Equine-Facilitated Psychotherapy Benefits Students and Children

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Baccalaureate nursing students who participated in equine-facilitated psychotherapy (EFP) clinical observation found that they could benefit as much from the program as the child clients. By identifying beneficial educational outcomes of this nontraditional learning assignment, the authors hope readers will explore similar possibilities for nurses at various stages of their professional development. **KEY WORDS:** children, psychotherapy, students


The baccalaureate nursing program at a small liberal arts university in the southeast contains several strands of content woven throughout the curriculum, including psychiatric/mental health nursing (PMHN). The students are introduced to such wellness concepts as anxiety and stress management, communication, spirituality, client education and methods to support behavior change, and family dynamics during the first of 4 semesters. Psychiatric illness and treatment content are combined with courses that cover traditional medical-surgical, pediatric, and maternity nursing. Medical-surgical faculty often assign clients who have a comorbidity of addiction, bipolar disorder, schizophrenia, or other psychiatric diagnoses in the acute care setting. Students also care for clients, including those with mental health issues, in community settings. Thus, students have many opportunities to experience the care of all clients holistically.

In their third semester, when students study pediatrics, they have classes on parenting and the most common childhood mental health/behavioral disorders. In addition to caring for children in acute care settings, they have community-based observations in agencies that deal with several aspects of child mental health, including a child welfare agency, schools, a juvenile detention facility, and an equine-facilitated psychotherapy (EFP) program for children with mental health and/or behavioral issues.

**THE SETTING**

The setting for this 1-day observational/participatory learning experience for nursing students was a local agency called the Happy Horse Farm (HHF). The Executive Director of HHF is a licensed clinical social worker with a private practice in psychotherapy. In addition, she holds therapeutic riding instructor certification in the North American Riding for the Handicapped Association (NARHA) and certification from the Equine Assisted Growth and Learning Association (EAGALA). HHF also has an executive board, another NARHA-certified instructor, carefully selected horses, and volunteers from various aspects of the community. HHF rents space at a boarding stable with an enclosed round pen, covered riding arena, tack room, and a small office used for brief counseling sessions or postconferences. Funding for HHF comes in the form of grants, community donations, and private payment from the families of children attending. Referrals to HHF come from the local medical center, teachers, and other professionals who encounter children with emotional/behavioral issues.

Children between the ages of 6 and 16 years came to HHF primarily from special education classes and/or were in private therapy for attention deficit hyperactivity disorder (ADHD), depression, grief, and other similar disorders. The children visited the farm

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for therapy sessions just as they would visit a therapist’s office, and were taught basic riding skills, care of horses, and the way horses perceive the world, as a vehicle for increasing self-esteem and learning self-control. For safety reasons, volunteers led the horses around the arena while the children were riding. Nursing students often served in this volunteer role, allowing them the opportunity to be a part of the horse-human interactions.

The authors became acquainted with the facility and its work when they answered a request for volunteers to assist with a weeklong, summer “Grief Camp.” One author (JB) was both a psychiatric nurse and was familiar with horses, and the other (FR) was an advanced practice nurse-therapist with experience in working with children. After experiencing the facility and getting to know the staff, they asked for and were granted permission to use it for students during pediatric rotation, as a “child mental health” observation experience.

Faculty were oriented to the facility, and materials were provided to share with students. This orientation material included the basics of equine body language to ensure that students could keep themselves and the children safe around horses. The orientation included information about how the horse views its world and the importance of humans stepping back from their own idiosyncratic world view to empathize with the horse (and other humans). Orientation also included a description of the facility and a brief article on ADHD, the most common diagnosis at the agency. Students also had access to a variety of session outlines that informed them of activities and their goals. Students and faculty were asked to sign confidentiality agreements and liability waivers. Students submitted journals in response to this experience and gave permission to share excerpts.

EFP: WHY USE IT?

Since EFP is a relatively new field, theoretical foundations of why and how it works are still in the early stages of formulation. However, Kohanov\(^1\) discusses resonance rather extensively in descriptions of her EFP practice. The concept of resonance among beings is consistent with Martha Rogers’ concept of “resonancy.” “Between man and environment there is a rhythmic flow of energy waves.”\(^2\) The following descriptions of horses may help to explain the specific resonancy that often occurs between these animals and humans.

One might wonder why horses, in particular, are used for mental health work. Would this not be easier to accomplish using smaller animals, such as dogs or cats? EFP is not just “pet therapy.” Horses are unique in their responses to humans because they are prey animals, not predators, and their survival demands that they be extremely sensitive to the environment. Horses are able to “read” people in terms of their feelings and intentions, even when people try to hide those feelings from others or themselves. Horses respond to the internal state of the person, no matter how much the person tries to disguise it. McCormick\(^3\) describes this characteristic well:

Horses are wonderful at discerning people’s moods… . Horses seem to know what people really need. They ignore the outward form and respond, instead, to the person’s inner substance.

Children are taught to stop the horses simply by taking a deep breath and settling back in the saddle. Relaxation breathing is then encouraged as a stress-reduction and anger-reduction technique in multiple settings. Children are often reluctant to utilize such a simple technique, but once they realize its great power in stopping the horse, they see it as a “cool,” empowering technique. If the child is anxious or scared, the horse will feel the tension instead of the relaxation response the deep breath is intended to signify and will not stop.

An interaction with one child demonstrates how this concept played out in our experience with EFP. One day, when an 11-year-old girl (we’ll call her Joan) was riding Katie with 1 of the authors leading the horse, the therapist asked the child to stop Katie. Joan took what appeared to be deep breaths and sat back, but Katie did not stop. This was repeated several times, and finally, the therapist asked the author to find out if Joan was anxious. When asked, Joan denied all anxiety and fear. Then the author asked her what she was thinking about and Joan answered, “The boys at school.” When she was able to put her thoughts about the boys “into her pocket” and think about Katie, she was able to stop the horse without difficulty.

Because horses are so sensitive to the internal thoughts of their riders, the children must own their feelings and learn to deal with them. “When we see our own behavior reflected back to us, we gain consciousness… . in essence, horses give us living biofeedback because they show externally our inner processes…”\(^3\)
One nursing student echoed this thought in her journal:

Part of the staff is the horses themselves. I watched as they interacted with each child. I listened to the stories of how they can perceive the children’s personalities and really help the children learn about themselves. One horse has gotten very close to one boy. The horse can tell when he is misbehaving and will not move, but when the boy is acting appropriately, the horse will do as he is told. This was a great tool for use for kids who need a "biofeedback" type therapy.

The presence of a 1000-lb, powerful animal is an awe-inspiring experience that very pointedly reminds us of our fragility in relationship to other animals. This can serve a variety of purposes. Gradually getting comfortable around such large animals can build a child’s confidence, which may translate into other situations. Conversely, the power of a horse can make some children reassess whether they are as powerful as they believed. "Their size and sheer presence makes them impossible to ignore. A client may be able to tune out a counselor droning on about taking charge of his life, but he can’t tune out a 1200-lb horse in the arena with them."

Students also commented that the children behaved differently when they were with the horses than when they were with people without the presence of the horses. A student wrote:

One child at the farm that I worked with was very hyperactive before seeing the horses. She didn’t pay attention to the instruction. She was hopping on one foot everywhere she walked. She was not attentive at all, but when she started grooming the horse, she calmed down. She was very attentive and focused on what she was doing.

Sometimes horse “misbehavior” was helpful, also. One of the therapists described an experience with an out-of-control child with ADHD who was asked to get his horse from the pasture and lead him to the barn for grooming. When the child tried to get the horse, the horse became somewhat stubborn and reluctant to go to the barn. The therapist, who accompanied the child to the pasture saw he was becoming frustrated and said, “I wonder if that is the way your mother feels when you don’t want to do what she asks.”

These descriptions of horses’ perception of and response to the environment clearly indicate that resonance occurs in the human-horse interaction and provides participants with powerful nonverbal feedback about real feelings.

The faculty expected the students to experience nontraditional therapy, which would broaden their understanding of therapeutic experiences. In addition, students would observe children with both “normal” and problematic growth and development issues, and children with both normal and out-of-control behavior. The experience also added a naturalistic setting for observing children who were physically well. Students were asked how they would apply their learning to one child they observed if that child were to become their patient in a hospital. Excerpts from student journals demonstrate the types of learning that actually occurred.

**Thoughts about nontraditional therapy**

The goal of experiencing nontraditional therapy was met. Student journals indicated that this experience exemplified the success of unconventional therapy for selected clients. This experience also took them outside an acute care setting. For one student, being around horses itself was a unique and thrilling experience: “When I touched the horses and they did not bite me, I was very excited.”

The following excerpts demonstrate student learning regarding nontraditional therapy:

- The most important thing I learned was that therapy doesn’t have to be conventional to work. This was subtle therapy and it was working.
- I learned that therapy/nursing is so much more than taking care of “sick” people in a hospital.
- I didn’t realize that animals could actually be part of a healing and comforting thing to experience. At first, I thought it was sort of silly, but once I got there I saw that it did help the children.

**Observations of growth and development**

Students had an opportunity to see how various emotional disorders affect normal growth and development. These observations were reflected in their journals:

- S. was a 9-year-old boy who was born prematurely . . . . His behavior is more like a four- or five-year-old’s but he had a pretty normal intelligence level.
- F [EEF] also helps them learn to follow directions and work on motor development. This type of therapy can be helpful, no matter what culture the child comes from.
Observations of out-of-control children

One of the activities the children learn is to groom the horse, which is done systematically. Each horse has an individual grooming bucket containing several different tools, numbered in the order they will be used. The children are taught to select the appropriate bucket for the designated horse, use each grooming utensil in the correct order and method, and return the grooming tools to the bucket and the bucket to its designated storage space. Horses thrive on this consistent pattern of behavior and the children do, too. A student journal entry described this pattern:

The children not only had to learn the process of grooming and riding, they also had to exhibit self-control. Horses do not do well for their rider if the rider is not in control. This was clearly seen with one child who had severe ADHD. He was unable to stop moving. The horse was very on guard by all of the actions of the child. Later, the child rode the horse with a good bit of self-control.

Transferring observations to hospital care

Students were asked to discuss how they would care for one of the children they observed if that child were hospitalized with an acute medical or surgical illness. The ability to transfer understanding from one setting to another was a major goal of the experience. As described earlier, the children learned to break down the grooming tasks into small steps. Some students utilized the lesson on grooming tasks in their journal entry:

- If I had him in an acute care setting...I would explain in simple terms any nursing interventions done so that he would know what to expect.
- When she first arrived, she [an 8-year-old girl] was very hyperactive and had difficulty sitting still, but once she was with the horse and it was her responsibility to groom it, she calmed down... Therefore, from her I learned how important it is to have structured activities and involve them in the activity as well. If they have a responsibility, then it will help keep them occupied.

Consideration of the holistic nature of psychiatric nursing

The authors conceptualize psychiatric nursing as being holistic in nature. This holistic nature of experience with horses is echoed by Irwin, who says, “Horses also give us a comforting sense of familiarity, a safe reminder of all things basic, primal memory and perhaps an ancestral connection to our ground roots.”

While this concept was not a specific issue for students to consider in the journals, several of their comments did reflect the holistic nature of EFP:

- I also thought it was really interesting how getting the kids talking about the horse’s feelings opens the door for them to talk about their own feelings.
- I learned that a diagnosis doesn’t always tell you how a kid is... .
- Because of the exercises done with the kids this week, they not only learned to ride horses, but also how to step back in a tough situation to get their heads together and do the right thing.

Certainly, no single clinical experience is more important than others, however, the authors believe that the students who participated in EFP derived learning that was not as available in traditional settings. Webb seems to describe the experience perfectly: “I don’t think I’ve ever seen anything as wonderful as a horse and a human hooking up, and the human allowing the horse to create a miracle. Horses can heal you from the inside out.”

REFERENCES