought to adhere to the ethical standards and principles set forth by the Walden Institutional Review Board (IRB).

These standards include ensuring the safety of participants by maintaining their privacy and minimizing exposure to risks by following consistent procedures in phenomenological research. Second, participants for this study were selected equitably, and research benefits and burdens were distributed fairly. Third, full disclosure was provided to participants concerning the study, and informed consent was obtained and tailored to this study. Informed consent was documented by me, as indicated by the signatures of participants, and interviews were audio-recorded. Coercion was avoided by acknowledging my own facial expressions and gestures during interviews. I avoided leading questions, did not push participants to answer research questions that they might not want to answer, and restrained myself from sharing my own stories as well as other participants' stories.

Ethical principles and considerations included justice for participants, not only in terms of equitable selection, but also in terms of fair treatment to avoid exclusion. Adherence to the principle of beneficence minimizes risk to participants while maximizing research benefits. To minimize risks, I ensured that participation in this study occurred after EFP treatment had been completed, that I was not affiliated with clients in any role other than the role of researcher, and that I made it clear to the participants that they were involved in a research project, not a treatment. If the interviews had occurred

at a site that provided equine therapy, then I would have offered clarification on the facility's role in therapy intervention and liability, and a letter of cooperation would have been required for IRB approval. I aimed to avoid collecting data from a vulnerable population. If any risks existed, they were reasonable in relation to phenomenological research methods. I used an epoche process through which I identified any biases I held for or against EFP so that I could set aside prejudgments in order to be receptive and unbiased during interviews (Moustakas, 1994). Additionally, respect for participants from me ensured that participating in this study was purely voluntary.

Interviewing requires patience, skill, and the ability to deal with sensitive issues; I prepared myself to exhibit these qualities in the research context (Creswell, 2013). I also needed to identify my agenda in data collection and interpretation in order to gather truthful data and avoid withholding information (Creswell, 2013). Other ethical considerations included the need to convey the purpose of the study and the participants' roles in the study without deception about the nature of the study (Creswell, 2013). Awareness and acknowledgement of potential biases that may arise during data collection and interpretation can help a researcher to prevent these biases from having any effect on qualitative analysis and interpretation (Creswell, 2013). In writing, researchers may also use the fundamental method of phenomenological reduction and bracketing prior to research to record their own personal experiences, biases, or perceptions so that they may be analyzed separately and not influence the study. Recorded interviews can be bracketed and analyzed to show commonalities that can later be related to other studies and integrated with other phenomena (Patton, 2002).

Evidence of quality and credibility in a qualitative research plan develops through a writing strategy (Creswell, 2013). It is now common practice for qualitative researchers to be more self-disclosing and open with their position or stance within the constructs of writing (Creswell, 2013). Writing involves reflection and interpretation of the writer's experience, gender, social and cultural factors, and personal politics because the impact of these experiences cannot be separated from any individual (Creswell, 2013). Being forthright and acknowledging potential influences enhances credibility and thus the quality and trustworthiness of a study. It is suggested that qualitative researchers disclose in writing their own experiences related to the phenomenon being studied as well explore any connections of these experiences with past experiences involving family, work, and so on (Creswell, 2013). In this regard, being a conscientious researcher means bringing one's biases, experiences, and values to the writing table (Creswell, 2013). The skill of writing along with filtering one's biases requires practice and continuous evaluation (Mack, Woodson, MacQueen, Guest, & Namey, 2005). Identifying one's own body language and conveying one's own biases is important in interviewing; however, awareness of whether one is conveying neutrality and acceptance while observing is also an essential skill (Mack et al., 2005). Researchers must identify any connections they have with participants and/or the research site (Creswell, 2009). If any factors that may compromise the researcher are identified, multiple strategies should be used to ensure validity and accuracy of results (Creswell, 2009).

I did carefully reflect, deal with, and report any potential biases (Patton, 2002). Strategies included rigorous preparation, systematic data collection procedures, an

epoche process, phenomenological reduction, member checking, and an audit trail.

According to Patton (2002), the concept of the *hermeneutical circle* or *situation* indicates that research is not free from the preconceptions and interpretations of the researcher. However, a researcher can identify biases and perceptions before conducting research (Patton, 2002). To adhere to epoche, a researcher can balance analysis and interpretation with synthesis of findings, impartiality, and confirmability, remaining cognizant of the purpose of the study and its audience (Patton, 2002). This process is also part of the audit trail to verify the rigor of a researcher's fieldwork and confirmability.

The interview questions in this study were based on sound content that was similar across qualitative studies in the literature. I did not use an expert panel or outside (second) rater, but I benefited from the quality work and feedback of my dissertation committee in making sure that the style of the interview questions was in line with the qualitative method. I did have one external person who is an expert in EFP look over the interview questions for appropriateness. In dealing with biases during interviewing, the same open-ended questions were used to ensure my neutrality as the researcher and noesis from participants. A standardized open-ended interview format allowed participants to answer questions without implied choices. All participants were asked the same questions, in the same way and in the same order, to ensure consistency. This approach may also reduce the need for interviewer judgment and allow the same order of organization of research questions be asked of participants (Patton, 2002). According to Patton (2002), a strength of standardized open-ended interviews is reduction of interviewer effects and bias when used among several interviews. The overall interview

protocol (Appendix B) was reviewed by the dissertation committee to manage biases for or against EFP, as well as by an external reviewer who was an expert in EFP. Probing questions were not used to gather more understanding of participants' experiences.

I had bias in favor of EFP due to my background, upbringing with horses, and frequent involvement in equine activities. Although I had experienced favorable outcomes with EFP, the theory of EFP and my own beliefs indicated that this therapy might be inappropriate for various populations. With this orientation, I did not aim to prove or disprove the effectiveness of EFP, but rather to understand the depth of experiences and perceptions of the phenomenon (EFP) regardless of the outcome (i.e., pro or con). Member checking allowed the participants to review the accuracy of the determined themes. Validity was increased through receiving feedback from participants on my conclusions.

### **Other Ethical Issues**

This study required the informed consent of participants. The consent form included researcher information, the sponsoring institution, how participants were selected, the purpose and benefits of the research, benefits of participating, the type of participant involvement, confidentiality of the participants, a statement indicating that the participant could withdraw at any time during the study, and names of persons to contact with questions (Creswell, 2009). The process of informed consent allows participants to make balanced choices among various options in their perceived best interest (Beahrs & Gutheil, 2001). Informed consent affords protection to both researcher and participant during research, assessment, therapy, counseling, or consulting services (Fisher, 2012).

Consideration of appropriate language use, cultural accommodations, written versus electronic consent, best interest of the child or adult with cognitive impairments, HIPPA requirements, and exemption activities is essential when obtaining informed consent (Fisher, 2012). Familiarity with APA Standards 3.10, Informed Consent; 8.02, and Informed Consent to Research; 9.02, Use of Assessments are essential ethical considerations in conducting research (APA, 2012; Fisher, 2012). I disclosed the purpose of the research to participants without deception in order to adhere to ethical guidelines for research (Patton, 2002). Signed consent forms were obtained prior to research. Participants' understanding and consent were verified prior to interviews.

Other ethical procedures included gaining permission from the gatekeeper at a potential EFP site to discuss recruitment of participants from a physical location. A recruitment letter (Appendix A) was written outlining the purpose of the study and anticipated time commitment (Creswell, 2009). I was cognizant of potential disruption of the setting while discussing the study onsite with potential EFP providers (Creswell, 2009). The purpose of the study (Appendix A) was sent to potential participants whom I recruited via blogs and/or professional networks, and the process of sending and obtaining consent was similar to the process used for participants recruited from an EFP facility. I aimed to avoid any conflict of interest or dual relationships in research. If a participant had become emotionally upset or had experienced an adverse reaction during the interview process, I would have stopped the interview and referred the participant to a national mental health hotline number. The participant would have been reminded that

she or he could withdraw consent at any time. I would have reported this incident(s) to IRB as well as the dissertation committee.

## **Methodology**

### **Participant Selection Logic**

For this retrospective study, I recruited participants who had completed EFP at a facility that provides this service. In selecting a sample size of 10 participants in EFP, I aimed not to generalize the information collected, but to investigate and define the experiences of participants (Creswell, 2013). A researcher's selection of a sample size and strategy is also influenced by which unit of analysis the researcher seeks to study (Creswell, 2013). My focus on data collection with a group of EFP participants determined the unit of analysis (Creswell, 2013). These data would not be used to compare individuals, groups, demographics, or programs as units of analysis (Creswell, 2013). The focus of this study (unit of analysis) was description of the lived experiences of EFP participants (Creswell, 2013). This sample size seemed logical to yield data about the phenomenon being studied. Interviews and follow-up sessions with participants to conduct member checking ensured that themes were fully developed, also known as *saturation*.

There were 10 participants willing to participate in in which data were collected. I aimed to meet sample size criterion to cover the phenomenon given the purpose of the study (Creswell, 2013; Patton, 2002). Factors that influence sample size are consensual validation, judgment, and peer review (Creswell, 2013). This study included the sampling strategy and process as it relates to interpreting the results (Creswell, 2013).

Recruitment of a sample and participant selection require an investment of time and energy, along with participants' disclosure of personal feelings (Hill, 2012). Trust from participants toward the investigator is also essential when a researcher is asking participants to volunteer their time (Hill, 2012). Studies have indicated that novice researchers have to work harder at being credible, especially when participants do not know them (Hill, 2012). Participants are more willing to volunteer when trust has been established (Hill, 2012). Trust entails an understanding that the researcher will be honest, fair, nonjudgmental, and compassionate (Hill, 2012). Picking the right time to ask for participation and interview participants is also a vital factor in the process, but it is often hard to achieve (Hill, 2012). Interviews were conducted with clients who had completed EFP, and the research project was clearly described as not involving therapy.

### **Sampling Strategy**

I used purposeful sampling in an effort to provide rich information on how adults described their experiences after exposure to EAP (Creswell, 2013). This sampling strategy allowed me to develop an in-depth, detailed understanding of how EAP participants defined experiences and was not chosen for the purpose of generalizing from this sample to another population (Creswell, 2013). Purposeful sampling is a common sampling strategy that typically involves preselected criteria pertaining to a particular research question (Mack et al., 2005). A sample size of 10 was deemed adequate, in that there are no rules for a specific sample size in qualitative inquiry (Creswell, 2013; Patton, 2002). I accepted that during the process of study and recruitment, a change in sample size may occur (Patton, 2002). According to Patton (2002), as new information emerges,

changes in a sample could occur which is indicative of a need for flexibility in following emerging data and aim of research questions.

The criterion for participation in this study is that each participant must be an adult, aged 18 or older and have completed equine facilitated psychotherapy (EFP). After IRB approval, sites that provided EFP were contacted by me, upon approval, a recruitment letter (Appendix A) was sent outlining the purpose of the study and procedures along with my contact information. Sites were asked to post an approved flyer, the recruitment letter, (Appendix A) at their location, place an announcement on their website and/or newsletter about participation in a dissertation research. I provided contact information such as email to potential interested participants. Interested participants were contacted by their preferred method stated; email, mail, Skype, or phone. Participants that volunteered for the study were sent consent forms and obtained prior to collecting data. Interviews were conducted via telephone, in-person, or Skype depending on the preference of the participant.

### **Recruitment**

I contacted and gained permission to conduct research from facilities that conduct equine facilitated psychotherapy (EFP), through blogs and professional networks related to EFP such as the Equine Assisted Growth and Learning Association (EAGALA). After interested participants contacted me, a recruitment letter (Appendix A) was sent allowing for contact. Upon receipt of the recruitment letter (Appendix A), an informed consent was sent stating the purpose and estimate length of the interview. After this time, an arranged date and time for the interview was arranged.

## **Instrumentation**

First-person recorded interviews were conducted among participants directly related to the phenomenon; equine facilitated psychotherapy (EFP). The interview questions did not present any bias and consists of questions that can be answered from EFP participants. All participants received the same research questions. The development of interview protocol (Appendix B), process of selecting, and refining questions was conducted through comparison of content compared to other qualitative studies and review by the doctoral committee. Questions provided were clear and concrete terms and relevant to the topic of EFP (Moustakas, 1994). Additionally, the interview questions sought to reveal the meanings and essence of participants' experiences and void from predicting any casual relationships, and accurate renderings of human experiences (Moustakas, 1994).

## **Procedures for Recruitment, Participation, and Data Collection**

Upon approval from dissertation chair and IRB, location and selection of research participants was obtained through bulletin boards, blogs, contact to facilities that provide EFP, newsletters, and organizations that provide guidance on EFP were contacted to obtain sampling pool. The researcher contacted potential participants and provided appropriate documentation such as informed consent, confidentiality, permission to record as stated in the informed consent and selection criteria. Approved formulated research open-ended questions was used in interviewing participants. Interviews occurred in a safe and secure environment. Interviewing process engaged in establishment of rapport (Moustakas, 1994). Interviews were recorded, reviewed,

transcribed, themes identified, and results synthesized. Due to the possibility of no-shows or cancellation of participants, the researcher planned on an initial larger pool of participants to account for dropouts. For example, 10 participants may be selected; however, 14 responses for consent to participation may have been received, then I would have the additional 4 participants as a back-up for data collection. Data completed were organized, analyzed, and synthesized to assist with identifying textural and structural descriptions (Moustakas, 1994). I conducted member checks to confirm the themes determined for each participant. An audit trail was established by archiving transcripts and recorded interviews. This study provided actions and protocol discussed by researcher with notation of establishing rapport with participants and lists of the research questions. The audit trail also consists of audio recordings, files of the transcripts, how the study was conducted, and information collection strategies along with justification if any emerging or changing of process of data collection or analysis occurs.

### **Data Analysis Plan**

I listened to the audio recordings of the interviews and transcribed the data. Strategies utilized for this data analysis consisted of organizing the data, printing the responses from interviews, and circling keywords to help establish themes/categories (Gibbs & Taylor, 2005). This process allowed me to identify abstract themes, attempt to broaden specific themes, and perhaps use a hierarchical tree diagram (Creswell, 2013; Gibbs & Taylor, 2005). According to Creswell (2013), classifying data into codes should be less than 25-30 categories and combined into five or six themes. Interpretation began when attempting to narrow the keywords and combining them into five or six themes as

suggested by Creswell (2005). These themes were included in the narrative analysis (Creswell, 2013). Interpretation of data included several forms of data such as intuition, hunches, or insights (Creswell, 2013). There were also two processes in the coding activities according to Patton (2002); these are segmenting and metadata activities. Segmenting is dividing up chunks of interviews or words in interviews that are similar and establishing a theme or code. I conducted member checks so that participants may confirm the themes.

A binder was kept of the transcribed notes from participants' responses to the research questions. After all participants had been interviewed, responses were grouped together into any existing themes and verified by a repeated process by me prior to member checking. The cluster of information constituted of the experiences participants expressed and broken down and grouped into meaningful units and themes. I hand coded the detailed descriptions using the exact words chosen by participants. I avoided over-generalization and added specific information of the group such as the nature of the group. The overall process of the data analysis plan included the following: (a) each statement was treated with respect as a description of the essence of a phenomenon, (b) all statements were recorded, (c) each nonrepetitive statement were broken down into units, (d) meaning units were clustered into themes, (e) meaningful units and themes were synthesized, (f) reflection of the researcher did occur, and (g) textural-structural descriptions were constructed to capture the essences of participants' experiences (Moustakas, 1994).

### **Issues of Trustworthiness**

Validation strategies in qualitative inquiry and research design may be enhanced by focusing on eight strategies suggested by Creswell (2013): (a) prolonged engagement and persistent observation by building rapport and trust with participants, and check for misinformation; (b) triangulation, by using multiple sources of data to have a complete evidence of participants' experiences of the phenomenon and code or theme in multiple sources of data; (c) peer review which entails a check and balance of the research process; (d) negative case analysis identifies that not all of the data will fit into a theme and is necessary in reporting; (e) clarifying researcher bias ensures the reader that the researcher has identified any biases or prejudices that may influence interpretation; (f) member checking allows the participants to view the interpreted data prior to conclusions; (g) rich, thick description entails a descriptive alternative of shared characteristics so the reader may decide to transfer the findings; and (h) external audits allows an outside party to assess accuracy of interpretations and summary are supported by data. Utilizing at least two strategies is suggested by Creswell (2013).

This study utilized the following strategies (e) clarifying researcher bias in which I, at the outset of and throughout the study identify and share any biases or position, or assumptions that may impact the study; (f) conducting member checking as previously discussed to allow participants to reflect and verify the accuracy and credibility of themes identified; and (g) the researcher aiming to provide rich, thick descriptions from the data collected and possibly allow the audience to transfer the findings to other settings (Creswell, 2013).

Results of this study are not meant for the use of generalization, but the possibility of transferability (Patton, 2002). This concept is better used when findings are in depth, rich, and with thick description (Patton, 2002). Because the researcher in qualitative inquiry is the primary instrument, the role and biases of the researcher need to be explored (Creswell, 2013; Patton, 2002). Confirmability may be established through awareness and acknowledgement of any personal bias and dependability established when the process of the interview and research processes are verified. Through the process of confirming meaningful patterns and themes during organizing, analyzing, and synthesizing data, this process will ensure the researcher is moving toward confirmability.

### **Ethical Procedures**

I sought approval from Walden University by submitting appropriate documents for institutional review board (IRB) approval. Local permission from site and participants was also obtained after IRB approval. A disclosure statement about purpose of the study was given a site that provides equine facilitated therapy (EFP) or related equine therapeutic site to post on site. Recruitment of potential participants began after approval from IRB and interested participants contact the researcher with consent to contact and consent to participate. Proper documentation and informed consent was given to participants in a professional and respectful manner. After I was contacted by potential participants, a recruitment letter (Appendix A) was sent thanking them for the interest in participating in the dissertation research investigating and defining the experiences of adults with equine facilitated psychotherapy (EFP). Both the informed

consent and recruitment letter (Appendix A) entailed information about confidentiality of the study, privacy and anonymity of findings. During documentation, the identity of participants was changed to a coded format and original copies of recordings was kept with the researcher's residence in a locked compartment. Beneficence ensured that I maximized research while minimizing any possible harm to participants. Participants were treated fairly and equally. Participants were also given as much information about the study as possible prior to participation and researcher will ensure the participants understand the purpose of research. I took all necessary steps to ensure no harm comes to the participant; however, in the event of emotional upset from a participant, I would have stopped the interview. I also asked if the participant wished to postpone or withdraw from the research. Research design was examined and approved to identify any potential risks to participants and adherence to rules set forth for research on human subjects. Collection of data were the least disruptive while building trust with participants with informed purpose of the study, and devoid of any leading questions and participants could respond freely to the research questions. Data analysis included multiple perspectives, any report of contrary findings, and the use of fictitious names assigned to participants.

### **Summary**

This chapter restated the purpose of the study, research questions, and research design and rationale. The role of myself was defined and explained along with ethical issues that may arise during collecting data. Participant selection criterion and instrumentation were discussed in methodology. A follow-up of procedures for

recruitment, participation, and data collection were discussed concluding with data analysis plan. Issues of trustworthiness such as credibility, transferability, and ethical procedures finalized Chapter 3.

Chapter 4 begins with the study, setting, demographics, data collection and analysis, and conclude with the findings of my study.

## Chapter 4: Results

### **Introduction**

This study used interviews to explore the experiences of 10 adults during and after EFP. Goals of this research were to capture and understand the lived experiences of participants, explore the curative factors of EFP, and integrate the essences of described meanings into themes, thus providing rich descriptions of the phenomenon, i.e., the experience of EFP. Chapter 4 presents the demographics of the participants, the data collection and analysis, emergent themes from the data, evidence of trustworthiness, and the overall findings of the study.

### **Research Questions**

1. What are the experiences of adults during and after receiving equine facilitated psychotherapy (EFP)?
2. What aspects of those experiences are considered by participants to be most beneficial for their well-being?
3. How have participants been affected by the experience of EFP?
4. What did the participants do with their experiences after EFP?

### **Description of the Participants**

Participant 1 (P1) was a female veteran who had been diagnosed with PTSD, anxiety, and social issues. She described herself after EFP as having had a valuable experience and as someone who was better able to self-regulate, who had learned to be in the moment, who had conquered some fears in areas of her life, who was more self-aware, who was empowered to make positive changes, who was equipped with tools to

work through relationships, who had reconnected with society and was socializing, who was reflective, who had discontinued all medications for PTSD, who was interested in helping other veterans, who wanted to continue coursework in equine therapy, and who had started a nonprofit for women veterans working with equine therapy.

Participant 2 (P2) was a male veteran who had been diagnosed with PTSD and had extreme suicidal thoughts, relationship issues, extreme depression, and outbursts of anger. He described his experience after the 8-week period of equine therapy as a process of rediscovering himself and his place in the world, as giving him a sense of accomplishment, as enabling him to redefine perfection and take positive steps to better control his anger, as an opportunity to change his demeanor, as a catalyst that changed his perception for the better, as an immense mood enhancer, as a means for strengthening his familial relationships, as a motivation for him to participate in community outreach and raising awareness about equine therapy for veterans and others, as an impetus for him to volunteer with the program he participated in, and as a motivator for him to become a certified facilitator for EAP programs helping women recovering from substance abuse and abusive relationships as well as children and adults with various issues, including those on the autism spectrum.

Participant 3 (P3) was a 52-year-old female who had been sexually abused from the age of 2 to the age of 16 by a family member. During middle age, she reported having intimacy issues and experiencing anxiety and dissociative symptoms and was arrested for shoplifting. She attended a 5-day intensive retreat for female survivors of sexual abuse that incorporated equine therapy and described it as the most incredible

experience of her life. She described the experience with EFP as healing due to the physical and emotional contact with the horse; the opportunity to observe the emotional work of other women with their horses as soothing; the feeling that she was not being judged by the horses; and the ability to release internal sadness, trauma, and anger. She reported an improved relationship with her husband as well as a broadening of her social circle and being the mentally healthiest she had ever been in her life. She had become certified in equine therapy and hoped to incorporate it into the school system to help children who had not responded to traditional therapeutic approaches such as talk therapy. She wanted to collaborate with other professionals and provide equine therapy for survivors of sexual abuse.

Participant 4 (P4) was a female veteran who reported being very stressed and stated that being around people or being touched by people could trigger her PTSD. She also referred to her inability to drive long distances and explained that soft textures such as her bedding and clothes could provide comfort and distress her. She paralleled the comfort of soft textures to petting horses, which also helped her feel at ease. She described her experiences of touching the horses as putting her in a place that was extremely happy and calming, indicating that this experience was more intense than petting her cat or retired service dog, though she adored them as well. The size of the horse allowed her to hug it and have physical contact, which was difficult for her to do with people, as well as a chance to get close enough to another heartbeat without the fear that she experienced with people. Time with the horses was emotionally fulfilling and allowed her to be outdoors, which she was not often. She also applied the tools she

learned in EFP to parenting her son and reported having a better relationship with him as a result. She added that she wished to have more individual, private EFP sessions rather than what was currently provided in groups that contained male participants.

Participant 5 (P5) was a female veteran who reported working on significant issues during EFP such as relationships, past marriage and previous romantic relationships, fear of men, and suppressed anger. Through horse activities and obstacles, the participant reported understanding where her fear of men originated, and she was able to resolve issues related to that. She also came to understand the dynamics of her relationships and stated how participating in equine activities became “iconic, a life lesson,” while also accepting fear as a natural emotion and learning that there is an appropriate way to express anger.

Participant 6 (P6) was a female who reported being afraid of horses due to being bitten as a child. She reported that through EFP, she learned that she could face her struggles and that there is more than one way to face one’s challenges. Additionally, she felt empowerment, increased self-awareness, and a sense of accomplishment and achievement through working with the horse and following through with equine activities and obstacles. She stated that even though she had been a victim of sex abuse for most of her life, she did not always have to be in that role. The experience of EFP was a positive one that increased her sense of self-worth. She reported that when she started to feel sad or depressed, she thought back to her time during EFP and found strength, hope, and optimism to move forward.

Participant 7 (P7) was a female who experienced increased self-confidence, worked on relationship issues, became more assertive, and learned to set better boundaries. She also stated that EFP helped her sense of self-esteem, and that experiencing EFP had made a big difference for her, so much that she became certified in EAP to share this therapy with others.

Participant 8 (P8) was a female who participated in a 12-week equine therapy program while dealing with feelings of guilt and shame, negative thinking processes and behavior patterns, and triggers in dealing with family members. She reported that equine therapy helped a lot in terms of learning tools and applying knowledge of EFP to recognize that she could form new habits, such as mindfulness to approach triggers with family members and grounding, which is often used in equine therapy, to form new thinking processes and behavioral patterns. She recognized that her self-confidence was enhanced, that she had become more aware of her body language and when to surrender thoughts that did not serve her, that she was trusting her intuition more, and that she was applying knowledge and tools developed through equine assisted therapy (EAT) to experiences and situations in the real world.

Participant 9 (P9) was a female who participated in EFP at an inpatient facility. She reported that equine therapy was an empowering experience that enhanced her self-determination, helped her to learn coping skills and set healthy boundaries, and enhanced her sense of inner strength and self-assurance. Furthermore, she recognized and accepted that she and other female participants were similar in facing their own challenges. EFP helped her to accept herself and not compare herself with others, as well as to deal with

situations in ways that were best for her. She shared that her experience with EFP was great and that she would recommend that anyone take advantage of an opportunity to participate in EFP.

Participant 10 (P10) was a female who participated in EFP at an inpatient facility. The participant reported that EFP was a profound and powerful experience that had empowered her with a sense of maturity. Connecting with the horse felt nonjudgmental and allowed her to let her emotional guard down and get in touch with her emotions; it was an uplifting experience that paved the way for self-identity and affected how she viewed her relationships. She continued with equine therapy by working with her family's horses, which provided her with mental and emotional stimulation.

Table 1 summarizes the demographic information available on participants. Information on participants' age, education, race/ethnicity, and relationship status were not requested for this study. It was a requirement of this study that participants were 18 years of age or older and had participated in a minimum of 6 hours of EFP.

Table 1

*Participant Demographics*

Participant	Gender	Age	Occupation	Target issues	Use of EFP
1	Female	Adult	Veteran	PTSD, anxiety, social issues	Started nonprofit for women veterans providing EFP
2	Male	Adult	Veteran	PTSD, suicidal ideation, relationship issues, depression, anger	Became certified facilitator of EFP
3	Female	52	Counselor	Sex abuse, intimacy issues, anxiety, dissociative symptoms	Collaborating with other professionals to have intensive retreat incorporating EFP
4	Female	Adult	Veteran	PTSD, sensitive to touch, relationship issues	Would like to experience more EFP
5	Female	Adult	Veteran	Relationship issues, fear of men, suppressed anger	Career choice to provide EFP
6	Female	Adult	Unknown	Sex abuse, depression	Reflects to gain strength, hopefulness, and optimism
7	Female	Adult	Unknown	Self-worth, relationship issues	Became certified in EAP
8	Female	Adult	Unknown	Guilt & shame, negative thinking & behaviors, triggers, family issues	Used tools developed through EAT in daily life
9	Female	Adult	Unknown	Self-worth, relationship issues, boundaries	Recommended EFP to others
10	Female	Adult	Unknown	Emotions	Continue horse activities

## **Data Collection**

### **Number of Participants**

This study included 10 adult participants who had received a minimum of 6 hours of EFP. The total number of hours, sessions, or weeks for most participants was unknown; however, one participant attended 8 weeks and another participant attended 12 weeks. EFP occurred in locations including, but not limited to, inpatient programs, EFP facilities, EFP programs for veterans, and an intensive retreat for female survivors of sexual abuse.

### **Location, Frequency, and Duration of Data Collection**

Nine interviews were conducted via phone, and one was conducted via Skype. Interviews varied in duration between 17 and 57 minutes. Data were collected over a 5-month period. Research questions were consistent and asked in the same order to each participant.

### **Data Recorded**

The 10 interviews were audio-recorded. Systematic data collection procedures were followed as outlined in Chapter 3. The interviews were transcribed verbatim, read repeatedly while playing the audio-recordings, saved in secure files, and emailed back to the participants for transcript review.

## **Data Analysis**

### **Process**

Transcripts were verified, and corrections were made as appropriate via member checking. Transcripts were printed, phenomenological reduction was done to bracket

information, and then the information was organized by circling keywords to establish themes. The epoche process was used to balance analysis and interpretation.

Interpretation began after the bracketing of information and narrowing of keywords to combine them into meaningful themes. I hand coded the detailed descriptions using exact words chosen by the participants and avoided overgeneralization. Data were organized into meaningful clusters, and with repetitive or overlapping data, I followed a delimitation process. Finally, integration/synthesis of textural and structural descriptions was performed to capture the essences of participants' experiences.

### **Codes and Categories**

As part of data analysis, significant sentences were coded and categorized and placed in the following table. The interview excerpts were later converted into core themes.

Table 2 shows a selection of interview excerpts about participants' experiences with EFP.

Table 2

#### *Interview Excerpts About Experiences of Equine Facilitated Psychotherapy*

Interview excerpts	Identified categories
P6: It was a really positive feeling and experience knowing that things don't always have to be the way they were, used to be in a negative context. You can actually do something, accomplish it, and feel good about yourself.	Personal enrichment Subtheme: Joy
P3: I was able to work through a lot of trauma and I believe and still believe that it was working through the horses, the experiential learning that really helped me heal. It was a really profound experience. It was a great thing for me.	Personal enrichment Subtheme: Joy

Interview excerpts	Identified categories
P7: It definitely increased my self-confidence, helped me work on some relationship issues, and noticing some patterns of things that probably weren't the best or healthiest.	Personal enrichment Subtheme: Confidence
P2: A lot of it was rediscovering myself; trying to figure out where my place was in the world again and finding out bits and pieces about myself during one specific exercise, I realized that once I have accomplished something; it doesn't matter whether if it's been accomplished to the standard or not—I keep pushing myself to perfection.	Personal enrichment Subtheme: Accomplishment Subtheme: Achievement
P1: Being around the horses, noticing how they react when I start to get anxiety they were influenced so it really helped me to self-regulate so that was one of the things I noticed immediately while working with the horses.	Phenomenon Subtheme: Benefits
P2: Well, my experiences after were a huge change in my demeanor in how I perceived the world afterwards; my mood improved immensely, my relationship with my family became stronger and I was less agitated afterwards. I had had a lot of issues beforehand with outbursts of anger, but after this program I've learned how to control things and learn to not necessarily jump head first into everything, but to take a step back and reevaluate the situation before making a decision on how to proceed.	Phenomenon Subtheme: Benefits
P1: It opened up a lot of self-awareness for me and helped me push through a lot of anxiety and things I was working through in my personal life.	Introspection Subtheme: Self-awareness
P9: The part of the experience that became beneficial for me was finding strength from within me, to be able to even make myself stronger.	Introspection Subtheme: Self-acceptance
P1: Well, I am actually taking some coursework in equine therapy myself and I think having gone through it and getting some of the benefits and rewards from that really helps me to continue to want to work with the horses.	Professional enrichment
P2: I've gone back and mentor now; helping other veterans and people in this program. It is amazing to see the transformation.	Professional enrichment ( <i>table continues</i> )
P1: ... helped me work through my relationships that I deal with; reconnecting and socializing and things like that again.	Relationships
P2: ... my relationship with my family became stronger and I was less agitated afterwards.	Relationships
P3: Another way it has benefited is my family.	Relationships
P4: Relationship with son better.	Relationships
P1: I felt like it was a nonthreatening environment, I've always had issues dealing with one-on-one therapy, feeling like I was being judged so this took away those feelings of insecurities for me working with the horses and being	Experience with horses Subtheme: Nonthreatening

Interview excerpts	Identified categories
<p>in that moment where I'm able to connect and work through one a lot my things; working with the horses and feel that sense of not feeling like I was being looked at under a microscope was really helpful.</p>	
<p>P2: It saved my life honestly and like I said I was extremely suicidal. I thought almost every day about it and one horse I worked with had literally saved my life.</p>	<p>Experience with horses Subtheme: "Mirroring" Feedback</p>
<p>P3: Certainly, having the physical body of the animal, I think was huge for me being able to connect with another living creature that wasn't judging me, just allowing me to cry and share my story.</p>	<p>Experience with horses Subtheme: Nonjudgmental</p>
<p>P4: Honestly, the contact I've had with animals is more emotionally secure than the contact I have with any humans; even family.</p>	<p>Experience with horses Connection</p>

## **Evidence of Trustworthiness**

### **Credibility**

I maintained a reflective writing strategy after interviews to identify any biases or assumptions that might have occurred. The continuous evaluation of self-disclosure through reflective writing assisted me in acknowledging any potential influences on interpretation. I also utilized member checking to verify the accuracy of data collection prior to analysis and interpretation. Additionally, member checking enabled me to verify the accuracy of viewpoints from participants.

### **Transferability**

The results of this study are not intended for generalization; however, possibly for the use of transferability. Rich, thick descriptions of participants' lived experiences are used to contribute to shared experiences, so the reader may decide to transfer the findings to other settings.

### **Dependability**

Rigorous procedures and strategies were followed, including data collection procedures, the epoche process, phenomenological reduction, member checking, and an audit trail. The audit trail included information on the audio recordings, files of the transcripts, collection strategies, and how the study was conducted. During data analysis and interpretation, the interview protocol (Appendix B) was followed, meticulous accurately interview transcriptions were completed by listening to audio interview recordings several times to ensure accuracy of data. I also consulted with dissertation committee members to ensure trustworthiness of the interview protocol (Appendix B)

and that the process was aligned with phenomenological research. I had two external individuals, both certified in equine therapy and one also a licensed therapist, who are experts in EFP to look over the interview questions for appropriateness. As mentioned previously, these individuals served as an expert panel to verify research questions. Application of this methodology would produce repeatable results and allow others to replicate this study and findings.

### **Confirmability**

To maintain objectivity, I remained cognizant of the purpose of this study and the nature of the audience, as well as my prior experiences with equine facilitated psychotherapy. The rigorous procedures I followed, along with the audit trail and internal consistencies are part of the process of confirmability.

### **Results**

This phenomenological study resulted in collected data from 10 adult participants who experienced equine facilitated psychotherapy (EFP). Six main themes emerged from the Skype interview and phone interviews, including: (a) personal enrichment, (b) phenomenon, (c) introspection, (d) professional enrichment, (e) relationships, and (f) experience with horses.

Participants associated feelings of happiness, positivity, and profoundness with experiencing EFP. Self-confidence and empowerment were also associated with enrichment along with increased self-worth, and lessened depressive and anxiety symptoms. Additionally, rediscovery of self and a sense of accomplishment and achievement were also identified.

### **Theme 1: Personal Enrichment**

Participants identified with positive transformation as the result of EFP through change in demeanor, skills of self-regulation, and ceased suicidal ideations. Family relationships became stronger and healthier. All participants identified experiencing personal enrichment during and after EFP. Other recurring identifiers among all participants in this study included words such as “valuable, self-assessment, reflective, incredible experience, helped me heal, extremely happy, understanding relationships, understanding self, empowered, positive self-worth, optimistic, sense of achievement, inner strength and confidence.” Subthemes, “joy, confidence; empowerment; self-worth; and accomplishment/achievement,” emerged as common and consistent identifiers from data collected during interviews with participants. About seven of the participants articulated experiences of joy during and/or after EFP with words such as “happy, incredible experience, positive feeling, nice feeling, feeling positive energy, great experience, uplifting, and inspired happiness.”

**Subtheme: Joy.** At least seven participants identified with this subtheme with words of “joy, happy, happiness, positive feeling, great experience, satisfaction” as it related to their experiences of EFP and intense emotions that described feelings with pleasure and satisfaction of a desired outcome.

P4: It puts me in a place that is extremely happy, I don't know how to really describe it, but I am just incredibly euphoric and happy as long as I am touching them and burrowing my face. For one, it gets me outdoors which I don't do very often and it's definitely very emotionally fulfilling.

Honestly, the contact I've had with animals is more emotionally secure than the contact I have with any humans; even family (female).

P6: It was a really positive feeling and experience knowing that things don't always have to be the way they were, used to be in a negative context. You can actually do something, accomplish it, and feel good about yourself (female).

P3: I was able to work through a lot of trauma and I believe and still believe that it was working through the horses, the experiential learning that really helped me heal. It was a really profound experience. It was a great thing for me. I have been probably the most mentally healthy I've ever been my whole life (female).

P10: It was very uplifting. It was a very powerful experience for me (female).

**Subtheme: Confidence.** At least six participants identified the effectiveness of EFP as increasing their own awareness about their own abilities through trust. Feelings of trust and the relationship with horses as identified by participants allowed them to trust the process of working with their therapists. Participants experienced confidence as well as the sense that they were becoming better people. They identified with this subtheme with words such as, "beneficial without fear, setting worries aside, changed one's demeanor, helped me understand self, and freeing."

P7: It definitely increased my self-confidence, helped me work on some relationship issues, and noticing some patterns of things that probably

weren't the best or healthiest. Such as not setting great boundaries and things like that. Like I said, I think my confidence is a lot higher (female).

**Subtheme: Empower.** At least nine out of ten participants identified overcoming a sense of powerlessness in their lives both within themselves and in their relationships. Participants shared how they recognized their own abilities during and after EFP and regaining control of their lives and recognizing the power to change. Half of the participants used the word "empower" while others identified learning how to control themselves and things, learning to keep going through therapy and change, learning to deal with family, and recognizing inner strength.

P1: I think after completing a few programs, EAGALA and PATH program with the riding, one of the things that helped me that was very empowering because as I worked through things with the horses; at first I was extremely fearful of horses and just being able to work through that fear and work through you know the anxieties I had being around horses really encouraged me to conquer other fears I had in other areas of my life (female).

P6: To be able to get them to do things was kind of empowering for a lack of a better word (female).

P9: I got through that initial hurdle of being a little nervous, the first time I did it, to me, it was very empowering after I got the hang of it and to be able to turn to the side to get the horse to stop and that's the only signal you gave (female).

P10: I've had experiences with horses before, but using it in a therapeutic sense like I did then, it provided a sense of maturity and a little bit of empowerment. It was a very powerful experience for me (female).

**Subtheme: Self-worth/Self-esteem.** About half of the participants reported an increased sense of self, their own abilities, and emotional evaluation to respect themselves and being worthy of respect from others. Additionally, they perceived that validation from themselves was more valuable than relying on others for their sense of self-worth/self-esteem. More than half of the participants used the terms "self-worth" and "self-esteem" while others identified with self-care and positive self-image.

P1: Being able to be around them for me is very therapeutic. In fact, I have actually not been working with my therapist as much as I was before. I am also off all medications I took for PTSD; since I've been working with the horses I have less anxiety and lucky to not go on a lot of medications, so it's been very beneficial for me (female).

P6: I know I've used them to increase my value of myself, or my self-worth is the right way to say it. Probably in far more ways than I've actually mentioned. Like I said, from increasing self-worth, the power of self-achievement; believing that you can do things were the biggest things I think I took away from it (female).

P7: I feel, I think it helped my sense of self-esteem being able to control a large animal and I think it's helped my relationships too (female).

**Subtheme: Empathy.** Empathy for one participant was pivotal in her therapeutic process as she reported the difficulty of letting her emotional guard down, connecting with the horse, and allowing herself to be in touch with her emotions through the process of having empathy; both giving and receiving.

P10: It taught me a lot of empathy; not just giving, but receiving empathy which that was difficult for me, but when a horse hugs you, you learn (female).

**Subtheme: Accomplishment/Achievement.** More than half the participants reported a sense of achievement and accomplishment after participating in EFP. Some identified facing their own fears, both emotional and fear of horses. Social interaction with others resulted in feelings of accomplishment and achievement. Other participants also reported feeling encouraged and more confident in themselves after EFP because they didn't give up, they followed through even with the discomfort, and they also felt less alone as they recognized others participating in EFP struggling with similar issues.

P2: A lot of it was rediscovering myself; trying to figure out where my place was in the world again and finding out bits and pieces about myself during one specific exercise, I realized that once I have accomplished something; it doesn't matter whether if it's been accomplished to the standard or not – I keep pushing myself to perfection (male).

P6: The most beneficial I think would be the sense of accomplishment and achievement of being able to follow through with something that was

scary in the beginning, but then you kind of work through it and you are successful at it.

You can actually do something, accomplish it, and feel good about yourself.

When I have struggles, or start to get depressed, or feel low again, I definitely think back to about how big of an accomplishment it was for me to get in a ring with a horse after, because when I was little, I was bitten and I was afraid of horses (female).

## **Theme 2: Phenomenon**

This study examined adult participants' experiences of EFP; therefore, all the participants had input about the occurrence of this therapy; their observations, their impression, and circumstances. Two subthemes were identified; amazing and benefits. Participants also reported a change in psychological effects such as "thinking process, behavior, mood, perception of world, and old habits." Experience was described as powerful, positive, and great along with rewarding, profound, and rewarding.

**Subtheme: Amazing.** Participants often identified an increase in self-awareness and self-acceptance while experiencing EFP, finding strength from within to persevere. Fears were conquered for participants as they moved through equine activities and paralleled present experiences during EFP with fears they held onto in life. Three interview excerpts are included to support amazing. Seven (?) participants described EFP with words such as, "amazing, incredible, emotionally fulfilling, successful, positive feeling, hopeful, optimistic, and powerful."

- P1: And for myself personally, I just feel like I've gotten such an amazing results from what I've done versus conventional therapy, psychotherapy so I think it's great (female).
- P2: It is amazing to see the transformation (male).
- P5: I guess you could say I've taken it to a career choice, but even if I hadn't I still think I'd be telling people "Oh you have to go, it's amazing—sit with the horses, there's something calming about them, sitting in the environment." We've just become so disconnected so that is an issue that we will get connected or feel like we're connected again; we wouldn't have half of the issues (female).

**Subtheme: Benefits.** Ten participants reported benefits on a personal level and five on a professional level. Participants identified with the subtheme benefits through making an association on levels as an individual, through their personal and professional relationships, as well as with society as a whole.

- P1: Being around the horses, noticing how they react when I start to get anxiety they were influenced so it really helped me to self-regulate so that was one of the things I noticed immediately while working with the horses.
- Well, I am actually taking some coursework in equine therapy myself and I think having gone through it and getting some of the benefits and rewards from that really helps me to continue to want to work with the horses (female).

- P2: Well, my experiences after were a huge change in my demeanor in how I perceived the world afterwards; my mood improved immensely, my relationship with my family became stronger and I was less agitated afterwards. I had had a lot of issues beforehand with outbursts of anger, but after this program I've learned how to control things and learn to not necessarily jump head first into everything, but to take a step back and reevaluate the situation before making a decision on how to proceed. I was having extreme suicidal thoughts and things like that so this program certainly helped me understand what was going on in my own life and the horses being the way they are, helped to draw so much out of me during that 8-week period that I had gone through the program myself. I keep in touch with the organization that I went through and mentor in their program with veterans that are coming through and I try to do as much as I can in the community to raise awareness of the benefits of the program that we offer there (male).
- P3: I participated in a 5-day intensive retreat using equines as part of therapy and it was the most incredible experience of my life. So, I guess I'm giving back now because I experienced the benefits of equine therapy to such a deep degree that I want to offer that to other people (female).
- P5: For me, I think it's helped me shift some things that I wanted to work with and didn't know how (female).

- P8: Before, I was, I guess the problem I really had was I didn't really know what was going on, the first day that I got to equine assisted therapy, I like quickly and consciously became aware of some like deep hidden guilt, like shame, and thinking processes that weren't serving me anymore.  
After equine therapy, it had helped me out a lot (female).
- P9: I needed to really work on making my mental health and my physical health stronger. So, that helped me with that (female).
- P10: I just can't even begin to define the benefits of equine therapy, I think it's amazing and I think it's terrifying, but there's just something special about the way people can interact with an animal as opposed to the way you can interact with a person (female).

### **Theme 3: Introspection**

Ten participants reported examining their own thoughts and feelings during EFP as well as how their behavior affects themselves and others through equine activities. Four subthemes emerged: self-awareness, self-acceptance, reflective, and encouragement.

**Subtheme: Self-awareness.** Half the participants reported self-awareness and self-acceptance as an improved outcome as well as learning self-observation.

- P1: It opened up a lot of self-awareness for me and helped me push through a lot of anxiety and things I was working through in my personal life (female).

- P6: I think that the biggest impact it had on me was, it increased the degree of self-awareness that you can do things when you put your mind to it and also that things don't always have to remain the same, they can change (female).
- P8: I think by the third time, they had me on the horse, yeah just learning the horse's language was really interesting it brought a lot of things to my awareness that I wasn't aware of (female).

**Subtheme: Self-acceptance.** Seven (?) participants identified with this subtheme with the awareness of their own strengths, capabilities, and satisfaction with themselves. Identifiers that were shared include, “awareness of self, self-regulating, I'm valuable, helped me understand my life, helped me accept my fear and my emotions, self-awareness, accept myself, find my inner strength, self-assurance, and finding myself.”

- P5: The horse really reduces what you don't know because, they're like Hello, were you aware that you have this, here it is! I think it would benefit any counseling training to have it in there (female).
- P9: I guess another way that I've been affected is watching the other women in the group and how they each reacted and dealt with the situation maybe differently than me or with each other and realizing that we are all on different levels in our lives while we were in that therapy setting makes it helpful to know that everybody is on different levels in their life outside of therapy (female).

The part of the experience that became beneficial for me was finding strength from within me, to be able to even make myself stronger. I think

that was important. I needed to really work on making my mental health and my physical health stronger. So, that helped me with that (female).

P10: ... it made me feel like I was finding myself without other people telling me who I was and that really carried on. I guess going through the therapy with horses, I learned you could treat people like that as well; don't judge them and not let them judge me and that really was through the horses (female).

**Subtheme: Reflective.** About one-third of participants reported reflecting back on EFP and the parallels with how they handle issues day-to-day.

P1: I think one of the things that got to me the most was one exercise that we did with the horses where we were having to set-up obstacles that were just like going through our daily lives and it's already challenging enough to go through these obstacles, but then to bring a horse in and trying to going through those obstacles with the horse is kind of making it like this if your life, or this is your kid. Having to go through all of these obstacles that are very challenging and then having to deal with someone you're leading in your daily life, like your child or husband, is very challenging. It was very reflective. It was very positive in the sense that it really gave us a lot of positive feedback in that exercise (female).

**Subtheme: Encouragement.** Along with a sense of accomplishment, awareness, and acceptance, participants reported encouragement during EFP as well as feeling encouraged through reflection.

P6: When I have struggles, or start to get depressed, or feel low again, I definitely think back to about how big of an accomplishment it was for me to get in a ring with a horse after, because when I was little, I was bitten and I was afraid of horses. To be encouraged around people who I felt comfortable with to actually even try something with a horse, thankfully it was very nice.

It was, I guess it taught me that I can be in control of things that go on in my life even though past history that I had been through where I was more of a victim, that you didn't always have to play that role, be in that role (female).

#### **Theme 4: Professional Enrichment**

Half of the participants became certified in fields of equine therapy and another was set to collaborate with other professionals in providing equine therapy to adolescents at risk as well as organize an intensive retreat for survivors of sexual abuse. Participants who are veterans also became mentors to help other veterans access EFP and raise awareness. Other participants who became certified in equine therapy wanted to share this experience with others, make a difference to others, and increase the opportunity of EFP with others.

P1: Well, I am actually taking some coursework in equine therapy myself and I think having gone through it and getting some of the benefits and rewards from that really helps me to continue to want to work with the horses.

I've definitely been a huge supporter of equine therapy; especially within the veteran community. I actually started a non-profit with women veterans and working with equine therapy, art therapy, and music therapy as well. I really have been trying to get the VA to understand how important it is to provide these services in hopes that one day they will actually be able to fund a lot of this so it's not so hard for veterans to be able to get access to these services. I'm definitely becoming a huge advocate for equine therapy. And for myself personally, I just feel like I've gotten such amazing results from what I've done versus conventional therapy, psychotherapy so I think it's great (female).

P2: I've gone back and mentor now; helping other veterans and people in this program. It is amazing to see the transformation.

I've come back and am now helping others that are in my situation and I've actually gone and become a certified facilitator for equine assisted psychotherapy program. I keep in touch with the organization that I went through and mentor in their program with veterans that are coming through and I try to do as much as I can in the community to raise awareness of the benefits of the program that we offer there.

Yeah, I've spoken mostly about the veteran program that I work with, but the organization I work with, they have so many different clientele that we work with. We work with women recovering from substance abuse, we work with people that are in abusive relationships, and we work with

people that are struggling with drug addictions. We have children that come in having different issues, we work with children and adults on the Autism spectrum; we have so many different groups that we work with and across the board we have noticed an immense change to every person that has come through (male).

P3: Two directions, one I would like to extend this offer, this type of treatment to school-aged kids as part of a way to – a problem we have in our school —we’re an alternative school and the kids have different kinds of mental health stuff going on are often times suspended from school. These kids have not been successful in public school systems so they are sent to us. They come to our schools because they’re really challenging children and suspending them doesn’t seem to be beneficial at all and so what my hope is that we can offer this as an alternative type of intervention to kids instead of suspension, for kids to experience experiential based therapy. I have developed a nice three-way session with a local company that does ropes courses and has a small barn. I am looking to collaborate with other professionals to see what we might be able to offer. I want to do that and I want to organize some kind of intensive retreat like the one I went to because it was crazy that I had to fly (across country) for this. There was nothing available on the East Coast for survivors of sexual abuse. I was astounded when I was looking for help for myself and that I couldn’t find anything. I honestly don’t think a psychiatric hospital would have taken

me in. I wouldn't have qualified because I wasn't suicidal; I hadn't reached that level of despair so checking myself into a hospital didn't look like a viable option. The treatments available that were private were all extremely expensive and way out of my price range, so I had to fly (across country) for something that was affordable and professional. What I was looking for, I think we need more of that on the East Coast (female).

P5: I guess you could say I've taken it to a career choice, but even if I hadn't I still think I'd be telling people "Oh you have to go, it's amazing – sit with the horses, there's something calming about them, sitting in the environment." We've just become so disconnected so that is an issue that we will get connected or feel like we're connected again; we wouldn't have half of the issues. Yeah, that's what I've been doing with it (female).

P7: I have actually gone on to get certified in equine assisted psychotherapy because I found it to be really helpful for me and wanted to be able to share that with other people (female).

### **Theme 5: Relationships**

Eight of ten participants identified strengthened relationships as well as learning tools to appropriately deal with triggers that surface with family members as a benefit of EFP. Participants reported being a better father, mother, husband, wife, partner, and daughter. There were also reports from participants of facing their social anxiety during equine group activities in which friendships were formed. Two participants rarely left their homes prior to EFP due to fear and anxiety.

- P1: It definitely helped in teamwork and teambuilding; the EAGALA program helped me work through my relationships that I deal with; reconnecting and socializing and things like that again (female).
- P2: ... my relationship with my family became stronger and I was less agitated afterwards (male).
- P3: Another way it has benefited is my family. My husband was never around large animals, he only had a cat as a kid. He has become very attached to our horses and caring for them together has strengthened our relationship (female).
- P4: Relationship with son better. It's working because we had some really tough times and now he'll even cook a dinner and sit down and eat with me when before he was in his room all the time. I never saw him, except when we were going to school (female).
- P5: Helped me understand my relationships (female).
- P7: ... helped me work on some relationship issues, and noticing some patterns of things that probably weren't the best or healthiest. Such as not setting great boundaries and things like that.  
... I think it's helped my relationships too. It helped me be more assertive and set better boundaries (female).
- P8: really helped me deal with my family (female).
- P10: ... it changed the way I look at every relationship whether it's human to human, human to animals. Everything. It taught me a lot of empathy; not

just giving, but receiving empathy which that was difficult for me, but when a horse hugs you, you learn (female).

### **Theme 6: Experience With Horses**

Experiencing the relationship with horses was explained in various ways along with the profound healing effects of interacting with horses. Participants identified with the horse's natural ability to "mirror" their moods and behaviors; bringing about psychological awareness. Additionally, several participants who experienced social anxiety were able to overcome the hesitation of leaving the house, being around a group of people, and forming friendships. All of the participants shared about their experiences with the horses.

**Subtheme: Nonthreatening/nonjudgmental/connection.** Half (?) of the participants referred to the experiential learning, some to the size of the horse, some about feeling non-judged, and others stating trust and connection with horses. Participants often referred to the horse as being nonjudgmental, which gave them comfort and ease. They also stated that the environment of EFP felt nonthreatening.

P1: I felt like it was a nonthreatening environment, I've always had issues dealing with one-on-one therapy, feeling like I was being judged so this took away those feelings of insecurities for me working with the horses and being in that moment where I'm able to connect and work through one a lot my things; working with the horses and feel that sense of not feeling like I was being looked at under a microscope was really helpful (female).

- P3: Certainly, having the physical body of the animal, I think was huge for me being able to connect with another living creature that wasn't judging me, just allowing me to cry and share my story. I think there was a lot of release internally of sadness, trauma and anger that had come out and when we groomed the horse. I was also able to ride the horse bareback around in a round pen; I hadn't sat on a horse yet even though I had adopted 2 big geldings, I hadn't ridden them yet. The physical contact, the emotional contact with the horse. All the memories I had been suppressing were able to come out (female).
- P4: Honestly, the contact I've had with animals is more emotionally secure than the contact I have with any humans; even family. Because they're not judgmental and they realize the touch is enjoyable, but it's not erotic which I don't know how to describe that which is very important for me because I have PTSD (female).
- P5: The exercises with a personal counselor I need to, whenever I'm feeling it, I need to put movement into the body and have to have a good relationship with the counselor to do stuff like that, but it's just different with a horse because you just can because there's no judgment or at least you don't feel like there is (female).
- P6: My experience with equine therapy, before I went to any of them, any of the sessions, I wasn't really fond of horses or equine therapy. I had a bad experience when I was little, so I avoided horses. However, when I went to

equine therapy and was taught how “freeing” because I can’t think of another word, it is to actually be able to work with an animal that is much larger and larger than you and being able to communicate with what’s going on (female).

P10: I’ll say it again, the way that you can kind of let your guard down, your emotional guard, the horse can understand you, they feel you. You feel like you’re not being judged for a little while, you’re not being looked at differently, it made me feel like I was finding myself without other people telling me who I was and that really carried on. I guess going through the therapy with the horses, I learned you could treat people like that as well; don’t judge them and not let them judge me and that really was through the horses.

I can’t imagine anything better. They’re such large animals and it feels like they should dominate, but they don’t and when you can connect with them, it’s just really, wow, I don’t know how to put it into words, I need to regroup a little bit, can you say the question again so that I can get back on track? I went a little emotional. Well, actually that might be a perfect example. It’s allowed me to get a little in touch emotionally and learn how to care for and be cared for at the same time. It’s such a profound connection that it really, it changes, for me, it changed the way I look at every relationship whether it’s human to human, human to animals. Everything. It taught me a lot of empathy; not just giving, but receiving

empathy which that was difficult for me, but when a horse hugs you, you learn.

I think it's amazing and I think it's terrifying, but there's just something special about the way people can interact with an animal as opposed to the way you can interact with a person. It's a lot easier to trust the animal.

Horses just, I don't know, they seem to understand and feel their person rather than most animals do (female).

**Subtheme: “Mirroring”/feedback.** About half of the participants also referred to the “mirroring” effect that horses had of their own emotions and behaviors that led them to self-discovery. Often in EFP research as well as this study, clients and participants report that the horse “mirrors” their moods and behaviors, thus providing a gateway to recognize one's own behaviors. This is often referred to as the horse “mirroring” participants' thoughts and particularly their behaviors before, during, and after EFP. It helped participants identify and change unwanted patterns. Horses are known to *mirror* what they experience, thereby giving feedback on human body language and other physical and emotional signals (Rothe et al., 2005).

P1: I thought it very valuable, especially for self-regulating with the horses because I felt like they were really mirroring my PTSD and some anxiety. Being around the horses, noticing how they react when I start to get anxiety they were influenced so it really helped me to self-regulate so that was one of the things I noticed immediately while working with the horses (female).

P2: I was having extreme suicidal thoughts and things like that, so this program certainly helped me understand what was going on in my own life and the horses being the way they are, helped to draw so much out of me during that 8-week period that I had gone through the program myself. Honestly, I think the most beneficial part of it is working with the horse because you have to build a certain relationship with the horse to understand anything that is trying to be taught. In a sense the horse is acting naturally as a mirror as to what's going on in our own selves. It helps to bring to light that this is what I'm doing to people outside in my life, to myself and it helped to have the relationship with the horse during the period of time and working with them is immense.

You have to give me a minute here to pull myself together because any time I talk about what it's done for me, I get choked up. It saved my life honestly and like I said I was extremely suicidal. I thought almost every day about it and one horse I worked with had literally saved my life (male).

P3: I was able to work through a lot of trauma and I believe and still believe that it was working through the horses, the experiential learning that really helped me heal.

I think there was a lot of release internally of sadness, trauma and anger that had come out and when we groomed the horse (female).

- P4: It's not that I am getting stressed out by a sense of touch, but I can be. The horses, oh my gosh, all I can do while I'm there is rub my hands all over them. We're supposed to be brushing them, I do brush them for a little while, but at some point, I want to put that brush down so I can actually feel their hair. It puts me in a place that is extremely happy, I don't know how to really describe it, but I am just incredibly euphoric and happy as long as I am touching them and burrowing my face. With the horses, I am getting all the physical contact that is extremely beneficial without the fear and that's the only time that happens. I hug a horse, they're taller than I am, but it's in the same range hugging another person without the fear. I found that about the same time I had more stress too is because my son came to live with me and suddenly to only leaving the house to get toilet paper and groceries every couple of days or so, I am leaving the house three or four times a day because he needed me to. I don't think that transition would have been possible if I hadn't been given the horse therapy when all that started (female).
- P5: It's not the first time I had come across this, sometimes it's not their stuff, they mirror what's going on with us, they can make themselves ill trying to pass us a message (female).
- P8: Grounding yourself and finding space to kind of; like when your mind's moving really fast and when you're getting triggered and you're beginning

to spin off, using the tools that you can to help calm you down to music or through an animal that can mirror back to you an honest reflection and the people.

I guess recognizing, recognizing having like the horse to engage my mood and knowing that it's that subtle of an energy (female).

P9: I think what the equine therapy did more than anything was kind of make me more appreciative of how animals can react to people, how sensitive they are or how they can feel what you're feeling. I think that had a huge impact on me (female).

**Subtheme: Socialize.** At least three participants identified fear and anxiety as affecting their socialization. Prior to EFP, two participants didn't leave their home often, but were gradually able to do so more and more after experiencing EFP.

P1: It definitely helped in teamwork and teambuilding; the EAGALA program helped me work through my relationships that I deal with; reconnecting and socializing and things like that again.

Really, I just love being around them; it's been good for me, encouraging me to get out and volunteer (female).

P3: It has broadened my social circle, I've met a lot of people through horse care.

Watching the emotional work with the other ladies and what they were going through was also soothing for me because I felt less alone and

hearing the experience of other people who were also went through hard times in their life (female).

P4: For one, it gets me outdoors which I don't do very often and it's definitely very emotionally fulfilling (female).

P9: I guess another way that I've been affected is watching the other women in the group and how they each reacted and dealt with the situation maybe differently than me or with each other and realizing that we are all on different levels in our lives while we were in that therapy setting makes it helpful to know that everybody is on different levels in their life outside of therapy (female).

### **Summary**

This chapter included demographics, detailed data collection, data analysis in response to research questions, and evidence of trustworthiness. Through collecting the data on experiences of participants, personal enrichment emerged as an influential theme including participants identifying with feeling or being valuable; self-regulating; empowered; worked through anxiety, depression, PTSD, and suicidal ideation; rediscovering self; enhanced relationships; healing; successful, increased self-confidence and self-worth; and learned to set healthy boundaries. Aspects of experiences included common emerging identifiers of EFP as providing positive feedback, reflective, tools to apply to daily lives, therapeutic, relationship with the horse, the horse "mirrors" your behaviors/emotions, nonjudgmental, connection with the horse, accomplished, changed behavior patterns, grounding, mindfulness, positive feelings, positive experience, and

introspection. Participants' responses often overlapped on how they had been affected by the experiences of EFP; however, common identifiers include enhanced relationships, helped with transition in life, overall helpful, increased self-awareness, positive self-image, increased self-confidence, provided useful tools, helped me deal with triggers, helped me get rid of guilt and shame, the horse literally saved my life, and became certified in equine therapy. The research question of what participants did with their experiences after EFP are that half became certified in equine therapy; one founded a non-profit with female veterans, another participant mentors in a program with veterans as well as for women recovering from substance abuse and abusive relationships, and children and adults on the Autism spectrum, became a facilitator; and one that will organize an intensive retreat for women survivors of sexual abuse. Participants also added that they would like to continue EFP.

Chapter 5 includes an interpretation of the findings, limitations of the study, recommendations, implications for social change, and conclusion.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The study captured the essence of experiences of adults who have participated in EFP. The primary purpose of this study was to gain an understanding of participants' experiences during and after EFP by capturing textural and structural descriptions. Results of this study detailed the lived experiences of nine adults who were dealing with one or more of the following: PTSD, anxiety, social issues, suicidal ideation, relationship issues, intimacy issues, sexual abuse, and dissociative symptoms. Through inquiry, I gathered descriptions of "what" and "how" in relation to their experience of EFP.

In the current study, nine women and one man discussed how their lives changed after participating in EFP. Through qualitative inquiry and the phenomenological approach with four research questions, data were collected via structured in-depth phenomenological interviews, which were audio-taped through phone and/or Skype. I transcribed each interview verbatim using member checking for accuracy, a data analysis spiral as part of the qualitative strategy, and hand coding for procedure. Few studies in literature have focused on the experiences of individuals during and after EFP. Specific themes emerged from data analysis and were narrowed down to the following: (a) personal enrichment, (b) phenomenon, (c) introspection, (d) relationships, (e) professional enrichment, and (f) experience with horses.

### **Interpretation of the Findings**

The purpose of this study was to explore participants' experiences of equine activities during EFP, including what they did with them in their personal and

professional lives. Additionally, this study extended knowledge by bridging a gap between limited knowledge of EFP and common themes of lived experiences of individuals during and after equine therapy. The results of this study indicated that EFP can have a significant impact on participants' personal and professional lives.

The theoretical framework of EFP orientation derives techniques from various modalities such as brief therapy and solution-focused therapy (Schulz, 2005). Some participants did identify when their therapist would observe their interaction with the horse and draw parallels to problems in other areas of their lives, which is a component of this framework that is consistent with existing research (Russell-Martin, 2006; Shultz, 2005). For instance, P6 stated, "I think having that positive experience, especially with the instructors or the therapists that were there, in encouraging other people along to be able to do this." P2 stated,

It helps to bring to light that this is what I'm doing to people outside in my life, to myself and it helped to have the relationship with the horse during the period of time and working with them is immense.

The development of life skills among participants is consistent with existing research (Levinson, 1997; Rothe et al., 2005), and a favorable opportunity for doing something is available for individuals to change undesirable behavior (Shultz, 2005).

Participants also described times when the horse would "mirror" or provide feedback to them, which brought about psychological awareness. This ideology and collaboration between humans and horses along with problem solving was also discussed about participants learning through interaction with the horse and the use of metaphors, a

brief technique. The use of EFT activities allows for brief therapy and solution-focused therapy techniques to be applied. Additionally, this modality intertwines with the conceptual framework through the use of equine activities by identifying appropriate use of metaphors, transference, the horse's ability to give unbiased and accurate feedback, the horse's ability to "mirror," and the variety of emotions and behaviors that arise, allowing the therapist to promote awareness and growth. For instance, P1 stated, "I thought it very valuable, especially for self-regulating with the horses because I felt like they were really mirroring my PTSD and some anxiety." P2 stated, "In a sense the horse is acting naturally as a mirror as to what's going on in our own selves." P8 described

Grounding yourself and finding space to kind of; like when your mind's moving really fast and when you're getting triggered and you're beginning to spin off, using the tools that you can to help calm you down to music or through an animal that can mirror back to you an honest reflection and the people.

The continuance of problem-solving and coping skills during EFP is consistent with the literature (Levinson, 1997; Rothe et al., 2005); moreover, the horse's ability to give unbiased and accurate feedback allows therapists a portal to address reactions of participants immediately (Klontz et al., 2007; Lentini & Knox, 2009).

The theme of personal enrichment was significant as participants noted changes in their beliefs about their own value. Many expressed changes in mood, emotions, confidence, and self-worth. For instance, P2 stated, "Well, my experiences after were a huge change in my demeanor in how I perceived the world afterwards; my mood improved immensely, my relationship with my family became stronger and I was less

agitated afterwards.” P1 stated, “I am also off all medications I took for PTSD; since I’ve been working with the horses I have less anxiety and lucky to not have to be on a lot of medications.” Findings in the literature indicating that participants report an increase in confidence and self-worth during or after EFP are consistent with the findings of this study (Bray, 2002; Iannuzzi & Rowan, 1991; Rothe et al., 2005; Tramutt, 2003).

The theme of introspection was common among participants as they identified with their own thoughts and feelings how introspection became a positive tool in their daily lives. Participants recognized behavioral patterns and the impact that these patterns had on them as well as others, and they ultimately made improvements by confronting their fears and anxiety. For instance, P6 stated,

The most beneficial I think would be the sense of accomplishment and achievement of being able to follow through with something that was scary in the beginning, but then you kind of work through it and you are successful at it.

P8 stated,

In the moment, I was very aware that I needed to make new habits, that was kind of like the whole process I’m going through and realizing that I can build new habits in the moment and I don’t have to go back to whatever synapse is in my head that I’ve learned.

P7 stated, “it’s helped my relationships too,” explaining, “I think mainly that I find it to be a really, really beneficial therapy and I saw it work for myself as well as seen it work for other people; it made a really big difference.” P8 described “moving from triggers

and not processing it and applying the knowledge that they gave to me for the real world when I'm out in it." P8 recalled,

A month later, I was able to use what tools they gave me to take on some strong influences in my life that I was going through. I can get a little more specific with that with the certain tools that they gave and things that I did.

Behavior modification after receiving EFP has been documented in literature (Lentini & Knox, 2009), which is consistent with findings of this study of participants' behavior modifications and improvement in anxiety. Mental health issues and psychosocial issues that influence communication, cognition, behavior, social skills, and anxiety, as well as mood disorders are addressed and documented throughout the research (Rothe et al., 2005). Equine activities elicit feelings of trust, safety, and respect that inspire feelings of personal success (Rothe et al., 2005).

The theme of changes in relationships was very significant for the participants in this research study. The participants asserted that familial relationships had improved and that EFP had significantly improved their relationships by helping them identify how their own behaviors contribute to interpersonal effectiveness, as well as how tools developed through equine activities were applicable to daily life. For instance, P1 stated,

It opened up a lot of self-awareness for me and helped me push through a lot of anxiety and things I was working through in my personal life. It definitely helped in teamwork and teambuilding; the EAGALA program helped me work through my relationships that I deal with; reconnecting and socializing and things like that again.

Specific relationship enhancements were not noted in existing research findings; however, existing research had shown that equine-assisted family therapy (EAFT) was an effective intervention for the reduction of emotional and behavioral disorders in high-risk youths (Mann & Williams, 2002).

The theme of professional enrichment influenced half of the participants in this research study. Forty percent of participants in this study were veterans who were struggling with anger, PTSD, and reintegration into the family system and society. The trauma of war, sadness, anger, and sexual abuse were among the issues shared by participants that were dealt with through equine treatment. This study adds to past research demonstrating that horses mirror moods, prompting individuals to self-assess their own moods and habitual behaviors so that they are aware of the messages these send to other people. Participants' awareness of how their behaviors affected others, as reported in this study, stemmed from immediate responses to horses, echoing reports of many other participants in equine therapy studies. Therefore, this mirroring from horses and self-assessment from participants provides content and a gateway for the therapeutic process between participants and licensed therapists or mental health professionals. Engagement with horses among participants fosters engagement between participants and professionals to process emotions, behaviors, and patterns. Although quantitative research exists that examines participant-reported reductions in psychological distress or enhanced psychological well-being as a result of EFP, there is limited or essentially nonexistent qualitative research examining and evoking the lived experiences of individuals who have participated in EFP (Cumella et al., 2013; Kemp et al., 2014;

Klontz et al., 2007; Schultz et al., 2007; Shultz, 2005). Bachi (2012) identified the need to study the relationship and bond that develop between client and horse. Participants in this study often described experiences they had with horses during EFP as treasured.

The results of this study indicate that EFP had significant impacts on participants. Participants in this study identified growth in the areas of personal and professional enrichment, introspection, improvement in relationships, the phenomenon of EFP, and experience with horses.

### **Limitations of the Study**

The data collection process involved one-on-one phone and Skype interviews with adults who participated in EFP. To establish trustworthiness, I engaged in journaling, providing reflection and interpreting my own experiences to remain conscious of my own biases, thereby lessening threats to validity. Additionally, issues of trustworthiness outlined in Chapter 3 were addressed through checks and balances in the research; by identifying that not all data would fit into a theme; by clarifying researcher bias; through member checking; and by providing rich, thick descriptions. According to Creswell (2013), adhering to at least three validation strategies in qualitative inquiry is suggested. However, there may be limitations to the current study because I did not use strategies involving nonverbal cues, which I would have been able to observe in face-to-face interviews. Phone interviews do not allow the researcher to observe nonverbal cues from participants, which may be useful data.

The aim of this study was not to generalize findings from this sample to other populations; rather, I sought to investigate, understand, and define the experiences of

participants. Overgeneralization was avoided, and qualitative strategies were followed. There is, however, the potential for transferability. An additional recommendation would be to obtain more data from men.

### **Recommendations**

Results of this study may be used for further research that provides groundwork in capturing the essence of participants' experiences of EFP and further expanding upon participants' reduction in behavioral and emotional symptoms. Additionally, future studies could evaluate the long-term effects of EFP on participants. Existing research and the findings in this study indicating significant improvements in psychological functioning for EFP participants warrant further research into EFP. Perhaps future research could address which aspects of EFP correlate with therapeutic benefits, population sample, and long-term effects. Additional phenomenological study could identify and enhance understanding of the experience of participants and the formation of cognitive maps, attributes and characteristics of a phenomenon, through inquiry. This understanding could capture how participants organize information through experiential therapy and how participants interpret participation in EFP. Furthermore, exploring how participants form these attributes from EFP and inferences drawn from them could provide additional information for the clinician about maladaptive thought processes, thus changing behavioral patterns through EFP. Consistent findings may also contribute to efforts to synergize EFP modalities with other treatment modalities. Finally, further research could incorporate larger sample sizes to contribute to the findings of EFP studies. Such research might uncover benefits reported by participants, thereby

supporting coverage of this treatment by insurance companies and helping EFP to become a mainstream therapy that more individuals can choose.

### **Implications for Social Change**

This study contributes to existing literature in gaining insight into (a) the experiences of adults during and after receiving EFP, (b) the aspects of EFP participants considered to be most beneficial to their well-being, (c) how participants have been affected by EFP, and (d) what participants did with their experiences after EFP. The results of the study not only describe the impact of EFP on the participant as an individual, but also the impact of EFP experiences on participants' relationships. Intimate relationships include those involving family, friends, and society. Professional relationships were impacted as well, as one-half of the participants in this study became certified in equine therapy so that they could serve others. The overall significance of this study of the lived experiences of individuals derives from its provision of a deeper level of understanding for providers of what is meaningful to individuals during and after EFP. This includes the process and perceptions of these individuals that lead to outcomes, along with why and how their reality changed. Rich and meaningful data on the perceptions and experiences of EFP participants contribute to a better understanding of individuals and their experiences. This study contributes to the literature on the lived experiences of adults during and after EFP, which may enhance knowledge and practice in equine therapy. By exploring deep meanings described by individuals as developing during and after EFP, this anecdotal evidence adds to existing literature.

This study, in addressing a gap in the literature, may enhance understanding of this innovative therapy as well as increase access of the human experience; emotions, personality characteristics, behaviors, needs, and desires. The benefits of animal-assisted therapy (AAT) to overall mental health are many, and quantitative research on equine therapies has indicated effects such as improving mood and anxiety disorders and has supported its use for behavior modification. This study may assist in increasing understanding of what part of their experiences are meaningful to individuals. It has implications for positive social change that may result from insight into individuals' experiences of equine treatment, in that clinicians may improve their understanding of maladaptive thought processes. Individuals understanding their own belief systems, thus readily changing unwanted behavior patterns, is an important implication of effective EFP as well.

### **Conclusion**

EFP has been reported to have a significant impact on veterans with PTSD, suicidal ideation, problems with reintegrating into the family system, anger, and depression. Additionally, it can be helpful for women survivors of sexual abuse experiencing depression, anxiety, dissociative symptoms, and intimacy issues, as well as others suffering from low self-worth and other family and relationship issues (Lentini & Knox, 2009; Levinson, 1997; Marx & Cumella, 2003; Rothe et al., 2005; Tyler, 1994). Participants in this study reported facing significant challenges that led to significant changes in themselves, their family life, and their role in society. The trauma of war, sadness, anger, and sexual abuse were some of the issues addressed by EFP. Valuable

insight gained from capturing the essences of participants' experiences fills a gap in literature on how horses may be used as tools for individuals to gain insight and emotional growth.

Participants in this study identified the importance of their experiences with horses and reported experiences of personal enrichment that included positivity, joy, enhanced self-worth, sense of achievement, and establishing healthy boundaries. Impressive accounts of better relationships were often reported by participants. Participants described EFP as an amazing experience and transformation that resulted in changed perceptions followed by introspection. Participants reported benefits such as self-awareness and empowerment, and they conveyed the value of a therapeutic setting where anger and fear diminished in a nonthreatening, nonjudgmental environment. Fifty percent of the participants reported continued involvement with equine therapy serving veterans, women survivors of sexual abuse, children, and other individuals. By capturing the experiences of EFP participants, this study makes a valuable contribution to literature and supports effective evidence-based practice (EBP) for clinicians and the populations they serve.

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## Appendix A: Recruitment Letter

### Recruitment Letter/Statement

My name is Deby Torbett and I am a doctoral student in the psychology department at Walden University. I am writing to invite you to participate in my research study about equine facilitated psychotherapy (EFP). The purpose of this study is to explore the experiences of people who have participated in horse-assisted therapy. By exploring such experiences, we may be able to discover what the most valuable aspects of this type of therapy may be. By exploring the thoughts, perceptions, and feelings of people who have participated in horse-assisted therapy, we may gain insight into understanding the factors that lead to personal skill enhancement and improved self-esteem and competence. You are eligible to be in this study because you have participated in horse-assisted therapy.

I appreciate your interest in my dissertation research. I also appreciate your willingness to share your unique and personal thoughts, and feelings. I value the unique contribution that you can add to my study and I am excited about the possibility of your participation. Through your participation, I hope to understand the essence of exploring your experiences after participating in equine facilitated psychotherapy (EFP). I am seeking vivid, accurate, and comprehensive portrayals of what these experiences were like for you: your thoughts, feelings, and behaviors that were connected to your experience. The process of this study will include interview questions via Skype or in-person.

Remember, your participation will be completely voluntary. I value your participation and thank you for the commitment of time, energy, and effort. If you'd like to participate or have any questions about the study, signing the release form or if there are any problems with the date and time of our interview, please email me at [deby.torbett@waldenu.edu](mailto:deby.torbett@waldenu.edu).

**Procedures:**

If you agree to this study, you will be asked to:

- Sign an informed consent.
- Participate in one or two interviews with the researcher that will be approximately 30-60 minutes each.

## Appendix B: Interview Protocol

These are the questions that will be asked during the interview.

1. Please describe any feelings or emotions you had after participating in EFP.
2. Please describe any thoughts you had after participating in EFP.
3. Please describe any actions you took after participating in EFP.
4. What aspects of EFP did you consider to be most beneficial and least beneficial for your well-being? Can you describe a few for me?