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PRACTICE PATTERNS OF EQUINE ASSISTED PSYCHOTHERAPISTS

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PRACTICE PATTERNS OF EQUINE ASSISTED PSYCHOTHERAPISTS

THESIS

A thesis submitted in partial fulfillment of the requirements for the degree of Master of Science in the College of Agriculture, Food and Environment at the University of Kentucky.

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ABSTRACT OF THESIS

PRACTICE PATTERNS OF EQUINE ASSISTED PSYCHOTHERAPISTS

Modeled after Doherty & Simmons' (1996) study on the practice patterns of marriage and family therapists, this project explored similar questions about equine assisted/facilitated psychotherapists who are members of two main certification organizations, EAGALA and PATH Intl. An Internet survey distributed to equine assisted/facilitated practitioners across the country explored demographic information of the clinician, their clients, and their typical work setting. Equine assisted/facilitated psychotherapy is a growing field and gaining an understanding of the current position of the field allows for growth in areas that are currently underdeveloped within this sector of the mental health field.

KEYWORDS: Equine Assisted Psychotherapy, Equine Facilitated Psychotherapy, Therapeutic Riding, Practice Patterns, Experiential Therapy

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Chapter 1

Introduction

Talk therapy is a widely used method for individuals to cope with psychosocial issues, as well as improve overall wellbeing; however, it is not the best method for everyone. A wide variety of therapeutic models are used with every age of client, from young children to elderly adults; however, some clients are less receptive to the traditional therapy environment. For example, adolescents may view the therapist as another adult that they cannot trust (Bowers & MacDonald, 2001). For these teenagers and other individuals who may be reluctant to participate in traditional talk therapies, there are a variety of alternative therapeutic methods that may help them. One emerging approach incorporates horses in the therapeutic process in a variety of different ways. Often known as equine-assisted psychotherapy, this method is also known by a wide variety of other names, such as equine-facilitated psychotherapy, therapeutic horsemanship, equine-assisted learning, and therapeutic riding (Lentini & Knox, 2009; Rothe, Vega, Torres, Soler, & Pazos, 2005). No matter what it is called, therapies using horses are shown to have benefits for many populations who struggle to connect with the traditional therapeutic process (Bizub, Joy, & Davidson, 2003; Bowers & MacDonald, 2001; Brooks, 2006; Burgon, 2011; Lentini & Knox, 2009; Rothe, Vega, Torres, Soler, & Pazzos, 2005; Schultz, Remick-Barlow, & Robbins, 2007c).

Equine assisted psychotherapy uses the horse as a psychotherapeutic tool within a treatment plan established by the therapist that can be influenced by a variety of models and use a diverse set of techniques (Lentini & Knox, 2009). Equine assisted therapies are adaptable to most therapeutic models. Most often it integrates with experiential therapies

because this model values direct experience as the most significant opportunity for change in an individual (Klontz, Bivens, Leinart, & Klontz, 2007). Additionally, equine assisted therapy varies in whether the techniques involved include the participants being mounted on the horse or unmounted and working with the horse on the ground. Both forms of equine therapy can be held in an individual or a group setting and involve a series of tasks that the individuals must complete along side their equine partners. Therapists can select which models and techniques they use, typically based on their educational training, the professional organization they are involved with.

Many professionals practicing equine-assisted psychotherapy choose to be credentialed by one or both of the two primary associations that provide training and certification in equine-assisted psychotherapy models. Originally founded for physical therapy involving horses, the Professional Association of Therapeutic Horsemanship International (PATH Intl), formerly North American Riding for the Handicapped Association (NARHA), now embraces the mental health benefits that equine facilitated therapy provides. More recently the Equine Assisted Growth and Learning Association (EAGALA) was established to promote a team approach for equine assisted therapy for mental health therapy. Variations between therapists performing equine assisted therapy may be due to the professional organization they are certified with and received training from as well as the needs of their clients.

The needs of the client often determines what kind of equine assisted therapy they will seek out. For those with physical ailments, clients participate in mounted therapy known for its physical benefits, often called hippotherapy. Hippotherapy is used with individuals who have physical disabilities because the movement of the horse can aid

their bodily ailments (Fitzpatrick & Tebay, 1998). Professionals believe that those participants also receive emotional benefits from therapy involving horses. Individuals with mental and emotional struggles typically receive unmounted therapy which is most often used to improve psychosocial symptoms an individual may have or to improve their overall wellbeing (Burgon, 2011). With such a wide variety of techniques, a very diverse group of clients can have their needs met by equine assisted therapies.

Equine assisted psychotherapy is useful with individuals with a wide range of diagnoses and ages, and is shown to be effective with adolescents and individuals struggling with control (Bowers & MacDonald, 2001; Tyler, 2008). This unique setting and the equine qualities challenges them to be empathetic and compassionate while learning important things about themselves. Horses contribute a variety of attributes to the therapeutic process. These attributes include their inherent vulnerability despite their powerful size and their ability to mirror human emotions (Burgon, 2011). Each client learns something different from the horses, but ultimately they are the factor that keeps clients coming back and receiving these therapeutic experiences (Burgon, 2011).

A wide variety of qualitative studies have been conducted that describe the therapeutic process of equine assisted psychotherapy. Small-scale quantitative studies have also been performed; however, the field is lacking a large, multi-center quantitative study that would describe the scope of practice. Descriptive data provides professionals the concrete information to promote their practice within the mental health field. Understanding the current position of equine assisted therapy in the mental health realm is also important in order to display its importance to government funding agencies and insurers.

The present study intends to provide answers to those questions about the state of the equine assisted therapy field. A study of this nature benefits not only the professionals who wish to promote their practice, but also government and funding agencies that need to understand the scope of these services in order to continue providing the funds for the administration of services. Additionally, those who are interested in pursuing a career in this field may be interested in its general structure. By surveying a large population with participants from both PATH Intl and EAGALA we are able to get a comprehensive view of the professionals and practices of equine assisted/facilitated psychotherapy. Collecting data from both groups of professionals also provides opportunities to compare practice patterns between these two groups.

Chapter 2

Literature Review

Equine History in Healthcare

Animals and humans have led intertwined lives since the beginning of time in both collaborative roles as well as predator or prey roles. Equines have been recognized as having physical and mental healing benefits for humans beginning in the ancient mythology of Celts, Greeks, Indo-Europeans, Berbers, and Asians (Bizub, Joy, & Davidson, 2003; Frewin & Gardiner, 2005). In their ancient mythology, horses were companions to Gods and were viewed as messengers between humans and God, a role that embodied a healing metaphor in those historical cultures (Frewin & Gardiner, 2005). As early as 1792 animals were involved in mental health treatment due to the innate connection that was believed to exist between humans, animals, and the natural environment (Burgon, 2011; Klontz, Bivens, Leinart, & Klontz, 2007). German physicians around 1800 suggested the use of horseback riding for individuals facing hypochondria and mental illness related hysteria, and Europeans used therapeutic riding for physical ailments and psychological well being (Frewin & Gardiner, 2005). For centuries horseback riding has been used to rehabilitate wounded soldiers and this use of horses for physical recovery has continued, with the practice flourishing in the 1960s (Bowers & MacDonald, 2001; Lentini & Knox, 2009).

Through the 1960s the use of horses in physical therapy continued to increase in popularity and the need for a professional organization to provide training and certification became apparent. The North American Riding for the Handicapped Association (NARHA) was established in 1969 to provide certification to those involved

in therapy with horses. At the time, only 10 registered centers existed in the nation (Frewin & Gardiner, 2005; Tyler, 2008). Through the experiential therapy movement of the 1970s equine-assisted therapy continued to develop as a form of mental health therapy (Zugich, Klontz, & Leinart, 2002). In 1996, the Equine Facilitated Mental Health Association (EFMHA) was developed as a division of NARHA that addressed mental health (Frewin & Gardiner, 2005). A second organization, the Equine Assisted Growth and Learning Association (EAGALA), was established in 1999 allowing equine-assisted therapy for mental health to be represented professionally (Frewin & Gardiner, 2005). In 2013, both NARHA (now the Professional Association of Therapeutic Horsemanship International, PATH, Intl) and EAGALA each have over 450 centers certified to practice equine assisted therapy methods. The existence of organizations such as PATH Intl and EAGALA, which provide training and certification for those practicing equine-assisted therapy, demonstrates the growing utilization of horses as physical and mental healing agents over the past 60 years (Bizub, Joy, & Davidson, 2003; Burgon, 2011).

Distinctions Between Therapies

One of the most significant differences in the realm of therapy involving horses is whether the therapy is addressing physical ailments or mental health issues. A wide variety of diagnoses can be addressed with these equine physical therapies including cerebral palsy, multiple sclerosis, muscular dystrophy, hearing and visual impairments, and autism, among others (Fitzpatrick & Tebay, 1998; Tyler, 2008). Therapeutic techniques that address physical struggles include therapeutic vaulting, hippotherapy, and therapeutic riding, which also have strong psychotherapeutic elements. These forms of therapy are medical treatments that utilize “the rhythmic, dynamic movement of the horse

to influence the client's posture, balance, and mobility" (Fitzpatrick & Tebay, 1998, p. 41). Hippotherapy involves the client being mounted on the horse while it is moving at the walk, a motion that the client responds to but does not control (Fitzpatrick & Tebay, 1998). In addition to the physical benefits, hippotherapists emphasize improved self-esteem, confidence, and a sense of control and empowerment as clients complete their services (Tyler, 2008). While a very important form of therapy, a distinction must be made between hippotherapy and equine assisted/facilitated psychotherapy, which focuses on mental and emotional struggles, in order to determine the strengths of each. Table 1 outlines the forms of physical therapy and psychotherapy and defines the unique distinctions between each technique. This study focuses on equine assisted/facilitated psychotherapy, while still recognizing the significant benefits of hippotherapy for those with physical ailments.

Table 2.1

Description of Equine Assisted Therapies

Title	Definition	Focus
Therapeutic Riding	An equine-oriented activity that focuses on therapeutic goals including physical, emotional and behavioral elements.	Physical dysfunctions, mounted-activities
Therapeutic Vaulting	Specific exercises and stances that are performed on the back of a moving horse.	Physical dysfunctions, teamwork, communication, physical coordination

Table 2.1 (continued)

Title	Definition	Focus
Hippotherapy	"Physical, occupational or speech therapy treatment strategy that utilizes equine movement" (American Hippotherapy Association, 2008)	Physical dysfunctions, neurodevelopment treatment, sensory integration, balance, coordination, posture, fine motor control
Psychotherapy	"A focused form of psychotherapy that experientially incorporates the use of horses as a catalyst for change" (Schultz, *et al.,* 2006).	Mental and psycho-social dysfunctions, relational teamwork, problem-solving, verbal and non-verbal communication

(Palagyi, 2009)

Equine assisted/facilitated psychotherapy addresses a variety of issues by using techniques and tools to achieve client goals. Concerns such as behavioral issues, anxiety, depression, attention deficit disorder, eating disorders, relationship problems, and communication struggles are addressed by equine assisted/facilitated psychotherapy (Rothe, Vega, Torres, Soler, & Pazos, 2004). Psychotherapy involving horses is a specialized form of therapy that incorporates equines as a therapeutic tool into the existing framework and treatment plan of the therapist (Klontz et al., 2007; Schultz, Remick-Barlow, & Robbins, 2006). The therapist as well as the client should understand the therapeutic significance of incorporating a horse in their therapeutic goals (Lentini & Knox, 2009; Tyler, 2008). For most, the goal of equine assisted/facilitated psychotherapy is for the client to have insights to their own characteristics through their interactions with

the horse, therapist, and environment (Schultz et al., 2006). By establishing goals in the beginning, the therapist determines which tools will best address the client's specific issue or problem.

A wide variety of names are used to describe activities involving horses including Equine Facilitated Psychotherapy (EFP), Equine Assisted Psychotherapy (EAP), Equine Assisted Experiential Therapy (EAET), Equine Facilitated Therapy (EFT), Equine Assisted Learning (EAL), Equine Facilitated Learning (EFL), therapeutic horsemanship, therapeutic riding, psychotherapeutic riding, and Equine Assisted Counseling (Burgon, 2011; Lentini & Knox, 2009; Trotter, Chandler, Goodwin-Bond, & Casey, 2008). While the majority of these terms describe forms of psychotherapy, Equine Assisted Learning and Equine Facilitated Learning are used to describe non-therapeutic activities that focus on educational goals. For the purposes of this study, the term Equine Assisted/Facilitated Psychotherapy is used to encapsulate all of the existing terms mentioned.

While hippotherapy is always mounted, equine assisted/facilitated psychotherapy can be both mounted and unmounted, depending on the perspective and certification of the therapist (Trotter et al., 2008). Based on their review of the literature, Rothe et al. (2004) claim that 90% of equine assisted/facilitated therapy occurs on the ground, because horsemanship and riding is not the focus. Interactions with horses such as selecting a horse to work with, grooming, unmounted games, and mounted work are all incorporated with equine assisted/facilitated psychotherapy (Klontz et al., 2007). PATH Intl trains equine-facilitated therapists to use both mounted and unmounted formats, while EAGALA emphasizes unmounted therapy (EAGALA, 2010; PATH Intl, 2013).

Whether a therapist chooses to use solely unmounted, solely mounted, or both, depends on their personal style as well as which forms of professional certifications they have.

Professional Organizations

As the field of equine assisted/facilitated psychotherapy develops, the professional organizations, NARHA and EAGALA, continue to grow and change as well. Table 2 defines the differences in the two organizations and outlines the types of therapy each incorporates. In 2010 the Equine Facilitated Mental Health Association was fully integrated into NARHA, which made an association wide commitment to incorporate equine facilitated psychotherapy in planning and decision-making. The following year, NARHA changed the name of the organization to the Professional Association of Therapeutic Horsemanship International (PATH Intl). The organization states that the name change was necessary due to the previous name including the word "handicapped" that is considered outdated and inappropriate (PATH Intl, 2013). Additionally, the former name did not fully represent the growth of the organization to include other equine disciplines, an international presence, and the inclusion of the mental health field (PATH Intl, 2013). PATH Intl identifies their mission as "chang[ing] and enrich[ing] lives by promoting excellence in equine-assisted activities and therapies" (PATH Intl, 2013). Furthermore, PATH Intl has ten core values that they uphold and expect from their members: access and inclusion, compassion and caring, cooperation and collaboration, education, excellence, innovation, integrity and accountability, professionalism, service, and holism. Individuals and centers alike receive many benefits for their membership in PATH Intl including networking opportunities, online training courses, and continued awareness of the status of the profession.

PATH Intl employs the term equine facilitated psychotherapy to describe the realm of the organization that uses experiential forms of psychotherapy involving equines. Interactions between horses and clients include both mounted and unmounted activities, at the discretion of the professional providing the services. The organization defines equine-facilitated psychotherapy as

> ...an interactive process in which a licensed mental health professional working with or as an appropriately credentialed equine professional, partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client (PATH Intl, 2013).

Although more recently established, EAGALA has grown to become the leading international association for professionals who use equines in therapy to support mental health and human development needs. EAGALA uses the term equine assisted psychotherapy (EAP) to describe the experiential use of horses for emotional development (EAGALA, 2010). EAGALA upholds four major tenants for equine assisted therapy including a team approach, the focus on unmounted techniques, a solution-oriented approach, and an enforced code of ethics. The team approach includes the mental health professional, the equine specialist, and the horse that all collaborate for the benefit of the client in session. The role of each of these team members is crucial as the horse is used as the therapeutic tool, the equine specialist is responsible for the wellbeing of the horse, and the mental health professional is responsible for the treatment and safety of the client. The focus on the ground emphasizes the fact that there is no mounted work as techniques are used with horses as metaphors in ground-based experiences. The solution-oriented approach allows the client to discover their own solutions through a variety of experiences and problem solving tasks they are faced with, a model that is established and commonly used by traditional therapists as well. Finally, EAGALA

requires a high standard of practice and the highest level of care for both clients and horses involved as outlined in the EAGALA code of ethics (EAGALA, 2010).

Table 2.2

Equine Facilitated Psychotherapy and Equine Assisted Psychotherapy

Title	Affiliation	Definition	Methods
Equine Facilitated Psychotherapy (EFP)	North American Riding for the Handicapped Association (NARHA)*	A form of experiential psychotherapy that includes equine(s). It may include, but is not limited to, a number of mutually beneficial equine activities such as handling, grooming, longeing, riding, driving, and vaulting. Equine Facilitated Psychotherapy is a treatment approach within the classification of Equine Assisted Therapy that provides the client with opportunities to enhance self-awareness and re-pattern maladaptive behaviors, feelings and attitudes (NARHA, 2008).	Mounted and non-mounted
Equine Assisted Psychotherapy (EAP)	Equine Assisted Growth and Learning Association (EAGALA)	The focus of EAP involves setting up ground activities involving the horses which will require the client or group to apply certain skills. Non-verbal communication, assertiveness, creative thinking and problem solving, leadership, work, taking responsibility, teamwork and relationships, confidence, and attitude are several examples of the tools utilized and developed by EAP.	Non-mounted only

*In 2011 NARHA was changed to the Professional Association of Therapeutic Horsemanship International (i.e. PATH Intl.)

(Palagyi, 2009)

Credentialing in PATH and EAGALA

In addition to having different methods for the practice of equine-assisted/facilitated therapy, PATH Intl and EAGALA also have different procedures for becoming trained and credentialed in their methods. The PATH Intl riding instructor certification program includes three levels of certification including Registered Instructor, Advanced Instructor, and Master Instructor. A PATH Intl Registered Instructor must be "able to conduct an effective, safe and basic lesson to include teaching a riding skill to individuals with disabilities" (PATH Intl Riding Instructor Certification Program, 2012, p.3). In order to accomplish these criteria individuals complete a PATH Intl. Instructor Workshop as well as an on-site Certification Process, or they may attend a PATH Intl Approved Training Course (ATC). To participate in an ATC individuals must be 18 years of age or older, be a current PATH Intl. Individual Member, and be CPR and First Aid certified. Those who attend a PATH Intl Workshop and on-site Certification Process must also meet these criteria, as well as having completed the PATH Intl Horsemanship Skills Checklist, two on-line exams, and 25 mentored group-teaching hours under a current instructor. The individual is a PATH Intl Certified Instructor once both components have been completed.

The Advanced Riding Instructor certification requires the applicant to be at least 21 years of age, have at least 120 hours instructing riders with disabilities, and have completed an ATC, and On-Site Workshop, an Advanced Instructor training prep workshop or a workshop developed by a PATH Intl Center within the past two years. Once these criteria are met, the Advanced Instructor applicant must pass a written

examination, a riding component, a longeing component that includes the horse on a long lead completing a variety of gaits, and a lesson component.

The highest level of PATH Intl certification is the Master Instructor. Criteria to apply to be a PATH Intl Master Instructor includes currently being a PATH Intl Instructor member, being at least 25 years of age, being a PATH Intl Advanced Instructor, being a member of an outside equestrian organization, having at minimum four years of involvement with a PATH Intl Center, having at least 400 hours of teaching equine-assisted activities, and having at least two years of service to PATH Intl The Master Instructor applicant then submits their portfolio to be reviewed by the panel and completes a written exam. If their materials are accepted they may then complete an oral exam that will determine if the applicant is granted PATH Intl Master Instructor Certification. In order to maintain this certification yearly dues must be paid, in addition to a completed compliance form, 20 hours of continuing education, updated CPR and First Aid information, and a signed PATH Intl. Code of Ethics.

In contrast to PATH Intl certification, the Equine Assisted Growth and Learning Association (EAGALA) has only two levels of certification available to its members: EAGALA Certification and EAGALA Advanced Certification. In order to become EAGALA Certified, a more simple process is completed than for individuals seeking PATH Intl certification. The individual must complete Fundamentals of EAGALA Model Practice Training Part one and Part two in addition to submitting a Professional Development Portfolio (EAGALA Certification Program Guide, 2012). Becoming EAGALA Advanced Certified, the individual must have EAGALA Certification as well as completing Fundamentals of EAGALA Model Practice Training Parts one and two a

second time, attending an EAGALA Annual Conference, submitting an article to the EAGALA magazine for publication, completing 150 hours of EAGALA client sessions with mentoring through the EAGALA Mentoring Program, and completing the Advanced Training and Certification application.

The EAGALA model requires a co-facilitating team involving a mental health professional and an equine specialist in every session. Both of these professionals must be certified by EAGALA and have criteria they must meet in order to obtain certification. In order to apply for certification as a mental health professional the individual must have college-level educational training and a degree in a mental health field, must stay within the scope of their practice and follow the laws and regulations of their state or region, and need to be under a governing board or be a member of an association that will hold him/her accountable. To apply for certification as an equine specialist professional the individual must have 6,000 hours of hand-on experience with horses, must have completed at least 100 hours of continuing education in the horse profession within the last two years in topics such as ground work experience, horse psychology, and ability to read horse nonverbal communication. Both certifications must be maintained every two years by completing 20 hours of EAGALA approved continuing education and completing the certification renewal form with fee.

These criteria are significant in that they describe some of the characteristics that all participants from each group in this study have. Once certified by their organization of choice, the therapist uses their previous mental health training to determine which therapeutic model they use while incorporating horses into the process.

Role of the Professional

In order to promote change, Brooks (2006) emphasizes the importance of the communication between the animal and the client, which must be interpreted by the professionals involved including the therapist and/or equine specialist. Both PATH Intl and EAGALA require a mental health professional and equine specialist as part of the therapeutic team for equine assisted therapy (EAGALA, 2010; Trotter, 2012). For this reason, EAGALA provides separate certifications for mental health professionals and equine specialists, both of whom must be present in all sessions (EAGALA, 2010; Trotter, 2012). PATH Intl mental health professionals may also fulfill the role of equine specialists and are not required to have a mental health degree (Trotter, 2012). Once the professionals involved with the equine assisted/facilitated therapy session has been established, the therapeutic model they use with their clients is determined.

Therapeutic models. The structure of the typical equine assisted/facilitated therapy session varies based on the conceptual model followed by the professionals involved. This conceptual model is often influenced by which professional organization the therapist is certified. Brooks (2006) identifies two conceptual models for including animals in mental health therapies: the triangle model and the diamond model. Both models emphasize the potential of each participating member to "enhance or hinder the connection between the child and animal" (Brooks, 2006, p. 204). The members of each model function as a system, with each individual affecting the interactions of the other members. The *triangle model* includes the client, therapist, and animal as the vertices of the triangle with each affecting both of the others. The *diamond model* also encapsulates

these three aspects with an additional member in the animal handler or more specifically the equine specialist.

In both models, the therapist brings important insight and interpretation that enriches the therapeutic experience. The animal also brings his or her own behaviors and experiences into the therapeutic setting. If working within the triangle model, the therapist must have extensive knowledge about the animal's behaviors and how to interpret them. Having this knowledge allows the therapist to give the client feedback so they can learn how their behaviors affect others. The third aspect consistent with both models is the client whose reactions to both the horse and therapist affect the therapy process. When using the triangle model, the therapist must also have an understanding of the behavior of the client in order to fully embrace the therapeutic experience. In the diamond model, the equine specialist also affects the therapeutic environment; however, they are responsible for interpreting the animal's behavior leaving the therapist to focus on the client (Brooks, 2006).

In order to promote change, Brooks (2006) emphasizes the importance of the communication between the animal and the client, which needs to be interpreted by the therapist and/or equine specialist. The diamond model suits the team approach of EAGALA models, while PATH therapists may use either model. Once the structural model for the equine assisted/facilitated therapy session is established, possibly based on their professional organization involvement, the therapist determines which therapeutic model they will be using with their clients.

Therapeutic Theories

With equine assisted/facilitated therapy, the therapist typically incorporates activities involving equines into their broader existing theoretical framework (Klontz et al., 2007; Trotter, 2012). Understanding the basis of these theories and how they can be applied to an equine model is helpful in gaining an understanding of how equine assisted/facilitated therapists develop the techniques they use. By indicating the most commonly used theories we determine what patterns exist between therapists practicing equine assisted/facilitated therapy. Due to the experiential activities involved, therapists practicing equine assisted/facilitated therapy often identify experiential therapy as at least a portion of their theoretical framework. The experiential approach uses direct experiences to promote change within the individual (Klontz et al., 2007). Clients participate in activities that promote an interaction between themselves and the horse in order for their behaviors to have an affect on one another. These activities are designed and assigned in order to elicit specific feelings and behaviors in the client that are then interpreted by the horse providing an immediate and accurate reflection to the client (Zugich at al., 2002). The experience of seeing the horse react to their behavior helps the client reflect on themselves promoting change. In these experiential models, the horse is considered to be a catalyst and a tool to the therapeutic process (Klontz et al., 2007).

These experiential perspectives are highly influenced by Gestalt theory in which clients derive meaning from their individual interpretations of the immediate experience (Trotter, 2012). The emphasis on body language and interpretation is strongly related to Gestalt techniques. Gestalt methods are very person-centered as well as present-centered, which are both terms frequently used to describe equine assisted/facilitated

psychotherapy (Burgon, 2011; Schultz et al., 2006; Trotter, 2012). The role of the client is extremely important as they determine their own change based on their involvement in the therapeutic process.

Lentini and Knox (2009) identify aspects of psychodynamic theory that are used within equine assisted/facilitated psychotherapy framework. Several of these aspects include the relationship with the therapist, the nonverbal communication, the immediate and present-focused nature of therapy, and preverbal experiences such as comfort and touch. In many cases, transference occurs with the horse that can be used therapeutically (Lentini & Knox, 2009). Countertransference also occurs through the horse's reactions if the client takes out their frustrations on the horse. The use of metaphor and non-verbal communication are both strongly related to a psychodynamic perspective.

Trotter (2012) identifies three other theoretical foundations of equine assisted/facilitated psychotherapy including brief therapy, reality therapy, and Adlerian therapy. Brief therapy includes a solution-focused perspective with the emphasis being on visible behavioral changes. With this model interventions are highly intentional in order to change the observed pattern of behavior. The therapist and client are both active participants with the therapist challenging the client to grow and change. Reality therapy also uses directive techniques with the therapist and client as active participants. This model uses the "here-and-now experience" as opportunities to create understanding and self-discovery (Trotter, 2012, p 12). Finally, Adlerian therapy is relevant due to the major tenet that "all individuals move from feelings of inferiority toward a feeling of significance" (Trotter, 2012, p. 12). Individuals in equine assisted/facilitated therapy gain a sense of power by overcoming their vulnerability when they are able to get a large

animal to respond positively to them. The combination of these theoretical models results in a person and present centered therapy that uses the horse as a tool to promote change.

Role of the Horse

Researchers have identified a variety of roles and purposes that the horse can play in the therapeutic process. Primarily the horse serves as a mirror to reflect the client's experiences in their life through the occurrence of metaphorical interactions (Christian, 2005; Rothe et al., 2005; Klontz et al., 2007). The meaning of this metaphor is determined by the interpretation the client gives to the horse's movements, behaviors, and reactions (Klontz et al., 2007). Clinicians suggest that horses give true and unbiased feedback that mirrors the state of the client physically and emotionally throughout the therapy process. Also, equine responses to non-verbal cues are immediate, accurate, and consistent in nature providing the mirror reflecting the client behaviors (Mann, 2001; Zugich, Klontz, & Leinart, 2002). Receiving this feedback permits the client to observe the reaction allowing them to self-reflect and gain self-awareness (Klontz et al., 2007). Another benefit the horse brings to the therapy process is their large size and powerful presence that demands respect (Frewin & Gardiner, 2005). These factors allow clients to explore issues they may have associated with vulnerability, power, and control (Christian, 2005; Lentini & Knox, 2009; Burgon, 2011). According to Bowers & MacDonald (2001), the horse's size requires that the client learn to respect their boundaries, while the therapy task teaches them how to communicate their own authority in a non-intrusive way. Clients learn how to control themselves and their surroundings without directly controlling the animal (Brooks, 2006). This type of non-verbal communication is another key skill that can be learned through EAP (Burgon, 2011; EAGALA, 2010). Horses are

naturally fearful due to being prey animals, and this fear and tendency to run is an emotion many clients can closely relate to. This fear causes horses and clients alike to seek security and clients can be comforted by the fact that other creatures experience these feelings (Burgon, 2011).

It is believed that the horse-human relationship that is developed throughout the therapeutic process is the most crucial aspect of EAP. Clients interviewed indicate feeling hesitant to open up to others, but felt safe in the equine relationship due to its nondiscrimination and lack of expectations (Burgon, 2011; Frewin & Gardiner, 2005). Semi-structured qualitative interviews with clients reveal that the horse begins to represent unconditional acceptance and nonjudgmental support and care for the client, an experience they may not have had in life (Bizub, Joy, & Davidson, 2003; Rothe et al., 2005). Clients who are willing to be vulnerable and trust the horse will receive the horse's respect eliciting positive behaviors (Frewin & Gardiner, 2005). This type of relationship between horse and human is inherently therapeutic and critical for the emotional process of clients in therapy.

Client Outcomes from Equine Assisted/Facilitated Psychotherapy

Through the therapeutic process of equine assisted/facilitated psychotherapy, clients gain a wide variety of psychosocial benefits. For example, clients cultivate healthy social skills that grow through interactions with the horse, as well as other participants. Many times equine assisted/facilitated psychotherapy is held in a group setting, which promotes positive social interactions as they work together to accomplish a task. Additionally, the horse teaches appropriate interaction to the client through their responses to the client's communication with them (Burgon, 2011; Rothe et al., 2005).

The horse's negative or positive reaction, for example walking away from or toward the client, indicates to the client whether or not their behavior is received as negative or positive. Also, having a horse involved in the therapeutic process forces the client to renegotiate their boundaries, which can ease the therapeutic process as well as provide useful skills for future situations (Bowers & MacDonald, 2001). Horses require a certain amount of space and time in order to become comfortable with a client, similar to the boundaries of people who have just met. Unlike interactions with a person, a horse might react in a negative way if their boundaries are crossed, teaching the client where that line lies.

A wide variety of life skills are learned through equine assisted/facilitated psychotherapy including patience, respect, trust, responsibility, and affection (Brooks, 2006; Burgon et al., 2011; Rothe et al., 2005). Equine assisted/facilitated psychotherapy promotes empathy through a connection that is built with the horse. Learning to have empathy for the horse and receiving it in return from the horse teaches the client how to experience compassion in other areas of their life (Bowers & MacDonald, 2001; Burgon, 2011). For children who have faced trauma, the horse provides an alternative secure attachment figure for them to learn how to build a positive and trustworthy relationship (Bowers & MacDonald, 2001).

Two of the most significant and most widely studied benefits of equine assisted/facilitated psychotherapy are associated with self-esteem and self-efficacy, built through the relationship with the horse and the tasks given by the therapist (Bizub et al., 2003; Bowers & MacDonald, 2001; Burgon, 2011; Christian, 2005; Lentini & Knox, 2009; Rothe et al., 2005; Schultz et al., 2007). Clients enter equine assisted/facilitated

psychotherapy believing they will not be able to accomplish the challenging tasks put before them. Throughout the process they learn problem-solving skills to accomplish these tasks on their own, promoting an "I can" attitude within them (Bizub et al., 2003; Bowers & MacDonald, 2001; Tyler, 2008). The client learns how to control their own behaviors as well as the behaviors of the horse, teaching them that they do have control over their own lives (Brooks, 2006; Burgon, 2011). Once these tasks are accomplished, the client has a sense of mastery due to learning a skill and receiving positive feedback for their efforts. These feelings within the client begin to increase their self-esteem by showing them that they can do things, even when they do not know how or are fearful (Burgon, 2011; Christian, 2005). Overcoming these challenges is difficult for clients, but once they are accomplished the client has a foundation of success for all future challenges (Burgon, 2011). Therapy involving horses has a wide range of uses and provides a plethora of benefits to the clients involved.

Practice Patterns Research

While research has been done on the role of the therapist, the horse and the client, research was not found within the field of equine assisted/facilitated therapy to determine the interactions between the three. Also, interest exists in understanding who the equine assisted/facilitated therapist is, whom their clients are, and what their clinical work looks like.

Doherty and Simmons (1996) completed descriptive research on the practice patterns of marriage and family therapists in order to describe the therapists and their clinical work, which is replicated in this study with equine assisted/facilitated therapists. Empirical data on the practice patterns of marriage and family therapists allows clinicians

to promote themselves to insurers, business, and governmental bodies in order to gain support for the field (Simmons & Doherty, 1995). These researchers identified eight questions about members of the American Association of Marriage and Family Therapy that shaped their survey:

> 1) Who are they? 2) Whom do they treat? 3) What types of clinical services to they provide 4) How long do they see clients? 5) How much do their services cost? 6) How are they reimbursed? 7) What are the outcomes of their services? 8) How satisfied are their clients? (Doherty & Simmons, 1996, 9-10)

Questions one through six are addressed by Part I of their survey, and are the questions to be answered about equine assisted/facilitated therapists.

A study representing a modified version of Doherty & Simmons's exploration of marriage and family therapists as clinicians will allow equine assisted-therapists to promote themselves and the field to outside bodies. Identifying the demographics of the typical equine assisted-therapist and their clients helps to identify areas that require further growth and development. As mental health service providers, equine assisted/facilitated therapists are often overlooked; however, answering these core questions allows organizations to compare themselves to other mental health professionals who administer similar services. Additionally, comparisons between PATH Intl and EAGALA provide information about concrete differences between the two that may exist.

Chapter 3

Method

Participants

For the purposes of the present study, a variety of recruitment strategies were utilized in order to maximize responses. Recruitment began with a random list of members of the professional organizations that credential mental health practitioners who provide Equine Assisted Psychotherapy: (a) Equine Assisted Growth and Learning Association (EAGALA) and (b) the Professional Association of Therapeutic Horsemanship International (PATH, Intl). Participants were recruited from lists of centers that are registered with these organizations that are publicly listed on the websites of these two organizations: www.eagala.org/find_a_program and www.pathintl.org/path-intl-centers/find-center. EAGALA lists contact information for approximately 460 American programs while PATH Intl includes approximately 820 American centers on their public listings that were included in the initial recruitment. A random number generator was used to identify participants to be contacted from the master list.

This random number generator initiated a snowball method of recruitment by asking those who received the email to forward the information to their colleagues who may participate. Additionally, recruitment methods allowed for the utilization of PATH Intl and EAGALA Facebook pages on which basic information about the study and a link to the survey were posted. A snowball method may have resulted in some individuals receiving the survey twice; awareness of this issue allowed us to screen for duplicates. Centers who employ multiple therapists allowed each of the therapists to complete the survey separately.

Some inclusion criteria were incorporated in order to maintain the desired scope of the study. Primarily, the focus is on professionals who practice some form of equine assisted psychotherapy, equine facilitated psychotherapy, or psychotherapeutic riding. Therefore, professionals who do not administer these forms of therapy did not complete the survey. Many professionals involved in these organizations practice hippotherapy, a physical therapy, rather than psychotherapy. Participants who practice solely hippotherapy were excused from the study. However, participants who practice hippotherapy in addition to some form of equine assisted/facilitated psychotherapy were asked to respond to the survey based on their equine assisted psychotherapy. All participants are PATH Intl. Certified Instructors, PATH Intl Advanced Instructor, PATH Intl Master Instructor, EAGALA Certified, or EAGALA Advanced Certified.

Participants in this study are members of PATH Intl., EAGALA, or both and therefore have met the criteria in order to be credentialed by these organizations. Additionally, they have completed the required training necessary to be certified at the level they indicated they have achieved. This information was captured by the survey administered (Appendix A).

Procedures

The questionnaire was hosted on Qualtrics and the link was distributed through an email sent to the equine professionals involved at the centers publicly listed on the EAGALA and PATH Intl websites. Dillman, Smyth, and Christian (2009) suggest multiple points of contact through a variety of mediums in order to produce the best response rates. Due to this fact, phone and email contact were attempted with each participant at multiple points throughout the data collection process. The first point of

contact was a phone call to the center prior to distributing the email survey. Researchers called each center in order to make a verbal connection with the equine professional at that location, confirm their email address, and prepare them for the survey that they would be receiving. The researcher and undergraduate assistants called the centers and followed a script (Appendix B) asking to speak directly with the therapist. See Appendix B for the steps that were taken during the duration of the phone call. This phone call allowed the researcher to briefly explain the purpose of the study and ensure that the equine professional met the criteria required for participation in the study. After this initial phone call, an email with a link to the Qualtrics survey (Appendix C) was sent directly to the confirmed email address within 48 hours. If direct phone contact was not made and a message was left, the email was sent to the email address indicated on the professional organization's website.

Instrumentation

The survey used in the present study (Appendix A) is a modified version of the survey developed by Doherty and Simmons (1996) that was used to assess similar practice patterns for licensed marriage and family therapists; adjustments were made to specifically address the equine assisted therapy profession. The survey includes 40 items that address demographic information of the therapist, as well as their clients, in addition to providing information about their practice patterns. Additional items were developed specific to the field of equine assisted therapy in order to address the aspects of these practices. For example, question one, "do you practice equine assisted/facilitated therapy, hippotherapy, or both?" was created in order to determine what sector of the human health involving equines the professional is involved with. Due to the focus of our

study, participants who marked “hippotherapy” were directed to a page informing them that they do not need to complete the rest of the survey and thanking them for their participation. Additionally, question number six inquires about the certifications the professional has in order to work with equines in the field. Items included multiple-choice as well as free response questions that develop a well-rounded perspective on each individual professional’s competencies and patterns for seeing clients in an equine setting.

Data Analytic Plan

Due to the descriptive nature of this study, the data consists of demographic information and descriptive statistics about equine assisted/facilitated therapy. Data was reported in a way that describes trends in equine assisted/facilitated therapists, their clients, and their practice setting and methods. Frequencies were run to determine the most common characteristics about participants such as professional identification, professional licenses held, field degree is held in, and their competencies. Additional frequencies were run to determine demographic information about participants including their gender and race/ethnicity. A description of their clinical practice was gained through frequencies on the therapeutic setting, type of therapy done, presenting problem, time of day therapy is done, and referral sources. Frequencies that describe participant clientele include race/ethnicity and gender. In addition to frequencies, the mean was also be calculated for factors about the therapist such as client contact hours per week, average caseload, number of years practicing, and their age. The mean was also run to determine average characteristics of practice patterns including the fee charged, the number of

sessions with each client, and the length of sessions. Finally, frequency and mean will be calculated to determine the age of the typical client of participants.

By gathering information about two distinctive groups, PATH Intl and EAGALA, it was possible to compare certain characteristics between these groups. T-tests will be run to compare variables that are continuous in nature such as the number of sessions held, the length of sessions, and the fee charged. For variables assessed with yes/no responses, a chi square was utilized to compare two categorical variables. Variables assessed with a chi square included the licenses held, the field of degree held, the professional identification, and the competencies of the equine assisted therapists, as well as the type of therapy done, and presenting problems. By running these t-tests and chi squares it is possible to compare these core characteristics of participants who are certified through EAGALA and PATH Intl.

Chapter 4

Results

Seventy-five participants responded to some portion of the survey provided on Qualtrics, and all responses to individual questions were used for the purpose of this study. Participants ranged in age from 22 to 79 with a mean age of 49. The majority of respondents were female (n=43). Responses were received from 26 states with the majority of responses from California (n=9) and Texas (n=5). Participants responded to questions exploring their demographics, the details of their practice patterns, and the demographics of their clients.

In addition to the above information, the demographic information about practitioners can be found in table 4.1. The results also indicate that the majority of equine assisted therapists are white (90%) and female (93.2%). Most practitioners identify themselves as a counselor (21.9%), while others identify as social workers (14.1), marriage and family therapists (7.8%), and psychologists (6.3%). Most participants are not licensed (54.3%); however, those who are licensed are most likely to be a Licensed Clinical Social Worker (20.6%) or a Licensed Professional Counselor (17.6%). Many clinicians (32.8%) indicate having a degree other than those listed and when prompted listed a variety of Bachelor's and Associate's degrees as their highest level of education. Of those with higher education, the majority achieved either a Master's of Arts (21.9%) or a Master's of Social Work (15.6%). Participants indicate involvement in providing equine assisted services for nine years after completing their education (m=9.05, SD=7.68). A variety of areas of treatment competency were explored

including population, mode of treatment, and presenting problem, and are described in Table 4.2, Table 4.3, and Table 4.4 respectively.

Clinicians have a mean of 13.49 (SD=21.69) clients per week on their current caseload and average 10.5 (SD=11.48) clinical contact hours per week. The typical settings for the majority of equine assisted therapists are outlined in Table 4.5. The majority of practitioners (68.0%) hold sessions in the afternoon, from noon to 5:00 p.m., and many have sessions on both weekdays and weekends (Table 4.6). Table 4.7 indicates that participants identify "word of mouth" to be their primary referral source (45.3%). The mean fee for each type of therapy is found in Table 4.8.

In addition to demographic information about practitioners, demographic information about their clients was also collected (Table 4.9). A majority of practitioners indicate serving population from ages 11 to 17 (63.2%) and ages 18 to 64 (54.4%). Additionally, the majority of practitioners serve a Caucasian population (63.2%) with minority groups also represented (Table 4.9). In considering the gender of their clients, 18.8% of participants indicated that their clients are exactly half female and half male. Additionally, other practitioners (14.6%) indicate providing 40% of services to males, while 10.4% or practitioners indicate offering 60% of services to females. A small proportion of practitioners (2.1%) indicate that the population they serve is 20% transgender individuals. Table 4.10 demonstrates the five most common presenting problems treated in an equine assisted therapy setting, with most common as anxiety (40.0%). Participants indicate that clients typically receive approximately 10 sessions (M=10.32, SD=10.89) of equine assisted therapy. Additionally, an average session is approximately 55 minutes (M=54.87, SD=29.05).

In addition to a basic understanding of clinician and client information, this study also seeks to identify any differences that may occur between the two primary certification organizations in the field, EAGALA and PATH, Intl. Table 4.11 indicates the specific certifications held by participants in this study. The majority of participants hold only EAGALA certification (54.4%) while some hold only PATH Intl certifications (36.8%) and others hold both EAGALA and PATH Intl certifications (8.8%). In addition to total demographics, table 4.1 also includes demographic differences that may exist between those who hold only EAGALA certifications and those with only PATH Intl certifications. Table 4.5 also indicates the difference in practice settings between EAGALA certified and PATH Intl certified practitioners.

Table 4.12 indicates significant differences between EAGALA and PATH Intl in the typical duration of therapy. EAGALA practitioners are significantly more likely to provide therapy for 11 to 20 sessions 2.27(df=45), $p<.05$. However, PATH Intl practitioners are significantly more likely to provide greater than 30 sessions - 3.95(df=45), $p<.001$. Additionally, table 4.13 indicates a significant difference between the mean fee for each type of therapy offered by EAGALA and PATH Intl practitioners. Significant differences also exist in the areas that EAGALA certified and PATH Intl certified practitioners feel competent to provide services within, which are demonstrated within table 4.14.

Table 4.1

Equine Assisted Psychotherapist Profile by Certification

Category	*EAGALA*	*PATH Intl*	*Total*
	n(%)	n(%)	n(%)
Sex (n=44)			
Male	1(2.3%)	2(4.5%)	3(6.8%)
Female	24(54.5%)	14(31.8%)	41(93.2%)
Race (n=41)			
White	24(57.1%)	14(33.3%)	41(90.0%)
Hispanic	0(0.0%)	1(2.4%)	1(2.4%)
American Indian	0(0.0%)	1(2.4%)	1(2.4%)
Other	1(2.4%)	1(2.4%)	2(4.8%)
Professional Identification (n=64)			
Counselor	14(21.9%)	0(0.0%)	14(21.9%)
Social Worker	7(10.9%)	1(1.6%)	9(14.1%)
MFT	4(6.3%)	0(0.0%)	5(7.8%)
Psychologist	3(4.7%)	0(0.0%)	4(6.3%)
Nurse	0(0.0%)	1(1.6%)	2(3.1%)
Clergy	0(0.0%)	1(1.6%)	1(1.6%)
Other	7(10.9%)	20(31.3%)	28(43.8%)
Licensure Status (n=68)			
MFT	3(4.4%)	0(0.0%)	5(7.4%)
Psychologist	3(4.4%)	0(0.0%)	4(5.9%)

Table 4.1 (continued)

Category	*EAGALA*	*PATH Intl*	*Total*
	n(%)	n(%)	n(%)
Social Worker	12(17.6%)	1(1.5%)	14(20.6%)
Counselor	11(16.2%)	0(0.0%)	12(17.6%)
Registered Nurse	0(0.0%)	1(1.5%)	2(2.9%)
Medical Doctor	1(1.5%)	0(0.0%)	1(1.5%)
No License	3(4.4%)	12(17.6%)	16(23.5%)
Highest Professional Degree (n=64)			
PhD	3(4.7%)	0(0.0%)	4(6.3%)
MA	9(14.1%)	4(6.3%)	14(21.9%)
MS	3(4.7%)	1(1.6%)	4(6.3%)
MSW	9(14.1%)	1(1.6%)	10(15.6%)
PsyD	2(3.1%)	0(0.0%)	2(3.1%)
MD	1(1.6%)	0(0.0%)	1(1.6%)
MEd	1(1.6%)	1(1.6%)	2(3.1%)
Other	7(10.9%)	12(18.8%)	21(32.8%)

Note: Table excludes those who have both EAGALA and PATH Intl certifications.

Table 4.2

Treatment Competency by Population

Population	therapists who identify competency
	n(%)
Children	49(65%)
Adolescents	57(76%)
Elderly	22(29%)
LGBT	18(24%)
Physically Impaired	25(33%)
Military	27(36%)

Table 4.3

Treatment Competency by Mode of Treatment

Mode of Treatment	therapists who identify competency
	n(%)
Child therapy	34(45%)
Adolescent therapy	44(59%)
Individual adult	41(55%)
Couple/Marital Therapy	25(33%)
Family Therapy	37(49%)
Group therapy with children	29(39%)
Group therapy with adolescents	42(56%)
Group therapy with adults	38(51%)
Other	10(13%)

Table 4.4

Treatment Competency by Problem or Disorder

Problem/Disorder	therapists who identify competency
	n(%)
Anxiety disorders	51(68%)
Mood disorders	47(63%)
ADHD	47(63%)
Oppositional defiant disorder	43(57%)
Adjustment disorders	42(56%)
PTSD	39(52%)
Conduct disorders	37(49%)
Phobias	29(39%)
Personality disorders	28(37%)
Substance abuse	24(32%)
Dissociative disorders	24(32%)
Eating disorders	23(31%)
Schizophrenic disorders	13(17%)
Somatoform disorders	11(15%)
Sexual disorders	10(13%)
Other psychotic disorders	5(7%)

Table 4.5

Practice Setting by Organization

	EAGALA	PATH Intl	Total
	n(%)	n(%)	n(%)
Private Practice	22(32.4%)	1(1.5%)	24(35.3%)
Community Agency	1(1.5%)	0(0.0%)	1(1.5%)
Private Agency	8(11.8%)	15(22.1%)	26(36.8%)
Other	1(1.5%)	4(5.9%)	5(7.4%)

Note: Table excludes those who have both EAGALA and PATH Intl certifications.; n=68

Table 4.6

Day/Time of Sessions

Time/Day	therapists who treat during this time
	n(%)
Early Morning (before 8:00 a.m.)	5(6.7%)
Late Morning (8:00 a.m. to Noon)	37(49.3%)
Afternoons (Noon to 5:00 p.m.)	51(68.0%)
Evenings (5:00 p.m. or later)	21(28.0%)
Saturdays or Sundays	28(37.3%)
Weekdays	26(34.7%)

Table 4.7

Referral Sources

Referral Source	therapists who identify this source n(%)
Word of Mouth	34(45.3%)
Mental Health Professionals	20(26.7%)
Internet	16(21.3%)
Schools	14(18.7%)
Agencies	13(17.3%)

Table 4.8

Average Fees

Type of Therapy	Mean Fee
Individual Therapy	$85.70
Couple Therapy	$100.50
Family Therapy	$116.10
Group Therapy	$89.95

Table 4.9

Equine Assisted Psychotherapy Client Profile by Certification

Category	*EAGALA*	*PATH Intl*	*Total*
	n(%)	n(%)	n(%)
Age (n=29)			
10 years and younger	11(16.2%)	15(22.1%)	42.6% (29)
11 to 17 years	24(35.3%)	16(23.5%)	43(63.2%)
18 to 64 years	20(29.4%)	14(20.6%)	37(54.4%)
65 years and older	2(2.9%)	6(8.8%)	10(14.7%)
Race (n=68)			
Caucasian	25(36.8%)	22.1% (15)	43(63.2%)
African-American	16(23.5%)	9(13.2%)	27(39.7%)
Hispanic	15(22.1%)	8(11.8%)	26(38.2%)
American Indian	9(13.2%)	5(7.4%)	16(23.5%)
Asian-American	6(8.8%)	5(7.4%)	14(20.6%)
Other	1(1.5%)	0(0.0%)	1(1.5%)

Note: Table excludes those who have both EAGALA and PATH Intl certifications.

Table 4.10

Top Five Presenting Problems

Presenting Problem	practitioners who placed within top 5
	n(%)
anxiety	30(40.0%)
depression	29(38.6%)
child behavior problems	25(33.3%)
parent-adolescent conflict	18(23.9%)
trauma	17(22.7%)
Autism Spectrum Disorder	17(22.7%)

Table 4.11

EAP Certifications

Certification	practitioners holding certification
	n(%)
EAGALA – Mental Health Professional	30(40%)
EAGALA – Equine Specialist	20(27%)
EAGALA – Advanced Certification	8(11%)
PATH Intl – Registered Instructor	28(37%)
PATH Intl – Advanced Instructor	4(05%)
Other	13(17%)

Table 4.12

Duration of Therapy

	EAGALA *Mean (SD)*	*PATH Intl.* *Mean (SD)*	*t*
Number of Sessions			
1-10	41.17(41.28)	32.53(45.46)	.66
11-20	22.13(32.78)	3.71(7.81)	2.27*
21-30	15.87(30.86)	2.35(7.31)	1.77
More than 30	4.83(16.94)	43.47(48.97)	-3.95***

*Note: *p<.05, **p<.01, ***p<.001.*

Table 4.13

Average Fee for Type of Therapy

	EAGALA *Mean (SD)*	*PATH Intl.* *Mean (SD)*	*t*
Type of Therapy			
Individual	111.52(40.42)	36.47(22.57)	7.05***
Couple	106.80(44.67)	15.00(25.98)	3.45**
Family	124.93(47.93)	23.00(22.52)	3.60*
Group	114.19(69.94)	34.90(23.83)	3.48**

*Note: *p<.05, **p<.01, ***p<.001.*

Table 4.14

Crosstabulation of Competency by Organization Membership

	EAGALA	PATH	χ^2
Elderly			
Expected	10.9	7.4	6.89*
Observed	6.0	11.0	
Couples			
Expected	13.1	8.8	13.87***
Observed	20.0	2.0	
Families			
Expected	21.8	14.7	25.23***
Observed	31.0	5.0	
Adolescent Therapy			
Expected	23.4	15.8	13.08***
Observed	30.0	9.0	
Physically Impaired			
Expected	4.0	16.0	19.63***
Observed	12.5	8.5	
Individual Adult Therapy			
Expected	21.2	14.3	11.78**
Observed	28.0	8.0	
Couple Therapy			
Expected	13.1	8.8	18.19***

Table 4.14 (continued)

	EAGALA	PATH	χ^2
Observed	21.0	1.0	
Family Therapy			
Expected	19.6	13.2	28.60***
Observed	30.0	3.0	
Adolescent Group Therapy			
Expected	22.9	15.4	15.29***
Observed	30.0	8.0	
Adult Group Therapy			
Expected	20.1	13.6	11.15**
Observed	26.0	7.9	
Substance Use Disorders			
Expected	13.1	8.8	9.40*
Observed	18.0	3.0	

*Note: *p<.05, **p<.01, ***p<.001.*

Chapter 5

Discussion

Doherty & Simmons (1996) answered questions about practice patterns of marriage and family therapists, and we model after that study by answering those questions about equine assisted/facilitated therapists. The questions answered about equine assisted/facilitated therapists in this study include 1) Who are they? 2) Whom do they treat? 3) What types of clinical services do they provide? 4) How long do they see clients? and 5) How much do their services cost? This study provides suggestions of areas that could benefit from further growth and development in the area of equine assisted/facilitated therapy, as well as draws comparisons to services provided by other mental health providers, specifically marriage and family therapists. Another component of the study includes a comparison between the two primary certification organizations in the field of equine assisted/facilitated therapy, the Equine Assisted Growth and Learning Association (EAGALA) and the Professional Association of Therapeutic Horsemanship International (PATH Intl).

Who are they?

According to our findings, the typical equine assisted/facilitated therapist is approximately 50 years old, white and female. This group seems to miss a large group of individuals who could be extremely helpful, particularly with specific groups that may identify specifically with males and minority populations. The lack of male and minority practitioners may indicate an area of the population that is not being reached with equine assisted/facilitated services. It would be in the interest of the field of equine

assisted/facilitated therapists to recruit therapists from these overlooked groups in order to provide more well-rounded services to the entire population.

In terms of their overall professional identity as mental health providers, equine assisted/facilitated therapists tend to fall into the existing categories of counselor and social worker. The majority of equine assisted/facilitated practitioners identified professionally as "other," and when prompted specify "equine specialist" or "therapeutic riding instructor" as their primary identification. It appears that equine assisted/facilitated practitioners primarily identify as equine assisted/facilitated professionals, contrary to beliefs that many of these professionals do equine assisted/facilitated therapy as a secondary portion of their professional identity. Many indicate having no professional licensure, which includes the PATH Intl participants as well as the EAGALA Equine Specialists, neither of whom are required to be licensed as mental health professionals in order to practice equine assisted/facilitated therapy. This point raises the question of whether or not it is truly ethical for these practitioners to be providing therapeutic services, which they are not licensed or trained to administer. While the professional organizations each have their own ethical code, many of these professionals are not bound by professional licensure and therefore may not have the skills needed to ethically provide these services. Licensure provides a set of standards, a focus of practice and a sense of legitimacy, all which would be valuable within the field of equine assisted/facilitated therapy.

For those who are licensed, 20.6% are licensed clinical social workers and 17.6% are licensed professional counselors. Only 7.4% practitioners are licensed as marriage and family therapists (MFTs), which is a lower proportion than expected due to the

growing prevalence of marriage and family therapists in the mental health field. The position of MFTs in the field of equine assisted/facilitated therapy is an area which would lend itself to growth because of theoretical similarities between equine assisted/facilitated practices and MFTs. Researchers indicate that equine assisted/facilitated therapists identify theoretical influences from experiential approaches derived from gestalt theory, psychodynamic theory, brief therapy models, reality therapy, and Adlerian therapy, all of which are models that are also identified as influencing many MFTs. This alignment suggests that more MFTs could be effective equine assisted/facilitated therapists and be an asset to the field of equine assisted/facilitated services.

Most equine assisted/facilitated practitioners identify their practice setting as a private practice or a private agency. Due to the cost of running an equine assisted/facilitated service, it is not surprising that this type of therapy is typically offered in a private setting. Additionally, the majority of services are offered from 8:00 a.m. to 5:00 p.m. on both weekdays and weekends. Overall it appears that equine assisted/facilitated therapists hold sessions at normative times. Holding sessions during daylight hours is logical for this profession due to the use of outdoor resources. Additionally, many practitioners provide services on weekends in order to reach the working population who may not be able to attend during weekday hours.

Whom do they treat?

Participants identified their clients as falling across a variety of demographic categories including age, race, and gender. Equine assisted/facilitated services are noted as being particularly effective with the adolescent population, which is reflected in the fact that the majority of practitioners (63.2%) provide equine assisted/facilitated services

to those from 11 years old to 17 years old. Only 14.7% of participants work with those who are 65 years old and over reflecting a potential area of growth for equine assisted/facilitated therapy. Due to limited mobility of those 65 and older, reaching this population may be a challenge for practitioners working with equines and this challenge may be reflected in these results. The majority of practitioners indicate working with male and female populations equally; however some indicate working with slightly more females.

Overall, the results suggest that many racial groups are served through equine assisted/facilitated services with 20% or greater of participants indicate working with the following populations: Caucasian, African-American, Hispanic, American Indian, and Asian American. Clients who are Caucasian (63.2%) represent the top served population. Although minority populations are represented, it could be useful for equine assisted/facilitated therapists to expand into serving more minority populations, particularly the Asian American and American Indian populations. These findings indicate that a diverse population is reached by equine assisted/facilitated therapy, which is a compliment to the nature of the field.

What kind of clinical services do they provide?

In order to determine the types of clinical services provided by equine assisted/facilitate therapists, this study explored the most common presenting problems treated. Additionally, the populations and presenting problems that these practitioners feel competent in treating and the modes of treatment that they feel competent in performing are examined. The top five presenting problems equine assisted/facilitated practitioners face in their practice settings are anxiety, depression, child behavior

problems, parent-adolescent conflict, trauma, and autism spectrum disorder. These primary presenting problems identify a need for the skills often learned from this form of therapy including self-efficacy and self-esteem, which may help those coping with anxiety and depression (Bizub et al., 2003; Bowers & MacDonald, 2001; Burgon, 2011; Christian, 2005; Lentini & Knox, 2009; Rothe et al., 2005; Schultz et al., 2007). Also, learning social and communication skills from working with horses may benefit those presenting with behavioral issues or parent-adolescent conflict (Burgon, 2011; Rothe et al., 2005). In other words, the presenting problems that are most often seen by those practicing equine assisted/facilitated therapy tend to be those that can greatly benefit from the skills learned through therapy involving horses.

Equine assisted/facilitated services could benefit those facing presenting problems that were less frequently indicated by participants. The least common presenting problems indicated by participants include substance use, abuse including sexual abuse, child abuse, and domestic violence, and eating disorders. Substance abuse is an area that is potentially being overlooked by equine assisted/facilitated professionals that could greatly benefit from these experiential services. Additionally, while the forms of abuse mentioned seem to be overlooked areas, trauma as a whole is indicated as a top presenting problem. The trauma work being doing with horses could also benefit survivors of abuse of all kinds. Finally, it is surprising to find eating disorders as an underserved problem area with equine assisted/facilitated services after reading research by Christian (2005), which indicates these types of services as being highly effective with individuals struggling with eating disorders. The skills and insight gained through equine assisted/facilitated therapy could benefit all of these populations, and it would benefit

professionals to reach out to these populations and offer equine assisted/facilitated services as an effective alternative to traditional talk therapy.

One reason that these treatment areas may be overlooked for treatment involving equine assisted/facilitated therapy may be that professionals feel less competent to provide services in these areas. The top presenting problem that practitioners do feel competent to treat is anxiety disorders, which aligns with the top issue they are faced with in their practices. Additionally, the majority of equine assisted/facilitated therapists feel competent to treat mood disorders, attention-deficit hyperactivity disorder, oppositional defiant disorder, adjustment disorders, and post-traumatic stress disorder. Areas where fewer equine assisted/facilitated therapists feel competent are sexual disorders, eating disorders, substance use disorders, psychotic disorders, dissociative disorders, personality disorders, and phobias. In order to extend the range of equine assisted services, it would be beneficial for practitioners to become competent in these areas and provide equine assisted/facilitated services targeted to these presenting problems.

In further exploring the populations that equine assisted/facilitated therapists feel competent in treating, a large majority of indicate competency in working with children and adolescents, as expected for an experiential therapy of this nature. However, as mentioned previously the elderly population is likely underserved, as further indicated by a small proportion of providers identifying competency in this area. Additionally, the LGBT community is identified as being an area that practitioners feel less competent in providing services for, along with those who are physically impaired and the military or veteran population. These special populations could benefit from equine

assisted/facilitated therapy and this is an area that equine assisted/facilitated providers could reach out to in order to increase its diversity.

Consistent with previous findings, equine assisted/facilitated therapists feel competent in performing child therapy, adolescent therapy, and individual adult therapy. One mode of therapy that practitioners feel the least competent to perform is couple/marital therapy, with only 33% of therapists indicating competency in that area. While this number may be associated with the small number of equine assisted/facilitated therapists that identify professionally as MFTs, this is an area that is being overlooked by equine assisted services. Many therapists feel competent in administering family therapy, and yet they are not comfortable with providing services to couples. As previously mentioned, the theoretical consistency between equine assisted/facilitated therapy and some models of marriage and family therapy makes equine services a potentially beneficial option for couples seeking services for their relationship.

How long do they see clients?

Equine assisted/facilitated therapists typically have an average of 10 sessions with each client and each session lasts approximately 55 minutes. The number of sessions per client varies depending on certification organization, which will be explored in a later section. The number of sessions is similar to the median number held by marriage and family therapists who identify 12 sessions per client (Doherty & Simmons, 1996).

How much do their services cost?

In order to understand the cost of equine assisted/facilitated services, the cost for each type of therapy administered was determined. A typical therapy session involving horses and an individual client costs approximately $85.00. Those receiving group

therapy can expect to pay nearly $90.00 per session. For those providing equine assisted/facilitated therapy to couples, they typically charge $100.50 on average. Finally, family therapy in an equine assisted/facilitated setting costs an average of $116.00 per session. These mean fees are slightly higher than those of MFTs, with the typical session with an MFT costing approximately $65 to $80. For those seeking individual therapy and attending therapy for the average number of sessions, these equine assisted/facilitated services cost approximately $850 in total, which falls within the range of the typical total cost of therapy with an MFT, from $780 to $960. By providing these services within the cost range of typical marriage and family services, equine assisted/facilitated therapy is as accessible to clients as other mental health services.

EAGALA vs. PATH Intl.

In addition to areas of growth and comparisons to other mental health professionals, this study also intended to explore differences that may exist between the two primary certification organizations in the field of equine assisted/facilitated therapy, EAGALA and PATH Intl. Differences have been identified in the areas of professional identification and licensure, practice setting, duration of therapy, fees for therapy, and competencies.

While equine assisted/facilitated therapists are certified by two main organizations, there are multiple levels of certification within each organization. The majority of participants are certified by EAGALA as either a mental health professional, equine specialist, or an advanced practitioner. Many are also certified by PATH Intl as a registered instructor or an advanced instructor. A few practitioners are certified by both

EAGALA and PATH Intl; however, those participants were not included in this portion of the analysis.

By inspecting the professional identification and licensure of EAGALA and PATH Intl therapists it becomes apparent that EAGALA certified therapists are more likely to identify as a mental health professional. The majority of EAGALA certified therapists identify as and are licensed as social workers or counselors, while most PATH Intl certified therapists identify only as equine assisted/facilitated practitioners and are not licensed by any mental health professional board. Additionally, EAGALA certified therapists are more likely than PATH Intl instructors to have some education beyond a bachelor's degree, with the majority having a masters degree. However, while their professional backgrounds may be different, the basic characteristics of their clients are statistically similar.

Many of the practice patterns between EAGALA and PATH Intl. certified therapists are similar; however, in a couple areas there are clear and statistically significant differences. One area of difference is the practice setting identified by equine assisted/facilitated therapists as their primary setting for their equine assisted/facilitated services. EAGALA certified practitioners are most likely to work in a private practice setting, while those certified by PATH Intl are most likely to work for a private agency. The typical duration of therapy also varies based on the organization a therapist is certified by. PATH Intl therapists are significantly more likely to have 30 or greater sessions of therapy with an individual client than EAGALA therapists who are significantly more likely to have approximately 11 to 20 sessions per client.

While EAGALA therapists have fewer sessions, they also charge more than PATH Intl therapists per session for every type of therapy provided. It is important to note that EAGALA therapists are also more likely to have higher education and professional licensure, which provides legitimacy for charging a higher fee. However, it is uncertain from this study whether the EAGALA model is truly profitable for the therapist due to the use of a diamond model and the involvement of two professionals who must share the session fee. In terms of the overall value of the therapy, for EAGALA therapists, it seems that equine assisted/facilitated therapy may be profitable regardless of its brief nature due to the high cost of sessions of any type. Further investigation is required to determine how the session fees are shared between the mental health professional and the equine specialist within the EAGALA model. PATH Intl professionals, on the other hand, are profitable in that they have many more sessions, however at a lower cost typically with only one professional involved. In order to understand the value of the number of sessions held in an equine assisted/facilitated therapy setting it would be necessary to measure the outcomes of the clients who receive therapy from therapists of each certification, which is beyond the scope of this study.

In addition to some practice patterns, several areas of competency vary between professionals certified by PATH Intl and EAGALA. EAGALA therapists identify themselves as being more competent than PATH Intl therapists in the areas of couples, families, adolescent therapy, physically impaired, individual adult therapy, couple therapy, family therapy, adolescent group therapy, adult group therapy, and with substance abuse disorders. The significant difference in the number of EAGALA therapists who feel competent in these areas compared to PATH Intl therapists may be

due to the greater likelihood of having education beyond a Bachelor's degree and being licensed as a mental health professional. The lack of requirement of mental health licensure within certification under PATH Intl may be associated with fewer numbers of therapists indicating competency in these area. PATH Intl therapists, on the other hand, identify themselves as more competent than EAGALA therapists with the elderly population. These differences indicate that equine assisted/facilitated therapists certified by EAGALA may be more well-rounded in their professional skill set and ability to treat a diverse set of clients.

Limitations

As the first quantitative study attempting to understand the practice patterns of equine assisted/facilitated professionals, it is important to identify the areas that may limit the results of the findings. Despite extensive efforts of the researcher and research assistants to follow the Dillman, Smyth, and Christian (2009) method of recruitment for survey data collection, the sample size is smaller than desired for a variety of reasons. The nature of this research requires a level of selectivity when recruiting participants in order to include only those who are involved with psychotherapy involving horses, rather than physical therapy. This selectivity contributes to a smaller overall sample size. Additionally, as with many studies within the social sciences, the sample is made smaller in some areas due to missing data in the survey responses. Considering the small nature of this study, it is important to be careful to avoid overgeneralizing the results as representing the entire population.

Future Research

While this research represents an early attempt to operationalize the practice patterns of equine assisted/facilitated therapists, further exploration of the field from a quantitative perspective is necessary. While many qualitative studies exist exploring the field of equine assisted/facilitated therapy, it is important to also systematically understand the experience of clients, which is an area of research that is lacking. Research of this nature would help to provided a well-rounded perspective on the field and provide information on client outcomes that could be used to promote the practice of equine assisted/facilitated therapy.

Concluding Remarks

This study has revealed valuable information about equine assisted/facilitated practitioners, their practice patterns, and their clients. However, the final open-ended question of the survey revealed an aspect of these therapists not previously exposed in this study: their passion. The participants raved about horses as "incredible teachers and therapists" and as having a "profound effect" that extends beyond the scope of talk therapy. Many share the struggles faced in a therapeutic practice involving horses, but all attest that the positive effect that horses have on clients greatly outweighs these difficulties. This passion brings interest to the field of equine assisted/facilitated therapies, but it is the systematic understanding of the field that builds its promotion as an effective form of mental health therapy. This first step toward operationalizing the field demonstrates the areas that are currently served and the therapists that are currently involved, as well as identifying many potential areas of development for a growing profession.

Appendices

Appendix A
Equine Assisted Therapist Practice Patterns Survey

The researchers who created the following survey recognize and embrace the diversity of the field of mental health involving equines. For the purpose of this questionnaire, the term "Equine Assisted/Facilitated Therapy" will be used to include all of the facets of mental health that involve the use of equines.

For the following questions, please estimate any percentages or figures that are requested.

1. Do you practice equine assisted/facilitated therapy, hippotherapy, or both?
   a. Equine Assisted/Facilitated Psychotherapy
   b. Hippotherapy
   c. Both

   If BOTH, please respond to the remainder of this survey thinking only of the Equine Assisted/Facilitated Psychotherapy portion of your practice.

2. What is your highest professional degree?

- Ph.D.
- M.A.
- M.S.
- M.S.W.
- Psy.D.
- M.D.
- M. Ed.
- Ed.D
- M.S.N.
- D.Min
- Other (please specify) : _____

3. What field is your highest degree in?

   _____

4. Are you currently licensed or certified as a mental health professional in your state?
   - YES - NO List State: _____

5. What licenses/certifications do you hold? (Check all that apply.)
   - Marriage and Family Therapist
   - Psychologist
   - Social Worker
   - Professional Counselor
   - RN
   -MD
   - None
   - Other (please specify):

_____

6. What certifications do you have in order to work with equines in the mental health field?
   - EAGALA Certification (Mental Health Professional)

- EAGALA Certification (Equine Specialist)
- EAGALA Advanced Certification
- PATH Registered Instructor Certification
- PATH Advanced Instructor Certification
- PATH Master Instructor Certification
- Other (please specify):

_____

7. What is your primary professional identification?
   - Counselor (e.g. clinical mental health, rehabilitation, school, substance abuse, or vocational counselor)
   - Marriage and Family Therapist
   - Nurse (other than a psychiatric nurse)
   - Physician (other than psychiatrist)
   - Psychiatrist
   - Psychiatric Nurse
   - Psychologist (e.g. clinical, counseling, or school psychologist)
   -Social Worker
   - Clergy
   - Other (please specify):

   _____

8. Describe your practice setting for equine assisted/facilitated therapy. If you have more than one practice setting, check the one where you see the most clients as "1," the one with the next highest number as "2," and so forth.
   _____ private practice
   _____ state or community agency
   _____ private, non-profit agency
   _____ medical center
   _____HMO
   _____ employee assistance program
   _____ other (please specify):
   _____

9. How many hours per week do you typically work doing equine assisted/facilitated therapy for pay?

   _____ hours per week

10. Do you also work for pay in a position that does NOT involve equine assisted/facilitated therapy?
    _____ YES _____ NO
    What is that position? _____
    How many hours per week? _____

11. Considering your equine assisted/facilitated therapy client, how many clinical contact hours do you have per week?

_____ clinical contact hours

12. Considering your equine assisted/facilitated therapy clients, how many cases are on your current active therapy caseload?

_____ currently active cases

13. What are your top three referral sources for your equine-assisted therapy clients?
    a.
    b.
    c.

14. In which of the following time periods do you schedule equine assisted/facilitated therapy clients? (Check all that apply.)

- Early mornings (before 8:00 a.m.)
- Late Mornings (8:00 am – noon)
- Afternoons (noon – 5 p.m.)
- Evenings (5:00 p.m. or later)
- Saturdays or Sundays
- Weekdays

15. What is the typical interval between a client's request for therapy and the first session?

- One week or less
- Two weeks
-Three weeks
- Four weeks
- Five weeks
- Six weeks or more

16. How many years post-training have you practiced equine assisted/facilitated therapy?

_____ years

17. With which of the following special populations do you consider yourself clinically competent to work? (Check all that apply.)

- Children
- Adolescents
- Elderly
- LGBT
-Couples
-Families
- Physically Impaired
- Racial/ethnic minorities
- Military

18. Which of the following do you consider yourself clinically competent to perform? (Check all that apply.)

- Individual child therapy
- Individual adolescent therapy
- Individual adult therapy
- Couple/Marital therapy
- Other (please specify):

_____

- Family therapy
- Group therapy with children
- Group therapy with adolescents
- Group therapy with adults

19. Which kinds of disorders do you consider yourself clinically competent to work with? (Check all that apply.)

- Psychoactive substance use disorders
- Anxiety disorders
- Adjustment disorders
- Dissociative disorders
- Schizophrenic disorders
- Personality disorders
- Post-Traumatic stress disorder
- Attention deficit hyperactivity disorder
- Oppositional defiant disorder
- Mood disorders
- Somatoform disorders
- Sexual disorders
- Other psychotic disorders
- Eating disorders
- Phobias
-Conduct disorders

20. If you examine your <u>current</u> equine assisted/facilitated therapy caseload, what percentage of your clinical hours do you spend in the following?

_____% Individual adults therapy
_____% Individual child or adolescent therapy
_____% Couples therapy (includes couples groups)
_____% Family therapy (includes family groups)
_____% Group therapy
100% TOTAL

21. What is your (or your agency's) fee per session of equine assisted/facilitated therapy for the following? If you use a sliding scale, give the range.

$_____ Individual Therapy
$_____ Couple Therapy
$_____Family Therapy
$_____Group Therapy

22. Do you (or your agency) charge reduced rates to some clients?
____ YES _____ NO

If YES, what percentage of clients on your current equine assisted/facilitated therapy caseload receive reduced fees?
_____%

What was the average reduced fee? $_____

23. Do you offer pro bono or free services to some clients?
_____YES _____NO
If YES, how many cases are you currently treating pro bono? _____cases

24. What percentage of the clients on your current equine assisted/facilitated therapy caseload are on a psychotropic medication?
_____%

25. What percentage of the clients on your current equine assisted/facilitated therapy caseload also see another mental health professional for treatment? _____%

Of these, what percentage see a:
_____% psychiatrist
_____% social worker
_____% psychologist
_____% marriage and family therapist
_____% another mental health professional
_____% medical physician (for mental health treatment)
_____% other (please specify): _____
100% TOTAL

26. What percentage of your current equine assisted/facilitated therapy clients (excluding groups) do you see:
_____% more than once a week
_____% weekly
_____% bi-weekly
_____% every three weeks
_____% monthly
_____% less than monthly
100% TOTAL

27. What is the average number of sessions of treatment for equine assisted/facilitated therapy clients?

_____ number of sessions

28. What percentage of clients receive treatment for:

_____% 1-10 sessions
_____% 11-20 sessions
_____% 21-30 sessions
_____% more than 30 sessions
100% TOTAL

29. How many minutes is your average equine assisted/facilitated therapy session?

_____ minutes

30. What are the five most common presenting problems that you treat with equine assisted/facilitated therapy? (1=most common, 2=next most common, etc.)

____ marital/couple difficulties
____ parent-adolescent conflict
____ drug/alcohol abuse
____ addictions
____ work difficulties
____ depression
____ anxiety
____ bipolar
____ child behavior problems
____ Conduct disorders
____ school problems
____ child abuse
____domestic violence
____sexual abuse
____ sexual disorders
____ trauma
____ Autism Spectrum Disorder
____ eating disorders
____Posttraumatic Stress Disorder
____ other (please specify):

31. In terms of severity of problems, what percentage of your current equine assisted/facilitated therapy caseload consists of the following:

_____% none
_____% mild problems
_____% moderate problems
_____% severe problems
_____% extremely severe problems
_____% catastrophic problems
100% TOTAL

32. Do you assign DSM diagnoses to your equine assisted/facilitated therapy clients?
_____ YES _____NO
If YES, what are the 5 most common diagnoses you use?
(List the name and number of the diagnoses, beginning with the most commonly used)

1)
2)
3)
4)
5)

33. What percentage of your current equine assisted/facilitated therapy cases pay "out of pocket," without third party reimbursement?

_____%

34. For the last MONTH, indicate the TOTAL number of hours you worked in your equine assisted/facilitated therapy position and the number of hours you worked in your other position (if applicable).

	Equine Assisted Therapy Position	**Other Position**
Total Hours Per Week		
Direct Care (diagnostic, assessment, evaluation, medication prescription and management, treatment)		
Clinical supervision of staff and trainees		
Clinical/community consultation and prevention (not including direct care)		

Educational activites (teaching of courses or professional workshops; curriculum development; or course evaluation)		
Management and administration (policy or program development and review; personnel administration, recruitment; and budgeting)		
Research (basic and applied)		
Other activity not mentioned		
Total		

35. During the past year, to which of the following age groups did you provide direct equine assisted/facilitated services? (Check all that apply).

    - Children (individuals age 10 years or younger)
    - Adolescents (individuals are 11-17 years)
    - Adults (individuals who were 18-64 years)
    - Elders (individuals age 65 years and older)

36. From which of the following racial or ethnic minority groups were clients to whom you provided direct equine assisted/facilitated services during the past year?

    - American Indian / Alaskan Native
    - Asian-American / Pacific Islander
    - African American
    - Hispanic (Cuban, Mexican American, Puerto Rican, or other Hispanic)
    - Caucasian
    - Other (please specify): _____

37. During the past year, what percentage of direct equine assisted/facilitated services did you provide to:

    _____ % Males _____% Females _____% Trangender individuals

38. What is your racial/ethnic background?

    - American Indian / Alaskan Native
    - Asian-American / Pacific Islander
    - African American
    - Hispanic (Cuban, Mexican American, Puerto Rican, or other Hispanic)
    - Caucasian

- Other (please specify): _____

39. State in which you hold your equine assisted/facilitated therapy position:

_____

40. Your Age: _____

41. Your Sex: ____Male ____Female ____Transgender

42. What is something that you would want someone who has never heard of equine-assisted therapy to know?

THANK YOU for your participation in this survey!

Appendix B
Recruitment Scripts

This document contains three scripts that will be used for recruitment. These include the recruitment script for a phone call from the primary investigator, a phone call from an undergraduate research assistant, and a recruitment email.

Phone Call from Primary Investigator

Hello,

My name is Haley Gresham and I am a masters student from the University of Kentucky about research being done about the practice patterns of equine-assisted therapy. Could I please speak with the therapist on staff?

A. Therapist available: "Hello, my name is Haley Gresham and I am a masters student from the University of Kentucky Family Sciences Department. Is this a good time?"
    1. Yes: "Thank you. We are conducting research about the practice patterns of Equine Assisted Therapists across the country and would love your feedback. We have an email survey we would like to send you, but we would like to describe the study to you and answer any questions you have before doing so. As I mentioned, the research is on the practice patterns of Equine-Assisted Therapists and we are interested in determining what their daily work setting is like, general characteristics of their clients and their practice. We will only be asking for general estimations and will not require any specific details about client information. Would you be able to help us out with a survey of this nature?"
        i. Yes: "Great! Would you mind confirming your direct email address for me so I can send you the survey?" "Thank you in advance for your time. Also, do you know of anyone else who might be interested in participating in the survey? Thank you again, and feel free to contact me if you have any further questions."
        ii. No: "Thank you for your time. Do you know of anyone else who may be interested in participating?"
    2. No: "Would you mind confirming your direct email address for me so we are able to send you a link to our internet survey?" "Thank you in advance for your participation, have a great day."
B. If no therapist available, ask to speak with director – then see 'A'.
C. If neither therapist nor director is available: "Would you mind giving me the name and direct email address of the therapist on staff? (Compare to email address on list) Thank you, can I please leave a message for the therapist?"
    1. Voicemail Message (transferred call): "Hello, my name is Haley Gresham and I am a masters student from the University of Kentucky Family Sciences Department. I are conducting research about the practice patterns

of Equine Assisted Therapists across the country and are interested in determining what their daily work setting is like, general characteristics of their clients and their practice. I will only be asking for general estimations and will not require any specific details about client information. I would love your feedback through an internet survey we would like to send you a link to. If you are willing to help us out with a survey of this nature, please call me at (770)845-3666. I would be more than willing to answer any questions you have. Thank you for your time, and have a great day."

Voicemail Message (Unanswered Call): "Hello, my name is Haley Gresham and I am a masters student from the University of Kentucky Family Sciences Department. We are conducting research about the practice patterns of Equine Assisted Therapists across the country and are interested in determining what their daily work setting is like, general characteristics of their clients and their practice. We will only be asking for general estimations and will not require any specific details about client information. We would love your feedback through an internet survey we would like to send you a link to. If you are willing to help us out with a survey of this nature, please call Haley at (770)845-3666. We would be more than willing to answer any questions you have. Thank you for your time, and have a great day."

Phone Call from Undergraduate Research Assistant

Hello,

My name is _____ and I am calling on behalf of Haley Gresham, a masters student at the University of Kentucky about research being done about the practice patterns of equine-assisted therapy. Could I please speak with the therapist on staff?

A. Therapist available: "Hello, my name is _____ and I am calling on behalf of Haley Gresham, a masters student from the University of Kentucky Family Sciences Department. Is this a good time?"
    1. Yes: "Thank you. We are conducting research about the practice patterns of Equine Assisted Therapists across the country and would love your feedback. We have an email survey we would like to send you, but we would like to describe the study to you and answer any questions you have before doing so. As I mentioned, the research is on the practice patterns of Equine-Assisted Therapists and we are interested in determining what their daily work setting is like, general characteristics of their clients and their practice. We will only be asking for general estimations and will not require any specific details about client information. Would you be able to help us out with a survey of this nature?"
        i. Yes: "Great! Would you mind confirming your direct email address for me so we can send you the survey?" "Thank you in

advance for your time. Also, do you know of anyone else who might be interested in participating in the survey? Thank you again, and feel free to contact Haley if you have any further questions."

ii. No: "Thank you for your time. Do you know of anyone else who may be interested in participating?"

2. No: "Would you mind confirming your direct email address for me so we are able to send you a link to our internet survey?" "Thank you in advance for your participation, have a great day."

B. If no therapist available, ask to speak with director – then see 'A'.

C. If neither therapist nor director is available: "Would you mind giving me the name and direct email address of the therapist on staff? (Compare to email address on list) Thank you, can I please leave a message for the therapist?"

1. Voicemail Message (transferred call): "Hello, my name is _____ and I am calling on behalf of Haley Gresham, a masters student from the University of Kentucky Family Sciences Department. We are conducting research about the practice patterns of Equine Assisted Therapists across the country and are interested in determining what their daily work setting is like, general characteristics of their clients and their practice. We will only be asking for general estimations and will not require any specific details about client information. We would love your feedback through an internet survey we would like to send you a link to. If you are willing to help us out with a survey of this nature, please call Haley at (770)845-3666. We would be more than willing to answer any questions you have. Thank you for your time, and have a great day."

Voicemail Message (Unanswered Call): "Hello, my name is _____ and I am calling on behalf of Haley Gresham, a masters student from the University of Kentucky Family Sciences Department. We are conducting research about the practice patterns of Equine Assisted Therapists across the country and are interested in determining what their daily work setting is like, general characteristics of their clients and their practice. We will only be asking for general estimations and will not require any specific details about client information. We would love your feedback through an internet survey we would like to send you a link to. If you are willing to help us out with a survey of this nature, please call Haley at (770)845-3666. We would be more than willing to answer any questions you have. Thank you for your time, and have a great day."

Appendix C
Email Script

Hello,

My name is Haley Gresham and I am a Masters Student from the University of Kentucky Family Sciences Department. I am conducting research about the practice patterns of Equine Assisted Therapists and Instructors across the country. I would love to be in touch with your therapist or instructors on staff.

I am interested in determining what an Equine Assisted/Facilitated Therapist's daily work setting is like, general characteristics of their clients and their practice. We will only be asking for general estimations and will not request any specific details about client information.

We would love for you to contribute to our understanding of the field by completing the online survey at the link below.

https://uky.az1.qualtrics.com/SE/?SID=SV_7ZClpjfLwdPJYDr

If you would like more information or have any questions about this survey, please call me at (770)845-3666 or respond to this email.

Thank you in advance for your time,

Haley Gresham

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Vita

Haley Gresham was born in Riverdale, Georgia, USA.

EDUCATION

Bachelor of Science in Psychology from Berry College (2012)
Minor: Family Studies

HONORS

Lambda Sigma Honors Society (Fall 2009 to Spring 2010)
Psi Chi Psychology Honors Society, *Vice President* (Spring 2011 to Spring 2012)
Phi Kappa Phi (Inducted Spring 2011)
Omicron Delta Kappa (Inducted Fall 2011)

CLINICAL EXPERIENCE

Intern Therapist, University of Kentucky Family Center, Lexington, KY (January 2013 to Present)

RESEARCH EXPERIENCE

Graduate Research Assistant for Nicole Peritore (Fall 2012 – Spring 2013)
University of Kentucky Extension
Graduate Research Assistant for Tracey Werner-Wilson (Fall 2012 – Spring 2013)
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INTERNSHIPS

Harbor House Child Advocacy Center, Rome, GA (Fall 2011 to Spring 2012)
Floyd County Juvenile Court, Rome, GA (Spring 2011)
Connecting Henry – Georgia Family Connection, Stockbridge, GA (Summer 2010)
Dr. Meghan Nicolini – Child Psychologist Atlanta, GA (Summer 2009)

Work Experiences

Clinic Coordinator at the University of Kentucky Family Center (Spring 2013 – Present)
Berry College Psychology Lab Mount Berry, GA (Fall 2010 – Spring 2012)
Berry College Freshman Mentor Mount Berry, GA (Fall 2011)
Berry College Elementary and Middle School Mount Berry, GA (Fall 2008 to Spring 2010)

Professional Activities

KAMFT Conference attendance, February 2013
AAMFT Conference attendance, October 2013
KAMFT Conference attendance, February 2014