Equine Facilitated Psychotherapy

An Outcome Study

Masters Thesis
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What is EFP?

• EFP is experiential psychotherapy that includes equines. It may include but is not limited to, a number of mutually respectful equine activities, such as: handling, grooming, longeing, riding, driving, and vaulting. A licensed mental health professional working with an appropriately credentialed equine professional facilitates EFP. EFP may be facilitated by a mental health professional who is dually credentialed as an equine professional. (EFMHA Fact Sheet)
EFP: An Example

horse dancing

We started out slowly, moving back and forth with each other, and I sent him out, trotting, then cantering around me. As he bucked in playful joy, my whole soul came alive. He joined back up with me, and we flowed through the length of the arena, our strides matching in harmony. I ran beside him, and my heart sang with a feeling of connection and belonging. Tears of acceptance and freedom welled up from my inner being, as I watched Gallant embody the joy that I felt inside. I was so amazed at this deep connection that opened up to me when I allowed myself to be free, and I was astonished to discover that the result of being authentic was deep connection, not rejection.
EFP Research

Quantitative
• Reduction in aggression & depression, improved self-esteem & overall functioning, & reduction in anxiety

Qualitative
• Role of the Horse: as mirror, metaphor, in relationship, connector to the natural world
Unique Qualities Horses Bring to Therapy

- Mirror & provide self-object experiences
- Build attachment with a safe partner
- Relationship in the here and now
- Ability to find & show incongruity
- Provide a connection to the natural world
- Act a metaphor for client issues
- Nonverbal experience
EFP Uniquely Suited for Trauma

• From an Interpersonal Neurobiology perspective:
  “...integrating modalities from the left and right hemispheres enable traumatic memories to be processed in a new manner that allows resolution to occur.”

  Siegel (2003)
Method

• Modeled on pilot study (2006) - women with ‘complex’ PTSD
• Brief treatment - 10 weeks
• EFP in conjunction with psycho-education & cognitive behavioral therapy
• Measures: BDI, BAI, DES, OQ-45
• Pre-, mid-, post, and follow up measurement points
• Qualitative questions; post & follow up
Group Outline
The Co-therapists

Magic

Gypsy

Tankha
The Co-therapists

Amir

Gallant

Frieda

Gem
Participants

• 10 adult women with complex PTSD/ & or Borderline Disorder & other (depression, substance abuse, anorexia...)
• Referred by local county mental health clinic or if they expressed an interest in EFP
• Currently in therapy for 2 years or more with no reduction or resolution of symptoms
• No severe allergies to horses/asthma
• Walk on uneven ground & lift, push, or pull 20# or more
Participant #7

Axis I PTSD
- Obsessive Compulsive Disorder
- Anorexia Nervosa

Axis II Borderline Personality Disorder

CSA- age 9-11 yrs/ CP&E abuse father/
Hears voices/Suicidal ideation/chemical dependency/alcohol abuse
Results: Hypothesis 1

Group Mean BDI Scores

PRE MID POST FOLLOW UP

Measurement Points
Hypothesis 1
Results: Hypothesis 2

Group Mean BAI Scores

PRE  MID  POST  FOLLOW UP

Measurement Points
Hypothesis 2
Results: Hypothesis 3

Group Mean DES Scores

Measurement Points

DES Score
Hypothesis 3
Results: Hypothesis 4

Group Mean OQ®-45.2 Scores

<table>
<thead>
<tr>
<th>Measurement Points</th>
<th>OQ®-45.2 Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>92</td>
</tr>
<tr>
<td>MID</td>
<td>88</td>
</tr>
<tr>
<td>POST</td>
<td>82</td>
</tr>
<tr>
<td>FOLLOW UP</td>
<td>88</td>
</tr>
</tbody>
</table>
Hypothesis 4
Results: Hypothesis 5

Participants will report positively about their relationship to the horse(s), and consider them an important element in their healing as evidenced by their responses to the post treatment survey administered at the end of session ten.
<table>
<thead>
<tr>
<th>Question</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe your relationship to the horse(s) that you interacted with in</td>
<td>Connection, bonding</td>
</tr>
<tr>
<td>the program.</td>
<td>Boundaries</td>
</tr>
<tr>
<td></td>
<td>Respectful</td>
</tr>
<tr>
<td></td>
<td>Trust</td>
</tr>
<tr>
<td></td>
<td>Joy</td>
</tr>
<tr>
<td>How did it feel to work with the horse(s)?</td>
<td>Positive, enjoyable, good, relaxed,</td>
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<tr>
<td></td>
<td>Calming, beneficial, happy</td>
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<td></td>
<td>Scared, working through fear</td>
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<tr>
<td></td>
<td>Empowering, confident, confidence</td>
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<tr>
<td></td>
<td>Exhilarating, exciting</td>
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<tr>
<td>How were the horses important in your healing? Or not?</td>
<td>Trust, love (unconditional)</td>
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<tr>
<td></td>
<td>Self confidence, not be scared</td>
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<tr>
<td></td>
<td>Very important</td>
</tr>
<tr>
<td></td>
<td>Self reflection</td>
</tr>
<tr>
<td></td>
<td>Mirror</td>
</tr>
</tbody>
</table>
Results: Hypothesis 6

Participants will report that EFP treatment positively impacted their lives and are using specific skills they learned as part of the treatment as evidenced by the responses to the follow-up survey administered at four months post treatment.
<table>
<thead>
<tr>
<th>Questions</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did your experience with this type of therapy impact your life? Is so, how?</td>
<td>Self-acceptance &amp; confidence</td>
</tr>
<tr>
<td></td>
<td>Boundaries</td>
</tr>
<tr>
<td></td>
<td>Trust</td>
</tr>
<tr>
<td>Do you use what you learned from participating in the therapy? If so, what?</td>
<td>Self-acceptance, awareness, confidence</td>
</tr>
<tr>
<td></td>
<td>Boundaries</td>
</tr>
<tr>
<td></td>
<td>Grounded &amp; calm (body)</td>
</tr>
<tr>
<td>What is the most significant thing that you have taken away from your participation in this therapy?</td>
<td>Love (unconditional), Friendship, Bonding</td>
</tr>
<tr>
<td></td>
<td>Confidence, Assertiveness, Boundaries</td>
</tr>
<tr>
<td></td>
<td>Awareness &amp; Listening to Self &amp; Body</td>
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<tr>
<td></td>
<td>Balance &amp; Calm</td>
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</tbody>
</table>
Results Summary

• Hypothesis 1: Significant reduction in depression - clinically moderate
• Hypothesis 2: Reduced anxiety
• Hypothesis 3: Dissociation
• Hypothesis 4: OQ - clinically improved
• Hypothesis 5: Confirmed
• Hypothesis 6: Confirmed
Discussion

– Reductions in depression & anxiety, improvements in self esteem & overall functioning

– Consistent with the pilot study - reduction in depression, & overall functioning

– Participants view EFP as overwhelmingly positive:
  • *It was a great experience for me*
  • *It was one of the best summers of my life*
  • *I have never experienced such bonding that feels so real. Where I could be me for me.. A step in the healing process that was long overdue.*
Discussion

• Intractable depression a feature of trauma (Herman) : consistent with EFP outcome study results

• Meinersmann, Bradberry, & Roberts (2008) interviewed women survivors of abuse about their experience of EFP and identified four patterns that reflect the findings of the qualitative portion of this outcome study
<table>
<thead>
<tr>
<th>Patterns</th>
<th>Outcome Themes</th>
</tr>
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<tbody>
<tr>
<td>I Can Have Power</td>
<td>Empowerment, confidence, boundaries</td>
</tr>
<tr>
<td>Doing It Hands On</td>
<td>Confidence, somatic awareness, self-awareness</td>
</tr>
<tr>
<td>Horse as Co-Therapist</td>
<td>Trust, love, bonding, mirror, self-esteem</td>
</tr>
<tr>
<td>Turned My Life Around</td>
<td>Confidence, self-efficacy, feeling better</td>
</tr>
</tbody>
</table>
Discussion

• Therapeutic Relationship
  – Themes from qualitative data regarding relationship between client & horse mirror the relationship between client and human therapist
  – Attachment theory, intersubjectivity, & interpersonal neurobiology apply to the client/horse relationship
  – York, Adams, and Coady (2008) examined the therapeutic value of equine-human bonding in recovery from trauma and found that the relationship, “suggests parallels between good equine-human relationships and good therapist-client relationships, both, in terms of the bonds that are formed and their healing qualities.” (p. 25)
Discussion: Significance

• Adds to the literature supporting EFP as an effective modality

• Supports previous research & shows EFP can be beneficial for adults with PTSD & co-occurring disorders including: BPD, MDD, OCD, Substance Abuse & Dependence, & Eating Disorders
Further Research

• Studies with larger samples
• Use a waitlist - control group
• Extend EFP to other populations
• Further quantitative studies to isolate true constructs effected by EFP
• Include measure of traumatic beliefs (trauma & attachment belief scale)
Limitations

• Difficult to generalize to other populations
  – Only women participants
  – Small sample size
  – Specific type of EFP
  – ‘Expert’ facilitator

• No control group

• No way to exclude the effects of other therapies/treatments group members may have experienced at the time
Conclusion

• EFP has great potential for treatment of adults suffering from the effects of trauma & Axis I & II disorders
• Qualitative data highlights unique qualities the horse brings to therapy
• Allow formation of therapeutic relationship with participants that have difficulties forming healthy relationships
• Horse promotes somatic & nonverbal awareness while the human therapist facilitates the co-construction of narrative