

# **Horsepower Helps Evaluation of Horse Assisted Psychotherapeutic Treatment with Severely Traumatized Inpatients: A Pilot Study**

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**Abstract:** *Modum Bad Clinic and Resource Centre, Norway, has a 12-week intensive in-patient program for adult survivors of severe and repeated childhood sexual abuse (CSA) aged 20 years plus, diagnosed to be currently suffering from Complex Post Traumatic Stress Disorder (CPTSD) and/or Complex Dissociative Disorders (CDDNOS/DID). The clinic has included in its exit formalities patients' evaluations of the overall psychotherapy program undertaken, including the work with horses. A pilot study based on patients' responses has been conducted.*

**Objectives:** *To identify patient views on three basic areas; safety, awareness and identity, and on associated methodological issues for further studies.*

**Method:** *A simple count/classification of the words/concepts used in patients' responses.*

**Results:** *Patients perceive considerable value in the psychotherapeutic sessions with horses. The challenge is how these perceptions best can be quantified and the benefits verified in our future work.*

**Keywords:** CSA (Child Sexual Abuse), CPTSD (Complex Post Traumatic Stress Disorder), CDDNOS (Complex Dissociate Disorder Not Otherwise Specified) / CDID (Complex Dissociate Identity Disorder), therapeutic use of horses, safety, identity, awareness

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## **Introduction:**

“The Body Keeps the Score”. Innovative, experience-based and multi-model therapy approaches, such as horse supported psychotherapy (HSP), offer powerful techniques that go beyond the talk therapies, which have been shown to be inadequate for severely ill patients (van der Kolk, 1994). While telling the trauma story can provide crucial information about the client's past and current life experience, the treatment must address the here-and-now experience of the traumatic past as it is expressed “in the moment” through affects, body movements and sensations (Ogden & Minton, 2000).

The growing volume of horse and human websites and literature shows that therapeutic involvement of horses with psychiatric patients is increasingly used with a wide range of physically and psychologically disturbed patients all over the world and is well documented (Scheidhacker et al., 1991, Burgon, 2003, Ewing et al., 2007, Yorke et al., 2008). A few studies also show that the effect of this type of therapy on traumatized patients in general is promising (Brande, 1995), and specifically on sexually abused patients (Shambo, 2007).

In spite of the increasing amount of well documented literature pointing to the beneficial therapeutic effect of various forms of horse therapy (Wilson et al., 2003, Bizub et al., 2003; Kaiser et al., 2004; Frewin et al., 2005; Duesund et al., 2003); Mehlem, 2006), there are few studies with clear frameworks and guidelines for this type of interventions. These are however necessary for conducting purposeful and effective therapy and to measure the effect of treatment (Lentini & Knox, 2008).

EAGALA (The Equine Assisted Growth and Learning Association) model of Equine Assisted Psychotherapy (EAP) probably comes closest to having a structured and well documented framework with related guidelines. The EAGALA model is described as a form of experiential psychotherapy that includes horses to promote emotional growth and learning. It targets a broad range of mental disorders and human developmental needs such as behaviour problems, abuse issues, depression, anxiety, relational problems and communications needs (EAGALA, 2006). The model includes clear definition of process, activities, practitioner qualifications and certification.

### **Prevalence of trauma patient:**

Serious trauma in childhood and adolescence is a global concern and constitutes a persistent and serious health and social problem. Prevalence varies depending on the selection and definition of abuse. Johnson (2004) has found that between 2 to 62% of women and 3-16% of men have been affected. Studies from the USA show that 35-50% of people seeking help for psychological problems have been victims of sexual abuse (Cloitre et al., 2001), that repeated traumatizing through childhood is associated with high risk for developing PTSD (Courtois, 2004), and that women are more vulnerable to such abuse than men (Zlotnick et al., 2001). A Norwegian report shows that 15% of girls and 7% of boys have experienced severe sexual abuse (Mossige & Stefansen, 20/07).

### **Modum Bad (MB), Norway:**

Modum Bad Clinic and Resource Centre is a private charitable foundation with a psychiatric clinic as its core. The foundation works closely with the National Health Service, which reimburses all therapy expenses. The clinic, established in 1957, accommodates 127 patients, and has a nation-wide intake. Its mission is to provide therapy for individuals and families with psychiatric disorders or serious problems in their family relationships.

**The Department for Trauma Treatment and Interpersonal Therapy at MB** houses 21 patients and has since 1998 developed a specialized program for adult survivors of childhood sexual abuse (CSA). These patients have multiple problems with comprehensive, pervasive and often disabling symptoms that are characterized by high anxiety, depression, poor affect regulation, low self-esteem problems, eating disorders, strong body pain, re-experience of trauma-episodes, flashbacks, and various dissociative episodes with loss of memory, depersonalization, de-realization, identity confusion and/or identity alteration.

At MB the patients are diagnosed according to the ICD-10 and to the DSM-IV international classifications' system. But because of the complexity of the trauma symptom picture, the following diagnostic terms, although not yet generally accepted, have increasingly come into practice in trauma theory worldwide: Complex Post Traumatic Stress Disorder (CPTSD), Complex Dissociative Disorder Not Otherwise Specified, and Complex Dissociate Identity Disorder (CDDNOS / CDID) (van der Kolk et al., 1996; Herman, 1992/97). These terms will also be used throughout this article.

**Trauma Treatment Model:**

MB's treatment program runs for 12 weeks and is based on Pierre Janet's dissociation-integration theory as outlined by Van der Hart, Steele and Nijenhuis, with emphasis on Stage 1, focusing on symptom reduction and stabilization (van der Hart et al., 2006). The program combines both group and individual sessions. Treatment themes include psycho-education, alliance building, personal functioning, skill building, affect regulation, symptom management and self-care.

Because early traumatized people are affected in so many areas of their mental, physical and social functioning, it is very important to use a multimodal treatment approach with an expanded framework for therapy, in which different therapeutic approaches are part of the overall treatment (van der Kolk, 1994). In addition to therapy individually and in groups, different types of non-verbal group activities are integrated into the treatment program, including movement therapy, art and expressive therapy, out-door activities and horse supported psychotherapy (HSP).

Since 2002, MB's Trauma Treatment themes have formed the foundation for the specific HSP activities in the weekly 90 minutes sessions with horses.

**Why horses?**

Many sources have pointed to horses' healing effect on humans (Wilson, 2003; Bizub et al, 2003; Kaiser et al., 2004; Frewin & Gardiner 2005; Duesund & Skårderud, 2003; Mehlem, 2006). As so often pointed out in the horse therapy literature, the horse is a herd and prey animal. As such a horse needs and depends upon its herd relationships, is only itself, reacting to the here and now. It reacts spontaneously without any hidden agenda, and needs our full attention to feel safe.

Persons who have experienced severe and often persistent violations and abuse in relationship to others, have many of the same characteristics as prey animals. Thus people in general and also the therapists may be experienced as threatening and not to be trusted (van der Hart et al., 2006). That fact may hamper and complicate treatment. To help build up and strengthen the treatment alliance between patient and therapist requires use of additional treatment models to talking therapies. Therapeutic use of horses is believed to be one such important supplement (Duesund & Skårderud, 2003; Jacobsen & Sandberg, 2007; Michalopoulos, 2008).

The horse acts as a helper, a co-therapist, and a connection between the patient and the therapist. The therapy builds upon a close co-operation between the therapist and the horsespecialist. At MB we have experienced that with the help of the horse, a therapeutic space is created where exploration of experiences, reactions and thoughts can take place. The patient is given possibilities for new and better experiences, to correct and restore his / her self-perception and to strengthen the feeling of him / herself (Thelle et al., 2009).

**Models for Horse Supported Psychotherapy (HSP):**

Equine Assisted Psychotherapy (EAP), of which EAGALA is arguably the most wide spread and best known model, provides a good basis for and gives much inspiration to the

therapeutic work at MB. MB's staff are all certified EAGALA therapists. But in spite of the wide spectrum of areas covered by the EAGALA-manual, we have found that patients with a history of severe and early sexual abuse need a clearer and more predictable framework for therapy than that provided by EAGALA.

We have also benefitted from Sally Swift and her book *Centered Riding* (Swift, 1985/2005). Swift has used concepts connected to the art of riding which can easily be transferred to the therapeutic aims we have for our patients. They are also consistent with the multimodal approach we use. Principles such as the use of sight, breath, centring, balance, grounding and presence are basic elements in all psychotherapeutic stabilization work with traumatized patients, and for HSP, whether it takes place on the ground or on the horse. Because trauma manifests itself so strongly in the body, it is important for HSP to incorporate exercises that take place not only with but also on the horse. Swift's fundamental principles are a good starting point.

Important also is Human-Equine Alliances for Learning (HEAL)'s therapeutic model. HEAL reported to the NAHRA National Conference in 2007 on a pilot study of their therapeutic use of horse with adult survivors of child sexual abuse in the United States. This research indicates that the effect on these patients is positive (Shambo, 2007).

### **HSP at Modum Bad:**

The basic methodological framework of HSP is supplemented with weekly themes used in the treatment program. The patients do exercises with and on the horse with foci such as finding safety, identifying and managing triggers, regulating emotion, knowing his or her own limits, learning good daily routines, regulating distance, and experiencing the response from a living animal that basically wishes them well. With and on the horse the patient's total affective, sensory and movement apparatus is activated. Because we know that traumatic experiences shake the very basic foundations of the person and effect all of the senses, feelings, thoughts and abilities to relate to self and others (van der Kolk et al., 1996), reparation also effects every aspect of the person.

The HSP program is designed for eight patients divided into two groups, four each from two patient groups of 16 patients in all. Patients are selected by the treatment team in dialogue with the patient's individual therapist in a joint evaluation. The exclusion criteria are allergy and severe prolapse. Duration of the session is 90 minutes.

### **The HSP team** consists of:

- a trauma therapist
- a horse person
- a milieu therapist

All are certified EAP-therapists.

### **The sessions:**

- Start at the stable with each patient sharing her or his here and now emotional and physical state, something we call the "weather forecast"
- Topics and exercises for the session related to the theme of the week are introduced by the trauma therapist and the horseperson

- Grooming is an essential part of the therapy, in which patients can practice regulation of distance and closeness, sensing the difference in horses' texture of the fur, temperature, breathing, and heart rate. This activity an important part of the therapy. It can take place either in the stable or outside, depending on weather conditions
- The exercises include a range of different activities linked to the weekly Trauma Treatment program. They are conducted outside at the arena or in the adjoining woods
- The team and patients gather in the stable after the session and each patient has the opportunity to express what he or she experienced. Their comments and evaluation are logged in their files and are available for their individual therapist to be worked through (Thelle et al., 2009).

### **Horses:**

MB keeps 4 horses, three Cold Bloods and one Pony. All are carefully selected, well trained and suitable for therapeutic work.

### **Patients' evaluation of the program:**

Over the years we have collected evaluations from the patients. In various ways these give an indication about the effect by expressions like:

- *"Has meant a lot to me. The feeling of control. Takes your attention ... manage to be more "here and now."*
- *"Gained body awareness in a positive way. Has become more distinct. Can ask for help. This is like being in quite a different setting than in group therapies generally."*
- *"Being on the horse I forget how I look like, that I dislike my body. The horse doesn't care."*
- *"There should be many more horses so that other patients also could have this type of therapy. I forget that I am in pain when I am with the horses. This kind of therapy could probably reduce the amount of pain-killers, anti-depressives etc...."*

The horse helps the patient to relate to others and to be in a relationship. With the help of this large animal, its caring nature and its movements, a therapeutic space is created in which immediate emotions, reactions and thoughts can be explored. That will give the patient the opportunity for new experiences, to correct his / her negative self concept and consciousness. It may also lead to increased body awareness.

- *"You have to become aware of the movements that happen in your body as a result of the movements of the horse. It triggers the body and mind to move along and process."*
- *"Was very scared in the beginning, but have had many good experiences with the horse. Has in a way strengthened the concept of myself somewhat."*

### **Pilot study:**

A preliminary study was undertaken to analyze responses from 29 patients who completed the HSP therapy in the period 2006 - 2007. In this period 28 female and 1 male participated and completed the questionnaire. Age ranged from 24 to 57 years.

The purpose of the study was to assess the usefulness of open ended questionnaires, obtain more insight into the patients' perspective and to see if we could find relevance and important trends to ensure a high quality program and indicators for further improvement (Kern-Godal et al., 2009).

### **Activities Assessed**

At the time of the study the HSP-program was structured with three broad themes: **1) Safety, 2) Awareness and 3) Identity.** Examples of activities include:

- 1) **Safety:** Reflections about what it means to feel safe and whose responsibility it is.
  - Watching the horses free in the arena
  - Psycho-education about normal reactions to traumatic events, about basic principles of HSP and about horses
  - Grooming
  - Leading the horse
  - Sitting and walking on the horse
  - Riding out – quiet walk on lead rope
  
- 2) **Awareness:** Reflections about what it means to be fully focused in the present/mindful awareness and how that can be achieved.
  - Watching the horses free in the arena
  - Touching and sensing the horse's skin, breathing, temperature
  - Sitting on and becoming aware of the movement of the horse
  - Lying on the horse, experience how it is to be carried
  
- 3) **Identity:** Reflections about confidence and independence.
  - Watching the horses – whom do I like and which one will I choose today?
  - Leading the horse
  - Leading / side walking another on the horse in the arena
  - Ride specified track in the arena
  - Performing exercises on the horse
  - Lying / sitting backwards on the horse with movement
  - Riding out

### **Questionnaire:**

Five simple open ended questions to which patients were asked to respond at the conclusion of their 12 weeks HSP course. There was no restriction on length of response:

- Did you find horse therapy important?
- What did you like?
- Was anything difficult or problematic?
- What might be done differently?
- Other comments or suggestions?

### **Method:**

- Analysis: simple counts / classification of words / concepts used in the responses.

**Outcome:**

Patients' reported impact of HSP related basically to three aspects, namely **1) Self-perception and feelings, 2) The horses and 3) Others:**

**1) Related to self perception:**

- 80 % reported that the horse gave them a feeling of control;
  - of anxiety (45 %)
  - of the horse/new skills (33 %)
  - of self (21 %)
- 67 % improvement of attention
- 52 % improvement of physical contact
- 48 % improvement of personal contact / togetherness
- 28 % improvement of emotional contact
- 28 % having become more optimistic towards the future

**2) Related to the horses:**

- 55 % grooming/caring/cuddling meant the most
- 42 % warmth/safety
- 20 % difference in paces
- 14 % horse's reactions (responds, not demanding, listens)
- 10 % riding out in natural surroundings
- 51 % hoofs (the only fear/negative aspects mentioned)

**3) Related to others:**

- 35 % mentioned that other patients should get this type of therapy
- 20 % wanted more or longer hours of HSP each week

**Discussion:**

Although the numbers show that a vast majority of the patients say that the horse has given them a feeling of control generally (80 %), the answers don't immediately give a clear picture of the outcome of the three Trauma Therapy themes (Safety, Awareness and Identity) which were the object of the HSP and the study. This may be due to an apparent discrepancy between the broad open ended questions asked and the specificity of the therapy themes they were meant to address.

But looking closer we could also categorize the answers as follows:

**Safety:** 80 % reported that the horse gave them an overall feeling of control, that they were able to cope and handle challenging tasks and situations. This is a substantial result showing that the therapy contributed to stabilization, one of the major goals in the first phase of the treatment. With the help of the horse anxiety was reduced, new skills were learned and self consciousness grew.

**Awareness:** 52 % reported that physical contact with the horse had meant much to them, that they became aware of the fact that they actually had a body that was theirs, and that the experience became less scary after a while. 28 % could say that they not only sensed it, but also experienced a good feeling from it, giving them reason to be more optimistic about their future. 14 % had become positively aware of the horse's reaction to them by its responses, its friendly, non-demanding nature. 10 % mentioned that to ride out opened up their space and sharpened their senses for sounds, smells and color. 51 % reported being frightened by

cleaning the hoofs, something which made us eliminate that aspect from grooming unless a patient specifically asks to try it.

**Identity:** One could argue that everything above indirectly would lead to a clearer feeling of identity. More directly pointing to it is the fact that 40 % said they felt an improvement in their ability to experience personal contact and togetherness, not only with the horse, their fellow patients and the staff, but generally to others in the clinic. 55 % mentioned that the grooming and caring for the horse had been a confirmation of themselves as valuable and “normal” persons, not just as trauma patients. 42 % reported that the warmth and safety they felt from the horse gave them more confidence.

### **Conclusion:**

Open ended questions are not the most efficient means of data collection. They require more time for processing and subjective interpretation and classification of the responses. However, in a new developing area they do provide a valuable means of obtaining systematic collection of views. In our case, the patients’ views of the HSP at MB are useful indicator of what is valued by patients in this type of therapy. As such it will provide input to future activities and research.

The overall impression from the pilot study is a confirmation of the immediate positive feedback we receive after each HSP session. But a larger number of patients and more sophisticated instruments of analysis are needed to assess how and why therapeutic use of horses works for this group of patients. To enjoy horse sessions and to be highly appreciated by the patients is not sufficient to indicate clearly the impact that horses have on the result of trauma therapy in relation to other parts of the program. The pilot study has, however, stimulated our interest in developing further research and documentation relating to patient reactions. We hope that others might build on and further test the concepts our trauma patients uncovered with the assistance of our co-workers, the horses.

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