**Equine-Facilitated Psychotherapy as a Complementary Treatment Intervention**

Carissa Brandt, Argosy University, Twin Cities

Abstract

Animals have been positively influencing human health for centuries. Recently, an alternative therapy, animal assisted therapy (AAT), has been developed that incorporates trained animals into a professional setting. The use of horses in a therapeutic context is a subset of AAT known as equine-facilitated psychotherapy (EFP). EFP has been incorporated into the healing process for a wide range of behavioral and mental health disorders. EFP is commonly used as a complimentary intervention to empirically supported therapeutic interventions. During EFP, horses support clients' development of positive behavior and emotional wellness through a variety of activities. There are several limitations to EFP as it is a developing therapeutic intervention. Despite the increasing use of EFP within mental health settings, there is limited research supporting its efficacy. Further research using methodologically rigorous designs are imperative given the rapid growth of mental health clinics using EFP to treat a diverse range of clinical populations.

Due to the extensive documentation identifying positive outcomes of human-animal relationships, a therapeutic technique has been developed that integrates animals into the healing process. This alternative therapy is often referred to as animal assisted therapy (AAT; Parshall, 2003). AAT is the incorporation of animals into the therapeutic process. Specifically, AAT is a goal-directed intervention that is implemented by a qualified mental health professional using a trained and often certified animal (Delta Society, 2012). During AAT, animals act as a catalyst between the client and therapist to promote therapeutic change and healing (Chandler, 2012). The goals of AAT frequently entail developing coping resources, social skills, and problem-solving strategies while fostering emotional and psychological well-being (Chandler, 2012; Lefkowitz, Paharia, Prout, Debiak, & Bleiberg, 2005).

AAT has been used with diverse clinical populations, including individuals who have been diagnosed with autistic spectrum disorders, mood disorders, anxiety, trauma, and substance use disorders (SUDs; Parshall, 2003). Some research supports that the use of AAT may be especially beneficial with difficult or resistant clients (Berget, Ekeberg, & Braastad, 2008; Chandler, 2012). Therapeutic interventions that incorporate animals have been found to increase adherence to treatment, particularly with clients who demonstrate inconsistent attendance or low motivation for therapy (Beck, Serydarian, & Hunter, 1986). Additionally, AAT has been found to be an effective therapeutic intervention across gender and age as well as cross-culturally (Dell et al., 2011; Geist, 2011). Due to the diversity of animals used, AAT is a flexible technique that can be utilized in a variety of settings. The most commonly used animals for AAT are dogs.

However, several other animals have been incorporated into the therapeutic setting, including cats, chickens, dolphins, and horses (Rothe, Vega, Torres, Maria, Soler, & Pazos, 2005). Horses and dolphins create a unique therapeutic experience, as the client must go to the animal and its environment (Ewing, MacDonald, Taylor, & Bowers, 2007).

## Equine-facilitated Psychotherapy

The incorporation of horses into the therapeutic setting is frequently referred to as equine-facilitated psychotherapy (EFP). During EFP horses become a therapeutic aide, supporting clients' development of positive behavioral and emotional wellness. The human-horse bond can help develop several skills that are often weak or lacking in individuals suffering from behavioral or mental health disorders. Mutual trust, affection, patience, assertiveness, and responsibility are just some of many abilities that horses bring out in people (Ewing et al., 2007; Rothe et al., 2005). Combining the natural bond that occurs between client and horse with traditional psychotherapy techniques enhances the healing process in a way that is truly unique to EFP. The equine-human bond, in tandem with the client-therapist relationship, allows for the processing of painful emotions and experiences while simultaneously developing intimacy, identity, and partnership. This dual process creates an efficient and successful therapeutic program (Klontz et al., 2007; Yorke, Adams, & Coady, 2008). Clients report being less burdened by guilt and fear as well as more independent and self-supportive following EFP sessions (Klontz et al., 2007). EFP has been found to enhance self-esteem, trust, relationships, interpersonal effectiveness, and overall feelings of well-being in participants (Rothe et al., 2005; Schultz, Remick-Barlow, & Robbins, 2006). Further, EFP has been found to significantly decrease psychological symptoms in individuals with trauma or abuse, eating disorders, depression, anxiety, attention deficit disorder, or autism spectrum disorder (Rothe et al., 2005).

### Equine communication

Due to horses' unique characteristics and uncanny ability to reflect human emotion, the use of equines in the treatment of mental illness has become increasingly popular within the past decade (Trotter, 2012). Unlike cats or dogs, horses are prey animals and must be attuned to their environment at all times to ensure survival. Thus, horses are excellent at remaining present in the moment and accurately interpreting environmental cues. Further, horses are highly social herd animals and depend on continuous communication between members for safety (Frewin & Gardiner, 2005). Through observing and interacting with horses, there is ample opportunity to teach and develop social and relational skills. Because horses rely heavily on non-verbal communication, they become confused and agitated when there is incongruence between verbal and non-verbal cues (Vidrine, Owen-Smith, & Faulkner, 2002). When humans present with incongruence, horses instinctively react, reflecting the person's internal emotional state regardless of outward expression. Though some may tolerate more incongruence than others, all horses will provide instant and direct non-verbal feedback to humans when they present with unclear intentions or mixed verbal and non-verbal cues (Frewin & Gardiner, 2005; Lentini & Knox, 2009). While the horse's feedback is non-judgmental, it is very clear. When a horse feels an emotion, it does not hesitate to express it (McCormick & McCormick, 1997).

In contrast to horses, humans have become accustom to rigidly controlling their emotional expressions and frequently demonstrate incongruence between their verbal and non-

verbal communication. In an excessively technical and high demand world, it is all too easy for individuals to become increasingly separate from their authentic experiences and feelings. When this connection is weak or disconnected, mental illness can occur (Porter-Wenzlaff, 2007). Interacting with nature and animals helps many people rejuvenate their mind-body connection (McCormick & McCormick, 1997). Due to their willingness to express emotion, the use of horses in a therapeutic setting creates an effective medium through which clients are able to reconnect with their authentic selves. This can be seen from the moment an individual comes into contact with horses. People frequently are drawn to a horse that reflects their personality, often feeling an immediate connection with horses that resonate with their core issues (Rothe et al., 2005).

   **Transference.** Transference is the reoccurrence of an individual's unresolved thoughts or feelings relating to a certain event or relationship (Klontz et al., 2007). Transference typically results from an individual being reminded of his or her concealed thoughts or feelings. Because horses are considered emotional mirrors, they provide ample opportunity for transference to arise. Sending unclear non-verbal messages to a horse is irritating and confusing for the animal. If clients are not outwardly congruent with their emotional state, the horse will be uncooperative, agitated, and quickly lose respect and trust in the handler (McCormick & McCormick, 1997; Porter-Wenzlaff, 2007). Consequently, the horse's disobedience creates negative feelings in the client. When these emotions arise, transference typically takes place, providing an opportunity for the client to process unresolved issues (Karol, 2007). As EFP progresses, clients begin to focus on the horse's behavior to understand how they are feeling and eventually begin to readily know their own emotional state, repairing and strengthening their mind-body connection (Davis & Hayes, 2011; Rothe et al., 2005).

   **Metaphors.** To facilitate transference, the use of metaphors is heavily incorporated into EFP (Whitely, 2009). The client's interactions with the horse are information for the clinician as to how the client may behave in other situations. The clinician then uses the horse as a metaphor for relationships, behaviors, or events in the client's world that have been problematic or challenging in the past (Duckers, 2008; Klontz et al., 2007). Horses are particularly effective metaphors for relationships, as they are social animals and have designated roles within their herd (Bachi, Terkel, & Teichman, 2011; Duckers, 2008). In observing the herd dynamic, clients often relate to horses that reflect their own relational values and beliefs (Bachi et al., 2011). Clients may resonate with low ranking horse(s) that are often pushed around by other herd members if they struggle with assertiveness or low self-confidence. Alternately, clients may connect with the dominant herd member if they are defiant, stubborn or struggling with behavioral problems (Bachi et al., 2011; McCormick & McCormick, 1997). Further, clients may be overly affectionate with the horse or too aggressive with their requests and actions. In either situation, the horse may move away from the client and disengage. In doing so, the horse establishes a boundary with the client (Trotter, 2012). Using the horse as a metaphor, the clinician is able to incorporate examples from the "here and now" to facilitate a discussion on healthy boundaries and relationships. The client's interactions with the horse become examples of potential consequences when boundaries are either too rigid or diffuse (Duckers, 2008; Nichols, 2011). The exploration of boundaries during EFP may be especially beneficial when working with couples or families. Because EFP is goal-oriented, the clinician is able to observe the family dynamics in the present while members work to accomplish a specified task. Through

observing and discussing the family's interactional patterns as they occur, insights arise that may go unnoticed for a longer period of time within a traditional therapeutic setting (Nichols, 2011; Masini, 2010).

**Physical touch and boundaries**

EFP is considered a holistic approach, as it incorporates both physical and psychological components (Bachi et al., 2011; Trotter, 2012). Non-erotic physical touch, such as hugging or holding or touching another person's hand, arm, or upper back, is essential for human beings, often having a restorative and healing effect for those struggling with emotional or physical pain (Sexauer, 2011). Despite the benefits of non-erotic physical touch, it is often limited within a therapeutic context out of respect for the client and to ensure professional boundaries (American Psychological Association [APA], 2010; Sexauer, 2011). The incorporation of EFP as a therapeutic modality, however, causes clinicians to re-evaluate the use of physical touch in the healing process. EFP is a unique modality because physical touch frequently occurs between the horse and client. Additionally, clinicians may need to touch a client in order to demonstrate a specific skill or technique or to ensure client safety. Thus, boundaries surrounding physical touch between client and therapist need to be discussed and agreed upon by all eligible parties prior to completing an EFP session (APA, 2010; Chandler, Portrie-Bethke, Barrio Minton, Fernando, & O'Callaghan, 2010; Sexauer, 2011). Through frequently discussing and checking in with the client about touch, the benefits and healing nature of physical touch can occur while the therapist is able to adhere to best practice guidelines and uphold professional boundaries (APA, 2010; Chandler et al., 2010; McCormick & McCormick, 1997).

Horses are unique in that they are one of the only domesticated animals that are willing to bear human beings on their backs (Yorke et al., 2008). For this to take place, mutual trust and respect must occur between both rider and horse. When on a horse's back, the rider must be willing to give much of his or her power over to the horse. Clients often find this experience intimidating and uncomfortable. However, if it is embraced and the rider faces his or her fears, growth occurs and a healing relationship between horse and rider develops (McCormick & McCormick, 1997). Being in such a state of vulnerability to another living being encourages one to face uncomfortable issues, such as hidden and often unresolved emotional experiences (Klontz et al., 2007). Additionally, the activity of riding frequently enhances the relationship between rider and horse and acts as positive reinforcement through fostering pleasure, intimacy, and a sense of accomplishment (Bachi et al., 2011; Karol, 2007). This positive feedback is a strong motivator for clients to continue participation in treatment. Motivation has repeatedly been identified as a powerful catalyst for change and can be readily facilitated within an accepting and empowering environment (Miller & Rollnick, 2002).

The horse's large stature and strength demands attention and respect (Ewing et al., 2007; Whitely, 2009). While a cat or dog can often be physically moved by a human, little can be done if a horse does not want to comply with an individual's requests given the animal's sheer size and weight. However, if the request is made with respect, confidence, and intention, the horse will readily respond and engage in the desired behavior or activity (Christian, 2005). As the client learns how to communicate with and "move" a large animal, confidence in one's abilities and a sense of accomplishment are instilled (Masini, 2010; Trotter, Chandler, Goodwin-Bond, & Casey, 2008).

**Nontraditional therapeutic setting**

Being a large animal, the very nature of the horse requires EFP to take place in a nontraditional therapeutic setting, typically outside or in an indoor barn or arena. Rather than bringing an animal, such as a cat or dog, to the client's environment, the client must be willing to meet the horse in its environment (Schultz et al., 2006). Activities with the horse(s) are frequently conducted in natural, outdoor settings, which may be more readily viewed by the client as a relaxing and safe environment over traditional therapeutic settings (Bachi et al., 2011). Additionally, EFP may be less threatening and more engaging as the stigma associated with treatment clinics and attending therapy is removed. Clients are able to reframe their initial negative concepts of therapy into engaging, interactive, and positive experiences (Bachi et al., 2011; Dell et al., 2011). In doing so, resistance and reservations are lessened, allowing for deeper participation in the therapeutic process and enabling change to occur (Miller & Rollnick, 2002).

Participating in equine activities, particularly when outdoors, also encourages the use of both verbal and non-verbal communication, as clients need to maintain awareness of themselves in relation to their surroundings. To accomplish this, clients must be present in the moment and mindful of the body language of both themselves and the horse (Bachi et al., 2011). Through attending to and validating the horse's non-verbal cues, clients gain a better awareness and understanding of their own bodies. Often individuals with mental illness, specifically those suffering from trauma, eating disorders, or SUDs, feel disconnected with their physical bodies (Kehle et al., 2012). EFP sessions help clients to reconnect with their bodies. Over time, individuals are able to identify, validate, and attend to their non-verbal cues and emotions rather than suppress them with maladaptive behaviors (Davis & Hayes, 2011; Stauffer, 2006).

While conducting therapy in a non-traditional setting has several benefits, clinicians must also be mindful of the risks and limitations that accompany an outdoor environment. Client confidentiality is of primary concern and professional standards should be upheld (APA, 2012; Cepeda, 2011; PATH, 2012). Additionally, safety of all involved parties needs to be a priority, as EFP takes place in an environment where accidents and injury could occur (Cepeda, 2011; Rothe et al., 2005). Horses also must be trained and thoroughly screened for appropriateness in EFP sessions. Horses have unique personalities and needs, and some may not be able to tolerate the stress and demands of being a therapy horse (PATH, 2012; Rothe et al., 2005; Trotter, 2012). That stated, when incorporated into treatment by a skilled and qualified mental health professional, equines bring several unique qualities to treatment that enhance the therapeutic process and aid in facilitating client change (Karol, 2007; Rothe et al., 2005).

**Professional organizations**

As a therapeutic modality, EFP is in its infancy and a comprehensive theoretical framework has yet to be established, including standardized terminology and guidelines. To ensure appropriate use of equines within a therapeutic setting, a number of organizations have developed and implemented standards of practice within the field. Currently, there are four primary organizations that provide trainings and certifications for equine and mental health professionals who incorporate horses into their practices.

**PATH.** The Professional Association for Therapeutic Horsemanship (PATH), previously known as North American Riding for the Handicap (NARHA), was established in 1969 and provided the first safety standards and qualifications for certification of equine professionals (PATH, 2012). PATH is a non-profit, international organization that strives to promote "diversity and opportunity in equine-assisted activities and therapies" (para. 1). PATH prefers the term "equine-facilitated psychotherapy," as it emphasizes the horse's role within the therapeutic process while acknowledging that EFP is first and foremost psychotherapy. As described previously, EFP is defined as the incorporation of mounted and un-mounted equine activities that are conducted by a qualified mental health and equine professional or a mental health professional adequately trained and certified to work with horses in a therapeutic context (PATH, 2012; Krueger & Serpell, 2006). Due to the growing popularity of EFP, the Equine-facilitated Mental Health Association (EFMHA) was created in 1996 to solely address mental health needs and services. In an effort to streamline models and guidelines, EFMHA was subsumed by PATH in 2010. EFMHA's model has been integrated into PATH's ethical, safety, and professionalism guidelines for mental health professionals and equine specialists implementing EFP in practice (Tetreault, 2006; PATH, 2012).

**EAGALA.** The Equine-Assisted Growth and Learning Association (EAGALA) is an international, non-profit organization that was established in 1999. EAGALA (2012) strives to "provide education, standards, innovation, and support to professionals providing services in equine-assisted psychotherapy and learning (EAP/L) around the world" (para. 1). EAGALA primarily uses the acronym EAP to describe the incorporation of horses into the therapeutic process. EAP is defined as "a collaborative effort between a licensed therapist and a horse professional working with the clients and horses to address treatment goals" (para.1). EAP is categorized as an experiential therapeutic technique that is brief and solution-oriented (EAGALA, 2012; Tetreault, 2006). The EAGALA model emphasizes groundwork activities as a means to foster emotional growth and healing. Mounted work is not incorporated into treatment, as the model believes that EAP is not to develop riding or horsemanship skills; instead, activities are tailored to the mental health needs of the client (EAGALA, 2012; Tetreault, 2006). EAGALA prides itself on implementing rigorous ethical and practice standards, ensuring certified members and clinics provide competent care to clients and adhere to best practices (EAGALA, 2012).

**CBEIP.** The Certification Board for Equine Interaction Professionals (CBEIP) was developed in 2006 as a subdivision of the Delta Society, now Pet Partners (Pet Partners, 2012). CBEIP is a non-profit organization that emphasizes the need for increased credibility and professionalism within the EFP field, including standardized credentials across organizations and models (CBEIP, 2012; Trotter, 2012). CBEIP's (2012) mission is "to set the bar for the highest standards of best practices, knowledge, safety, effectiveness and consistency in equine interaction therapy for all participants, including horses; [as well as] generate credibility and public trust in the practice" (para. 3). In doing so, CBEIP hopes to address the marked variability between current EAAT models. Further, CBEIP emphasizes the need for organizations to collaboratively develop a globally accepted and standardized theoretical framework for the field (2012).

**EPONA.** The EPONA approach was developed in 1997 (EPONA, 2012). The model is geared toward equine specialists, but provides training for mental health professionals as well. Trainings and workshops emphasize a holistic approach and focus on leadership, personal development, equestrian skills, and instructor certification. The model pays close attention to an individual's relationship with the horse, the mind-body connection, emotional congruence, and boundaries (EPONA, 2012). Equine experiential learning (EEL) is the preferred terminology within the EPONA model, as the approach does not teach or integrate psychotherapy into sessions. The EPONA approach is less utilized than other EAAT models because it is criticized for being "too vague and unclear;" however, components of the model are often drawn upon or incorporated into other models (Dorotik, 2011).

**Implementing EFP in practice**

Progress in EFP occurs through a variety of activities; many of these activities do not involve riding the horse. As clients advance in treatment, EFP activities become more challenging. Clients typically begin with skills that establish trust and safe boundaries with the horse (Ewing et al., 2007). The more commonly utilized activities include feeding, tacking, grooming, and leading. Once clients become comfortable around the horses, they are allowed to participate in groundwork, vaulting, and riding during EFP sessions (Frewin & Gardiner, 2005; Karol, 2007; Klontz et al., 2007).

**Groundwork.** Feeding, tacking, and grooming are introductory skills (Porter-Wenzlaff, 2007). These tasks allow clients to observe the horses' behavior, learn safe handling techniques, and increase their comfort level with such large and powerful animals. Several sessions typically focus on refining these basic skills. If a client is anxious, tense, or not fully present during grooming and tacking, the process is extremely difficult. The horse will sense the individual's discomfort and react negatively, turning from the halter or refusing to lift its hoof when asked (Shultz et al., 2007). Once clients become aware of how their behavior affects the horse's behavior, they are able to work towards approaching the horse in a relaxed state. When the handler is relaxed and open to the horse, the tacking and grooming process becomes a team effort instead of a struggle (Karol, 2007).

Once a client feels comfortable with introductory skills, leading is introduced. Leading is the use of a halter rope to guide a horse. During the leading process, the handler walks along side or slightly in front of the horse (Rothe et al., 2005; McCormick & McCormick, 1997). Several emotions often arise within the client when the horse does not cooperate during the leading process, allowing for transference to occur (Rothe et al., 2005; Yorke et al., 2008). Often the client will either lead too tightly, wanting to restrict the horse, or too loosely, wanting to allow the horse freedom. The horse responds accordingly, fighting the restraint or taking the rein and leading the client. Both of these actions reflect the client's struggle for balance in his or her life (Rothe et al., 2005).

Leading is typically a catalyst into other, more difficult activities. Leading uses a rope connected to the horse's halter as a tool to have the horse move with the leaders (clients), whether they are walking around an outdoor arena or navigating through a maze. Groundwork is a more challenging EFP activity as it is conducted without a lead line. While in a small enclosed arena, the client asks the horse to complete specific tasks or movements with both verbal and

non-verbal communication (Rothe et al., 2005). The client must have a commanding presence when communicating with the horse. If the request is unclear or hesitant, the horse will simply ignore it. If, on the other hand, the client is confident and clear with the request, the horse will listen and eagerly respond (Porter-Wenzlaff, 2007). Groundwork is a difficult EFP activity for many clients. Individuals with a variety of behavioral and mental health disorders have difficulty expressing emotion and strive to feel only numbness. Successful work with horses requires the client to express these suppressed emotions (McCormick & McCormick, 1997; Sexauer, 2011). This can be a very painful, yet necessary experience. Once these emotions, and the memories associated with them, are dealt with, the client will be more open to connecting with another living being on an emotionally intimate level (McCormick & McCormick, 1997; Porter-Wenzlaff, 2007).

**Mounted activities.** Mounted exercises (skills and activities performed on the horse's back) are less common in EFP than activities performed from the ground. These exercises are for clients who are comfortable being around and handling horses. Typically, clients have had several sessions of EFP before performing mounted exercises (Karol, 2007). However, when incorporated appropriately, mounted skills are an effective influence on self-identity and confidence. A horse represents power, grace, and vulnerability (Karol, 2007). Being on top of a horse gives an individual a sense of these traits, instilling empowerment and confidence in the rider. While the horse acts as a support system, the rider is able to explore the novel feelings in a non-judgmental environment. Through mounted exercises, clients who initially feel guarded and incapable, grow into self-assured and confident individuals (McCormick & McoCormick, 1997; Schultz et al., 2006).

**Therapeutic techniques and interventions**

Research supports that a multidisciplinary approach to treatment is most effective for individuals with mental illness or dual diagnoses (Kleber et al., 2007). EFP is a flexible, complimentary therapy that can be effectively coupled with evidence based practices (EBPs) to meet the unique needs of the client (Ratliffe & Sanekane, 2009; Schultz et al., 2006). EFP is readily adaptable to individual, group, and family therapy sessions and activities are tailored to the client's unique treatment plan and goals (Ratliffe & Sanekane, 2009; Schultz et al., 2006; Trotter et al., 2008).

**Treatment structure.** Typically, the client meets with the therapist in a traditional therapeutic (office) setting to complete an initial evaluation, establish a treatment plan and goals, and discuss the format for future sessions. It is important that the clinician discuss with clients their past experiences and comfort level with animals and equines (Rothe et al., 2005; Yorke et al., 2008). Care should be taken to ensure that the incorporation of equine activities is not rushed, particularly if clients present with fear or have little to no experience around horses. Additionally, safety considerations when working with horses are discussed prior to the initial EFP session and periodically throughout the treatment process (Beebe, 2008; Rothe et al., 2005). Following the initial session(s), the client is introduced to the horse(s) and introductory activities are conducted, including observing herd dynamics, grooming and stable chores, and groundwork (Cepeda, 2011). Clients build on learned skills, and equine activities become increasingly challenging and may include mounted as well as groundwork. Therapy sessions often incorporate brief check-ins prior to and following each session as well as occasional full sessions

within a traditional therapeutic setting. During the final session(s) of EFP, the therapist needs to be mindful that clients are ending their relationship with both the therapist and the horse. Thus, care should be taken to address both losses (Cepeda, 2011; Chandler, 2012; Trotter et al., 2008). Throughout the course of treatment, therapists frequently incorporate EBP techniques into EFP sessions. Cognitive behavioral therapy (CBT), Gestalt therapy, person-centered techniques, and play therapy are commonly utilized during EFP (Rothe et al., 2005; Schultz et al., 2006).

**CBT.** CBT is a therapeutic technique that focuses on changing an individual's maladaptive or unhealthy thoughts, beliefs, and behaviors. This is accomplished through identifying and reframing unrealistic or distorted thoughts as well as changing the affiliated maladaptive behaviors (Beck, 2011). CBT has repeatedly been found to effectively treat several mental health disorders as well as enhance the outcome of EFP (Beck, 2011; Muñoz-Solomando, Kendell, & Whittington, 2008). EFP, being behaviorally-based, heavily incorporates CBT techniques into sessions (Krueger & Serpell, 2006). EFP requires the client to participate in physical, psychological and emotional exercises. As emotions arise due to interacting with or observing the horse(s), they can be immediately discussed (Rothe et al., 2005).

Mindfulness and distress tolerance are fostered during EFP sessions, particularly when the horse does not respond in a way the client wants it to (Chandler et al., 2010). Clients must learn how to identify and regulate their emotions when working with horses. If clients react too strongly or are emotionally incongruent with their verbal and non-verbal cues, the horse will either physically remove itself from the area or refuse to comply with the client's requests (Chandler et al., 2010; McCormick & McCormick, 1997). Facing difficult emotions as they occur allows clients to self-monitor and understand how they react to specific emotions. As clients confront fearful or suppressed emotions, they learn that the emotions are not as damaging as originally thought. This new found comfort in identifying and expressing emotions opens clients to other cognitive and behavioral changes within their world that would previously have been more difficult (Whitely, 2009; Yorke et al., 2008).

Psychoeducation is an important aspect of CBT and is frequently used in EFP sessions (Beck, 2011). The therapist educates the client on equine behavior and safety as well as provides feedback during equine activities. Further, the therapist has ample opportunity to model social and communication skills as well as appropriate touch and boundaries (Chandler et al., 2010; Sexauer, 2011). Homework is an integral component of CBT and is often assigned following an EFP session. Homework is adapted to the client's individual goals, although often involves behavioral experiments, mindfulness and relaxation activities, monitoring automatic thoughts, and journaling (Beck, 2011). Through the use of homework, clients are able to transition their learned skills to other aspects of their lives, leading to long-term positive changes in the clients' perception of self (Allen, 2003; Beck, 2011).

**Gestalt therapy.** Gestalt therapy emphasizes awareness of the self, including one's internal emotions, needs, and desires, within a relational context (Kirby, 2010). Understanding and communicating non-verbally is often difficult for humans, as they have adjusted to a heavily verbal culture (Vidrine et al., 2002). Thus, Gestalt therapy is especially helpful for clients who struggle to accurately match body language with their emotions (Kirby, 2010; Schultz et al., 2006; Whitely, 2009). Similar to CBT, Gestalt therapy incorporates mindfulness techniques to

encourage the use of, and further develop, non-verbal cues and body language. To successfully interact with horses, one must learn to connect the mind with the body. Horses respect and trust individuals who show behaviors that correspond with their emotions. On the contrary, horses become anxious and hesitant around individuals who portray their emotional and behavioral states autonomously (McCormick & McCormick, 1997; Porter-Wenzlaff, 2007). The horse responds to the client authentically and without judgment, providing a safe space for the client to explore his or her emotions (Kirby, 2010). Gestalt therapy also emphasizes that all experiences are interpreted relationally. During EFP, the client's relationship and interactions with the horse provide opportunity for transference to be addressed and worked through (Kirby, 2010; Whitely, 2009).

**Person-centered.** Person-centered techniques are frequently incorporated into EFP sessions. As with Gestalt therapy, person-centered techniques focus on the healing power of safe, supportive, and non-judgmental relationships (Kirby, 2010; Chandler et al., 2010). Although a collaborative effort, person-centered therapy emphasizes the client's role in the therapeutic process. The therapist guides sessions while allowing clients to reach their own insights. In doing so, the client is empowered and gains confidence in his or her self and abilities (Chandler et al., 2010; Whitely, 2009). During EFP, the therapist often allows the client to work through the activity on his or her own, only providing support or suggestions when prompted. Similarly, horses provide the client with opportunities to assertively, yet respectfully, direct the activity. In doing so, clients gain confidence and learn how to effectively express their needs and emotions within a relationship (Chandler et al., 2010).

**Play therapy.** When working with children, and occasionally adults, play therapy may be incorporated into EFP sessions (Sexauer, 2011). The client is encouraged to tell stories about what the horse may be thinking or feeling. These stories commonly reflect the client's own emotions and outlook on life. The therapist is then able to use the stories about the horse(s) as a catalyst to discuss concealed experiences and emotions the client needs to work through (Rothe et al., 2005). Games and obstacle courses are occasionally used with clients in EFP sessions to help develop teamwork, problem solving, and social skills (Whitely, 2009). Art therapy may also be incorporated into EFP sessions. During art therapy, clients are encouraged to express themselves through painting or decorating the horse in a way that expresses their emotions, hopes/dreams, and struggles. Therapists may also have the client label the horse's anatomy with body paint and facilitate a discussion around labeling and stereotypes (Chandler, 2012; Klontz et al., 2007).

Compatible with other EBP, the incorporation of EFP as a complimentary intervention is arguably beneficial in facilitating client motivation and adherence to treatment. Walsh (2009) proposed that animals have a unique ability to provide biopsychosocial support through fostering resilience, emotion regulation, coping, recovery, and healing. Further, animals can be a strong motivator for clients to continue treatment. Horses are non-judgmental, allowing clients to quickly feel safe and form a relationship with the animal that often takes more time to develop with a therapist. Using the horse as a catalyst, therapists are then able to establish a strong relationship with the client (Chandler et al., 2010) which is the strongest predictor of client change while therapist technique only accounts for approximately 15% of a successful therapeutic outcome (Lambert & Ogles, 2004). The incorporation of horses as catalysts to foster

motivation and a deeper therapeutic alliance may be especially beneficial with clinical populations that have poor treatment adherence or high relapse rates (Kleber et al., 2007).

While the preceding psychotherapeutic modalities are frequently used during EFP, studies have not been conducted to determine whether the incorporated therapy is a mediating or moderating factor. Researchers have yet to explore whether the use of an EBP with EFP is equally effective, or more effective than the therapeutic modality would be if implemented independently. Further, it is unclear whether the change in the therapeutic environment alone or the emphasis placed on the therapeutic alliance account for the efficacy of EFP (Trotter et al., 2008). Thus, EFP research that minimizes confounding variables and uses controlled experimental designs is needed (Cantin & Marshall-Lucette, 2011).

**Use of EFP with clinical populations**

Although research is limited, several empirical studies, including case studies and meta-analyses, indicate that EFP positively affects clients' quality of life (Cantin & Marshall-Lucette, 2011; Christian, 2005; Ewing et al., 2007; Fine, 2006; Lentini & Knox, 2009). A review of the literature suggests that EFP may be a beneficial therapeutic modality for adolescents and adults struggling with emotional, behavioral, and psychological problems (Trotter, 2012; Trotter et al., 2008). Lentini and Knox (2009) completed a review of 16 qualitative and quantitative equine-assisted activities and therapies (EAAT) articles. Participants were noted to have a range of emotional or behavioral difficulties including abuse, trauma, behavioral disorders, or mental illness. Research conclusions varied, although authors generally identified EAAT as a beneficial intervention for individuals with mental health concerns. Participants demonstrated a decrease in anger, depression, aggressive behavior, and dissociation as well as an increase in self-confidence and self-esteem, locus of control, and overall functioning (Lentini & Knox, 2009). Similarly, Cantin and Marshall-Lucette (2011) completed a review of 5 quantitative EAAT research articles published between 2005 and 2008. The authors concluded that EAAT appears to enhance positive, and reduce negative behaviors among individuals with mental illness. Duckers (2008) completed a non-statistical meta-analysis of 21 articles pertaining to the effectiveness of EAAT. The emerging themes indicated that at-risk adolescents who participated in EFP showed greater progress in therapy and more adaptive psychosocial skills than those who did not participate in EFP.

Beebe (2008) summarized literature related to the incorporation of EAAT into SUD treatment programs and concluded that EFP appeared to be a useful therapeutic modality in the treatment of adolescents with emotional behavioral disorders, substance abuse, or co-occurring disorders. Similarly, Mann and Williams (2002) completed a pre-post test study and found that 82% of adolescents who participated in EFP with their families had a clinically significant improvement in mental health symptoms ($N=9$; as cited in Trotter et al., 2008). Bachi and colleagues (2011) conducted a matched group controlled study with adolescents at risk for mental illness in residential treatment ($N=29$). The control group ($n=15$) either received no treatment or an alternate treatment to EFP while the treatment group ($n=14$) participated in weekly individual EFP sessions. The researchers concluded that although not statistically significant, adolescents participating in EFP showed improvement in a number of domains. Adolescents participating in EFP, when compared to the control group, showed a trend of increased trust, self-control and general life satisfaction. Further, a 1-year follow up found that

participants in the EFP group had fewer legal incidents and less alcohol or drug use than those in the control group (21% vs. 79% and 29% vs. 80%, respectively; Beebe et al., 2011). The conclusions of this study are consistent with previous research findings documenting an increase in confidence, empathy, and trust among at risk adolescents (Dell et al., 2011; Trotter et al., 2008; Vidrine et al., 2002).

Individuals prone to developing eating disorders or SUDs tend to have underlying personality characteristics related to impulsivity and negative emotionality.  Often these negative emotions are suppressed through the use of substances or disordered eating behaviors (Christian, 2005; Fischer Settles, Collins, Gunn, & Smith 2012; Kehle et al., 2012).  EFP is typically difficult for these clients, as working with horses symbolizes change, lack of control, and eventually recovery.  Thus, EFP is a threat to well-established routines in an addict's or eating disordered person's world (Beebe, 2008; Christian, 2005). That said, changes could occur quite quickly in clients who are willing to openly participate in EFP sessions (Klontz et al., 2007). Research concerning the effectiveness of EFP in the treatment of eating disorders is currently limited to case studies. Although positive outcomes were noted, the studies cannot be generalized beyond participants. Further qualitative and quantitative research is necessary prior to establishing whether EFP is beneficial in the treatment of eating disorders (Christian, 2005; Ratliffe & Sanekane, 2009). Similarly, research pertaining to EFP with individuals who have SUDs is fairly limited. That stated, Dell and colleagues (2011) conducted a qualitative study of 15 American Indian adolescents with drug or alcohol abuse and concluded that the use of equine-assisted activities in the treatment of American Indian adolescents with SUDs appeared promising. Additionally, Trotter and colleagues (2008) conducted a quantitative, non-randomized study with at risk children and adolescents with behavioral, social, or learning difficulties. The study compared adolescents who received EFP ($n$=126) with adolescents who completed a school based counseling program ($n$=38). When compared to adolescents in the school based counseling program, adolescents who received EFP demonstrated a significant decrease in maladaptive and increase in adaptive behaviors ($p$≤.05). Specifically, the researchers found statistically significant decreases in conduct disordered behaviors, including substance abuse, among adolescents who participated in EFP when compared to adolescents who participated in a traditional, school-based counseling program.

**Cultural considerations in the use of EFP**
Although EFP has been found to be beneficial, mental health professionals need to be mindful of cultural values and beliefs that may influence a client's receptivity of a specific therapeutic modality. Additionally, clinicians should follow best practice standards and provide treatment within their areas of competency (APA, 2012; Cepeda, 2011). When appropriately incorporated into treatment by a qualified mental health professional, EFP can be an effective intervention for a diverse range of clients, including minority populations (Dell et al., 2008; Trotter et al., 2008). One reason for this may be related to the experiential nature of EFP. Experiential learning, particularly during EFP sessions, is frequently more active than traditional therapeutic techniques (Stauffer, 2006). Subsequently, EFP may reduce some of the stigma associated with "talk therapy."

Research has repeatedly found that the stigma surrounding mental illness is a barrier to treatment, particularly for males and veterans (Corrigan, 2004; Renson, 2010; Vogel, Wade, &

Hackler, 2007). Because it is frequently held in a non-traditional therapeutic setting, EFP may be more readily accepted by individuals who are resistant to traditional therapeutic interventions (Selby, 2009). Conducting therapy in a natural, interactive environment may minimize some of the stigma related to attending therapy. Wilson proposed that clients often have fewer preconceptions tied to working with horses, leading to less resistance and ambivalence (as cited in Selby, 2009). Similarly, men may prefer EFP as it emphasizes non-verbal communication and is more physically demanding than traditional therapeutic interventions (Yorke et al., 2008). Similarly, EFP may be more accepted by some minority populations, as animal symbolism is an important aspect of their heritage and culture (Dell et al., 2011). Additionally, EFP is a holistic approach and can be adapted to include spiritual components (Dell et al., 2008; Sexauer, 2011). As previously discussed, Dell and colleagues (2011) concluded that EFP is a beneficial intervention for Native American adolescents with SUDs. Given the high rate of SUDs in the Native American population, this is of particular relevance and supports the need for additional research (Dell et al., 2011).

Although generally accepted by a diverse range of clinical populations, EFP may be met with resistance by some cultures (Sexauer, 2011). Specifically, cultures that value a medical model approach to mental health may not consider EFP as a clinically valid treatment (Elkins, 2009; Sexauer, 2011). EFP's emphasis on a holistic approach may challenge Western cultural norms. Western culture emphasizes verbal communication, while touch and emotional expression are frequently de-emphasized. EFP requires a balance between verbal and non-verbal communication, including touch. Thus, individuals from Western cultures may initially be suspicious or uncomfortable with this more holistic approach. While clinicians need be mindful of the client's comfort level, psychoeducation can be a helpful avenue to discuss and explore the benefits of physical touch. As noted previously, clinicians must be respectful of the client and adhere to professional boundaries and ethical standards (APA, 2012; Sexauer, 2011).

**Precautions, contraindications, and ethical considerations**
Clients and equines need to be carefully evaluated prior to participating in EFP sessions (Cepeda, 2011). Clients who are fearful or have a history of animal abuse or arson may not be appropriate candidates for EFP (Chandler, 2012; Renson, 2010). If the horse is not safe, therapy cannot be effective and may even lead to setbacks in treatment. The therapist must also be aware of potential medical conditions that may be a safety hazard to the client or the horse (Chandler, 2012; O'Callaghan, 2008). Clients who are medically unstable for any reason should not participate in EFP until cleared by a physician. Additionally, if clients are dangerous to themselves or others, they should not participate in EFP as they may need more immediate attention or intensive care. Similarly, clients who are actively psychotic or using substances should not participate in EFP as the session cannot be facilitated safely when the client is in an altered mental state. Although EFP can be a powerful experience for clients with a history of trauma, caution is warranted, particularly with mounted activities. The horse's movement as well as the somewhat vulnerable body position necessary while riding may be a trigger for the client. Incorporating mounted work also requires the therapist to be mindful of the horse's physical limitations. Riders and horses should be paired with respect to client's weight, and obese clients may not be appropriate for mounted work (Chandler, 2012; O'Callaghan, 2008).

Equines are large and powerful animals. Although, when respected and properly trained and cared for, horses pose minimal safety risks to humans, some horses may not be appropriate for EFP due to temperament, physical conditions, or age. Further, if a horse is sore or injured and pushed beyond its limits, it may become dangerous to itself or others. Care should be taken to ensure horses used in EFP are physically and medically sound. Equines should also not be overworked and provided ample down time with the herd to re-cooperate and de-stress following EFP sessions (Chandler, 2012).

Ewing and colleagues (2007) noted that due to the client's intimate work with the horse(s), the traditional client-therapist relationship is challenged. Therapists need to be aware of and adaptive to multiple roles. Although therapists are seen as professionals in an office setting; this is not always the case in a less traditional therapeutic setting (Karol, 2007). The therapist acquires the dual role of instructor and psychotherapist when working with a client in an EFP session. Not only is the therapist responsible for the client, but also the horse. Additionally, therapists often need to be directive and firm with clients regarding safety rules when working with horses. Therapists potentially will need to step in and act quickly to ensure the safety of the client or horse. This may entail physically removing the client from an area or providing first aid. Therapists are advised to periodically discuss their dual role during equine activities as well as protocols surrounding safety and physical touch prior to implementing EFP sessions (APA, 2010; Chandler, 2012).

Mental health professionals also need to be aware of and follow the standards detailed within their profession's ethical code of conduct (APA, 2010). Care should be taken to ensure clients are informed that EFP is an experiential, complimentary therapy and not currently considered an EBP. Clients also should be made aware of the nature and length of treatment, limits of confidentiality, risks associated with EFP, and the therapist's credentials. Given the untraditional therapeutic environment associated with EFP, therapists need to be cognizant of threats to client confidentiality. There may be employees at the barn, including veterinarians, equine specialists, or other therapists and clients, which hinders the therapist's ability to maintain full client confidentiality. Additionally, if therapy is conducted with an equine specialist present, clients should be informed of his or her role during EFP sessions (Chandler, 2012).

Currently, equine professionals who are minimally trained or unlicensed to treat individuals with mental health disorders (Karol, 2007; Selby, 2009) often conduct equine-assisted activities. While a shift has occurred toward ensuring a qualified mental health professional is present, several programs continue to rely on the equine professional to facilitate equine activities. The combination of unqualified professionals using a treatment that is not evidence based may potentially be harmful to the client, leading to client setbacks or discontinuation of treatment (APA, 2005; Finney & Hagedorn, 2011). Additionally, PATH identified that social workers incorporate EFP into practice more than any other group of mental health professionals (as cited in Selby, 2009). EFP would likely gain credibility from the medical community and general public if more postsecondary and advanced degree institutions provided education, training, and certification in EFP (Selby, 2009).

**Research limitations**

EFP, being a new therapeutic intervention, has several limitations to consider. Despite the abundant qualitative research, there is very little quantitative research supporting the benefits of EFP (Lentini & Knox, 2009; Vidrine et al., 2002). Currently, there are few empirically published studies concerning EFP and   replication, comparison, and longitudinal studies are sparse. As such, the long-term effects of EFP are largely unknown (Ewing et al., 2007; Krueger & Serpell, 2006). Sample sizes of current studies are also small or limited in diversity (Yorke et al., 2008). Future research in EFP would greatly benefit from larger sample sizes and randomized controlled trials (Klontz et al., 2007).

Establishing methodologically rigorous studies has previously been difficult because, until recently, research primarily stemmed from the equine, rather than academic or clinical mental health communities. Additionally, the available literature is fairly scattered and repetitive. Studies have not consistently built or expanded upon the existing research. Rather, the focus has been on program development, case studies, and anecdotal reports (O'Callaghan, 2008; Vidrine et al., 2002; York et al., 2008). Further impeding the growth of research literature, the EAAT field continues to be unresolved with respect to agreeing upon and establishing standardized terminology, procedures, and implementation of equine activities into the therapeutic process (Lentini & Knox, 2009). Clinical and equine communities need to collaboratively address the deficit of EFP research. In doing so, the EFP field can establish a strong foundation to build upon and gain respect in the professional community as well as the general public. Until research findings are more generalizable, EFP will continue to have limited acceptance by the medical community as an effective alternative therapy (Vidrine et al., 2002).

EFP is repeatedly coupled with a second therapeutic technique, creating a barrier to generalizing research findings. Results of EFP, particularly positive outcomes, could be largely accounted for by confounding variables, including the use of an alternate therapeutic modality or a strong therapeutic alliance. The therapeutic alliance has repeatedly been found to be the strongest predictor of client change (Harwood, Beutler, Castillo, & Karno, 2006; Horvath, 2001; Martin, Garske, & Davis, 2000). Additionally, research supports that a multi-method approach provides clients with the most successful treatment outcome (Chandler et al., 2010; Kleber et al., 2007). However, it is often difficult to determine which intervention(s) have the greatest effect on client recovery (Schultz et al., 2006). EFP may be beneficial due to its collectivistic and relational orientation. EFP would benefit from future research that explores and identifies possible underlying constructs that contribute to its efficacy. Unfortunately, isolating the effects EFP has on various clinical populations is a time consuming and expensive task that has yet to occur (O'Callaghan, 2008; Vidrine et al., 2002).

## Conclusions and Future Study

EFP has the potential to greatly enhance the mental health field as it provides several unique benefits through the incorporation of a large and sensitive animal into the therapeutic process. Although it is clear more research needs to be conducted concerning the efficacy of EFP, current literature is promising. Meta-analytic studies indicate that clients suffering from a wide range of mental illnesses report improvement in psychological symptoms following participation in EFP (Cantin & Marshall-Lucette, 2011; Klontz et al., 2007; Lentini & Knox,

2009). Many struggles clients face when working with horses have parallels to common life challenges (Yorke et al., 2008). EFP provides clients with skills needed to be more successful and healthy in their daily lives. Research supports that the benefits of EFP include improvements in self-esteem, social skills, empathy, and the resolution of inner conflicts (Ratliffe & Sanekane, 2009; Rothe et al., 2005). EFP sessions can be an effective medium for clients to engage in enjoyable activities while developing social skills, coping resources, and distress tolerance. Clients are then able to transfer these skills to other areas of their lives, fostering long-term change and relapse prevention (Chandler et al., 2010; Lefkowitz et al., 2005; Letner, 2000).

Further efficacy and effectiveness research in the field is pertinent to EFP's establishment as a valid therapeutic modality (Krueger & Serpell, 2006). The growing popularity of EFP as a complimentary intervention demands that clinical researchers continue to explore the efficacy of EFP and identify the underlying constructs that contribute to its effectiveness (Ratliffe & Sanekane, 2009). Karol (2007) captured the essence of EFP by summarizing, "When an advanced-level clinician works in the EFP setting, the therapeutic work can move from a narrow use of cognitive-behavioral therapies, here-and-now therapies, and limited stages of personality development to a more complete psychotherapeutic experience and involvement" (p. 78).

References

Allen, K. (2003). Are pets a healthy pleasure? The influence of pets on blood pressure. *Current Directions in Psychological Science, 12*(6), 236-239.  doi: 10.1046/j.0963-7214.2003.01269.x

American Psychological Association (2010). American Psychological Association ethical principles of psychologists and code of conduct. Retrieved July, 2012 from http://www.apa.org/ethics/code/principles.pdf

American Psychological Association (2005). Policy statement on evidence-based practice in psychology. Retrieved July, 2012 from http://www.apa.org/practice/resources/evidence/

Bachi, K., Terkel, J. & Teichman, M. (2011). Equine-facilitated psychotherapy for at-risk adolescents: The influence on self-image, self-control, and trust. *Clinical Child Psychology and Psychiatry, 2*, 298-312.  doi: 10.1177/1359104511404177

Beck, A. M., Seraydarian, L., & Frederick, H. G. (1986). Use of animals in the rehabilitation of psychiatric inpatients. *Psychological Reports, 58*, 63-66. doi: 10.2466/pr0.1986.58.1.63

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.) [Kindle DX version]. New York, NY: Guilford Press. Available from Amazon.com

Beebe, B. J. (2008*). The use of equine-assisted psychotherapy in youth chemical dependency: A new modality for nurse practitioners.* (Unpublished manuscript). Washington State University, WA.

Berget, B., Ekeberg, Ø., & Braastad, B. O. (2008). Animal-assisted therapy with farm animals for persons with psychiatric disorders: Effects on self-efficacy, coping ability and quality of life, a randomized controlled trial. *Clinical Practice and Epidemiology in Mental Health, 4*(9), 1-7.  doi: 10.1186/1745-0179-4-9

Cantin, A., & Marshall-Lucette, S. (2011). Examining the literature on the efficacy of equine assisted therapy for people with mental health and behavioral disorders. *Mental Health and Learning Disabilities Research and Practice, 8*(1), 51-61.

Certification Board for Equine Interaction Professionals (CBEIP; 2012). Retrieved from: http://www.cbeip.com/

Cepeda, J. (2011). Equine-assisted psychotherapy: A manual for therapists in private practice (Doctoral Dissertation). Retrieved from ProQuest.  (UMI No. 3440790)

Chandler, C. (2012). *Animal assisted therapy in counseling* (2nd ed.) [Kindle DX version]. New York, NY: Taylor & Francis Group.

Chandler, C. K., Portrie-Bethke, T. L., Barrio Minton, C. A., Fernando, D. M., & O'Callaghan, D. M. (2010). Matching animal assisted therapy techniques and intentions with counseling guiding theories. *Journal of Mental Health Counseling, 32*(4), 354–374.

Christian, J. (2005). All creatures great and small: Utilizing equine-assisted therapy to treat eating disorders. *Journal of Psychology and Christianity, 24,* 65-67.

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59,* 614–625.

Dell, C., Chalmers, D., Bresette, N., Swain, S., Rankin, D., & Hopkins, C. (2011). A healing space: The experiences of first nations and Inuit youth with equine-assisted learning (EAL). *Child & Youth Care Forum, 40*(4), 319-336. doi:10.1007/s10566-011-9140-z

Dell, C., Chalmers, D., Dell, D., Sauve, E., & MacKinnon, T. (2008). Horse as healer: An examination of equine-assisted learning in the healing of First Nation youth from solvent abuse. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 6*(1), 81-106.

Dorotik, C. (2011). *Equine therapy certifications: Which is best?*  Retrieved July 10, 2012 from http://www.psychcentral.com

Duckers, P. (2008). *The added value of equine-assisted therapy in residential youth care.* (Unpublished manuscript). MACESS: Maastricht, Netherlands.

Elkins, D. N. (2009). The medical model in psychotherapy: Its limitations and failures. *Journal of Humanistic Psychology, 49*(1), 66-84. doi:10.1177/0022167807307901

EPONA (2012). *EPONA equestrian services.* Retrieved from http://eponaquest.com

Equine-Assisted Growth and Learning Association (EAGALA; 2012). *EAGALA.* Retrieved from http://www.eagala.org

Ewing, C. A., MacDonald, P. M., Taylor, M., & Bowers, M. J. (2007). Equine-facilitated learning for youth with severe emotional disorders: A quantitative and qualitative study. *Child Youth Care Forum, 36,* 59-72.

Fine, A. (2006). *Handbook on animal-assisted therapy: Theoretical foundations and guidelines* (2nd ed.)*.* San Diego, CA: Elsevier Inc.

Finney, J. W., & Hagedorn, H. A. (2011). Introduction to a special section on implementing evidence-based interventions for substance use disorders. *Psychology of Addictive Behaviors, 25*(2), 191-193. doi: 10.1037/a0023949

Fischer, S., Settles, R., Collins, B., Gunn, R. & Smith, G. T. (2012). The role of negative urgency and expectancies in problem drinking and disordered eating: Testing a model of comorbidity in pathological and at-risk samples. *Psychology of Addictive Behaviors, 26*(1), 112-123. doi: 10.1037/a0023460

Frewin, K., & Gardiner, B. (2005). New age or old sage? A review of equine-assisted psychotherapy. *Australian Journal of Counseling Psychology, 6,* 13-17.

Geist, T. (2011). Conceptual framework for animal assisted therapy. *Child & Adolescent Social Work Journal*, *28*(3), 243-256. doi:10.1007/s10560-011-0231-3

Harwood, T. M., Beutler, L. E., Castillo, S., & Karno, M. (2006). Common and specific effects of couples' treatment for alcoholism: A test of the generic model of psychotherapy. *Psychology and Psychotherapy: Theory, Research, and Practice, 79,* 365–384. doi:10.1348/147608305X67571

Horvath, A. O. (2001). The alliance. *Psychotherapy, 38*, 365-372.

Karol, J. (2007). Applying a traditional individual psychotherapy model to equine-facilitated psychotherapy (EFP): Theory and method. *Clinical Child Psychology and Psychiatry, 12,* 77-90.

Kehle, S., Ferrier-Auerbach, A. G., Meis, L. A., Arbisi, P. A., Erbes, C. R., & Polusny, M. A. (2012). Predictors of postdeployment alcohol use disorders in National Guard soldiers deployed to Operation Iraqi Freedom. *Psychology of Addictive Behaviors, 26*(1), 42-50. doi: 10.1037/a0024663

Kirby, M. (2010). Gestalt equine psychotherapy. *Gestalt Journal of Australia and New Zealand, 6*(2), 60-68.

Kleber, H. D., Weiss, R. D., Anton, R. F., George, T. P., Greenfield, S. F., Kosten, T. R., O'Brien, C. P., … Connery, H. S. (2007). Treatment of patients with substance use disorders: Second edition. *The American Journal of Psychiatry, 164*(4), 3-123.

Klontz, B. T., Bivens, A., Leinart, D., & Klontz, T. (2007). The effectiveness of equine-assisted experiential therapy: Results of an open clinical trial. *Society and Animals, 15,* 257-267. doi:10.1163/156853007X217195

Krueger, K. A. & Serpell, J. A. (2006). Animal assisted interventions in mental health: Definitions and theoretical foundations. In A. Fine (Ed.) *Handbook on animal-assisted therapy: Theoretical foundations and guidelines* (pp. 21-38). San Diego, CA: Elsevier Inc.

Lambert, M. J., & Ogles, B. M. (2004). The efficacy and effectiveness of psychotherapy. In M.J. Lambert (Ed.) *Bergin & Garfield's handbook of psychotherapy and behavior change* (5th ed., pp. 139-193). New York: Wiley.

Lefkowitz, C., Paharia, I., Prout, M., Debiak, D., & Bleiberg, J. (2005). Animal-assisted prolonged exposure: A treatment for survivors of sexual assault suffering Posttraumatic Stress Disorder. *Society & Animals, 13*, 275-295.

Lentini, J A. & Knox, M. (2009). A qualitative and quantitative review of equine-facilitated psychotherapy (EFP) with children and adolescents. *The Open Complementary Medicine Journal, 1*, 51-57.

Letner, R. (2000). *Chemical dependency and relapse prevention: Having fun instead of abstinence* (Unpublished manuscript). University of Wisconsin, Stout, WI.

Martin, D. J., Garske, J. P., & Davis, K. M. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438-450. doi: IO.I037//0022-006X.68.3.438

Masini, A. (2010). Equine-assisted psychotherapy in clinical practice. *Journal of Psychosocial Nursing & Mental Health Services, 48*(10), 30-34. doi:10.3928/02793695-20100831-08

McCormick, A. & McCormick, M. (1997). *Horse sense and the human heart.* Deerfield Beach, FL: Health Communications Inc.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guilford Press.

Muñoz-Solomando, A., Kendell, T., & Whittington, C. J. (2008). Cognitive behavioral therapy for children and adolescents. *Child and Adolescent Psychiatry, 21,* 331-337.

Nichols, M. P. (2011). *Family therapy: Concepts and methods* (9th ed.).  Boston, MA: Allyn and Bacon.

O'Callaghan, D. M. (2008). *Exploratory study of animal assisted therapy interventions used by mental health professionals.* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3326812)

Parshall, D. P. (2003). Research and reflection: Animal-assisted therapy in mental health settings. *Counseling and Values, 48*(1), 47-56. doi: 10.1002/j.2161-007X.2003.tb00274.x

Porter-Wenzlaff, L. (2007). Finding their voice: Developing emotional, cognitive, and behavioral congruence in female abuse survivors through equine-facilitated therapy. *Nursing, 3,* 529-534.

Professional association of therapeutic horsemanship international (PATH; 2012). Retrieved from http://www.pathintl.org

Ratliffe, K. T., & Sanekane, C. (2009). Equine-assisted therapies: Complementary medicine or not? *Australian Journal of Outdoor Education 13*(2), 33-43.

Renson, S. (2010). *Treating veterans using animal assisted therapy: A social learning theory based proposal.* (Unpublished manuscript). Winona State University, MN.

Rothe, E. Q., Vega, B. J., Torres, R. M., Maria, S., Soler, C., & Pazos, R. M. (2005). From kids and horses: Equine-facilitated psychotherapy for children. *International Journal of Clinical and Health Psychology, 5,* 373-383.

Schultz, P. N., Remick-Barlow, A., & Robbins, L. (2006). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health and Social Care in the Community, 15,* 265-271.

Selby, A. (2009). *A systematic review of the effects of psychotherapy involving equines.* (Unpublished  manuscript). University of Texas at Arlington, TX.

Sexauer, A. M. (2011). *Equine embrace: Touch and the therapeutic encounter in equine-facilitated psychotherapy from the perspective of the clinician* (Unpublished manuscript). Smith College School for Social Work, MA.

Stauffer, C. (2006). *Leadership skills through equine-assisted learning: The participant's perspective.* (Unpublished manuscript). Sienna Heights University, MI.

Tetreault, A. (2006). Horses that heal: *The effectiveness of equine-assisted growth and learning on the behavior of students diagnosed with emotional disorder* (Unpublished manuscript). Governors State University, IL.

Trotter, K. S. (2012). *Harnessing the power of equine-assisted counseling: Adding animal assisted therapy to your practice* [Kindle DX version]. New York, NY: Routledge. Available from Amazon.com

Trotter, K S., Chandler, C. K, Goodwin-Bond, D., & Casey, J. (2008). A comparative study of the efficacy of group equine-assisted counseling with at-risk children and adolescents. *Journal of Creativity in Mental Health, 3*(3), 254-284. doi: 10.1080/15401380802356880

Vidrine, M., Owen-Smith, P., & Faulkner, P. (2002). Equine-facilitated group psychotherapy: Applications for therapeutic vaulting. *Issues in Mental Health Nursing, 23,* 587-603. doi:10.1080/01612840290052730

Vogel, D. L., Wade, N. G., & Hackler A. H. (2007). Perceived public stigma and the willingness to seek counseling: The mediating roles of self-stigma and attitudes toward counseling. *Journal of Counseling Psychology,54*(1), 40-50. doi: 10.1037/0022-0167.54.1.40

Walsh, F. (2009). Human-animal bonds II: The role of pets in family systems and family therapy. *Family Process, 48*, 481-499.

Whitely, R. (2009). *Therapeutic benefits of equine-assisted psychotherapy for at-risk adolescents* (Doctoral dissertation). Retrieved from ProQuest. (UMI No. 3405795)

Yorke, J., Adams, C., & Coady, N. (2008). Therapeutic value of equine-human bonding in recovery from trauma. *Anthrozoös, 21,* 17-30. doi:10.2752/089279308X274038