

Pilot Study: Is Equine-Facilitated Psychotherapy Effective in the Treatment of Complex Post-Traumatic Stress Disorder?

By Leigh Shambo MSW, LMHC and Heather Vonderfecht, PhD, MSW

As an EFP practitioner and proponent, I am often asked to present concrete evidence of EFP's effectiveness to potential funders. In this new and very dynamic field, good research studies are hard to come by. So one of my most rewarding projects for 2006 was a pilot treatment/study called "Taking the Reins: Healing Trauma with Horses." Six adult women participated, all of whom were experiencing a pattern of complex Post-Traumatic Stress Disorder (PTSD) due to physical and/or sexual abuse during childhood (at least one woman had also survived a violent rape in adulthood). The group combined psychoeducation – an understanding of trauma's lasting effects on the brain and nervous system – with cognitive-behavioral group process and Equine-Facilitated Psychotherapy.

Facilitating this amazing group of women over the course of 10 weekly sessions, and seeing with my own eyes the dramatic positive change showed by each participant, was rewarding in its own right. The progress for each woman was striking, showing an impressive amount of positive change. Yet, these stories of recovery are "anecdotal evidence", and thus not statistically valid. Fortunately, our treatment group was also designed as a research project, funded jointly by Providence St Peter Hospital (Olympia, WA) and Human-Equine Alliances for Learning (Chehalis, WA), which allowed us to examine the results of this treatment with some precision.

The women who participated were referred from the hospital outpatient psychiatry unit or from local therapists. All of them were struggling with an array of mood, anxiety and dissociative symptoms related to their traumatic history, in spite of treatment with medication which controlled the worst symptoms. All of them were quite anxious socially and had rejected other forms of group treatment, but applied to join Taking the Reins out of an intriguing sense that the horses could help them heal.

As the women arrived for the first group, we were one member short. After waiting 20 minutes we opened our circle with a gong on a Tibetan bowl. As we introduced ourselves one woman confessed that she had spent the morning throwing up from anxiety. It turns out she was not alone, and several minutes were spent comparing nausea notes. At that moment the tardy member arrived, and she confessed that she had been driving on the road past the farm over and over, finally forcing herself to overcome anxiety at least to meet us. And at least, see *the horses*.

The group curriculum allowed the group to establish immediately a bond of safety, trust and shared purpose. Each week, in varying amounts, were educational segments on the neurological effects of trauma, cognitive behavioral group process to support each member in identifying and changing dysfunctional core beliefs, and practice with horses that ranged from quiet reflective sessions, simple leading and safety, to active round pen practice and our graduation march, a hike through the woods with the horses in hand!

I can honestly say that this group of women, terrified at the outset, did some of the most profound psychological work that I have ever been privy to. Each woman experienced herself differently with the horses, and by feeling this change took

guidance from it to decide on small but profound changes in daily life. Together these women practiced new, stronger ways of being and they witnessed each others' success. As one woman wrote on her evaluation, "The learning did not stop when the group did, either. I learned valuable skills for living that I use everyday. The horses have so much to teach, if we only let them!"

That is the anecdotal perspective. What did our research data reveal? Thanks to Heather Vonderfecht PhD, MSW, our research director, we selected reliable, standardized psychological tests to track the progress of our participants. Self-report questionnaires were administered to measure depression, anxiety, dissociation levels and life functioning (using a therapy evaluation tool called the OQ, or Outcome Questionnaire). Participants were measured at the beginning (pre-treatment), at mid-treatment, at the end of treatment (post-treatment) and four months after treatment in the group concluded (4-month post). Given the small size of our study group (6 women) it is possible to look at the effects of this group treatment on the mean scores of the group and also to track the response of women individually. Overall, the effects of the EFP in this particular study were universally positive – demonstrated in both the group means and individual scores.

On the whole, our numbers showed an extraordinarily positive response to this treatment. The mean scores showed significant improvements for all six women on measures of depression, dissociation, and life functioning. Unfortunately, we were unable to obtain a pre-treatment measure on the anxiety scale, and thus chose to use the mid-treatment score as the beginning measure; a proper pre-treatment score might have resulted in more pronounced evidence of change in this symptom area. Even with this glitch, anxiety scores showed a marked, though not statistically significant, improvement. The response on all measures was both robust and enduring; the drop in scores was extraordinary in many cases and remained consistent or steadily improving through the follow up period, indicating overall a very significant positive benefit from treatment.

Most noteworthy in this study were the highly significant decreases in depression, showing a response that was dramatic, with scores virtually plummeting and continuing to drop through the follow up. The overall reduction in dissociation scores is also significant, especially in view of the high pre-treatment scores with which some individuals entered the treatment. This often overlooked symptom is arguably the most difficult to treat; the data here shows a very pronounced tendency for treatment with EFP to be highly effective for this symptom.

Therapists always hope that decreasing symptoms results in greater life satisfaction and improved functioning in a number of domains – family, social and vocational. The OQ is designed to gauge treatment effectiveness overall, and it was rewarding to see significantly positive data on this measure. Mean scores on this measure show consistent, and significant, improvement throughout treatment and follow-up.

These are very promising results, which point to the conclusion that incorporating EFP into treatment of adult trauma survivors can be extremely effective. It should be recognized that Taking the Reins followed a curriculum with a strong theoretical base, combined a specific model of EFP that was highly effective for this

population, and carefully followed good practice guidelines for managing interactive group process among participants. A strong and enduring positive response to therapy is accomplished not just by the horses, but by the overall skill and thoughtfulness with which horse experiences are woven into an already sound intervention. Careful selection of participants, tailoring the program to target the specific needs of the population addressed, the skill of facilitators with both human and horse participants, and a sound research design are all necessary factors in achieving the remarkable outcomes demonstrated by this pilot study.

I am very grateful to all who contributed in such generous ways to Taking the Reins, most notably to my co-facilitator Susie Seely, MN, ARNP. The hosting site was Sylvan Meadows, owned by Barb Hutchinson who served as our equine specialist/educator. As mentioned previously, the group was made possible with the generous support of Providence St. Peter Hospital in Olympia, WA and charitable funds raised by Human-Equine Alliances for Learning (HEAL) in Chehalis, WA. Certainly not least, Heather Vonderfecht, PhD, MSW was instrumental in helping with the measurement and data analysis as our Research Director, as well as contributing to this article.

Most of all, I bow in reverence to those who did the most work, the women themselves, and the horses who were unfailingly honest as well as compassionate and supportive. This 10-week experience was amazing and growth-inspiring for us all, leaving us all with compelling anecdotes *and* new understandings based on actual measures of response. Readers who would like more information on this treatment/study are invited to contact Leigh Shambo, MSW, LMHC at Human-Equine Alliances for Learning (HEAL).

About the Author:

Leigh Shambo, MSW, LMHC, a licensed therapist and educator, began her career as a horse trainer. Leigh is widely recognized for her articulation of the horse-human bond and its application in therapeutic and learning programs for a variety of ages and diagnostic groups. She is the founder and lead therapist for Human-Equine Alliances for Learning (HEAL), a non-profit charitable organization that supports equine assisted services and programs. Leigh is regularly invited to teach and to speak throughout the US, Canada and Europe.

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