Equine-Facilitated Psychotherapy for Trauma-Related Disorders

Pilot study of a 10-week EFP group for adult women

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Authors and Special Thanks

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What is Complex PTSD?

- The damaging psychological effects of childhood physical and/or sexual abuse.
- Characteristic Symptoms
 - Flashbacks
 - Nightmares
 - Hypervigilance
 - Emotional Numbing
 - Pervasive mood effects
 - Transient to severe dissociation
 - Dysfunctional & selfdestructive personality patterns

- Many survivors have been diagnosed with personality disorders.
- Relational & developmental
- Recognized by experts although it has yet to be formalized in the DSM-IV.
- High co-occurrence with a number of adult psychiatric disorders on Axis I and II and with substance use disorders and somatic complaints.

Abstract

Purpose of this pilot study: To measure specific changes, and durability of changes, for adult women outpatients with complex PTSD when treated with EFP in a 10-week therapy group as an adjunct to treatment as usual

 6 adult women participated in a 10 week therapy group involving EFP combined with psychoeducation.

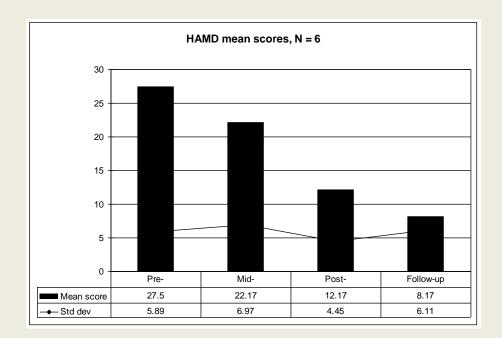
All participants met these criteria:

- Diagnosed w/ PTSD or Borderline PD
- Remained symptomatic with PTSD associated symptoms in spite of medication & outpatient counseling
- Still experienced symptoms severe enough to impair social and/or occupational functioning
- Had either refused or failed to benefit from traditional group therapy

- Measures for Depression, Anxiety, Dissociation, & overall treatment efficacy
- Standardized measures were taken at 4 points relative to treatment
 - Pre-treatment
 - Mid-treatment
 - Post-treatment
 - 4-moth post treatment
- Measures captured significant & enduring positive changes on these axes:
 - Depression & dissociative symptoms
 - Treatment effectiveness overall
- Change effect was dramatic and continued post-treatment as scores showed even more improvement at 4 month follow up

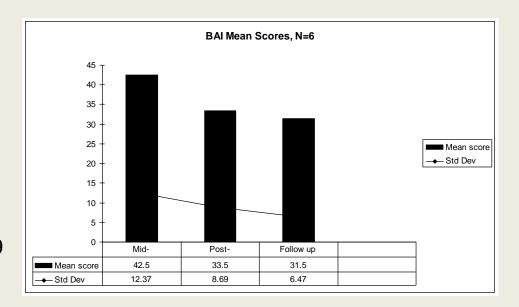
Hamilton Depression Scale – Mean Scores

- General clinical guide to the HAMD scores
 - 10-13: Mild
 - 14-17: Mild to moderate
 - 18+: Moderate to severe
- Looking at mean scores the trend is for the scores to go down consistently at each interval.
- Starting mean score of 27.5 indicates that on average these women were experiencing moderate to severe levels of depression.
- By the end their mean score of 12.17 places them in the low end of mild depression
- 4-month follow up mean score of 8.17 puts them in the normal, nondepressed range.



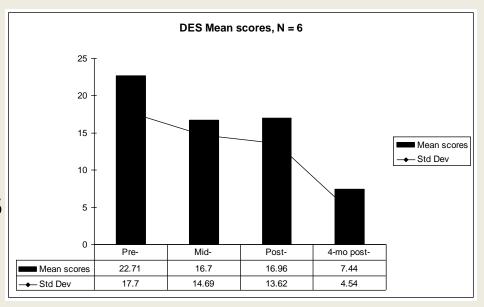
Beck Anxiety Inventory – Mean Scores

- General clinical guide rating
 - 0-21 Very low
 - 22-35 Moderate
 - 36+ Severe
- Compares mid-treatment mean scores with post- and follow-up scores in paired T tests.
- Mid treatment: 42.5
- End of treatment: 33.5
- Follow-Up: 31.5
- Pre post change: t(5)=1.10, p=0.159
- Mid follow up change: t(5)=1.95, p=0.054
- Trend: lower level of anxiety symptoms but the data doesn't show statistical significance
- Mean scores indicate on avg. participants went from high anxiety to the higher end of moderate range



Dissociative Experiences Scale – Mean Scores

- Score above 30: Suggests
 likelihood of dissociation disorder
- Score above 45: possible
 Dissociative Identity Disorder
- Starting mean score: 22.71
- Mid treatment mean score: 16.70
- Post treatment mean score: 16.96
- Follow up mean score: 7.44
- Paired t-test pre to post:
 t(5)=1.29, p=0.13 (not significant)
- Paired t-test pre to follow up: t(5)=0.023 (very significant)



Interesting patterns in DES individual scores

- Two individuals entered treatment with very high scores indicating the likelihood of dissociative disorders as well as PTSD. By the follow up measure, all participants' individual scores are safely within the nonsymptomatic range.
- Scrutiny of individual scores reveals the possibility of a negative correlation between dissociation and anxiety. It's possible that as dissociative symptoms decrease, anxiety will increase.
- The concept of productive vs. nonproductive anxiety was also meaningful, as productive anxiety was an inevitable accompaniment to the life changes subjects made as a result of their treatment experience with EFP, but required that women stay present and not dissociate.

DES Individual Scores

	DESPR	DESM	DESPO	DESFL
1	15.36	10.71	17.14	8.57
2	19.11	16.61	11.43	10.00
3	7.14	4.29	7.86	2.86
4	39.29	21.43	40.71	11.07
5	6.07	3.93	2.14	.71
6	49.29	43.21	22.50	11.43

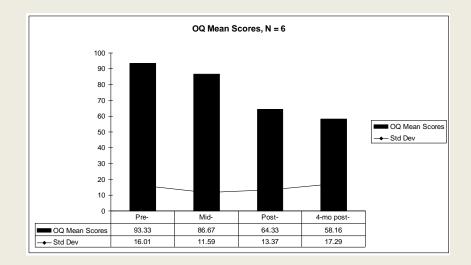
• At the post treatment measure 3 of the six women had a "spike" in dissociative symptoms, in spite of an otherwise steady downward trend. Could this have been a response to end-of-treatment anxiety often experienced at the end of a successful group treatment?

Outcome Questionnaire™ - OQ — 45 Assesses 'treatment effectiveness overall'

- Designed to quantify overall treatment effectiveness measuring
 - Symptom distress
 - Interpersonal functioning
 - Role satisfaction

Scores over 63 indicate clinical concern

- Mean scores dropped substantially
- Pre treatment mean score: 93.33 (high even for an outpatient sample)
- Post treatment mean score: 64.33
- Follow up mean score: 58.16
- By follow up the mean score was within the parameters of a non-clinical sample
- Statistically significant change for both pre to post (p=0.0017) and pre to follow-up (p=0.011)



Outline of Group Sessions

Screening appointment, treatment contract and all release forms completed in advance of group

Week 1

- Data Collection
- Opening Exercise, intros, group agreements
- 20 min on effects of trauma on brain: neural pathways, heightened awareness, autonomic arousal
- Authentic self and false self
- Horse observation and intros, safety demo, discussion

• Week 2

- Group process check in
- Meeting: How the Brain Acts out Trauma: limbic templates
- Emotional message chart
- Somatic awareness/body scan
- Meet the herd, exploring resonance, horse choosing

Week 3

- Group process time
- Meeting on meds, empowerment in regards to med choices
- Handout: Dynamics of shared emotion
- Just being: reflective sessions w/ horses

Week 4

- Group process time
- Meeting Boundaries
- Somatic skill: learning to manage arousal level
- Reflective sessions cont.

Week 5

- Group process time
- The language of feeling, tone and touch
- Grooming, qualities of touch, having horse stand still (ground tie)

Outline of Group Sessions – Cont.

Week 6

- Data Collection
- Group process time
- Sensory-motor integration handout
- Yielding exercises, leading, turns

Week 7

- Group process time
- Moving horse in round pen
- Initiating play, modulating arousal
- Active round pen work and join up

Week 8

- Group process time
- Finish active round pen sessions

Week 9

- Group process time
- Skills for authentic relationships & communities
- Meeting: trauma as initiation, the wounded healer, the work of developing the gift
- Practice for graduation exercise, obstacle course, a walk through the pasture

Week 10

- Data collection
- Group process time
- Graduation activity a walk through the woods (Horse dance as an alternate for rain)

4 Months Post-Treatment

- Data collection
- Social meeting

Therapeutic Considerations for Working with Trauma Survivors in EFP

- It is essential that the therapist present be experienced at containing extreme dissociative states if they occur
- The therapist should be familiar with all the diagnostic categories which have a cooccurrence with trauma as well as being knowledgeable about current methods and theories for treating trauma
- You must keep the groups small

- The group process and the horse activities must be carefully managed in order to create emotional safety
- Attentiveness to, gentle maintenance of, and absolute clarity about boundaries is one of the main structures upon which trust is built
- Many trauma survivors are ultra-sensitive and in their work with the horses you will see their keen intuition validated often