PERCEPTIONS OF PRACTICES USED IN EQUINE ASSISTED ACTIVITIES AND THERAPIES: A SURVEY

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DEDICATION

This study is wholeheartedly dedicated to my family who has supported me unconditionally in pursuing my dream to put my passion for horses and people with mental health conditions together and help those in need using horses in the same way they have helped me. This research is one step closer to that, and I would not be where I am without the love and support from my family.

ABSTRACT

Equine-Assisted Activities and Therapies (EAAT) is an ambiguous term used to describe any activity that involves horses to the benefit of a person. Various terms are included under the umbrella of EAAT, many of which are often misconstrued. Two of the less common forms of EAAT, Equine-Assisted/Facilitated Learning (EAL/EFL) and Equine-Assisted/Facilitated Psychotherapy (EAP/EFP), are often misused due to both a lack of knowledge and accurate understanding of the two terms. The misuse of these terms in the literature review included in this research suggests that EAAT subfields are loosely defined when compared to formal definitions. A survey was created and distributed to EAAT professionals holding certification in one or more of the most commonly known EAAT organizations to identify which activities, if any, appear to be loosely defined among EAAT professionals when compared to formal definitions and organization standards. Conclusions made from this research suggest that representatives of certain organizations appear to practice more in line with organization standards than others, supporting the need for more uniformity in EAAT definitions. Exploring perceptions of EAP from various professionals within the field will be one of the first steps in helping the EAAT industry accurately understand and decipher between its many terms.

Table of Contents

List of Figures…….6

Chapter I: LITERATURE REVIEW..……...……..8

Introduction…….....8

Background…….....12

Defining the Subfields of Equine Assisted Activities and Therapies (EAAT)……18

Chapter II: RESEARCH IN EQUINE FACILITATED/ASSISTED LEARNING……..25

Equine Facilitated Learning (EFL)…….25

Equine Assisted Learning (EAL)…….27

Chapter III: RESEARCH IN EQUINE FACILITATED/ASSISTED PSYCHOTHERAPY…….33

Equine Facilitated Psychotherapy (EFP)…….33

Equine Assisted Psychotherapy (EAP)…….35

Conclusion ……..37

Chapter IV: PERCEPTIONS OF PRACTICES USED IN EQUINE ASSISTED ACTIVITIES AND THERAPIES: A SURVEY……..39

Materials and Methods……...…….40

Results……..……41

Discussion……66

Conclusion……..71

Appendix A……..73

Literature Cited……74

List of Figures

Figure 1: Percentage of EAAT Involvement

Figure 2: Percentage of Professional Status

Figure 3: Years of Experience

Figure 4: Professional Certification

Figure 5: Organization Standards versus Teaching Standards

Figure 6: Number of Clients per Session

Figure 7: Client Ages

Figure 8: Typical Health Conditions

Figure 9: Activities Best for Mental Health Conditions

Figure 10: Activities Best for Physical Health Conditions

Figure 11: Activities Best for Learning/Cognitive Conditions

Figure 12: Activities Best for Speech-Related Conditions

Figure 13: Equine Education and Safety Regulations

a: “My clients are well educated on equine behavior”

b: “My clients are educated in proper horse handling”

c: “My clients learn correct horsemanship riding skills”

d: “The safety of my clients is of upmost importance”

e: “The safety of my horses is of upmost importance”

Figure 14: Horse Use and Client Preparation Prior to Sessions

a: “Horses should be used at liberty (not confined or handled) for therapy sessions”

b: “Horses should be reprimanded as needed in order to facilitate a therapy session”

c: “Clients should be educated on horse behavior and handling before their first therapy session”

CHAPTER I: LITERATURE REVIEW

Introduction

Equine therapy is a vastly diverse and highly misunderstood term used to describe therapeutic activities that utilize horses to benefit humans physically, emotionally, and/or spiritually. More formally known as *Equine Assisted Activities and Therapies* (EAAT), equine therapy contains various subfields, many of which are often confused for one another or misinterpreted by professionals in the field. Although these subfields are relatively new, the use of horses as therapy is not; in fact, the therapeutic value of horses can be traced back centuries, beginning with practitioners in ancient Greece (Fine, 2015, p. 115).

From ancient physicians and philosophers to military war heroes, horses have been strong and trustworthy companions, and the relationship between horses and humans throughout history has deeply affected areas of the medical field. For example, individuals affected by the polio outbreak in Scandinavia utilized the therapeutic value of horses in the 1940s and 1950s (Fine, 2015, p. 115) The benefits of equine-assisted/facilitated activities spread across the world to multiple countries, including Canada, Germany, and the United States, and with them came various ways of defining the term. Therapeutic Riding (TR), Hippotherapy (HPOT), Equine-Facilitated/Assisted Psychotherapy (EFP/EAP), Equine-Facilitated/Assisted Learning (EFL/EAL), Therapeutic Carriage Driving (TCD), and Therapeutic Vaulting (TV) are all included in equine-facilitated/assisted activities, but each involves different methods and goals to achieve success in treatment.

Equine-facilitated/assisted activities include participants, clients, volunteers, instructors, and horses who participate in "therapeutic riding, mounted or ground activities, horsemanship skills, stable management, shows, and demonstrations," and they center on social, emotional, physical, and/or cognitive health issues (Fine, 2015, p. 115). These practices often overlap, depending on the goals of the instructor in providing the best possible treatment for the participant. For example, therapeutic riding traditionally focuses on riding and ground work skills that assist students in overcoming obstacles in their disability; however, Equine Assisted Psychotherapy (EAP) utilizes understanding horse behavior as a model for self-concept and awareness of mental health status. Both terms have often been misconstrued in current practice and in research due to the ubiquitous concepts that they represent. Riding horses may be considered therapeutic for many individuals, but just because it is therapeutic for some does not classify it as *therapeutic riding* for all who participate. The term "therapeutic" may be used vaguely by any individual to describe the thrill and relaxation that comes from riding horses. However, *therapeutic riding* is a practice reserved for participants diagnosed with a social, cognitive, physical, or mental disability.

In order to better understand how practices often overlap in EAAT, a concept of types of EAAT is important. In Equine-assisted/facilitated psychotherapy (EAP/EFP), a licensed mental health professional such as a clinical psychologist, licensed social worker, or licensed professional counselor and an equine professional collaborate to provide therapy to participants using horses (PATH International, 2014). EAP/EFP emphasizes the psychosocial and behavioral elements of working with horses by "follow[ing] a therapy-based treatment plan of an experiential nature" with goals

centered on clients' treatment plan (Fine, 2015, p. 115). Equine-assisted/facilitated learning (EAL/EFL) is also goal-oriented, but it appears to have multiple definitions depending on the researcher. Both EAP/EFP and EAL/EFL appear to have similar definitions. On the other hand, universally, EAL/EFL is primarily based on equine education while EAP/EFP appears to help participants to "experience personal growth, [accomplish] trust, improve focus, improve boundaries, and [achieve] a sense of order;" however, this defines EAL/EFL according to Fine (2015). Despite the fact that many professionals in the field label EAL/EFL as a therapeutic modality, some speculate whether EAL/EFL should be considered therapy at all due to the lack of credentials required for practice as well as its methodology and goals for participants.

Another type of equine assisted therapy that is not as popularly known is therapeutic carriage driving (TCD), which helps people who have physical, mental, emotional, or sensory challenges connect with and control a horse or pony from a carriage seat; it is an alternative to mounted work. Carriage driving, however, is not focused on emotional and behavioral health; it focuses more on physical and sensory issues experienced by the participant. Therapeutic vaulting also concentrates more on balance and motor skills that can be developed by moving on and/or around a horse. These skills can be simple movements or gymnastic-like movements, depending on the nature of the individual's disability (PATH International, 2014). Finally, hippotherapy is a form of equine assisted therapy that uses a licensed physical, occupational, or speech-language therapist while utilizing the "natural rhythm of the horse for healing" (Fine, 2015, p. 115). Instead of learning riding skills, such as in therapeutic riding, hippotherapy is more about using the movement of the horse to increase motor function.

As noted, many disciplines are included within the term Equine Assisted Activities and Therapies (EAAT). However, not all of them utilize horses in the same ways or with the same credentials; for example, therapeutic riding instructors, carriage driving instructors, and therapeutic vaulting instructors may or may not have a medical degree. As long as instructors are properly credentialed with appropriate certifying organizations, such as the Professional Association of Therapeutic Horsemanship International (PATH Intl.), they are considered qualified to practice their discipline. On the other hand, hippotherapy and equine assisted/facilitated psychotherapy instructors must have a degree in recreational therapy, speech therapy, or mental health counseling in order to practice their discipline. EAL/EFL does not require any certification; they simply must be equine professionals, although many obtain certification with the Certified Horsemanship Association (CHA) to obtain professional merit with the ability to teach riding skills safely and effectively.

The methods used in EAL/EFL and EAP/EFP are often confused with methods used in hippotherapy and therapeutic riding. Hippotherapy utilizes the movements of the horse to improve motor function in clients with physical disabilities, and therapeutic riding teaches clients horsemanship activities to improve physical, emotional, learning disabilities, and sometimes speech conditions. EAL/EFL and EAP/EFP are independently distinct of one another. EAL/EFL is not recognized for helping individuals with any type of diagnosis; it is more of an educational experience for participants wanting to learn and/or interact more efficiently with horses. EAP/EFP, on the other hand, is used for emotional and behavioral challenges rather than physical disabilities, and usually requires a diagnosis of some sort along with the presence of a licensed medical professional such

as a counselor or social worker. The distinction of these terms is important, especially when bringing awareness to a fairly new method of mental health and behavioral therapy such as EAP/EFP.

Background

Since the beginning of time, animals have had a significant impact on the physical, emotional, and mental well-being of humans. For the majority of human history, "animals have occupied a central position in theories concerning the ontology and treatment of sickness and disease" (Fine, 2006). However, horses have had a rather different type of influence on humans. The human race has relied not only on the companionship but also on the speed, strength, and mobility of horses since they were domesticated (Brady et al, 2016). One could argue that beginnings of rapid growth of culture and civilization would have been nearly impossible without the horse. Many ask how horses might differ from dogs or cats when it comes to their therapeutic value. Unlike dogs or cats, horses are prey animals, which enables them to be "instinctively familiar" with the body language and emotions of humans. A horse's survival instincts requires them to "be able to understand actions and intentions," which gives them the ability to act as a mirror to human emotion, thus making them a primary aid in facilitating therapy. If a person is upset but claims to be calm, a horse picks up on the individual's true emotion based on their body language, not necessarily the emotion they display facially. Participants are encouraged to match their internal emotions with their body language in a secure, non-judgmental environment. Due to their large and powerful nature, horses can also provide participants with a "natural opportunity to overcome fear

and develop confidence" (Brady et al, 2016). This, in turn, can implement understanding and awareness when experiencing other intimidating and demanding life circumstances.

Although it appears that the therapeutic benefits of the human-equine interaction are relatively new, they actually trace back to ancient times. In 350 BC, an Athenian soldier and scholar of Socrates named Xenophon was one of the first documented authors of horsemanship. In his treatise *On Horsemanship*, he discussed the "benefits of quality equestrian skills" (Brady et al, 2016). Around the same time, Greek philosopher Hippocrates wrote about the benefits of "natural exercise" such as horseback riding. The Greeks used horses to lift "the emotional and mental well-being of terminally ill individuals," and around 600 BC the Romans also observed the healing power of horseback riding (Brady et al, 2016). However, health issues during that time were viewed differently than they are today, especially where mental health was concerned. These instances appeared to address the benefits of equestrian skills as a form of exercise; the term *therapeutic riding* did not come about until around the latter part of the 1900s. Many health conditions (especially mental illnesses) that are addressed in today's society were often considered abominations prior to the late 20th century, and were rarely ever diagnosed appropriately by medical professionals. From the seventeenth century onward, it appears that medical professionals began to see the value of horseback riding in treating physical ailments. Documented in seventeenth-century literature, horseback riding was prescribed to help severe arthritic symptoms of gout as well as symptoms associated with multiple neurological disorders in some and to boost low morale in others. During the 1800s, concepts of therapeutic riding was brought to France, where French Physician R. Chassaigne administered a research study to test riding as a "therapeutic modality" and

found that it was greatly beneficial in treating those with neurological diseases and other physical impairments. In the early 1900s, horses were used in treatment at an orthopedic hospital in the United Kingdom and at Oxford Hospital for soldiers wounded during World War I. Riding as therapy for all types of disabilities became a great topic of study by British physiotherapists in the 1950s, and their efforts were proven when Liz Hartel won a silver medal in the Olympics for dressage even after polio inhibited motor control in her legs in 1952. She contributed much of her success in recovery to her horse (Brady et al, 2016). However, medical treatment for physical disabilities and mental health conditions was still mostly unexplored at this time, especially treatment that included horses.

It wasn't until around the1960s that the perception of disabilities and mental illness began to change along with how these conditions should be treated and how the horse could be used in different ways to benefit treatment plans. Throughout the sixties, "therapeutic riding centers developed throughout Europe, Canada, and the United States," and the view of the horse was radically transformed from companion animal and method of transportation to "adjunct physical therapy" in Germany, Switzerland, and Austria. This transformation gave rise to the development of hippotherapy, where medical professionals, specifically speech therapists and recreational therapists, utilize the movement of the horse to improve sensory input, balance, and muscle control, tone, and strength in individuals with physical disabilities such as Cerebral Palsy, Down syndrome, Autism, and other cognitive disabilities including brain and spinal injuries.

A number of supporting organizations were also founded during this time, such as The Certified Horsemanship Association (CHA) in 1967; the British Riding for the

Disabled Association in the United Kingdom in 1969; and the Professional Association of Therapeutic Horsemanship International (PATH Intl.) in the United States, formerly known as the North American Riding for the Handicapped Association (NARHA) before 2010. PATH Intl. is known for establishing safety and program standards for EAAT centers as well as accredited professional programs for "therapeutic riding, carriage driving, interactive vaulting, [and] equine specialists in [equine-facilitated] mental health and [equine-facilitated] learning." The development of these programs brought about a wide range of knowledge of the therapeutic value of horses; however, different organizations have varying certification standards for each type of equine therapy which has greatly contributed to the confusion among professionals and participants in the field regarding the terms and definitions of types of therapy.

In the beginning of the 1970s, physical therapists in the United States began to develop treatment plans that utilized equine movement, and, in 1978, PATH Intl. launched a professional certification program for professionals working in Equine Assisted Activities and Therapies (EAAT). Then, when the Canadian Therapeutic Riding Association was founded in 1980, 18 American and Canadian therapists traveled to Germany to study and develop a standardized curriculum for hippotherapy (Brady et al, 2016). As the benefits of therapeutic riding continued to spread throughout Europe, therapeutic riding gained recognition in the United States when Ronald Regan's press secretary, James Brady, was injured during the assassination attempt on president Reagan in 1981; Brady's recovery from a serious brain injury was greatly due his time spent at the Rock Creek Park National Center for Therapeutic Riding (Clarity & Clines, 1985).

The late 1980s through the early 1990s was dedicated to the development of a standardized curriculum for hippotherapy, most of which was constructed by the National Hippotherapy Curriculum Development Committee. Shortly after the American Hippotherapy Association (AHA, Inc.) was created in 1992, "para-equestrian dressage" was added to the Paralympic games. AHA, Inc has now "developed extensive training programs for physical therapy, occupational therapy, and speech-language pathology professionals" to take advantage of "equine movement and related equine activities as part of a patient's care plan." In 1999, the American Hippotherapy Certification Board was formed, which supported the development of the first Hippotherapy Clinical Specialist (HPCS) certification. The Equine Assisted Growth and Learning Association (EAGALA) was also founded in 1999; however, unlike AHA, EAGALA certifies individuals with mental health degrees to practice psychotherapy using horses and primarily focuses on mental health in participants rather than physical health.

The various health benefits of horses and horseback riding have become more recognized throughout the 2000s up until the present. A significant milestone was reached in the early 2000s for riders with disabilities when the Certified Horsemanship Association (CHA) developed an Instructor for Riders with Disabilities certification and when the American Quarter Horse Association (AQHA) started offering courses for disabled riders (Brady et al, 2016). The Horses & Humans research Foundation was founded in 2005 to "advance knowledge of horses and their potential impact on the health and wellness of humans through research" while the International Federation for Equestrian Sports added para-equestrian activities to their program in 2006. The United States Para-Equestrian Association (USPEA) became a great contributor to the funding of

the para-equestrian team as a "recognized affiliate of the United States Equestrian Federation (USEF)" during 2010 while para-reining was introduced into para-equestrian competition by USA Reining, USPEA, AQHA, and the National Reining Association (NR) in 2015.

During the late 2000s, using horses in mental health treatment became more apparent. In 2007, the importance of using the human-horse bond in the treatment of mental health conditions was recognized when the Certified Board of Equine Interaction Professionals (CBEIP) was formed and "began credentialing individuals as Certified Equine Interactional Professionals—Mental Health (CEIP—MH) and Certified Equine Interactional Professionals—Education (CCEIP—ED)" (Brady et al, 2016). Additionally, the Gestalt Equine Institute of the Rockies was founded in 2008, which provides comprehensive Gestalt Equine Psychotherapy training where participants gain an "understanding of the therapeutic relationship between therapist-horse-client" (Gestalt Institute of the Rockies).

EAAT has developed extensively since ancient times; however, the primary milestones in the field up until now have been associated more often with hippotherapy and therapeutic riding than with equine assisted/facilitated psychotherapy. Very little has been developed on the mental health benefits of horses compared to that of the physical health benefits. The lack of understanding of the various subfields within EAAT directly correlates with the vast miscommunication among EAAT professionals. In turn, negatively impacts individuals who may benefit from EAAT services by withholding potentially life-changing treatment options. In an effort to begin differentiating between EAAT subfields, the definitions are clearly listed and described below.

Defining The Subfields of Equine Assisted Activities and Therapies (EAAT)

Although EAAT has advanced over the years at a remarkable rate, the progress has developed in only in certain areas of the overly diversified sections of equine activities. Not only has the term EAAT itself been inconsistently defined, but it has also become an umbrella under which various equine-assisted activities reside, many of which consist of tasks that are similar in theory but contradictory in practice. For example, although it is a given that Equine-Assisted Activities (EAA) and Equine-Assisted Therapies (EAT) both individually promote various activities, techniques within each appear to overlap in existing literature. Some descriptions of EAA and/or EAT are particularly ambiguous while others are more specific. According to Brady, Dewitt, & Hernandez, EAA is classified as "any specific center activity [such as] therapeutic riding, mounted or ground activities, grooming and stable management, shows, parades, demonstration, etc., in which the center's clients, participants, volunteers, instructors, and equines are involved." On the other hand, EAA is also known for using the body language of both horses and humans, a perspective that relates to Gestalt therapy, a method of psychotherapy that often uses role playing to promote the resolution of prior conflicts. By connecting humans and horses through "energy and intention," Gestalt therapy approaches more psychological methods of counseling while incorporating the use of body language as its primary tool of communication (Rudolph, 2015). Both EAGALA and The Gestalt Equine Institute of the Rockies appear to implement Gestalt therapy into their standards of practice. EAT, on the other hand, includes a therapeutic aspect within equine activities whereas EAA includes therapeutic aspects along with other equine-related activities.

However, EAT is still contrastingly defined in additional literature as “treatment that incorporates equine activities and/or the equine environment” (Brady et al, 2016).

The EAAT industry is wildly diverse, as it offers perpetual opportunities in providing healing through therapy that utilizes the human-horse bond (Brady et al, 2016). However, the inconsistency and misunderstanding of the various terms within EAAT is detrimental to the EAAT industry and to the population that it serves. Individuals with various medical conditions, whether physical, mental, or emotional, may not be receiving adequate equine-assisted treatment because professionals are greatly misusing the terms. Instructors may believe they are treating a condition that, in reality, is not present, and then they are prone to missing the true problem entirely. Recovery is likely to be hindered if not only professionals but also clients and their advocates are unfamiliar with what each equine activity has to offer.

Therapeutic Riding (TR) is an Equine Assisted Activity that teaches participants mounted and unmounted equestrian skills. Activities may include grooming, tacking, discipline-specific skills, riding at all gaits, competitive riding, and patterns and obstacle courses (Andrea Rego, personal communication, September 2018). Additionally, TR may also “contribute and cater positively to the cognitive, physical, emotional, and social well-being of individuals with special needs.” Although clientele may come from multiple backgrounds with various health conditions, TR programs are ultimately meant to help participants achieve the ability to ride potentially at all three gaits, as well as trail ride and perhaps perform in competitions of various disciplines. Professionals who conduct TR sessions are not required to obtain licensure to teach therapeutic riding, but many professionals in the industry obtain licensure Certified Therapeutic Riding

Instructor (CTRI) and are largely accredited with the Professional Association of Growth and Learning Association International (PATH Intl.) as a means of professional merit (Brady et al, 2016). A medical degree is not always required unless the instructor provides speech or recreational therapy alongside their CTRI certification. Participants who often benefit from TR are children and/or adults with mild to severe autism, learning and cognitive conditions, speech conditions, and some with cerebral palsy, muscular dystrophy, etc., depending on the level of severity.

Interactive Vaulting (IV) is another Equine Assisted Activity where students perform movements "on and around the horse," such as sitting without holding onto the saddle and, at the more advanced level, kneeling or standing on the horse. Participants partake in grooming as well as tacking and untacking and are given opportunity to learn about horse behavior, care, and vaulting techniques that improve physical, mental, and emotional wellbeing such as teamwork. Activities performed depend primarily on the needs of the participant (Brady et al, 2016). Horses used in Interactive Vaulting must be stocky in their conformation, such as in Draft breeds and Draft crosses, and they must also be specifically trained to participate in certain Vaulting activities, such as line driving and longeing. To learn how to teach IV lessons, instructors can obtain a Therapeutic Vaulting Certification (Andrea Rego, personal communication, September 2018). Participants typically have learning and cognitive difficulties as well as disabilities such as cerebral palsy, muscular dystrophy, etc.; however, the severity of their symptoms would determine whether or not IV would be appropriate.

In Therapeutic Carriage Driving, students with physical, mental, sensory, and/or emotional difficulties interact and control a horse while driving "from a carriage seat or

[…] by their own wheelchair." In doing so, students obtain skills in grooming, harnessing, and driving, and they are given the opportunity to learn more about horse behavior in conjunction with different types of harnesses and carriages. Because Therapeutic Carriage Driving is more adaptive in that it may easily be wheelchair-accessible, it allows students to work in harmony with a horse in addition to providing physical benefits and mental challenges similar to those of riding (Brady et al, 2016). Although an instructor must be certified as a Certified Therapeutic Driving Instructor, many other considerations must be taken into account when providing this type of service. Horses used must be specifically trained for driving, and both driving equipment and driving facilities must be adaptive to students' needs and easily accessible, both of which are vital in ensuring students' safety (Andrea Rego, personal communication, September 2018). Carriage Driving is supposed to be an alternative to individuals with similar disabilities to those who participate in TR and IV but who are unable to ride because of their weight, balance, fatigue, allergies, asthma, etc.

Equine-Assisted/Facilitated Learning (EAL/EFL) is a more broad, diverse equine assisted activity than Interactive Vaulting or Therapeutic Carriage Driving. EAL/EFL is an experiential activity that focuses primarily on the specific skills needed by the student or students through equine education (Andrea Rego, personal communication, September 2018). It may include groundwork activities such as grooming, haltering, tying, longeing, round penning, and leading over/around obstacles, and it may eventually lead up to tacking and riding skills. Skills may also include learning how to care for horses in activities such as feeding, watering, daily care, etc. Vaulting, Driving, and EAL/EFL are all developed by credentialed instructors with the primary intent of "facilitating personal

growth and development of life skills through equine interactions" (Brady et al, 2016). For example, one client may strictly work on the ground to learn about body language and communication skills; another may work from the saddle to learn assertiveness and confidence with the horse; and another may work in care and management to learn responsibility and independence. All three of these activities are considered under EAL/EFL as they are more specifically defined based on individual needs and goals. EAL/EFL is geared toward working with public education systems to increase equine education than individual participants. Additionally, certification is not necessary for EAL/EFL instructors; although they may obtain certification with the Certified Horsemanship Association (CHA) to gain appropriate professional merit, they are not required to educate clientele on horses.

Equine Assisted/Facilitated Psychotherapy (EAP/EFP) is an Equine Assisted Activity that involves a partnership between a licensed mental health professional and an appropriately credentialed equine professional. Psychotherapy goals are set forth by the mental health professional and the client, and they are addressed by dialogue among the professionals in conjunction with significant equine interactions to promote emotional growth and personal development. Neither mounted nor unmounted horsemanship skills are taught in EAP/EFP; instead, participants learn and adapt to new skills by participating in ground activities only with horses. After sessions, clients are given opportunity for "personal exploration of feelings, attitudes and behaviors, judgements, insights, anxiety levels, perceptions, social skills, communication," and choices with the mental health professional (Brady et al, 2016). EAP/EFP is considered a short-term, brief approach to mental health treatment because of the program's "intensity and effective[ness]" in

improving relationships and confidence in clients. Depending on the goals of the therapy, at least two to three professionals are required to be present in EAP/EFP sessions, including a licensed mental health professional with additional equine-related training and an equine professional. If mounted activities are included, a certified therapeutic riding instructor (CTRI) must also be included (Brady et al, 2016).

Hippotherapy is an equine assisted activity program derived from the Greek word hippos, which means horse; the term refers to "the use of the movement of the horse as a treatment strategy by physical therapists, occupational therapists, and speech/language pathologists to address impairments, functional limitations, and disabilities" in individuals experiencing neuromotor and/or sensory conditions (Brady et al, 2016). Unlike EAL/EFL and EAP/EFP, hippotherapy specifically addresses physical ailments of clients by utilizing the physical movements of the horse. Horses provide a powerful base of support that increases trunk strength and control, balance, and overall postural strength and endurance in participants. Instructors required include two professionals, a therapist with training in hippotherapy with appropriate credentials, and a CTRI (Brady et al, 2016). A properly credentialed medical professional is required for practice, in addition to a therapeutic riding instructor and volunteers; medical professionals involved must be specialized in Physical Therapy, Occupational Therapy, and/or Speech/Language Pathology. Focus is directed toward the rider instead of the connection or ability to communicate with effectively with the horse. Disposition, size, and conformation of the horse is greatly considered when choosing horses for a hippotherapy program (Andrea Rego, personal communication, September 2018).

EAAT programs are rendered in such "an interactive, social atmosphere" that "no other therapeutic, educational, recreational, or sport opportunities benefits such a wide range of needs" (Brady et al, 2016). Quality research has been conducted to prove the benefits of therapeutic riding activities where riding is the primary method of treatment, such as in Interactive Vaulting, Therapeutic Carriage Driving, and Hippotherapy. While these activities all involve some sort of physical activity benefiting the physical characteristics of participants, EAL and EAP have goals that specifically increase positive development of mental and emotional health, personal growth, and relational skills. Solid research is scarce on the benefits of EAL and EAP, and the terms are often incorrectly, synonymously used with other EAAT activities. Available research is depicted next where EAAT terms appear to be incorrectly used.

CHAPTER II: RESEARCH IN EQUINE FACILITATED/ASSISTED LEARNING

A variety of terms have been used to describe horse-assisted activities, and they vary depending on the program of focus (Saggers & Strachan, 2016). Both Equine Facilitated Learning (EFL) and Equine Assisted Learning (EAL) are very broad terms and are quite often used interchangeably in research, which can be confusing depending on the perceptions of practicing individuals. Ultimately, both refer to an experiential learning activity designed to provide a number of equine-interactions that facilitate personal growth and important developmental skills using either mounted or unmounted exercises, all of which are based on the needs of individual participants (Brady et al, 2016). However, there is some debate whether or not EFL/EAL is considered true therapy due to the credentials required to practice and the populations that it targets. Because the terms are synonymous, literature involving both have been included in this research and were consulted independently of one another in order not to overlook any valid dependable sources.

Equine Facilitated Learning (EFL)

According to Saggers and Strachan (2016), the use of horses in therapy and rehabilitation programs for growth and development in children, youth, and adults is on the rise. The term EFL appears to be the most appropriate term for this study, as reported by the authors, in that its aim is to provide alternative learning and therapeutic activities through participation with horses alongside appropriately credentialed practitioners to a student population. Their findings support a successful EFL program that used horses to improve resilience and social-emotional capabilities in students considered to be “at risk”

of school failure and their lack of engagement and connection within school environments.

Another EFL program with a group of 11 primary school students appeared to yield positive results as well. Looking after, caring for, managing, and respecting equine needs appeared to play a significant role in EFL sessions. Activities included looking after, putting together, and using horse riding tack; catching, leading, and grooming; communicating with horses via riding or ground work such as longeing; various riding activities to develop trust; and working as a team to complete certain goals and tasks. Two EFL staff from outside the school community were relied upon, both of whom were certified with the Professional Association of Therapeutic Horsemanship International (PATH Intl.). Overall, a link between EFL and its "developmental benefits to [the students'] social-emotional skills" was discovered. EFL participation helped students develop confidence, communication skills, coping skills, perseverance, and had a positive influence on students' social-emotional wellbeing. Additionally, a similar link was discovered among EFL participation and how these skills could help them in school activities (Saggers & Strachan, 2016).

Although the goals of both of these studies appear to match the technical definition of EFL, the practices used relate to equine facilitated therapies other than EFL, such as EFP/EAP. The goals of each study also appear to match the definition of EFP/EAP; however, there is no mention of the presence of a licensed therapist. It appears both EFL and EFP/EAP are being utilized in some aspects, based on technical definitions. These studies expose how broad EFL is and how researchers appear to misuse certain terms used to describe EAAT, thus perhaps causing professionals in the field of EFL to

speculate whether or not EFL/EAL to be considered under the umbrella of EAAT. Although in research EFL/EAT appear to be related to EAAT, it can be argued that EFL/EAL is more of an educational modality for teaching people about horses. Even though a PATH professional was present in the second study, it is not necessary for any certified individual to be present to implement EFL/EAL activities. The only requirement is an equine professional, and, based on the technical definition, no certification is necessary for practice. In fact, in the US, equine professionals don't hold any certification to be considered professionals in the industry. Years of experience is the only determining factor in an equine professional's experience, and, even that, is loosely defined. Again, the span of EAAT and its subfields is revealed, along with misconceptions of the individual terms, many of which may or may not belong.

Equine Assisted Learning (EAL)

EAL programs have been utilized to address emotional and behavioral problems in youth with substance abuse disorders. The aim of one program was to gain more insight on the experience and probable restoration of adolescents in residential substance abuse treatment who participate in EAL. A sample of 15 youth participated in semi-structured interviews held during the final week of an EAL program. The interviews concentrated on the "youths' experiences" and how the program impacted their healing as well as the "horse program's congruence with cultural understanding and teachings." Participants were asked questions regarding the activities that were conducted, the motives of the researchers for the activities, and what they enjoyed versus did not enjoy about the program. Facilitators and staff of the program were interviewed as well, and participant responses were gathered through journal entries and through program observation.

Three key themes were revealed from the answers to these questions: spiritual exchange, complimentary communication, and authentic occurrence. As participants spent time connecting with and taking care of the horses, they experienced a spiritual exchange and complimentary communication as they transferred their senses attained through understanding the body language and intuition with the horses to perception to personal relationships. The horses also helped them overcome social difficulties forced upon them by Western culture. Overall, the program provided "a culturally relevant space for the youth," which was highly beneficial to their treatment progress, and revealed that cultural understanding is essential to the healing of these people (Dell, et al., 2011). Based on the issues EAL was used to address, this study appears to appeal more to EAP/EFP than EFL/EAL. Although it is unclear whether or not there was incorporation of a mental health professional, it appears one may have been present due to the nature participants' disorders. Additionally, the questions addressed appear to reflect more on mental and emotional development, both of which are more commonly addressed in EAP/EFP activities.

EAL was utilized in professional development where nurses participated in an EAL program to increase their ability to maintain professional boundaries and remain focused with patients by interacting with horses. The purpose of this study was to establish whether "interaction with horses [was] a valid representation" in identifying composure of mind in individuals who participate in EAL. Results from a pre- and post-test regarding participant experiences appeared to be positive overall, proving that EAL can make a substantial avenue not only for nurses but also for individuals seeking mindfulness and imperturbability to self-identify with their ability to be present (Murphy,

Wilson, & Greenberg, 2017). Again, the areas addressed appear to relate more to EAP/EFP, and the results were somewhat inconclusive as to what activities were involved and how they were classified as EAL.

Equine-human interactions have also been proven to help establish "interpersonal skills, confidence, awareness, honesty, and trust" in nurses, applying the use of the immediate feedback provided by horses. In a state hospital school with a pediatric/young adult therapeutic riding program on-site, the study was conducted in two parts. Part 1 consisted of an introduction that discussed general safety rules to be used around horses, including a brief explanation of equine behavior, and the purpose of the study was reviewed along with the role of the participating equestrians. The participants were then instructed through a meet and greet session with the horses, plus haltering, grooming, and leading to finish Part 1. Interviews were conducted in Part 2, where participants were asked to describe their personal experiences in Part 1, including subsequent questions needed for clarification. Overall, EAL was proven to have implications for strengthening individual nurses and their practice by improving their relationships with their patients (Walsh & Blakeney, 2013). This study used the term "therapeutic riding" program, another term that is not necessarily inconsistent with EAL criteria but is extremely versatile. The activities described in the study are unmounted, and EAL/EFL activities are not required to be mounted. However, the issues addressed in the study appear to be consistent with EAL/EFL goals but cross over to EFP practices without the confirmation of the presence of an Equine Specialist and mental health professional. EAL/EFL goals were present, but activities did not necessarily coincide with them based on formal definitions.

A study on at-risk youth was conducted at a charter school in central Texas on a group of 26 middle and high school students. The students were randomly assigned to the EAL experimental group and to the control group; the experimental group participated in 5 weeks of EAL plus traditional therapy while the control group continued in regularly provided services. Researchers hypothesized that "levels of hope will increase [while} levels of depression will decrease" in at-risk youth who participated in an EAL program. Levels of hope and depression were measured by the Adolescent-Specific Depression Inventory (ADSHS), Major Depression Inventory (MDI), and Hope scores, all of which were taken before and after the intervention. Hope scores are related to Hope Theory, which is divided into four categories: goals, pathway thoughts, agency thoughts, and barriers. Goals in Hope Theory are said to provide direction and "an endpoint for hopeful thinking;" pathway thoughts refer to the ways in which individuals think to reach desired goals; agency thoughts refer to the individuals' motivation to achieve desired goals; and barriers block attainment of desired goals (Hanson, 2017). Results showed a greater increase in hope scores and a greater decrease in depression scores in participants of the treatment group than of the control group. However, while the increase in hope scores was statistically significant, the decrease in depression scores was not (Frederick, et al., 2015).

Frederick, et al. (2015) utilized the term Equine Assisted Intervention, or EAI, as a universal term to include all interventions that use horses in treatment of mental/emotional issues. However, EAI is yet another term coined by the EAAT industry that only increases confusion in the field. They also report that "therapy with horses may yield many psychotherapeutic benefits [such as] self confidence, self-concept,

communication, trust, perspective, anxiety reduction, decreased isolation, self-acceptance, impulse modulation, assertiveness, boundaries, creative freedom, spiritual growth" (Frederick, et al., 2015). This finding is more consistent with Equine Facilitated/Assisted Psychotherapy rather than EAL/EFL as well as many others, including in the treatment of behavioral issues, ADHD, eating disorders, abuse and/or trauma, and anxiety. Although a common theme discovered in this research was that, the more complex the issues addressed in traditional counseling, the more likely that they could be more positively addressed in EAI, it still supports the blatant inconsistency and misuse of EAAT terms.

EAL search results discussed research regarding Equine Facilitated Psychotherapy (EAP) and Equine Assisted Experiential Therapy, both of which appear to appeal to the definition of EFP instead of EAL. According to the study, in EFP, horses guide the interactions between patients and therapists to treat mental health conditions, and, in experiential therapy, patients use horses as metaphors for their problems they are addressing in therapy to deal with psychological discomfort. The study also uses the term Equine Assisted Therapy (EAT), which "requires a professionally trained therapist and [specific] therapeutic goals" (Holmes, et al., 2012). Although the researchers are partly correct, they use a term so broad that it is difficult to understand what they are actually testing. Another research study discussing a therapeutic learning method on youths with severe emotional disorders appeared to also have some vocabulary discrepancies according to Ewing, et al., 2007. Participants were involved in a 9-week EAL program that consisted of three years of research hypothesizing that EAL could be used to "enhance traditional therapy and facilitated learning process[es] for youth with special

needs" (Ewing, et al., 2007). On the one hand, the study appears to address emotional disorders, but on the other, it appears to describe EFP and EAL as synonymous, defining it has an experimental method that specifically uses a hands-on approach with horses. The objective of the study was to communicate boundaries, improve focus, and to bring about trust in participants, and activities included feeding, tacking, grooming, riding, or vaulting in students experiencing severe behavioral severe conduct disorders and/or learning disabilities. EAP activities are primarily focused on mental health issues and some emotional disorders but do not include riding and/or vaulting or focus on learning disabilities as much as EAL activities do.

Studies using the terms EAL/EFL have not represented EAL/EFL accurately; they often confuse the activities with EAP/EFP methods when, in reality, both are very different. EAL/EFL gears more toward helping groups such as students or employees of businesses to improve performance in school or work activities. In EAP/EFP, a licensed therapist must be present in addition to an equine professional, all activities are on the ground, and it is primarily used to help treat specific mental health conditions in participants.

CHAPTER III: RESEARCH IN EQUINE FACILITATED/ASSISTED PSYCHOTHERAPY

A number of differing approaches, belief systems, methods, and acronyms are used to define the terms beneath the umbrella of Equine Assisted Activities and Therapies (EAAT). Equine Facilitated Psychotherapy (EFP) and Equine Assisted Psychotherapy (EAP) are used synonymously in current research studies, and both view horses as co-facilitators in the therapeutic environment. Both view horses as co-facilitators in the therapeutic experience, and sessions must include a licensed mental health professional plus an equine professional (Lac, 2017). Typically, EFP/EAP primarily consists of ground exercises, and no riding is involved. Also, clients are rarely taught horse-handling skills before sessions in order not to disturb the spiritual, healing exchange that may occur during session with horse and client. Because the terms are synonymous, literature involving both have been included in this research and were consulted independently of one another so as not to overlook any valid dependable sources.

Equine Facilitated Psychotherapy

A literature review consisting of multiple research studies and their results used the same term to describe activities that are controversial in nature. The article, published in the *Journal of Creativity in Mental Health*, used the term EFP because it describes "the non-recreational interaction of children and horses with the goal of benefiting the child in social, emotional, cognitive, or behavioral ways." Although this definition is valid and correctly attributes to the definition of EFP, the activities used in each study are controversial when compared to the formal definition. Nine different studies with samples of at-risk, juvenile, or disengaged youth revealed that interventions such as non-

mounted activities and/or mounted activities positively impacted participants' self-esteem, social development, self-control, and transferrable skills and reduced maladaptive behavior. Another set of eleven studies involved children with ASD, where an "increase of social interaction, reduction in externalizing problems, decreased avoidant behaviors, improvement in symptoms, and improvement in parent-child relationships" was noted (Lentini & Knox, 2015). However, both groups of studies specifically included mounted exercises, which are not included in the formal definition of EFP and therefore breed confusion in the EAAT industry. Other studies mentioned involved children or youth who experience or have experienced suicidal thoughts, ADHD, anxiety, sexual abuse, PTSD or have history of trauma and/or other social and behavioral conditions (Lentini & Knox, 2015). These studies found improvements in multiple behavioral issues and in self-esteem, quality of life, empowerment, and increased happiness, but then referred to the therapy as Equine Facilitated Therapy, or EFT, a term that has its own interpretation apart from, and, in some cases, can be completely unrelated to, EFP.

A study conducted in 2012 by Bachi appeared to use the term Equine Assisted Activities and Therapies (EAAT) correctly. Using multiple sources, the research study describes EAAT as being used to address mental, emotional, and/or social issues, which is right on target when compared to the formal definition (Bachi, 2012). However, the study then continues to discuss comparison of behavior and psychosocial issues in children at-risk for academic and/or social failure using Equine Assisted Counseling (EAC). Although EAC appeared to make statistically significant improvements in more behavior areas than traditional counseling, the verbiage used is consistent with EFP/EAP and adds yet another term to the umbrella of EAAT.

Two different studies mentioning EAP appear to use alternative terms that are less common in EAAT practice and therefore contribute to the inconsistency. Both describe an outpatient service working with incarcerated youth. While both studies appeared to be successful, one used the term Equine Assisted Experiential Therapy while the other used EFP (Torbett, 2017). In another study, interviews were conducted with individuals who participated in EFP, and, although it describes circumstances which depict EFP, it is not certain what activities were included in the treatment, such as riding or unmounted exercises (Johansen, Arfwedson Wang, & Binder, 2016). A study that included riding found that "the relationships participants had with their horses contributed significantly to their healing from trauma" as well as a parallel between "good equine–human relationships and good therapist–client relationships" (Yorke, Adams, & Coady, 2008). Although it appeared successful, the activities involved in the study, such as riding, did not comply with the current definition of EFP and resembled those more closely related to EFL/EAL.

Equine Assisted Psychotherapy

A study using EAP defined the term as it is commonly used by the Equine Assisted Growth and Learning Association (EAGALA). However, it did not appear to mention the type of work the clients participated in but merely stated that EAP "comprises of a collaborative effort between a licensed therapist and a horse professional working with clients to address treatment goals." Concluding remarks indicated that the treatment increased confidence, self-esteem, and assertiveness and decreased negative behaviors in adolescents diagnosed with depression and/or anxiety (Wilson, et al., 2017). The validity of EAP was also tested to treat young adults aged 12 to 18 with disruptive behavior

disorders such as attention deficit/hyperactivity disorder, oppositional defiant disorder and conduct disorder appeared to more accurately define EAP. EAP was defined as "an experiential treatment facilitated by a mental health professional, equine specialist and equids" (Berg, et al., 2017). While the objective of both studies appears to be to to determine the efficacy of EAP compared to traditional therapy, neither seemed to specify what activities were involved in the treatment groups. Therefore, it is uncertain whether they fully represented the EAP activities.

EAP has also been compared to Canine-Assisted Psychotherapy (CAP) when used as an adjunctive alternative treatment for hospitalized psychiatric patients who exhibit violent and/or aggressive behavior. It was concluded that EAP appeared more successful than CAP, but, again, it was not clarified what activities the EAP treatment group participated in or if there was a riding component. Concluding remarks stated that it was "uncertain whether the current standardized Animal Assisted Threapy (AAT) interventions can be generalized to other animal-assisted interventions [such as] therapeutic riding, " indicating that a distinction was made between EAP and therapeutic riding (Nurenberg, et al., 2015). However, because this research appeared in the search results of EAP, it is apparent that the researchers may not have understood the differences between EAP and therapeutic riding.

According to Schultz, Remimk-Barlow, & Robbins (2017), EAP is defined as "a specialized form of psychotherapy using the horse as a therapeutic tool […] designed to address self-esteem and personal confidence, communication and interpersonal effectiveness, trust, boundaries and limit-setting, and group cohesion." Using this definition, the efficacy of EAP was tested in a group of children experiencing various

behavioral and/or mental health issues who were referred to a psychotherapist for treatment (Schultz, et al., 2007). Methods involved in this study were associated with the Equine Assisted Growth and Learning Association (EAGALA), an organization that promotes EAP by certifying mental health professionals and equine professionals for practice. EAGALA only uses ground activities with clients. However, EAGALA methods do not teach any equine education prior to or during sessions, which presents a safety risk to practitioners as well as to clients. The fact that EAGALA is associated with EAP/EFP along with other certifying organizations that have similar practices suggests a large discrepancy in true definitions of not only EAP/EFP but also safety in general when it comes to EAAT.

Just like research in EAL/EFL, studies using the terms EAP/EFP have not represented EAP/EFP accurately. However, while EAL/EFL is more education-based, and it is debatable whether or not it is a true therapeutic method of working with horses, considering formal definitions, EAP/EFP appears successful in treating mental health conditions, just as it is supposed to do. Discrepancies exist in EAP/EFP research; they are vague and rarely described what activities clients participated in, which is a very important aspect in classifying what type of Equine Assisted Therapy is being utilized. Additionally, many researchers describe EAP/EFP as including riding, when in reality, the formal definition states that it only includes exercises on the ground.

Conclusion

The perceptions of researchers in these studies reveal a great discrepancy in the understanding of EAAT terms and activities in the industry, one that spreads to EAAT professionals as well. Misinterpretation of terms among professionals can negatively

impact practitioners in addition to the clients they assist. For example, professionals who do not understand what activities to preset to certain clients lack professional merit in the industry. Clients, then, may not receive the care they need if those in charge of activities are lacking in their understanding of how to address certain health conditions with EAAT.

Many EAAT professionals obtain certification through organizations such as the Professional Association of Therapeutic Horsemanship, International (PATH Intl.), the Equine Assisted Learning and Growth Association (EAGALA), the American Hippotherapy Association (AHA), the Certified Horsemanship Association (CHA), etc., and these organizations have standards of which their members are required to uphold. However, a lack of knowledge among professionals who represent these organizations implies that members may not be upholding their standards as efficiently as it appears.

To identify these discrepancies and attempt to understand perceptions of EAAT professionals regarding standards of their certifying organizations, a research survey was created and distributed. Data was analyzed, and the results are summarized next. The purpose of this research is to identify and bring awareness to these misconceptions in the EAAT industry in certified professionals as well as to unify definitions in the EAAT industry overall. Professionals can practice more efficiently and over a wider span of clients with adequate understanding and uniformity of definitions.

CHAPTER IV: PERCEPTIONS OF PRACTICES USED IN EQUINE ASSISTED ACTIVITIES AND THERAPIES: A SURVEY

The various terms included within Equine Assisted Activities and Therapies (EAAT) has brought about several discrepancies in professional understanding and professional practice in the field. From Hippotherapy to Equine Assisted/Facilitated Learning, various subfields are used to describe so-called therapeutic activities with horses. Many terms are not considered therapy according to the formal definition of EAAT terms as well as to the formal definition of therapy. Therapy can be defined as a therapeutic medical treatment of some sort of impairment, injury, disease, or disorder (Miriam Webster). While other terms described in EAAT appear to meet this criteria, EAL/EFL does not. EAL/EFL is more of an educational experience for participants to learn about horses than it is considered a therapeutic modality based on the formal definition of therapy.

The common misunderstanding of therapy has been an obstacle in correct interpretation of EAAT and its subfields. Additionally, the synonymous usage of terms such as equine-assisted and equine-facilitated have also added to the confusion. Although EAL and EFL have been used interchangeably in research, the two terms not only have different definitions, but they are also not synonymously used among certifying organizations. The Professional Association of Therapeutic Horsemanship International (PATH Intl.) appears to use the term facilitate; they provide the means necessary for something to happen by making physical, mental, or emotional conditions easier or less difficult. The Equine Assisted Growth and Learning Association (EAGALA), on the other hand, appears to assist, which requires the addition of someone else's efforts in

order to practice. While PATH Intl. provides the opportunity for participants to enjoy equine activities to help them live with their conditions, EAGALA appears to include the presence of an equine as a necessity for healing to occur.

The perceptions of practices used of EAAT professionals is important in identifying whether or not there needs to be more uniformity in EAAT definitions overall. The results of this study compared perceptions of terms among EAAT professionals to identify the range of understanding of terms and activities used in EAAT. Four primary organizations were included in this study, the Professional Association of Therapeutic Horsemanship, International (PATH, Intl.), the Equine Assisted Growth and Learning Association (EAGALA), the American Hippotherapy Association (AHA), and the Certified Horsemanship Association (CHA). Results prove some disagreement between differing organizations regarding human and horse safety ($p=0.0018$, $p=0.0257$), equine education of clients, ($p<0.001$, $p=0.0122$), and equine handling in sessions ($p=0.0013$). Some discrepancies in organization standards versus professionals in practice were also found. Ultimately, purpose of this research is to see whether perceptions of EAAT professionals align with the standards of primary certifying organizations and if these perceptions align with the formal definitions of EAAT subfields.

Materials and Methods

An online survey was developed and hosted through Qualtrics, a private research software company that enables users to perform data collection and analysis. The survey and all collection methods were approved by the Institutional Review Board at Middle Tennessee State University (Protocol #19-1220, Appendix A). Information regarding the survey and an internet link was distributed electronically via social media websites

(Facebook) and email, including private messages and posted on several public and private pages representing several groups in the EAAT industry such as PATH Intl., EAGALA, CHA, AHA, etc. The survey was distributed and opened in May 2019 and closed in June 2019, respectively.

This survey collected general demographic information, but no identifying information was asked. Respondents were asked to specify their age range and if they were involved in EAAT, and the rest of the questions referred to specific involvement in EAAT. The questions addressed years of experience, certification, primary role, teaching standards, and perceptions of best practices for multiple health conditions of the provider and the number, age range, and health conditions of the clientele. Additionally, a 6-point Likert scale was included that addressed the feelings of respondents, from strongly agree to strongly disagree, in accordance with statements regarding equine education, safety of clients, equine involvement in activities. Summary statistics and frequency counts of the data were conducted using SAS Ver. 9.2 *(SAS Inc., Cary, NC).* Statistical significance was set at $p < 0.05$, and trends were considered as $0.05 < p < 0.10$.

Results

In total, 99 respondents fully completed the survey. Of the respondents, 98% reported to be involved with equine assisted activities and/or therapies (Figure 1). Respondents were asked to identify their professional status as riding instructors, volunteers, mental health professionals, occupational/speech therapists, or unspecified (other). A majority (48%) of participants reported to be riding instructors while 9% identified as volunteers, 23% as mental health professionals, about 4% as occupational/speech therapists, and 16% as unspecified (Figure 2). Years of equine

experience among survey respondents was also recorded, with about 3% having less than 1 year, about 27% having from 2 to 5 years, 19% having from 6 to 9 years, and 51% having greater than 10 years of experience (Figure 3). Most survey respondents reported to have obtained certification from PATH Intl. (41%). Others reported having certified with EAGALA (23%), AHA (3%), and CHA (5%); some were unspecified (18%); and some were not certified at all (9%) (Figure 4).

When asked which organization standards with which they perceived to align their teaching standards with the most, 55% of respondents reported PATH, 21% EAGALA, about 5% AHA, about 5% CHA, and 15% were unspecified (Figure 5). Additionally, the number of clients per session was reported along with the approximate age of respondents' clientele. The majority (44%) reported having 2 to 5 participants per session, and the rest had 1 (31%) client per session, or greater than 5 (25%) clients per session (Figure 6). Various client ages were reported as well; about 3% under the age of 5, about 38% from 6 to 12, about 26% from 23 to 18, about 10% from 19 to 25, 17% from 26 to 40, and about 7% over the age of 40 (Figure 7).

Participants were asked to identify which health condition they typically work with, in addition to which equine activities they perceive to be most beneficial for each type of health condition. 42% of respondents reported to work with mental health conditions, 39% with learning/cognitive conditions, about 10% with physical conditions, about 2% with speech conditions, and about 7% were unspecified (Figure 8). When asked what they perceived to be best activities for a mental health condition, participants' primarily responded with ground work

(31%), riding (22%), and working with the horse at liberty (23%); the rest answered grooming (10%), round penning (2%), and other (11%) (Figure 9).

The majority of participants perceived riding (66%) to be the best activity for physical health conditions; others reported grooming (8%), working with the horse at liberty (8%), ground work (7%), and other (9%), while none responded with round penning (Figure 10). Respondents also reported riding (50%) to be the best activity for individuals with learning/cognitive conditions; however, 17% responded with working with the horse at liberty, about 13% responded with grooming and ground work, 7% were unspecified, and round penning was not chosen (Figure 11). Again, riding (52%) was perceived to be the best activity for speech-related conditions, followed by ground work (16%), working with the horse at liberty (about 14%), grooming (5%), round penning (2), and about 10% did not specify (Figure 12).

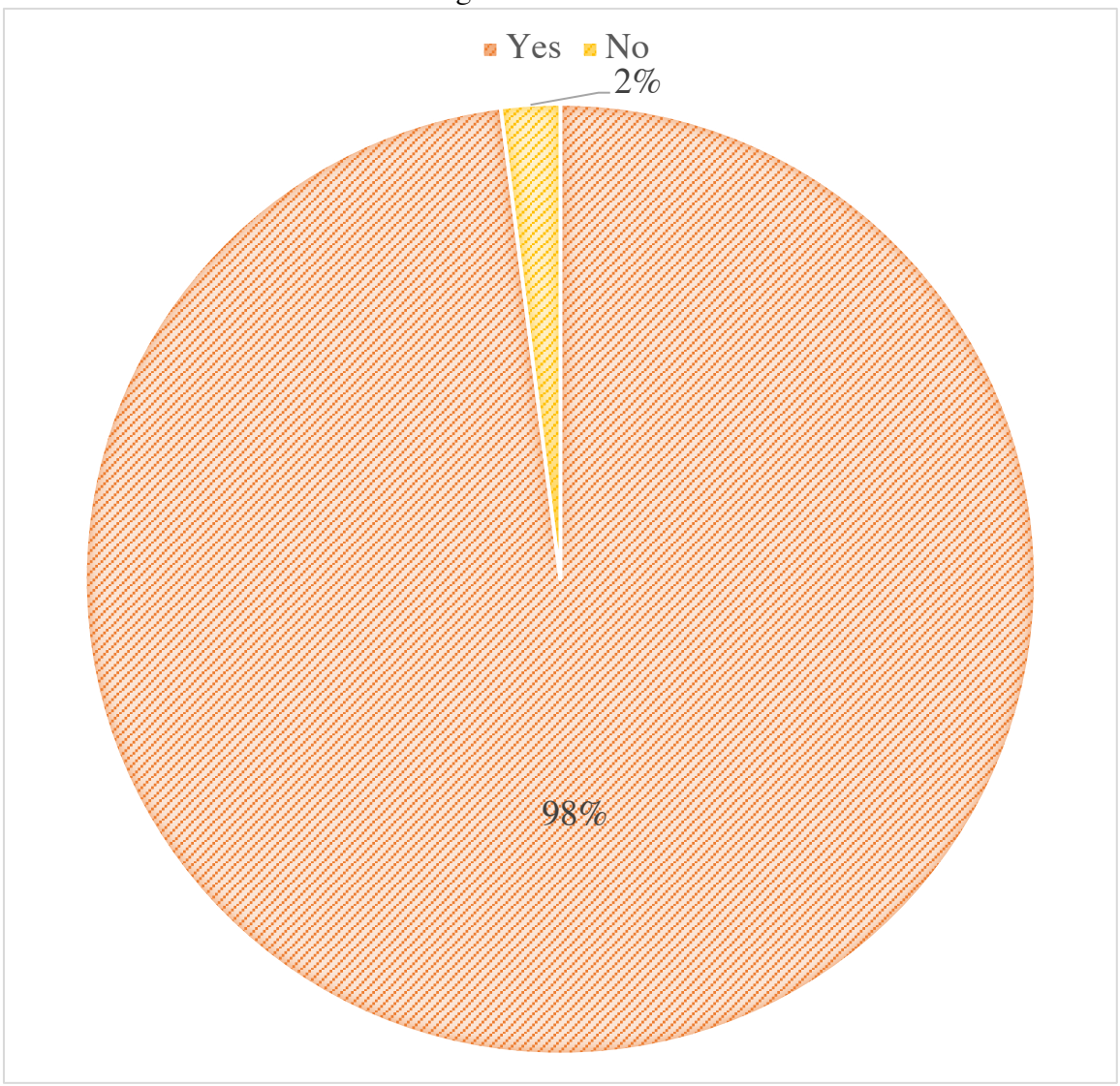

Figure 1: Percentage of EAAT Involvement

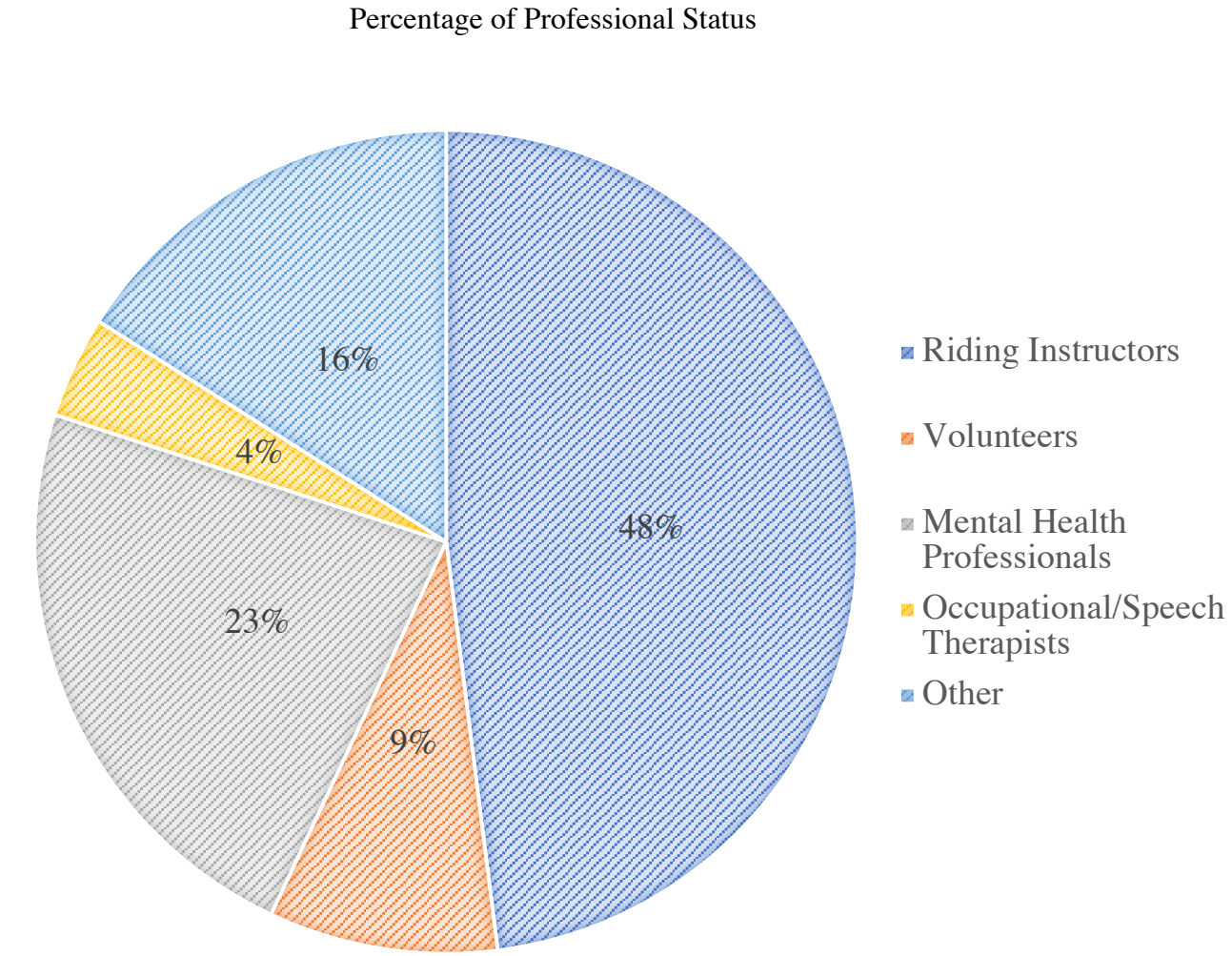

Figure 2: Percentage of Professional Status

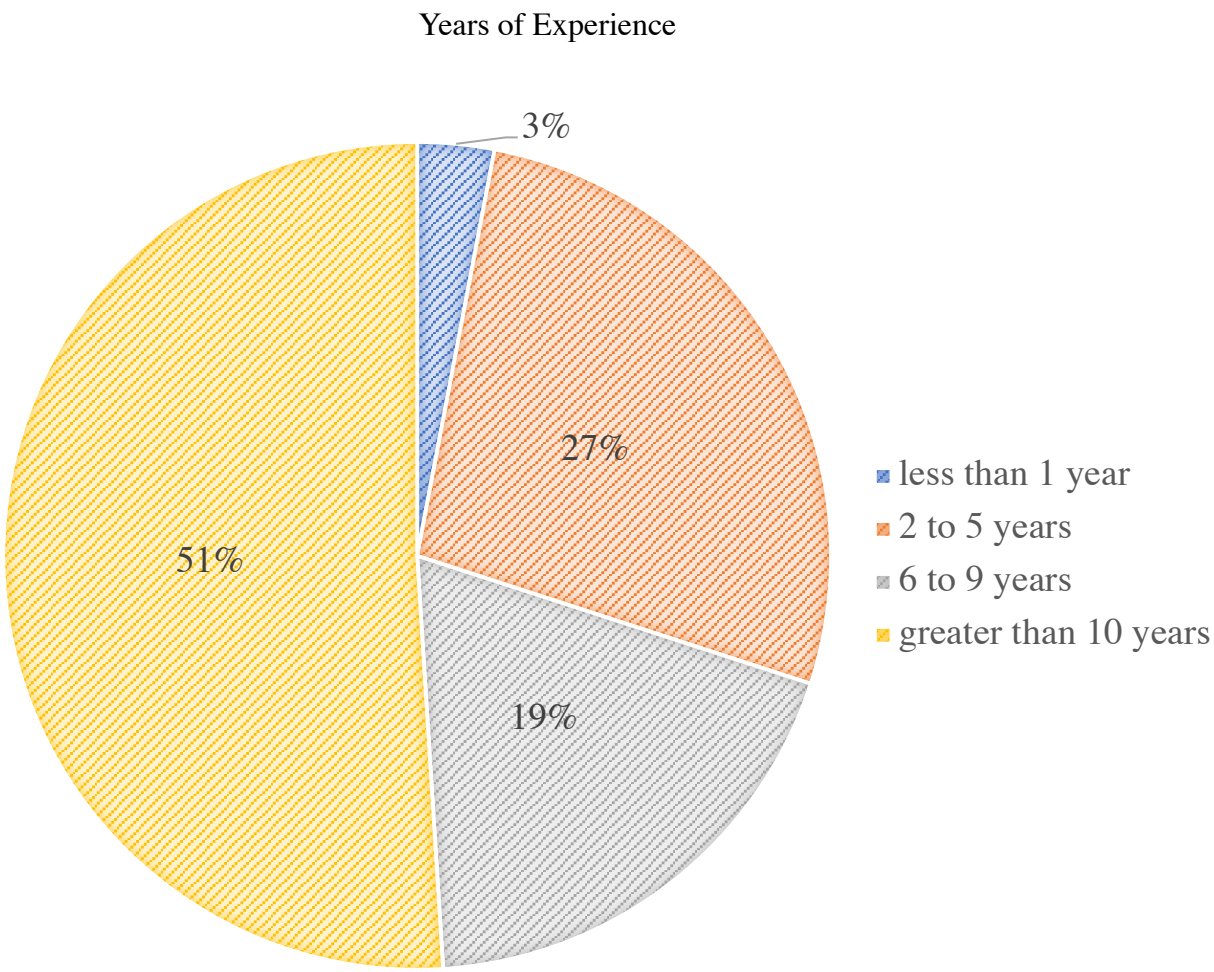

Figure 3: Years of Experience

Years of experience of the instructor had no impact on which organization they aligned their teaching standards with (p=0.22).

Years of experience of the instructor had no impact on answers related to human or horse safety during sessions (p=0.29, p=0.36).

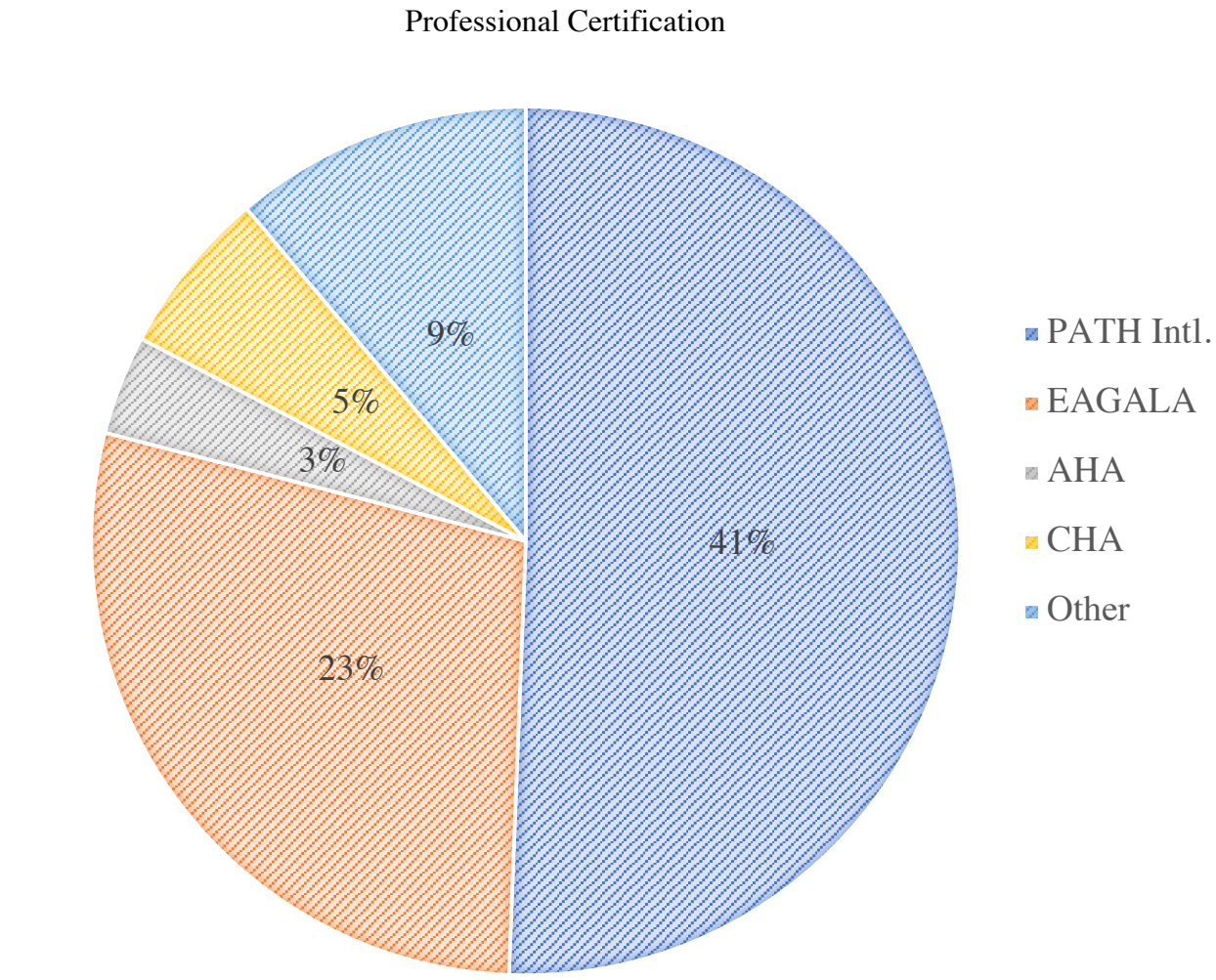

Figure 4: Professional Certification Held by Participants

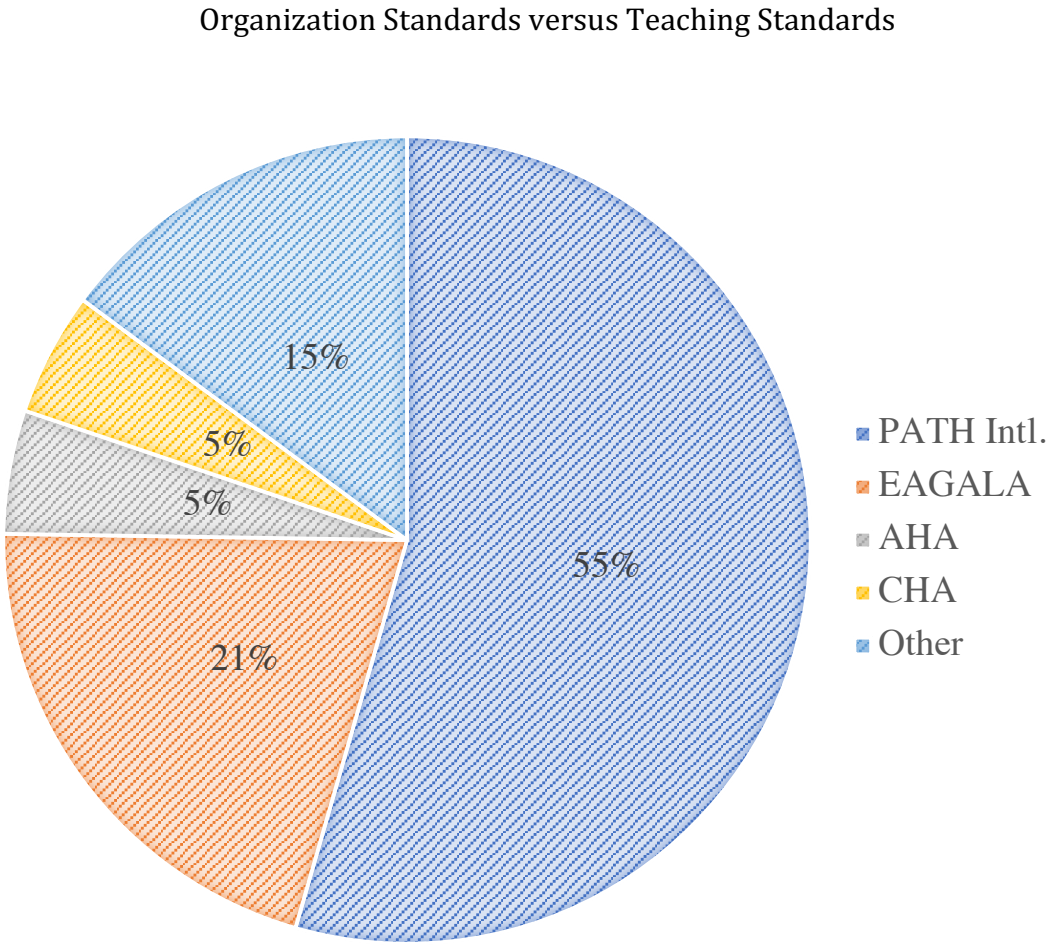

Figure 5: Organization Standards versus Teaching Standards

Years of experience of the instructor had no impact on which organization they aligned their teaching standards with (p=0.22).

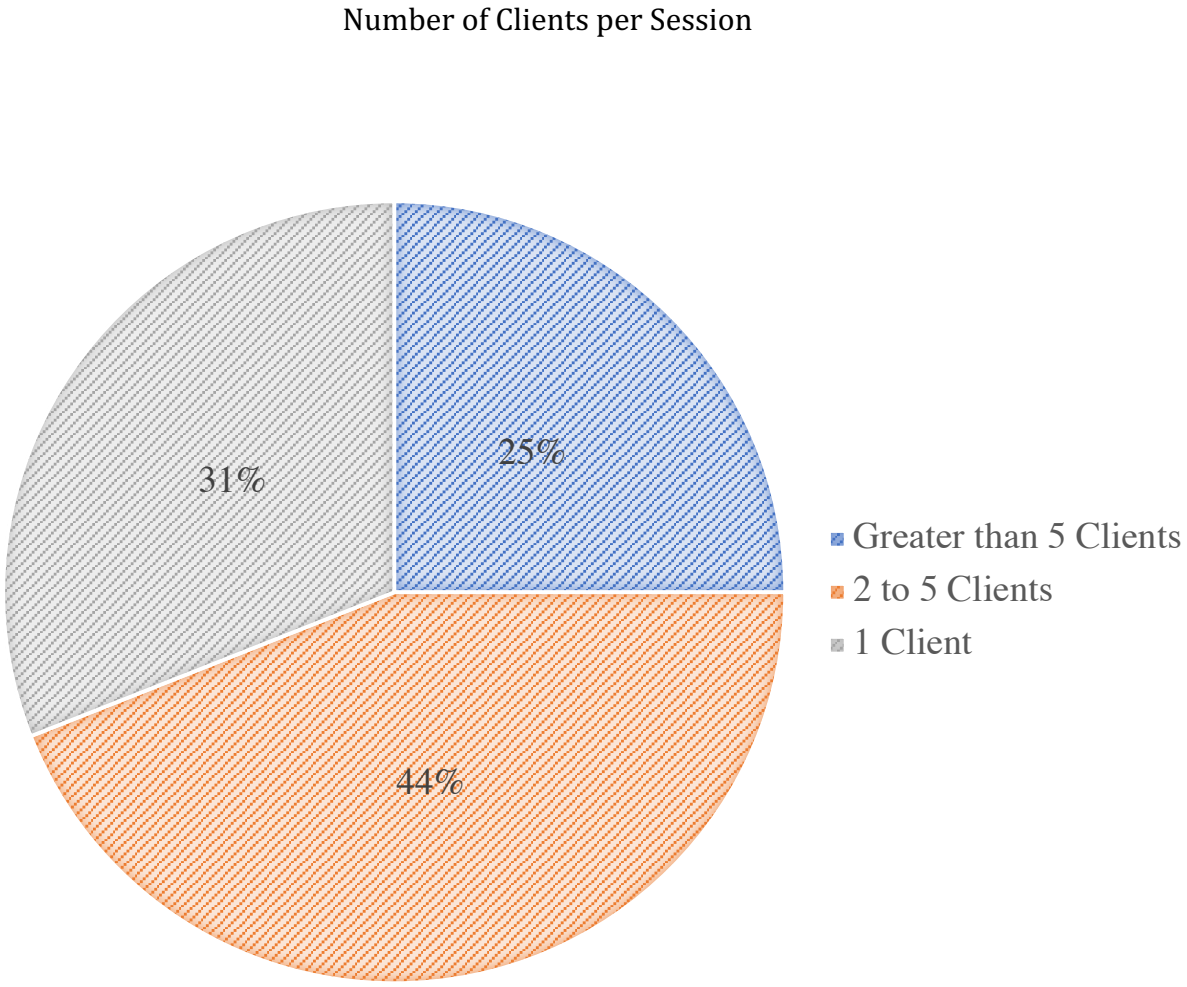

Figure 6: Number of Clients per Session

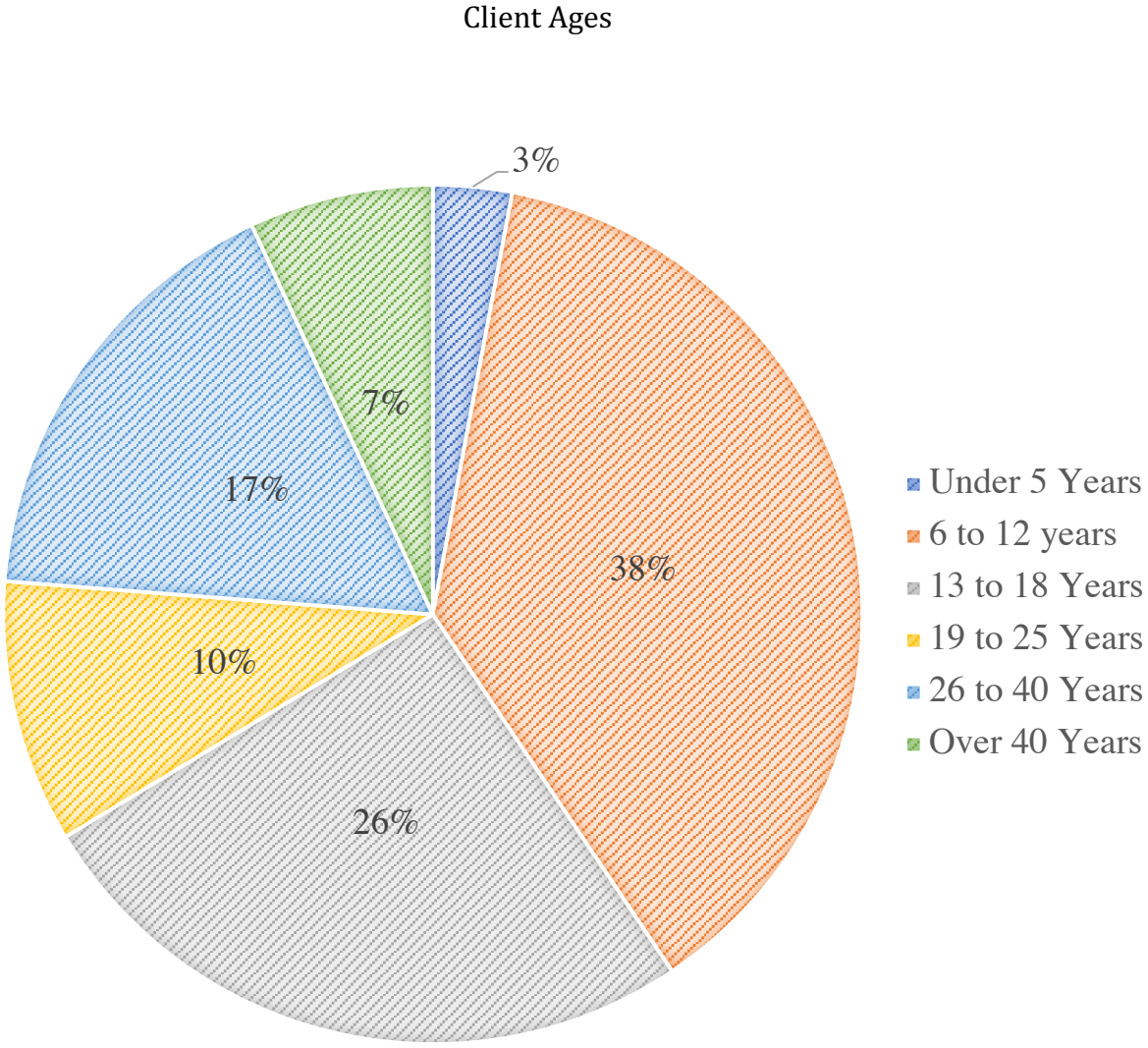

Figure 7: Client Ages

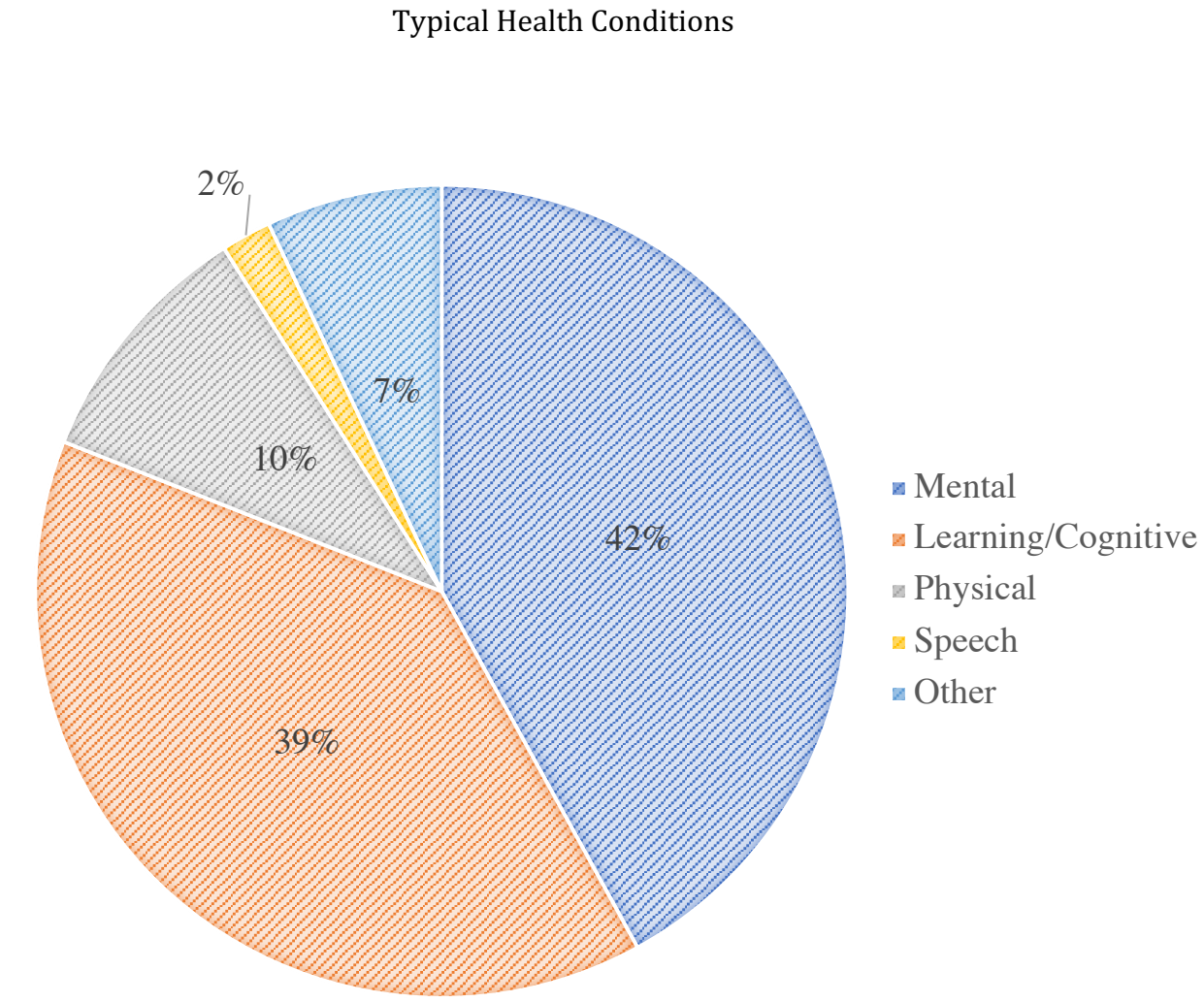

Figure 8: Typical Health Conditions

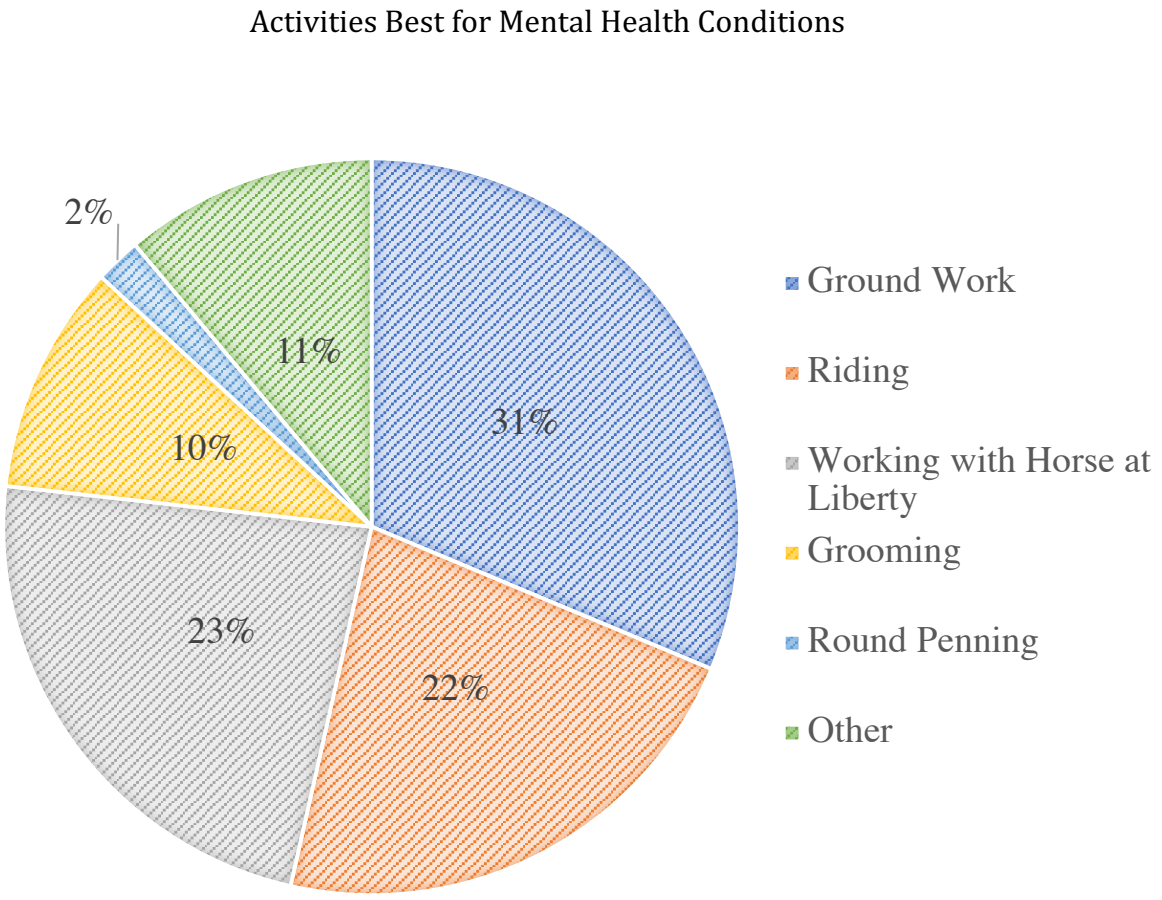

Figure 9: Activities Best for Mental Health Conditions

Activities Best for Physical Health Conditions

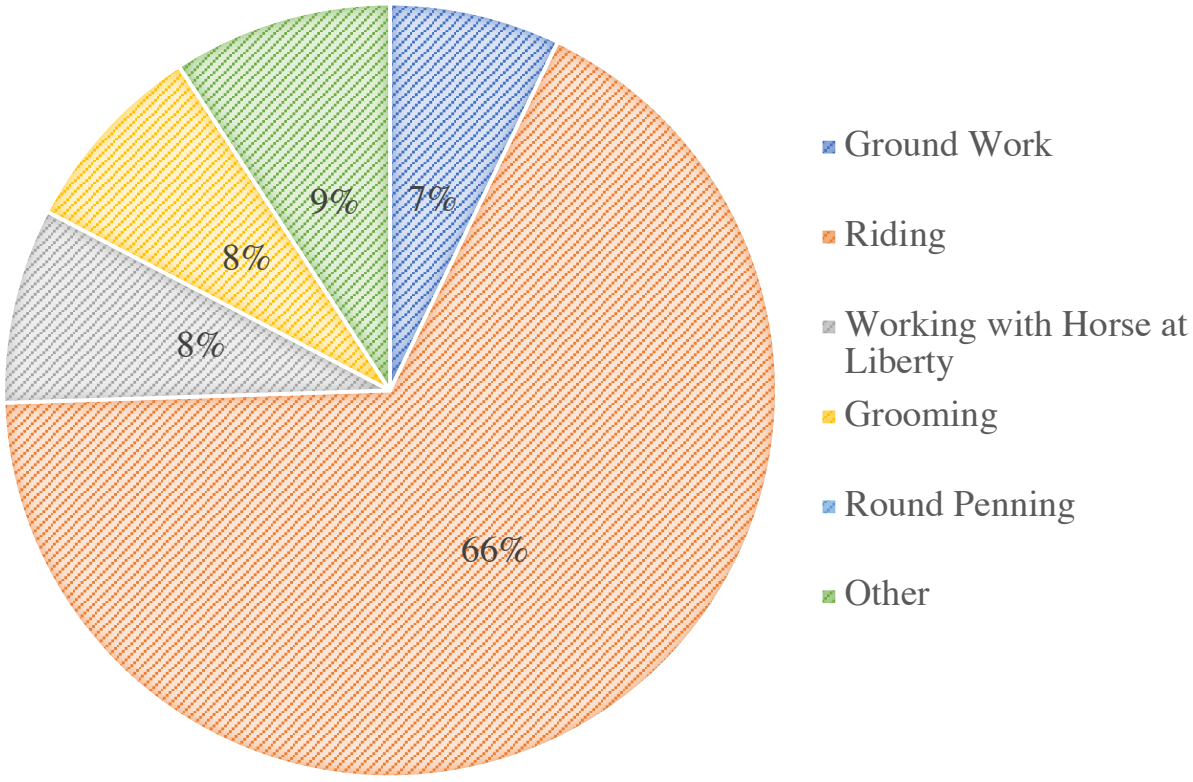

Figure 10: Activities Best for Physical Health Conditions

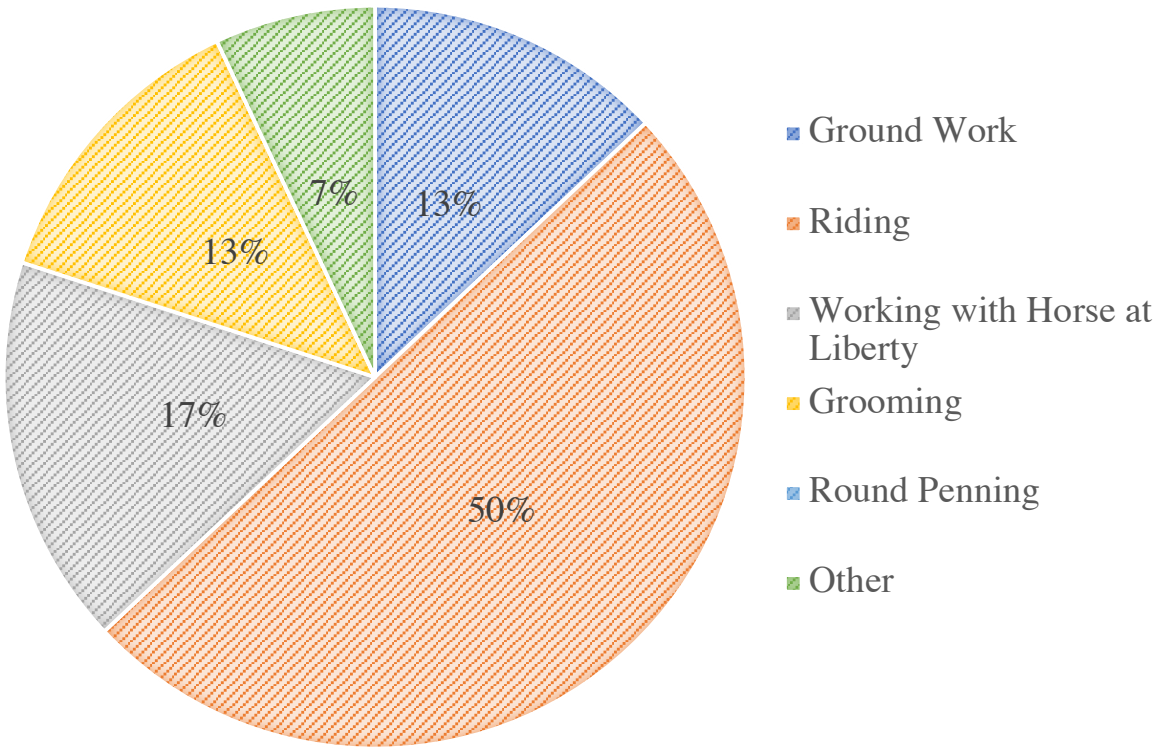

Figure 11: Activities Best for Learning/Cognitive Conditions

Activities Best for Speech-Related Conditions

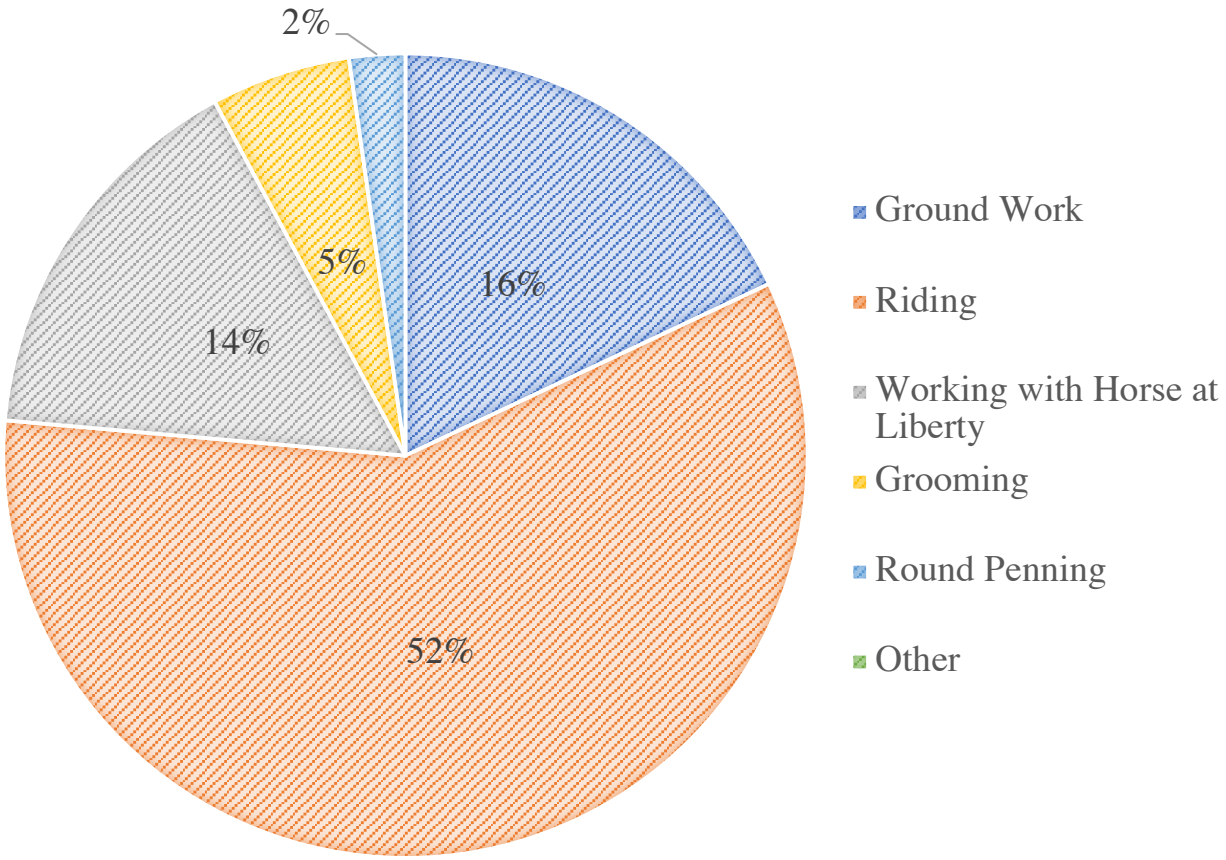

Figure 12: Activities Best for Speech-Related Conditions

Respondents were then asked to rank how they felt regarding equine education of clients and safety regulations of clients and horses. When asked whether or not their clients are well-educated on equine behavior, participants had various responses. They ranked from strongly disagree to strongly agree; about 19% strongly agreed, 14% disagreed, about 8% somewhat disagreed, 10% were neutral, 23% somewhat agreed, 15% agreed, and about 11% strongly agreed with the statement (Figure 13a). Respondents primarily agreed (25%) that their clients are educated in proper horse handling; about 7% were neutral on the statement, 13% somewhat agreed, and 15% strongly agreed. However, about 19% strongly disagreed, 13% disagreed, and about 8% somewhat disagreed (Figure 13b).

When asked if their clients learned correct horsemanship riding skills, the majority of answers were contrasting in nature. While most participants agreed (34%), about 22% strongly disagreed. About 19% strongly agreed with the statement, about 11% somewhat agreed, less than 3 percent disagreed and somewhat disagreed (2%), and 9% reported to be neutral (Figure 13c).

The majority of respondents strongly agreed (85%) that the safety of their clients is of utmost importance while about 11% agreed. 2% strongly disagreed, 1% somewhat agreed, 1% were neutral, and none disagreed or somewhat disagreed with the statement (Figure 13d). When asked if the safety of their horses is of upmost importance to them, participants primarily responded with strongly agree (71%) and agree (23%) compared to that of strongly disagree (2%), neutral (2%), and somewhat agree (1%). None disagreed or somewhat disagreed with the statement (Figure 13e).

Finally, participants were asked to rank from strongly agree to strongly disagree how they felt about statements regarding the use of the horses during sessions and how clients should be prepared before sessions. About 6% of participants strongly disagreed, 20% disagreed, 12% somewhat disagreed, about 17% somewhat agreed, 10% agreed, about 6% strongly agreed, and 29% were neutral when asked how they felt about horses being used at liberty (not confined or handled) during therapy sessions (Figure 14a). When asked if horses should be reprimanded as needed in order to facilitate a therapy session, 30% strongly disagreed, about 17% disagreed, and 10% somewhat disagreed while 21% somewhat agreed, 11% agreed, none strongly agreed and 10% were neutral (Figure 14b). Client education of horse behavior and handling before their first therapy session appeared to have various answers. Most participants somewhat agreed (21%), about 19% strongly agreed; 18% were neutral, 16% agreed, 12% disagreed, about 8% strongly disagreed, and about 7% somewhat disagreed with the statement (Figure 14c).

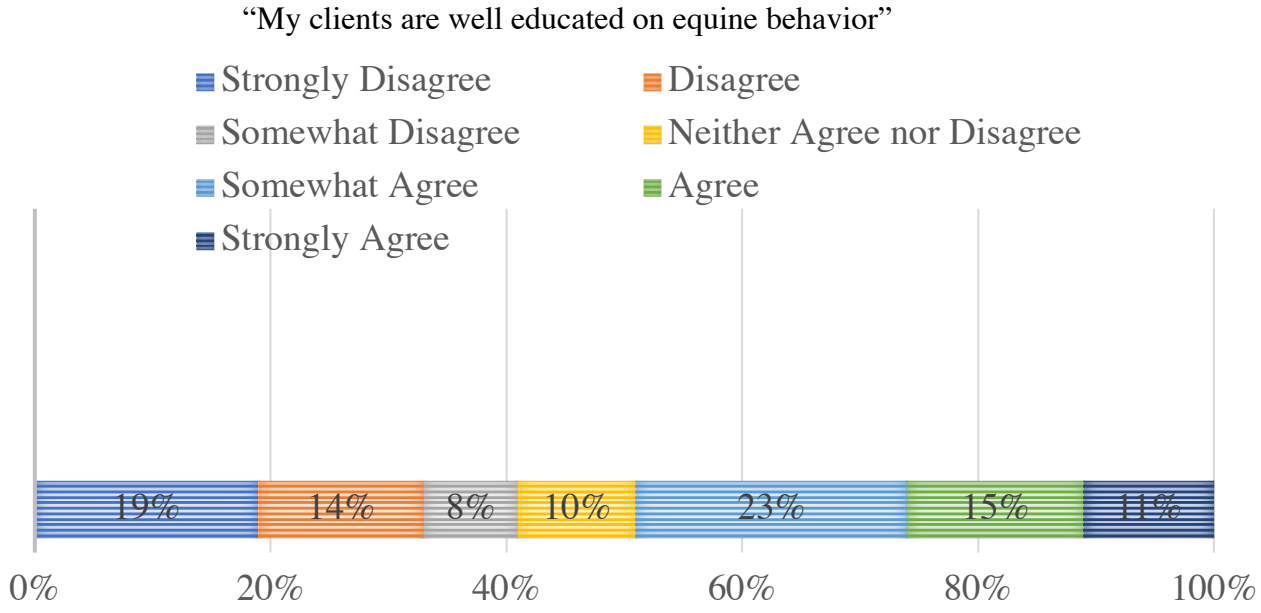
"My clients are well educated on equine behavior"
Strongly Disagree
Disagree
Somewhat Disagree
Neither Agree nor Disagree
Somewhat Agree
Agree
Strongly Agree
19%
14%
8%
10%
23%
15%
11%
0%
20%
40%
60%
80%
100%

Figure 13a

"My clients are educated in proper horse handling"

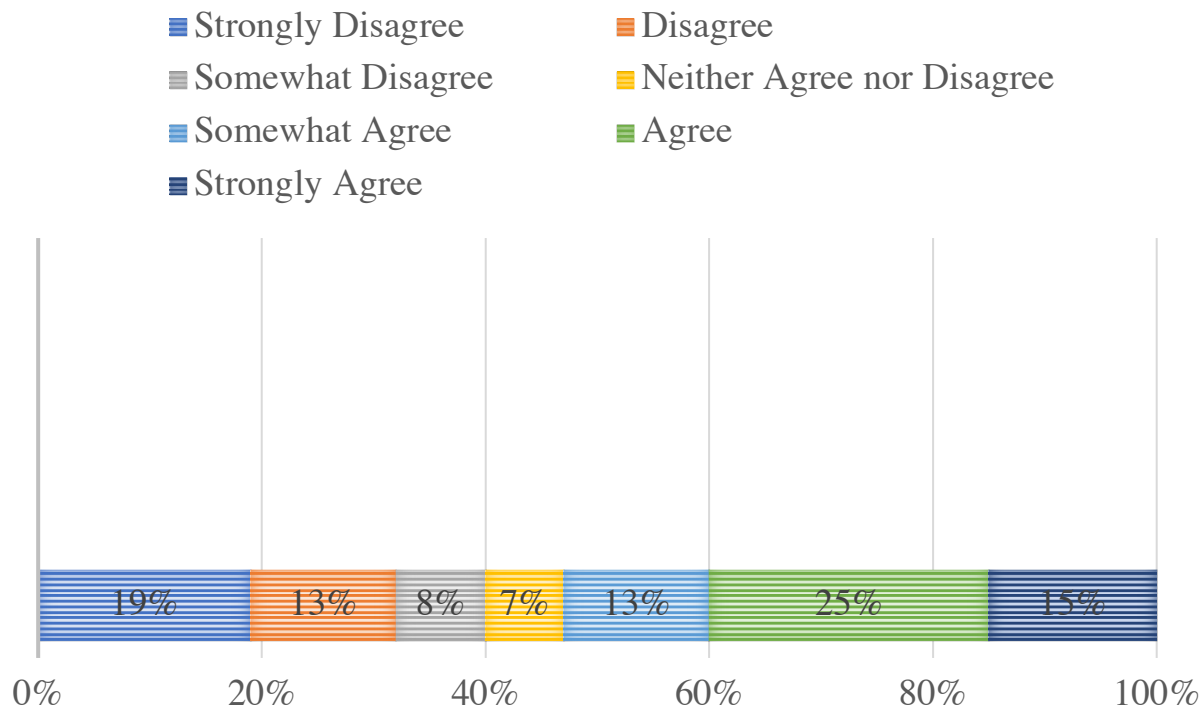

Figure 13b

EAGALA instructors and Hippotherapists disagreed that clients should be taught horse handling skills. ($p=0.0001$, $p<0.001$).

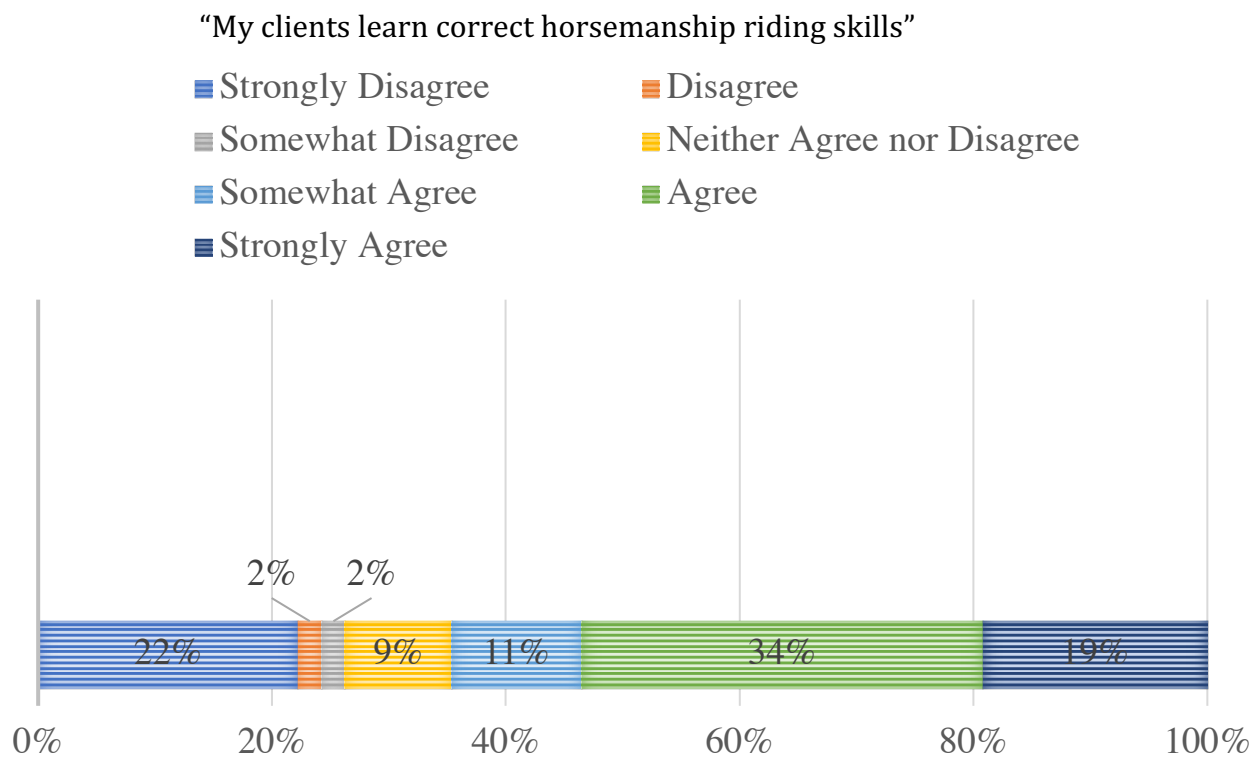

Figure 13c

EAGALA instructors and Hippotherapists disagreed that clients should be taught skills related to riding ($p<0.00011$, $p<0.0001$).

PATH instructors strongly agreed that clients should be taught skills related to riding ($p=0.0398$).

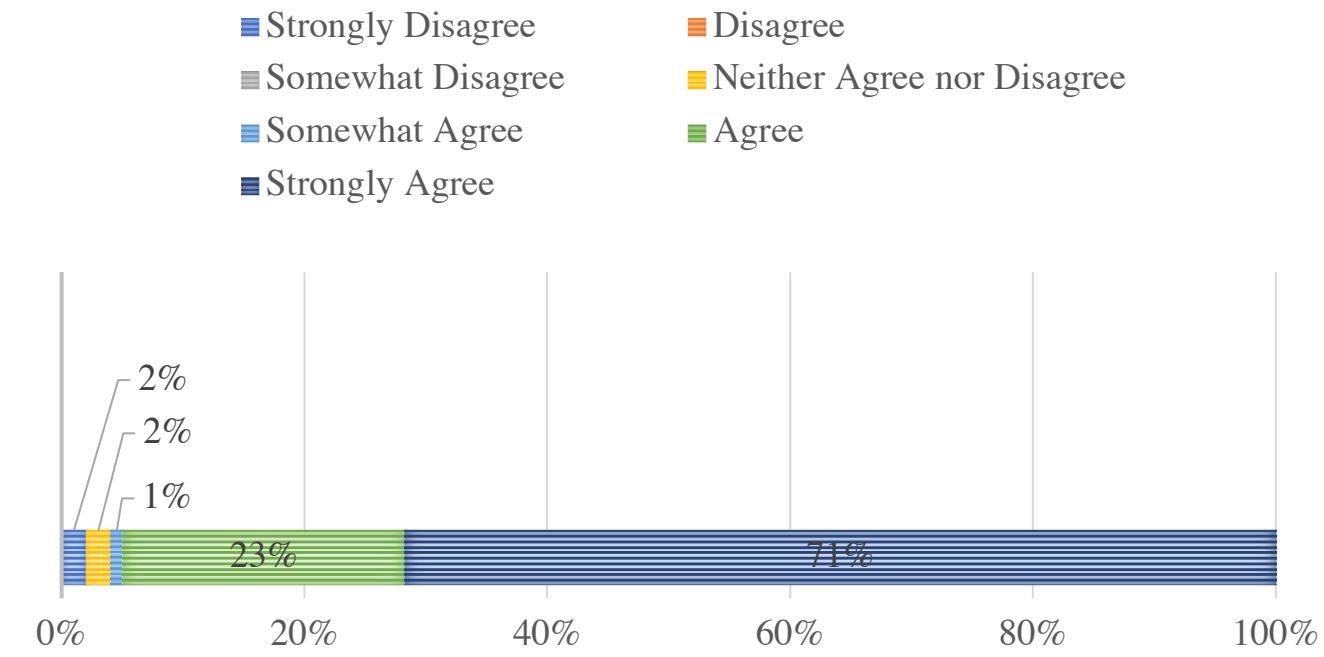

Figure 13d

Hippotherapists prioritize human and horse safety in a session (p=0.0018, p=0.0257).

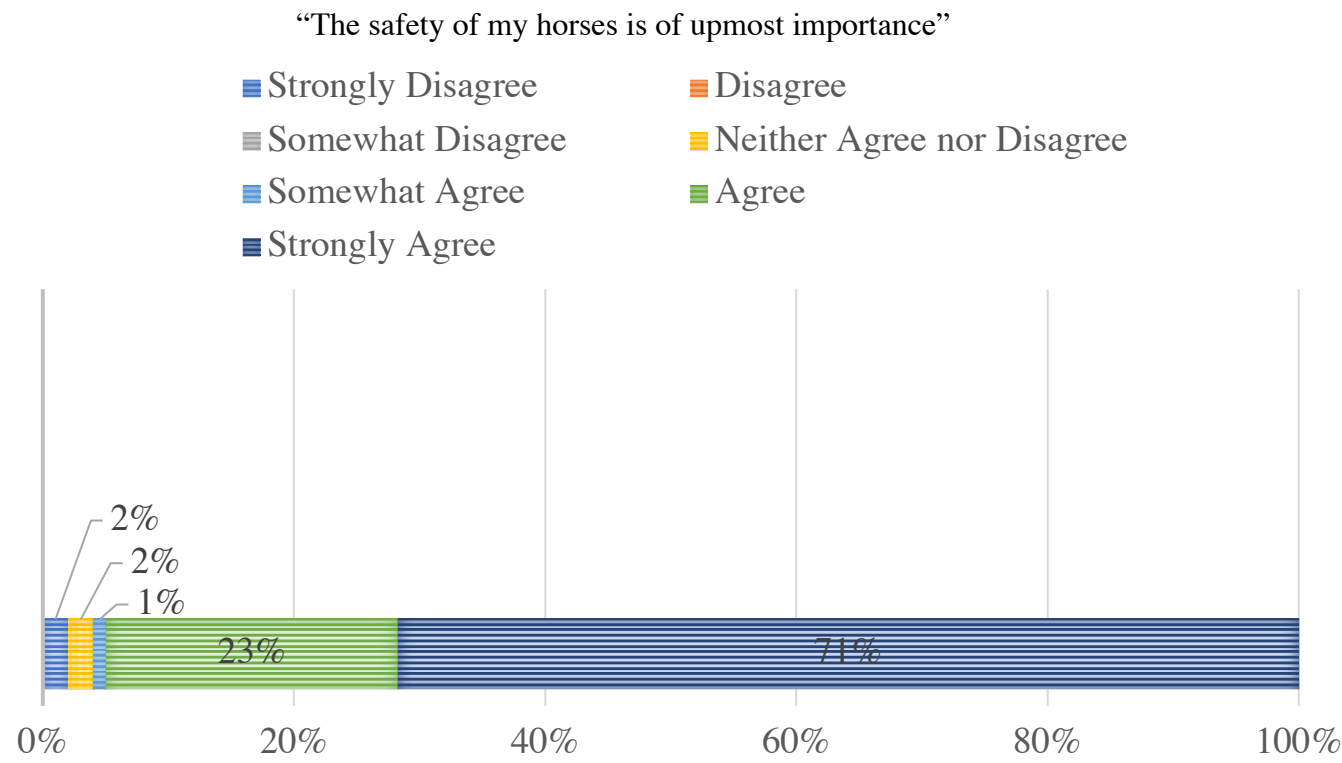

Figure 13e

Hippotherapists prioritize human and horse safety in a session (p=0.0018, p=0.0257).

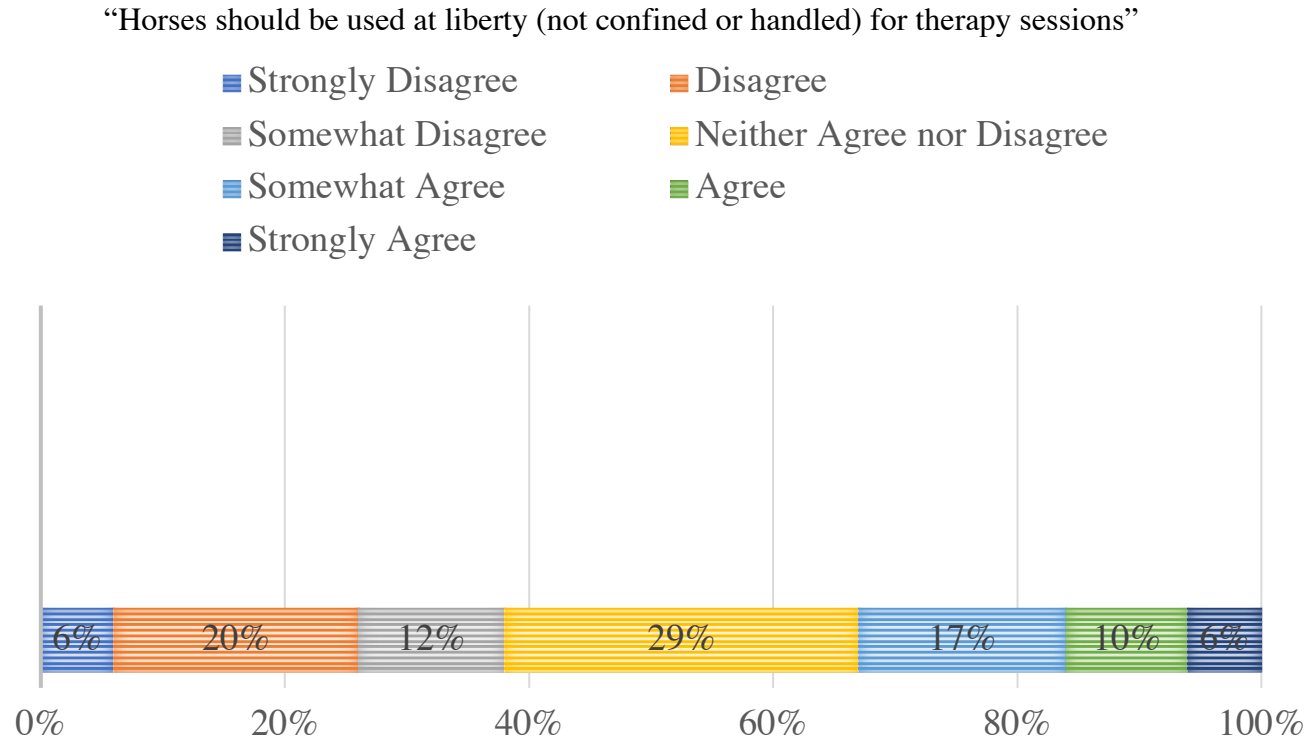

Figure 14a

Hippotherapists and Certified Horsemanship Instructors disagreed that clients should work with horses at liberty during sessions (p=0.002, p=0.0073).

EAGALA instructors agreed that clients should work with horses at liberty during sessions (p=0.002).

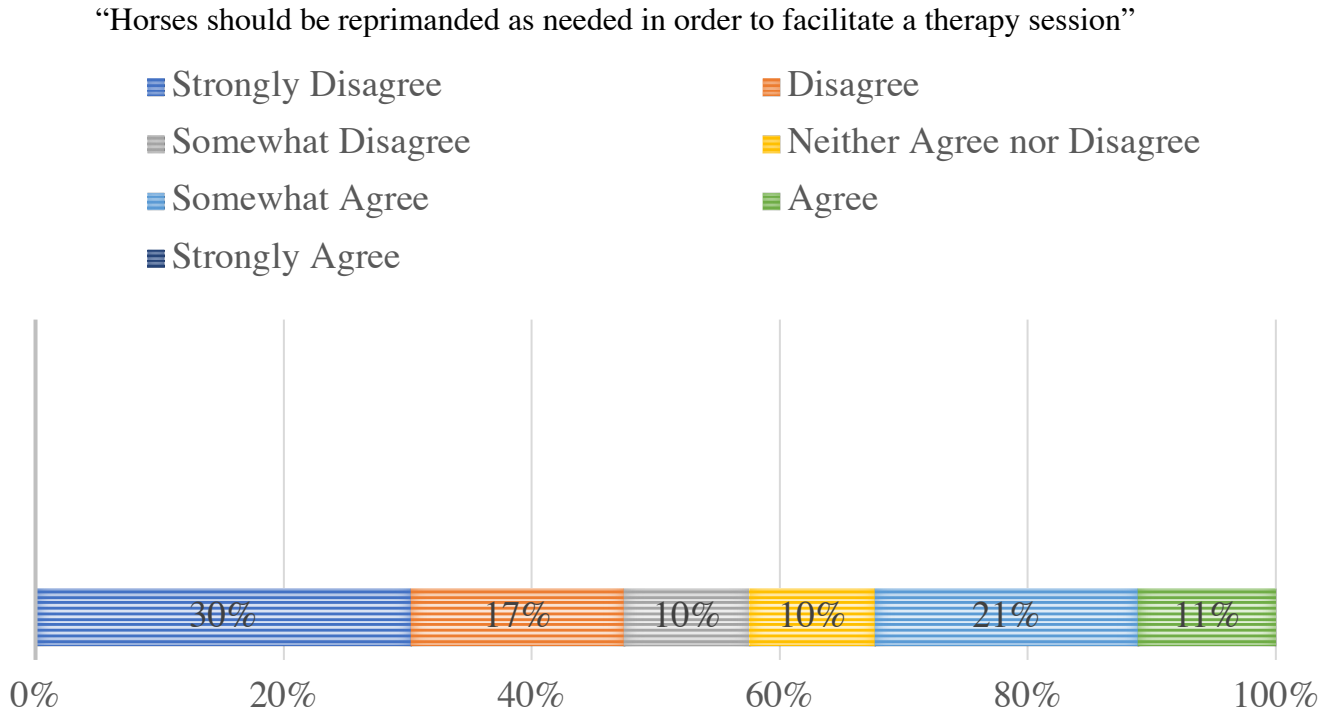

Figure 14b

PATH, CHA, and AHA instructors were more likely to agree with reprimanding horses during a session than EAGALA instructors, who disagreed (p=0.0013).

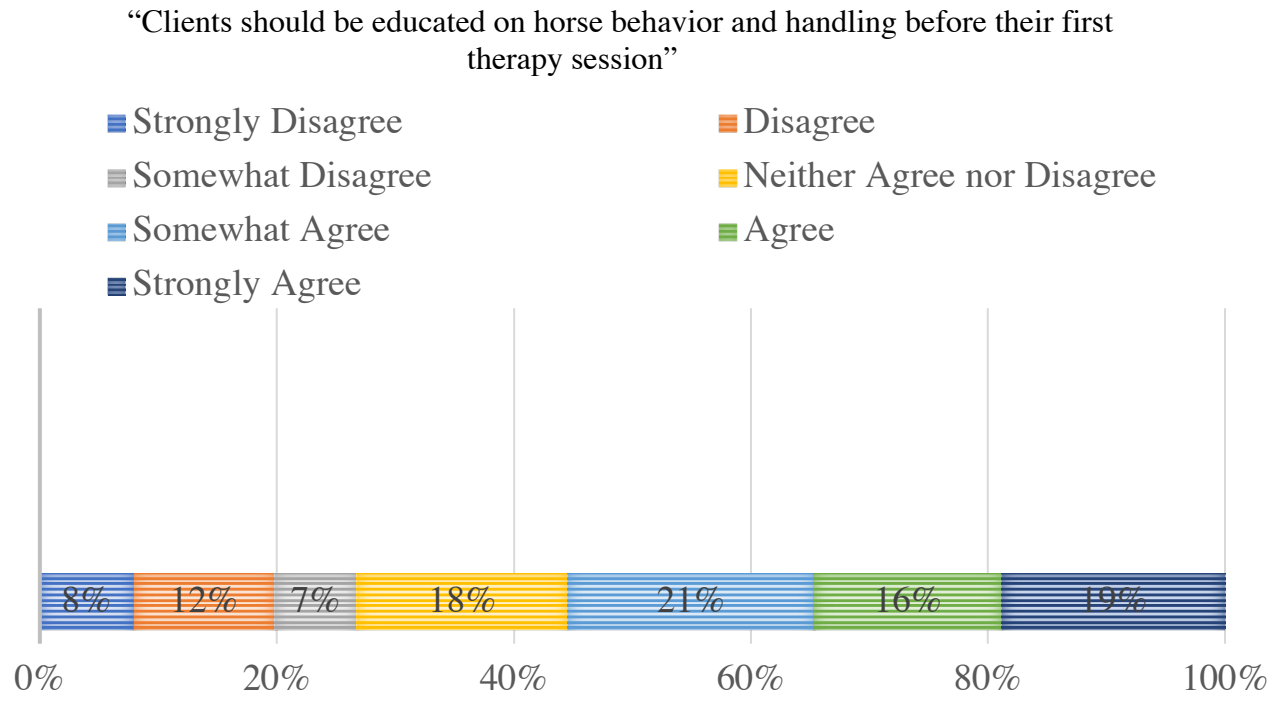

Figure 14c

EAGALA instructors and Hippotherapists somewhat disagree that clients should be educated on horse behavior prior to sessions ($p<0.001$, $p=0.0122$).

Discussion

The lack of understanding of EAAT terms was evident by many responses obtained on social media before the survey responses were fully collected. Many potential respondents stated that they did not feel comfortable completing the survey because they felt it was misleading based on the broad spectrum of EAAT terms used in the survey. In turn, 99 out of 127 answered every question, leaving 28 individuals who did not fully complete the survey. This only supports the assumption that EAAT terms are often misconstrued and widely defined in the industry.

Participants included in these results were only those who fully completed this survey. The majority of respondents reported to be involved in the EAAT industry in some way as riding instructors, volunteers, mental health professionals, occupational/speech therapists, or were unspecified (Figure 1, Figure 2). Over half of participants reported having over 10 years of experience; almost half appeared to be certified with PATH; and over half reported to align their teaching standards with PATH. Although certification standards and teaching standards of instructors would typically appear to be correlated with years of experience, in this survey, the years of experience of the instructor appeared to have no impact on which organization they aligned their teaching standards with (p=0.22). Additionally, years of experience did not appear to impact particpant's answers related to human or horse safety during sessions (p=0.29, p=0.36). Compared to other EAAT professionals who participated in this study, Hippotherapists appeared to prioritize human and horse safety in sessions; this properly aligns with AHA standards, which aim to "ensure a safe environment for the treatment

team, the horse, and the patient" (p=0.0018, p=0.0257) (American Hippotherapy Association, Inc., 2017).

Safety also appears to be priority with PATH, EAGALA, and CHA according to organizational standards (Certified Horsemanship Association, 2019; *The Eagala Code of Ethics*, 2019; Professional Association of Therapeutic Horsemanship, International, 2019); however, the survey results show otherwise. PATH states that a core value of the organization is compassion and caring in "providing a culture of safety, understanding, and ethical treatment of humans and horses engaged in equine-assisted activities and therapies." Although 41% of survey participants were certified with PATH Intl., answers were varied from these individuals in response to questions regarding human and horse safety in this survey. EAGALA code of ethics states that members must be "first and foremost, based on providing for the fundamental, overall safety and well-being of" the horses and clients. Safety is also mentioned two more times in the EAGALA code of ethics, stating that EAGALA members uphold "physical safety [in] utilizing horses" and protect the "safety, welfare, and best interest" of horses and clients (Equine Assisted Growth and Learning Association, 2019). Finally, the why-statement, or goal, of CHA is centered around safety as well, "chang[ing] lives through safe experiences with horses," which was not a significant claim among CHA representatives in this study. These findings suggest that definitions among these organizations may not be purposefully defined and followed according to each organization's set of standards.

Prior knowledge of horse experience was another example of how some organizations appear to more readily implement their standards more than others. For example, not only did AHA participants somewhat disagree with EAGALA instructors

that clients should be educated on horse behavior prior to sessions ($p<0.001$, p=0.0122), they also somewhat disagreed with EAGALA instructors that clients should be taught horse handling skills. Both of these statements appear to align with AHA methods versus EAGALA methods. While AHA provides educational resources for "occupational therapy, physical therapy and speech language pathology professionals who incorporate equines, equine movement and the equine environment in treatment," EAGALA standards do not mention horsemanship or equine education. EAGALA's primary goal is to "…set the global standard in the world of equine-assisted psychotherapy and personal development," not to teach horsemanship skills to clients (The American Hippotherapy Association, Inc., 2019; The Eagala Code of Ethics, 2019).

Both CHA and PATH Intl. members appears to advocate for teaching horsemanship and equine education to clients according to organizational standards as well, but neither appeared to significantly disagree with EAGALA participants regarding equine education. CHA appears to promote equine education by upholding the "highest standards of horsemanship" no matter the the circumstances, and education is listed in PATH Intl. Core Values (2019), a commitment to share valued knowledge with elements to promote success at all times (Certified Horsemanship Association, 2019). Not only is education listed in PATH Intl. Core Values, it is also part of the organization's name as the Professional Association of Therapeutic Horsemanship, International. However, neither association appeared to show a difference in from EAGALA survey participants. This reaffirms the lack of understanding and implementation of organizational standards and supports the notion that Equine Assisted Activities and Therapies have often been loosely defined.

Another topic that is often debated among EAAT certifying organizations is the combined use of liberty training in equine education of clients. Liberty training is designed to bring a sense of freedom of movement and safety to a horse without the use of tack such as a saddle, bridle, halter, lead rope, etc. Liberty can also be utilized in EAAT to benefit clients, and it appears that some organizations adopt and use this method more than others. For example, hippotherapists and CHA Instructors disagreed that clients should work with horses at liberty during sessions (p=0.002, p=0.0073), while EAGALA instructors agreed that clients should do so (p=0.002). Because Hippotherapists primarily utilize the body movement of the horse to help clients with physical, learning, and speech conditions, working with a horse at liberty would not seem to be the most useful and safe to AHA instructors and beneficial to their clients. This reiterates AHA's focus on safety and progress of the client.

CHA instructors, on the other hand, primarily seek to teach horsemanship and equine education skills, where liberty may be a vital part of learning how and why the horse responds the way it does to certain stimuli, whether created by the rider/handler or the environment. The EAGALA model utilizes liberty by allowing all work to be done on the ground with "horses front and center, deliberately unhindered and never ridden, […] allowed to interact with the client as they wish" to give clients the opportunity to "reflect, project, and make deep connections" (Equine Assisted Growth and Learning Association, 2018). This aligns with the finding that PATH, CHA, and AHA instructors were more likely to agree with reprimanding horses during a session than EAGALA instructors, who disagreed with this statement. (p=0.0013). Because PATH, CHA, and AHA are more

concerned with horsemanship and education for clients than EAGALA, it is likely that perceptions of participants would vary in regards to correction of horses during sessions.

AHA survey participants strongly disagreed in comparison to EAGALA instructors that clients should be taught skills related to riding ($p<0.00011$, $p<0.0001$). PATH instructors and Hippotherapists agreed that clients should be taught riding skills ($p<0.0398$). Again, this aligns correctly with PATH and AHA standards when compared to EAGALA standards. However, while CHA standards appear to advocate strongly for riding skills in that they provide various certification workshops for equine professionals who wish to teach riding, answers varied among CHA participants in regards to riding skills being taught to clients ($p>0.05$)

Although EAGALA instructors appeared to align their answers with some of these statements, the aspect of safety in the EAGALA model is a great concern. EAGALA respondents did not appear to value safety compared to AHA respondents ($p<0.05$). The lack of education among clients with varying degrees of mental health conditions provides the opportunity for unsafe situations to occur, especially considering the fact that horses may not be corrected and are allowed to interact with clients as they please during sessions. Additionally, EAGALA claims to be concerned with the safety of horses and clients in their standards; in fact, safety is mentioned multiple times in EAGALA standards (The Eagala Code of Ethics, 2019). However, the use of horses at liberty with mental health clients who have no knowledge or experience with horses doesn't represent a safe environment. The enforcement of safety is questionable when comparing EAGALA standards to CHA, PATH Intl., and AHA standards. When one of the most important aspects of EAAT—safety—is not uniformly understood and enforced

in all organization practices, the uniformity in understanding of EAAT terms and practices among certified professionals is brought to a halt.

Conclusion

Despite having clearly stated definitions and standards of practice in certifying organizations, terms and practices appear to be loosely defined among professionals in the EAAT industry. For example, while safety appears to be a primary goal in standards of all organizations, CHA, PATH, EAGALA did not appear to align their perceptions in this study to their certifying organization's standards regarding safety. Also, many participants in this study responded that their teaching standards aligned with certain organization standards but did not seem to align this with their answers regarding education of clients and equine care. This reveals a great need for uniformity in EAAT terms not only among organizations but also in professional practice.

Additionally, there is question of whether EAL/EFL should be considered therapy at all even though it appears to be prevalent in practices of CHA, PATH, and AHA, based on their standards of practice compared to the formal definition of therapy. In aligning their organization standards with what they practice, professionals need to understand how their organization standards apply to different aspects of the EAAT industry and of which they are seeking to practice. EAAT organizations seek improvement in applying professional standards to instructor practices and identifying terms within each organization. Bringing awareness of indiscrepancies is the first step in acknowledging the problem and making a change; members need to correctly follow standards and be able to acknowledge statements that align with their organization standards. In doing so,

professionals can address the needs of clients more abundantly and more efficiently and increase widespread knowledge of the benefits of EAAT overall.

APPENDIX A

1. PROJECT INFORMATION

1.1 Choose your review type:
☒ EXEMPT Review

1.2 Enter Project Title

PERCEPTIONS OF PRACTICES USED IN EQUINE ASSISTED THERAPY

1.3 Submission Status of this Study:
☒ New Submission[1] ☐ Revision[2] ☐ Previous Protocol ID(s) given to this study[3]

1.4 Research Classification *(select ALL that apply):*
☒ Social/Behavioral/Educational Research ☐ Biomedical Research
☐ Clinical Research ☐ Quality Assurance/Evaluation

1.5 Research Category *(select ALL that apply):*
☒ Faculty/Staff research ☐ FRCAC ☐ URECA ☐ Class Project
☒ Thesis Dissertation ☐ Not for Publication ☐ Publication/Presentation
☐ Other

1.6 Miscellaneous Questions:

Project Questions	Response	Remark(s)
Expected start date	05/14	
Anticipated completion date The protocol will be closed on this date	08/30	
Source of funding (Funding agency, number/ID, and expiration date)	N/A	

This form also contains space for reviewer comments. Therefore, do not convert this to PDF but instead send the completed form to irb_submissions@mtsu.edu in its original MS Word format.

Office Use Only

Application Receipt Date	**03/27/2019**
PreScreen	**04/05/2019**
Revised	**04/22/2019**
Review	**04/25/2019**
Revised	**05/07/2019**
Review	**05/07/2019**
Protocol ID	**19-1220**
Exemption Determination	**05/07/2019**

Foot Notes:
[1] Check this box if this is the first time you are submitting this study for IRB review
[2] Check this box if you have already submitted this application to the IRB but you have been asked to make revisions to your application or other documents by the IRB or by the Compliance Staff
[3] Check this box and provide the IRB ID if you are trying to extend a previously approved IRB protocol

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