

“Taking the Reins”: Adaptive Riding for Troubled Youth

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The following study is an evaluation of the partnership between equine therapy centers and residential treatment facilities for adolescents to provide adaptive riding for youth experiencing a range of social, behavioral and emotional challenges. Using a case study of Healing Reins Therapeutic Riding Center of Bend, Oregon, the researcher sought to discover whether this type of partnership is mutually beneficial to both entities, and should be replicated by other equine therapy centers. The benefits of the partnership were assessed at a holistic, organizational level through interviews with the Executive Directors of three residential treatment facilities for adolescents that partner with Healing Reins, as well as the Executive Director and Program Director of the therapeutic riding center. In addition, the individual therapeutic benefits were evaluated through interviews with the Healing Reins instructors, and document analysis of instructor notes on two cohorts of adolescent participants “Taking the Reins;” the adaptive riding program at Healing Reins. In addition, the “Taking the Reins” curriculum was explored in the context of providing goals consistent with the mission statements of each residential facility. The researcher found that this particular partnership is beneficial in at the organizational and individual level, with therapeutic, economic, developmental and community relations outcomes. It is recommended that other equine therapy programs partner with residential facilities for adolescents to build an enduring, mutually beneficial relationship. Lastly, the researcher suggests that Healing Reins develop a new strategy for documenting adaptive riding participation, so that long-term data may be collected in a standardized and effective manner.

Table of Contents

INTRODUCTION	4
My Story	6
BACKGROUND	9
Horses as Therapist: understanding the equine therapy industry	9
Storm, Stress, and the Adolescent Mind.....	12
Residential Treatment Facilities: an alternative environment for therapy and recovery	15
Strength In Numbers: consequences of group therapy as a mode of adolescent treatment.....	17
Where's the Proof? Empirical studies of equine therapy outcomes for adolescents	21
<i>FIGURE 1: empirical studies compiled and analyzed by Lentini and Knox (2009)</i>	29
Literature Summary	31
RESEARCH METHODS	31
Heroes with Hooves: a case study of Healing Reins Therapeutic Riding Center and its “Taking the Reins” adaptive riding program	36
Background.....	37
Overview of Findings.....	40
“Taking the Reins” Adaptive Riding Curriculum Analysis.....	42
<i>School Mission Statements and Alignment with Healing Reins Curriculum</i>	44
Confidence in Collaboration: organizational benefits of the partnership	48
<i>Revenue</i>	49
<i>Applying for Grants</i>	51
<i>Expansion of Services</i>	51
<i>Public Image</i>	53
<i>Continuing Volunteer Opportunities</i>	53
<i>Therapeutic Benefits of Adaptive Riding for Adolescent Participants at Healing Reins</i>	54
Evaluation of Individual Therapeutic Benefits from Adaptive Riding: Data Analysis	60
<i>Introduction</i>	60
<i>Long Term Participation in Adaptive Riding: a small cohort through multiple sessions of adaptive riding</i>	61
<i>FIGURE 2.1: Behaviors observed for each of 11 students at 16 weeks, 6 students at 48 weeks, and 2 students continuing on to 56 weeks of participation (unfavorable behaviors are bolded)</i>	62
<i>FIGURE 2.2: Instances of behavior for 11 students at 16 weeks of participation</i>	63
<i>FIGURE 2.3: Instances of behavior for 6 students at 48 weeks of participation</i>	65
<i>Immediate Outcomes of Participation in Adaptive Riding: a short term cohort of 30 students at 6 weeks of participation</i>	66
<i>FIGURE 3: Instances of behavior for 30 students at 6 weeks of participation in adaptive riding</i>	66
Evaluation: perceived therapeutic benefits to individuals	67
<i>Learned Skills</i>	67
<i>Self-efficacy and Independence</i>	68
<i>Self-Awareness and Awareness of Others</i>	69
<i>Communication</i>	70
<i>Negative Behaviors</i>	71
<i>Summary of Conclusions Based on Instructor Note Analysis</i>	73
Galloping Forward: recommendations	74
For Therapeutic Riding Centers.....	74
For Healing Reins: Standardized Data Collection Technique	75

Conclusion	78
Postscript	80
The First Steps: participant observation of one adolescent group’s first encounter with equine therapy.....	80
Bibliography	84
Appendix	87
“Taking the Reins” Adaptive Riding Curriculum	87
Sample Instructor Notes Form.....	91
A Day at the Barn.....	96

INTRODUCTION

As the eight teenage girls timidly edge into the cold, concrete barn aisle, it is clear that this is no ordinary day. Each girl is bundled up as tightly as possible, ducking her head down against the twenty degree weather, but peering excitedly out from under floppy crocheted and fleece hats, eyes shining with promise. Eight adult volunteers quietly stand in the softly padded arena, each holding the lead rope of a patiently waiting equine, arranged in a large, loosely drawn oval. The horses puff the cold air through their nostrils, leaving trails of steam that glimmer and then quickly disappear.

The two instructors gather the girls together and explain the rules. Each participant will have a few minutes to spend one-on-one with each horse. The girls may ask the volunteers only three questions: what is the name of the horse, is it a boy or a girl, and how old is he or she. Other than those few exchanges, no words will be spoken for the duration of the hour-long activity. The instructors encourage the girls to “get to know” the horses, find out what their personality is, how they like to be petted, and how to move around them in space. After reviewing a few safety principles, the activity begins.¹

While “therapeutic horseback riding” has been a well-known alternative therapy for many years, the field continually expands and develops to serve different populations with various needs. The term “adaptive riding” has recently been adopted by Healing Reins Therapeutic Riding Center of Bend, Oregon to more accurately describe equine facilitated therapies and activities for individuals facing social, emotional and behavioral challenges,

¹ Continued as postscript at the conclusion of the research paper.

as compared to traditional “therapeutic riding” which is the more common type of equine therapy, used for persons experiencing cognitive or physical disabilities.

A recent development in the field of equine facilitated therapies is the intentional treatment of intact groups of adolescents. Prior to this model, individuals from various backgrounds were assembled for equine therapy sessions, rather than arriving as a familiar group. Specifically, Healing Reins has worked to establish enduring partnerships with residential treatment facilities to provide adaptive riding sessions for troubled youth in “intact groups.” The center has developed a specific curriculum called “Taking the Reins,” that is based on the principles of Equine Facilitated Therapy as designated by the national professional governing body of equine related therapies, Professional Association of Therapeutic Horsemanship (PATH) International. The current study seeks to evaluate the partnership between Healing Reins and three residential treatment facilities for youth, to establish whether this partnership is mutually beneficial, and whether other therapeutic riding centers should pursue such a relationship.

To evaluate the outcomes of the aforementioned partnership, I have examined a range of literature in the fields of: equine therapy, adolescent psychology, residential treatment facilities, group therapy and its potential benefits for troubled youth, and finally, empirical research on the outcomes of equine facilitated therapies for adolescents. Following this section of the paper, I present my methodology, followed by an in-depth case study of Healing Reins Therapeutic Riding Center. Lastly, I make recommendations based on my findings, and thoughts for future research on this topic.

The case study of Healing Reins is contextualized and guided by the literature review. Following an overview and brief introduction of the program, the case study is

initiated through interviews conducted with Healing Reins staff, and the Executive Directors of two residential treatment facilities for adolescents that currently partner with the Healing Reins. The case study is primarily built through analysis of instructor notes on student participation, which is followed by a presentation of the “Taking the Reins” curriculum. The case also incorporates participant observation, describing a first encounter with adaptive riding for 8 adolescent girls. The entirety of this data has been examined in the context of the research question to provide a holistic understanding of what benefits, both organizational and individual, may arise as a result of such a partnership.

, This study is intended to assist Executive Directors of therapeutic riding centers and residential treatment facilities for youth alike in evaluating the potential benefits of such a partnership for their organization. Additionally, therapists working with families with troubled youth should be able to assess whether an adaptive riding program would benefit their clients, and determine if they should recommend placement of the adolescent with a residential facility that offers equine services through a partnering entity. Similarly, parents and families of troubled youth should understand the potential benefits of adaptive riding, and decide if they should seek out a residential program for their child that offers this service, and/or seek out an adaptive riding program independently.

My Story

This research project emerges from both personal and academic interest in the topic of adaptive horseback riding for adolescents. When I began sixth grade, my mother told me that it was time for me to find an organization I cared about, and to begin doing regular volunteer work. “Giving back” to the community is a value that my family has always

encouraged, and required. Having been an avid equestrian my entire life, naturally I searched for an organization that involved horses. My mother had seen a newspaper article featuring a local therapeutic riding center, Healing Reins, and suggested I contact them.

I began volunteering once a week, and as they say, the rest is history. As a twelve year old, I could not yet volunteer in lessons, so I began by cleaning the saddles and bridles, a perfect chore for an eager young equestrian such as myself. At age fourteen, I completed the volunteer training workshop, and began working directly with the participants and horses. Near the end of my high school years, my mother actually ended up changing career paths and becoming first the Volunteer Coordinator, and then the Executive Director of Healing Reins – a position she currently holds. Throughout college, I have maintained my connection to the organization by exercising horses during summer and winter breaks, and filling in as substitute when volunteers cannot make it to their regular time slots.

Throughout my time at Healing Reins I developed a deep connection to the work they do, forming relationships with the participants, as well as the human and equine volunteers.

My passion for the therapeutic riding industry gave me direction when it came time to decide on a senior comprehensive project. My initial idea was to explore the rapidly expanding, but still poorly researched, sector of equine therapy for veterans. A major problem the therapeutic riding community faces is attaining, and maintaining a strong veteran participant base. Due to many economic, social and psychological barriers, actually getting veterans on horseback in a therapy session usually proves quite difficult, despite the fact that it is a well-known physical and psychological therapy. With the high volume of combat troops returning from the Middle East, alternative therapies and reintegration tactics are becoming more and more crucial. My idea was to survey veterans who do

participate in equine therapy, to discover *why* they participate. I had hoped that pursuing this angle would contribute to the therapeutic riding community by illustrating what barriers exist to veteran participation, and making recommendations based on those findings to help centers attain and sustain a strong veteran participant group

Unfortunately for me, but fortunately for the therapeutic riding industry as a whole, I recently discovered that Rainer Therapeutic Riding Center of Washington is publishing a comprehensive guide to accessing the veteran population and working with them to participate regularly in equine therapy sessions. Rainer is at the forefront of equine therapy for veterans, as they are located near a military base, and serve exclusively veterans. This guide will include their curriculum, as well as tactics they use to encourage and maintain participation from their veteran clients. Acknowledging that this center has far superior resources and authority than I, and that the goals of my research were being addressed, , I was posed with the challenge of changing my comps topic midway through the yearlong research process.

This was when I returned to the center that I know and love so dearly. Healing Reins is a growing facility that serves a variety of different populations. One of these populations is “at risk”, or “troubled” youth; adolescents experiencing emotional, social and behavioral issues that prevent them from integrating normally with their families and peers, which has typically led to risky behavior patterns. Healing Reins developed the revolutionary idea of partnering with residential treatment facilities for at-risk adolescents in order to serve this population as intact groups, developing a specific curriculum for each school it partners with, and documenting the benefits of the therapy for each individual participant. Within the realm of this new and exciting programming arose my final comps topic. After

speaking with the Executive Director and Program Director, it became apparent that the Healing Reins system of partnering with residential treatment facilities provided innumerable positive outcomes. The symbiotic relationship between the entities fosters great benefit for both parties. It is my hope that this research project contributes significantly to the therapeutic riding community by demonstrating the benefits of partnering with other treatment facilities, and thereby encouraging pursuit of this partnership.

I am pleased to present this final work of research for my senior project. The evolution of my comp's topic has been long and arduous at times, but in the end, I am incredibly excited to be publishing a work that will be read by therapeutic professionals and used as a tool for accentuating the benefits of creating partnerships with other therapeutic facilities. I have spent an entire academic year conducting research, and working through the writing process to present this final piece. I hope that it both educates and inspires the reader with regards to the equine adaptive therapy field and its many benefits of adolescents experiencing behavioral, social or emotional challenges.

BACKGROUND

Horses as Therapist: understanding the equine therapy industry

The term “therapeutic riding” or “equine therapy” encompasses a number of different services and modes of therapy. All therapeutic riding programs use horses in conjunction with instructors and volunteers to serve the needs of their clients. However, there is a distinction between different specific services. “Therapeutic riding” is an all-encompassing term that typically refers to riding lessons for participants with different

needs. Aside from this traditional form of equine therapy, there is also Hippotherapy, a service that specifically focuses on the physical benefits of being on a horse, and the cognitive processes that can be strengthened by this interaction. Whereas therapeutic riding focuses on increasing riding skill and learning about the horse, Hippotherapy focuses less on learning direct information, and more on the motion and connection to the horse. Therapeutic riding and Hippotherapy involve actually riding the horse. In contrast, two newer forms of therapy, Equine Facilitated Learning (EFL) and Equine Facilitated Psychotherapy (EFP) take place on the ground, and involve leading the horse, studying the behavior of herds of horses, and interacting with the horse on an emotional level. These therapies are also known as *Equine Assisted Learning (EAL)* and *Equine Assisted Psychotherapy (EAP)*, though these terms are interchangeable with the ones listed above. Despite these nuances, at the heart of the therapeutic riding industry is the common goal of facilitating psychological and physical healing for individuals of all ages, facing a variety of challenges.

The governing body of the therapeutic riding industry is the Professional Association of Therapeutic Horsemanship (PATH), International. PATH established a set of standards for instructors and centers in order to bring legitimacy to the industry. However, a distinguishing characteristic of the therapeutic horsemanship field is the variety of different entities that can be considered “centers.” In order to be considered a premier accredited center under PATH Intl, one must undergo an inspection and certification process. However, a premier accredited center can range from a twenty-acre, multifaceted facility serving hundreds of clients per week, with a large staff and established herd of thirty horses, all the way to a single instructor with a single horse that serves two clients

per month. Aside from size differences, the differences in curriculum and other aspects of the therapy are vast. There are clear distinctions between the curriculum and activities used for therapeutic riding, versus Hippotherapy, and compared to EFL or EFP.

The variety of different contexts in which equine therapy can be delivered is what makes it such a difficult service to standardize and legitimize. A literature review by Lentini and Knox (2009) noted the following:

That there was a wide variety in the way therapists conceptualized [therapeutic riding]. Not only do the concepts, theories, and names surrounding [therapeutic riding] vary, but also the methods are quite different. Some therapists use un-mounted activities such as herding and leading. Some use non-traditional mounted instruction such as vaulting. Others provide traditional riding instruction. Some focus on care of the animal (husbandry). Some work in groups, others work individually. Many therapists use various combinations of these techniques.

Many centers provide a combination of the above services. Some centers will specialize in EFP or EFL, whereas other centers only provide therapeutic riding in the traditional form. For the most part, therapeutic riding and Hippotherapy tend to be provided by the same centers, with larger centers also able to provide EFP or EFL alongside these more traditional services.

Healing Reins Therapeutic Riding Center (HRTRC) of Bend, Oregon provides therapeutic riding, Hippotherapy, EFL and EFP. The current research seeks to evaluate the partnership of therapeutic riding centers with other community nonprofits, namely residential treatment facilities for adolescents to provide EFL, which Healing Reins has now deemed “adaptive riding.” The term “adaptive riding” has been adopted by Healing Reins in an effort to make the terminology more accessible to individuals outside the therapeutic riding industry, who may have difficulty conceptualizing what exactly “therapeutic riding,” or “equine facilitated learning,” actually *means*. Work with a communications and public

relations consultant spurred this change in terminology. By referring to “adaptive riding,” Healing Reins is able to more easily convey their services and mission to the Central Oregon community, including potential partners, donors, and clients.

Storm, Stress, and the Adolescent Mind

In order to understand the potential benefits of adaptive riding for adolescents, the actual psychology of the age group must be explored. Adolescence is a tumultuous time. Hormonal changes, coupled with fluctuations in social and emotional development yield a period of time traditionally characterized by psychologists as “storm and stress.”² During this time, the development of self is taking place, with adolescents attempting to carve out their identities and niches in the world. This search for individuality often results in conflict with authority figures (especially parents), and more susceptibility to drug and alcohol use, eating disorders, and other risky behaviors.³

In 1904, renowned psychologist G Stanley Hall created the term “storm and stress” to describe the period of childhood between “pre-teen” years and adulthood (approximately age thirteen to age twenty). This period of tumult was said to be universal, inevitable and biologically and developmentally based. Hall listed three core features of adolescence: high conflict with parents, mood disruptions, and risky behaviors.⁴ Hall argued that there must have been a difficult, tumultuous period in human evolution- the

² Ross D. Parke and Mary Gauvain, *Child Psychology: A Contemporary Viewpoint*, 7th ed. (New York: McGraw Hill, 2009).

³ Grayson N. Holmbeck, Roberta L. Paikoff, and Jeanne Brooks-Gunn, “Parenting Adolescents,” in *Handbook of Parenting*, vol. 1 (Mahwah, NJ: Erlbaum, 1995), 91–118; Jeffrey Jensen Arnett, “Adolescent Storm and Stress Reconsidered,” *American Psychological Association, Inc.* 54, no. 5 (May 1999): 317–326; Parke and Gauvain, *Child Psychology: A Contemporary Viewpoint*.

⁴ Parke and Gauvain, *Child Psychology: A Contemporary Viewpoint*.

memory of which has been passed down from one generation to the next, implanting each individual with a natural tendency towards storm and stress in adolescence. This idea that shared memories are passed down in the form of behaviors was deemed the Law of Recapitulation.⁵

Modern psychologists have augmented Hall's earlier theory, but maintained the concept of tumult and unrest in their analysis.. The theory has evolved to describe that during adolescence, the child suddenly realizes that the world is not perfect. As cognitive abilities and capacity to analyze the world develop, they affect emotions, and contribute to the perception of the world as threatening and uncertain.⁶ Arnett (1999) modifies Hall's "storm and stress" theory to allow for individual differences, cultural differences, and the effect of Western stereotypes of adolescents as risky, disrespectful and nonconformist. Arnett argues that adolescent behavior is significantly affected by parenting styles, cultural norms and varies across individuals by nature, duration and intensity.⁷

Despite differences in the nuances and descriptions of adolescent "storm and stress," the holistic research clearly confirms that by approximately age sixteen the adolescent brain is cognitively identical to that of an adult; however, it is emotionally much less developed. Noted psychologist Erik Erikson characterized adolescence by the search for identity. Erikson's theories lend themselves to the notion that development begins at birth and does not cease until death, with a series of developmental "crises" confronted along the way. During adolescence, individuals are met with the challenge of learning

⁵ Ibid.

⁶ Ibid.

⁷ Arnett, "Adolescent Storm and Stress Reconsidered."

identity versus identity confusion.⁸ During this time, individuals seek a mentor, or some form of leadership, while also attempting to work out personal ideals, and sexual identity.⁹ Modern research alludes to the fact that this period of identity confusion is arguably prolonged in Westernized culture due to a number of factors such as overindulgent parents, and access to constant technology and communication.

Adolescence is also characterized by certain cultural “rites of passage;” notable occasions where a stage of development of the youth is recognized by society. In Western culture, one example is the ability to attain a driver’s license at age sixteen. This momentous occasion marks an individual as one step closer to adulthood, establishing their independence in the form of control over personal mobility. These rites of passage can also cause further tension between youth and their families, as parents attempt to retain some control over their child, while the child attempts to break away and establish control over their own being.

In sum, the period of adolescence is a prolonged transitional state, which lends itself to conflict and stress on a variety of levels. Some adolescents cannot navigate this path alone, yet are unable to work with their families to achieve peace or confidence in the process. At times, the conflict generated within the family is so severe that the child must be removed from that environment. A variety of influences contribute to an unsuitable home-life, from substance abuse (of the child or parent), incarceration or violence and abuse, to behavioral, social and emotional issues expressed by the child (either generated internally, or caused by external factors such as abuse). When the situation is no longer fit

⁸ Parke and Gauvain, *Child Psychology: A Contemporary Viewpoint*.

⁹ Ibid.

for the youth to remain with their own families, residential treatment facilities present an alternative and solution.

Residential Treatment Facilities: an alternative environment for therapy and recovery

For youth that experience intensified behavioral and social upset during the years of adolescence, due to internal or external factors, treatment is often necessary. When the home environment is no longer suitable, or unsupportive of the adolescent's development, residential treatment facilities provide an alternative option. According to the National Youth Network:

Adolescent residential treatment centers provide specialized assistance to teenage boys and girls requiring professional clinical support to facilitate emotional and behavioral change and growth. Offered in a wide variety of milieus, adolescent residential treatment programs serve to remove adolescents from the home setting, and place them in a structured, supervised, therapeutic environment. Depending on need, adolescent residential treatment centers may work expressly with adolescents struggling with specific issues including chemical dependency, eating disorders, and/or self-esteem and behavioral issues, or serve as transitional programs for adolescents graduating into "real world" environments. Residential treatment programs often include both individual and group counseling, structured physical activities, vocational training for the older student, social skills training, education support, family support, as well as 12-step substance abuse programs. Residential treatment settings are excellent choices for adolescents and teens who have been unwilling or unable to commit to a healthier lifestyle, and who need intensive support and/or interventions to cultivate new, more appropriate methods of coping and behaving.¹⁰

Residential treatment programs may provide a number of different traditional and alternative therapies. Often times, these facilities are strategically placed geographically in order to offer "experiential learning" through outdoor activities. These activities may

¹⁰ National Youth Network, "Adolescent Residential Treatment Centers Provide Treatment for Youth and Teens," *National Youth Network*, accessed March 4, 2013, <http://www.nationalyouth.com/residentialtreatment.html>.

include structured tasks such as ropes courses, or recreational experiences such as kayaking, rock climbing and hiking. Additionally, alternative therapies such as art therapy and equine activities are sometimes included.

The current study seeks to address the relationship between Healing Reins and the residential treatment facilities for adolescents with which it partners. Adaptive riding is an alternative therapy that may serve to support other activities offered by residential facilities. Equine activities are sometimes offered onsite, but for instances such as the Healing Reins partnerships, adaptive riding takes place at the therapeutic riding center, as a separate entity, rather than being incorporated into the regular activities of the residential facilities. In this way, adaptive riding becomes a chance to take youth off-site, as either a reward, or simply as a change of scenery for therapeutic benefit, since they spend so much time at the same location while in treatment.

A key characteristic of adaptive riding as a component of treatment for youth at a residential facility is that the participants arrive at the riding center as an “intact” group; meaning, they live together, and work together in therapy. This arrangement is different than other equine therapy sessions because other participants arrive at the center not knowing the other individuals who will be in their riding session. The dynamic created in an adaptive riding session by working with a group of adolescents, and an intact group specifically, may generate different outcomes than individual therapy, or traditional equine therapy sessions.

Strength In Numbers: consequences of group therapy as a mode of adolescent treatment

Group membership is a critical experience for adolescents. As youth navigate through the world during the teen years, they are in search of individual identity, but also of belonging. Kymissis (1993) calls group membership a “lifesaving device” for adolescents, claiming that, “it helps them to successfully navigate through the treacherous channels leading from infantile dependence to separation and identity formation. The adolescents, among their peers, can find who they are and where they belong.”¹¹

An extensive clinical literature base exalts group therapy as the mode of choice for adolescent therapeutic sessions in a variety of contexts.¹² With withdrawn or resistant adolescents, individual therapy can often be characterized by silence, resulting in a lack of progress.¹³ However, group therapy provides the opportunity to listen, as well as actively participate, allowing withdrawn or resistant participants to slowly build up confidence to contribute, or to acclimate gradually.¹⁴ This alleviation of tentativeness or defiance is elemental for successful therapy; the breakdown of carefully constructed walls to reach raw emotion and begin the healing process. In general, researchers have long agreed that group therapy is beneficial because: “(1) adolescents accept comments more readily from peers than from adults, (2) groups offer the advantage of peer interactions and accent the importance of relationships (which is developmentally appropriate), (3) group norms can

¹¹ P. Kymissis, “Group Psychotherapy with Adolescents,” in *Comprehensive Group Psychotherapy*, 3rd ed. (Baltimore: Williams & Wilkins, 1993), 577–584.

¹² AnnMarie Glodich and Jon G. Allen, “Adolescents Exposed to Violence and Abuse: A Review of the Group Therapy Literature with an Emphasis on Preventing Trauma Reenactment,” *Journal of Child and Adolescent Group Therapy* 8, no. 3 (September 1998): 135–154.

¹³ Ibid.

¹⁴ Ibid.

be powerfully socializing, [and] (4) members can benefit vicariously from the work done by others.”¹⁵ For youth who may be lacking a supportive family structure, a peer group can provide validation, an emotional outlet, and opportunities for relationships.¹⁶

However, in the more current literature, there is contradictory evidence regarding the general effectiveness of group therapy for adolescents as compared to individual therapy. While researchers such as Dishion et al. (2002) and Poulin et al. (2001) attribute markedly negative outcomes to group therapy for adolescents, many others such as Brown and D’Amico (2002) and Van Manen, Prins, & Emmelkamp (2004) report positive outcomes.¹⁷ Still others insist that overall, there is no difference for adolescents enrolled in individual versus group therapy.¹⁸

Brown and D’Amico (2002) reported that, “adolescents who stop drinking without formal treatment use a variety of strategies to reduce or stop drinking including social resources as support groups and friends,” therefore, under some circumstances, “group involvement may facilitate reductions in drinking, whereas other group contexts may socialize youth toward greater deviance.”¹⁹ A number of other sources suggest that peer intervention groups may have beneficial effects on adolescent recovery from a variety of situations, including substance abuse; especially when these groups include youths

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Yifrah Kaminer, “Challenges and Opportunities of Group Therapy for Adolescent Substance Abuse: A Critical Review,” *Addictive Behaviors: Trends in the Treatment of Adolescent Substance Abuse* 30, no. 9 (October 2005): 1765–1774.

¹⁸ Z. Shechtman, “The Relation of Client Behavior and Therapist Helping Skills to Reduced Aggression of Boys in Individual and Group Treatment,” *International Journal of Group Psychotherapy* 54 (2004): 435–454; D.N. Sukholdolsky, H. Kassinove, and B.S. Gorman, “Cognitive-behavioral Therapy for Anger in Children and Adolescents: A Meta-analysis,” *Aggression and Violent Behavior* 9 (2004): 247–269.

¹⁹ Kaminer, “Challenges and Opportunities of Group Therapy for Adolescent Substance Abuse: A Critical Review.”

characterized as pro-social.²⁰ On the other hand, the inclusion of “anti-social” youth may increase deviant behavior in groups of adolescents, therefore impeding the recovery process for others.²¹ A comprehensive meta-analysis of the existing literature on group therapy found that the effect of group therapy versus individual therapy is in the medium range, meaning the data neither confirmed nor disproved that group therapy has a positive holistic effect.²²

Aside from simply analyzing the empirical outcomes of group therapy from an objective standpoint, it is important to consider how adolescents *feel* about group versus individual therapy. Abraham et al. (1995) noted that some studies indicate adolescents may prefer individual therapy to group sessions while living in a residential treatment facility.²³ Perhaps this is due to the fact that youth in residential facilities have constant interaction with their peers, which may cause some of these individuals to crave the undivided attention of their therapist during counseling sessions. However, group therapy may provide emotional support that individual therapy sessions do not. Mishna and Muskat (2004), analyzed self-reports of adolescents in therapy, and found that group therapy gives individuals the sense that they are not alone, and is therefore beneficial in

²⁰ C. Hudley and S. Graham, “An Attributional Intervention to Reduce Peer-directed Aggression Among African-American Boys,” *Child Development* 64 (1993): 124–138; R.E. Tremblay et al., “The Impact of Friends’ Deviant Behavior on Early Onset of Delinquency,” *Developmental Psychopathology* 7 (1995): 649–667; Yifrah Kaminer, J. Burleson, and R. Goldberger, “Psychotherapies for Adolescent Substance Abusers: Short- and Long-term Outcomes,” *Journal of Nervous and Mental Disease* 190 (2002): 737–745.

²¹ M.J. Macgowan and E.F. Wagner, “Iatrogenic Effects of Group Treatment on Adolescents with Conduct and Substance Abuse Problems: A Review of the Literature and a Presentation of a Model,” *Journal of Evidence-Based Social Work* 2 (2005): 79–90.

²² Kaminer, “Challenges and Opportunities of Group Therapy for Adolescent Substance Abuse: A Critical Review.”

²³ Pamela Pressley Abraham, Brenda Lovegrove Lepisto, and Lara Schultz, “Adolescents’ Perceptions of Process and Specialty Group Therapy,” *Psychotherapy: Theory, Research, Practice, Training* 32, no. 1 (1995): 70–76.

contributing to the healing process.²⁴ Brown and D'Amico (2002) reported that, "when given a choice for voluntarily selecting a method of secondary prevention of alcohol use, 80% of adolescents selected the group format over an individual or even a web-site activity."²⁵ Group therapy may facilitate "the realization that others share similar problems, the development of socializing techniques, role modeling, rehearsal, and peer/therapist feedback."²⁶ Additionally, "the opportunity to try out new behaviors in a social environment and the development and enhancement of interpersonal learning and trust" as a result of group interaction may be extremely influential in the recovery process.²⁷

Though the current and historical findings for the effectiveness of adolescent group therapy are conflicting, it is largely understood that group therapy may be more effective in some settings than others. It is also widely acknowledged that the topic of group therapy for adolescents needs much more empirical data and research including standardized techniques and valid control groups.²⁸ It is crucial to review these different perspectives to understand what elements of group therapy contribute to positive outcomes, and which components may have negative consequence, and thus decide if group therapy is appropriate for adolescents in the context of equine therapy. It is also essential to remember that research on this topic spans a variety of contexts and subjects. For example, "key conceptual differences between research on high-risk but sub clinical youth versus

²⁴ Faye Mishna and Barbara Muskat, "I'm Not the Only One!' Group Therapy with Older Children and Adolescents Who Have Learning Disabilities," *International Journal of Group Psychology* 54, no. 4 (2004): 455–476.

²⁵ Kaminer, "Challenges and Opportunities of Group Therapy for Adolescent Substance Abuse: A Critical Review."

²⁶ Ibid.

²⁷ Ibid.

²⁸ Glodich and Allen, "Adolescents Exposed to Violence and Abuse: A Review of the Group Therapy Literature with an Emphasis on Preventing Trauma Reenactment."

youth with clinical disorders should be recognized,” and participation in group or individual sessions should be assessed and prescribed on a per-case basis.²⁹

Not all youth will benefit from group therapy, just as not all youth will benefit from individual therapy. Kaminer (2005) notes that taking all of the negative findings as fact, and labeling group therapy as fundamentally harmful to adolescents would be a “grave error,” as the benefits of group therapy in many contexts is undeniable.³⁰ Finally, Kaminer (2005) notes that the eight contextual features of therapy identified by Eccles and Gootman (2002) as promoters of positive outcomes for youth are evident in group therapy: “physical and psychological safety, appropriate structure, supportive relationships, opportunities for belonging, positive social norms, support for efficacy and mattering, opportunities for skill building, and integration of family, school, and community.”³¹ Especially during the tumultuous time of adolescence, it is important for individuals to have supportive groups of peers, and if this dynamic can be incorporated into therapeutic sessions, it is likely that adolescents will experience a myriad of benefits that outweigh any possible negative outcomes or intensification of deviance.

Where’s the Proof? Empirical studies of equine therapy outcomes for adolescents

Adaptive riding, and other equine facilitated therapies, allow for the integration of group therapy with animal therapy in an unusual setting; qualities that set it apart from

²⁹ Kaminer, “Challenges and Opportunities of Group Therapy for Adolescent Substance Abuse: A Critical Review.”

³⁰ Ibid.; Kaminer, Burleson, and Goldberger, “Psychotherapies for Adolescent Substance Abusers: Short- and Long-term Outcomes.”

³¹ J.S. Eccles and J.A. Gootman, *Community Programs to Promote Youth Development* (Washington D.C.: National Academy Press, 2002); Kaminer, “Challenges and Opportunities of Group Therapy for Adolescent Substance Abuse: A Critical Review.”

traditional sessions such as “talk therapy.” Animal assisted therapy is intended to provide a heightened ability for intervention that would not be possible with only a human therapist.³² Horses in particular are unique because, as prey animals, they do not trust easily, and demand respect if they are to give respect. Due to their immense size, they cannot easily be physically manipulated, so participants must learn to work *with* the animal, paying close attention to cues and nuances of behavior in order to communicate. Horses read subtle changes in human body language, emotion, energy, and intentions, and are able to mirror these notions, making them an excellent added tool for therapists working with traumatized or withdrawn clients.

Animal assisted therapy has long been known to provide great therapeutic benefit to children and adolescents. The Aspen Educational Group, a nationally recognized leader in educational services for struggling or underachieving youth, explains:

Studies have shown that spending time with a friendly animal, even a short time like 10 to 15 minutes, increases the amount of endorphins that are released into the body and decreases the levels of a chemical called cortisol - which is a hormone that controls stress and arousal. Because many troubled teens are in a near-constant state of emotional arousal and/or stress, animal assisted therapy can help them feel calmer.³³

Animals used in therapy can serve as “transitional objects of attachment,” supporting therapeutic goals and improved psychosocial functioning for children that have difficulty

³² Nancy Masters, “Equine Assisted Psychotherapy for Combat Veterans with PTSD” (Washington State University, 2010), https://research.wsulibs.wsu.edu:8443/xmlui/bitstream/handle/2376/3434/N_Masters_011005659.pdf?sequence=1.

³³ Aspen Education Group, “Animal Assisted Therapy for Troubled Teens,” *Equine Therapy: Animal Assisted Therapy*, accessed March 4, 2013, <http://www.equine-therapy-programs.com/troubledteens.html>.

interacting with other humans.³⁴ Bonding with an animal supports the construction of social relationships by creating attachment to another living thing, which can lead to social integration, reassurance of self-worth and a sense of “alliance, guidance, and opportunity for nurturance.”³⁵ Many children include pets when ranking the most important individuals in their lives, and rely upon the companion animal in times of emotional distress, seeing them as non-judgmental allies.³⁶ Interacting with an animal can also distract children and adolescents from feelings of anger, which in turn helps to decrease aggression and prevent the escalation of destructive behavior, regulating emotions and actions to promote constructive progress during therapy.³⁷

While many studies have been conducted on the benefits of using dogs in therapy for children and adolescents, the research on equine therapy is relatively new, and still has many gaps. The evidence for equine therapy spans a number of different populations and contexts. For this reason, it is not very standardized, and sample sizes are often small. However, a review of the most relevant studies from the therapeutic riding industry should illuminate the benefits of this service.

Until recently, the primary source of data in support of equine therapy had been derived from individual accounts and testimonies, along with a handful of case studies involving small samples and qualitative data collection. A 2008 qualitative study of five

³⁴ K. A. Kruger and J. A. Serpell, “Animal Assisted Interventions in Mental Health,” in *Handbook on Animal-Assisted Therapy: Theoretical Foundations and Guidelines for Practice* (London: Academic Press, 2006), 21–38.

³⁵ Ibid.

³⁶ Lori Friesen, “Exploring Animal-assisted Programs with Children in School and Therapeutic Contexts,” *Early Childhood Education Journal* 37 (October 6, 2009): 261–267; G. Melson, “Child Development and the Human-Companion Animal Bond,” *American Behavioral Scientist* 47 (2003): 31–39.

³⁷ K. L. Anderson and M. R. Olson, “The Value of a Dog in a Classroom of Students with Severe Emotional Disorders,” *Anthrozoos* 19 (2006): 35–49.

women participants in EFP demonstrated positive effects. These women were survivors of severe abuse. Researchers identified four strong patterns in the women's stories after participating in EFP: (1) I can have power, (2) doing it hands on, (3) horses as co-therapists and (4) turned my life around.³⁸ Despite the lack of empirical evidence and extremely small sample size, these anecdotal patterns illustrate the emotional benefit of equine activities, and the impact that it can have on female survivors of abuse.

During the PATH Intl. 2011 Conference, Leslie McCullough, PhD, distinguished equine activities from traditional forms of therapy by pointing to Social Support Theory and the concept of "Biophilia." McCullough explained that therapy involving animals is unique from therapy involving only human participants because it initiates a bond with another living creature in a non-threatening, non-judgmental manner. Biophilia describes the innate human tendency to focus on life and life-like forms; in other words, nature. Social Support Theory illustrates the positive health benefits of human social companionship, including that with family, friends and pets. Together these theories help to explain the power of the human-animal bond, and the compulsion of humans to seek out this bond and engage the natural world.³⁹

McCullough studied the effects of equine therapy on youth with a history of maltreatment and abuse. The subjects, aged ten to eighteen years, were demonstrating symptoms of Post-Traumatic Stress Disorder (PTSD). McCullough sought to illustrate the value of the human-animal bond and transform Biophilia and Social Support Theory into

³⁸ Krista M. Meinersmann, PhD, RN, Judy Bradberry, and Florence Bright Roberts, PhD, RN, "Equine-Facilitated Psychotherapy with Adult Female Survivors of Abuse," *Journal of Psychosocial Nursing & Mental Health Services* 46, no. 12 (December 2008): 36-42.

³⁹ Leslie M. McCullough, PhD, LCSW, LSOTP, "The Effect of Equine Facilitated Psychotherapy on Posttraumatic Stress Symptoms in Youth with History of Maltreatment and Abuse," November 10, 2011.

applicable, practice-proved concepts to explain the benefit of equine therapy for adolescents. Participants were administered a pre-test, mid-treatment test and post-test to assess PTSD symptoms and evidence of the human-animal bond. For eleven participants in an eight-week EFP program, PTSD scores were reduced at a statistically relevant rate.⁴⁰ Additionally, participants demonstrated increased evidence of the human-animal bond as shown by a standardized test.⁴¹ Though the study was limited by a small sample size, the findings retain enough validity to demonstrate the efficacy of the human animal bond on reduction of PTSD scores for adolescents.

Equine therapy has also been shown to have positive effects for combat veterans. A 2010 field hearing held by a subcommittee of the U.S. House of Representatives Committee of Veterans' Affairs deemed recreational therapy an "exciting rehabilitation method" that benefits veterans by allowing them to engage in their favorite activities and sports while simultaneously sustaining healing processes involved in lessening the effects of physical and mental wounds derived from war.⁴² The Committee noted that participating in recreational activities, including interaction with animals, helps to reduce depression, stress and anxiety, enhance basic motor functioning and build confidence among veterans. Though the initial use of equine therapy for veterans was focused on the physical benefits of riding horses, the U.S. Department of Veterans Affairs has recently begun providing grants for practitioners to establish EFP programs for returning combat veterans from the Afghani and Iraqi conflicts. Masters (2010) compiled a review of the effects of EFP on

⁴⁰ Ibid.

⁴¹ Ibid.

⁴² United States. Congress. House. Committee on Veterans' Affairs. Subcommittee on Health, *Recreation Therapy and Healing Our Wounded Warriors* (New Port Richey, FL: U.S. Government Printing Office, 2010), <http://purl.fdlp.gov/GPO/gpo2950>.

combat veterans with PTSD and found that the therapy has beneficial emotional and physical impacts. Preliminary results indicate statistically significant rates of improvement for this population in developing self-understanding and experiencing emotional growth.⁴³ However, research is not yet entirely conclusive and further investigation involving controlled clinical trials is necessary to confirm these benefits.

Klontz et al. (2007) found that for 31 participants in an EFP program, reductions in psychological distress and enhancements in psychological well-being were significant immediately following treatment and were stable at a 6-month follow up. Treatment outcomes were assessed in a 4 ½ day residential equine therapy program, consisting of 28 hours of therapy with the horse in a group format. A pre-test and post-test were administered that involved the Brief Symptom Inventory (BSI) to measure psychological symptom patterns, and the Personal Orientation Inventory (POI) to assess self-reported constructs related to self-actualization. A 6-month follow up survey was used to assess the effectiveness of the treatment program. This study is limited in that it used a non-random sample and lacked a control group; precluding it from retaining the same validity as a strictly clinical trial. However, participants reported being: “(a) more oriented in the present; (b) better able to live more fully in the here-and-now; (c) less burdened by regrets, guilt, and resentments; (d) less focused on fears related to the future; (e) more independent; and (f) more self-supportive.”⁴⁴ Participants showed significant and stable

⁴³ Masters, “Equine Assisted Psychotherapy for Combat Veterans with PTSD”; Bob Wassom, “Equine Therapy for Post Traumatic Stress Disorder (PTSD),” *Disaboom: Information and resources for people with disabilities*, 2010, <http://www.disaboom.com/disabled-veterans-general/equine-therapy-for-post-traumatic-stress-disorder-ptsd>.

⁴⁴ Bradley T. Klontz et al., “The Effectiveness of Equine-Assisted Experiential Therapy: Results of an Open Clinical Trial,” *Journal of Society and Animals* 15 (April 7, 2007): 257–267.

reductions in overall psychological distress, and improvement in psychological well-being from the pre- to post-test measures, demonstrating the effectiveness of equine therapy for individuals with psychological conditions.

The argument for the significance of equine therapy is further bolstered by a qualitative and quantitative review of a number of EFP studies by Lentini and Knox (2009). Interaction with animals has been shown to dramatically impact children with Attention-deficit hyperactivity disorder (ADHD) in a positive manner after just three months, with efficacy reportedly lasting for four years.⁴⁵ The benefits of EFP also extend to patients with eating disorders, and those who fear close human contact, including “improved self-confidence, self-efficacy, communication, trust, perspective, assertiveness, and boundaries.”⁴⁶ The addition of a horse into the therapeutic session allows therapy to move beyond a narrow use of cognitive-behavioral techniques or other “known” clinical avenues to a greater and more complete psychotherapeutic experience.⁴⁷ This next level of therapy is achievable due to the constantly changing dynamic of the animal. Equine therapy is quite effective in treating patients with extreme fear, anxiety, depression, anger, or dissociative

⁴⁵ J.A. Lentini and Michael Knox, “A Qualitative and Quantitative Review of Equine Facilitated Psychotherapy (EFP) with Children and Adolescents,” *The Open Complementary Medicine Journal* 1 (2009): 51–57; R. Voelker, “Puppy Love Can Be Therapeutic, Too,” *JAMA* 274, no. 24 (1995): 1897–9.

⁴⁶ Lentini and Knox, “A Qualitative and Quantitative Review of Equine Facilitated Psychotherapy (EFP) with Children and Adolescents”; Anne Bates, “Of patients & horses: Equine-facilitated psychotherapy,” *Journal of Psychosocial Nursing & Mental Health Services* 40, no. 5 (May 2002): 16–19; J.E. Christian, “All Creatures Great and Small: Utilizing Equine-assisted Therapy to Treat Eating Disorders,” *Journal of Psychol Christ* 24, no. 1 (2005): 65–67; E.J. Cumella and S. Simpson, “Efficacy of Equine Therapy: Mounting Evidence,” 2007, www.remudaranch.com; M. Vidrine, P. Owen-Smith, and P. Faulkner, “Equine-facilitated Group Psychotherapy: Applications for Therapeutic Vaulting,” *Issues in Mental Health Nursing* 23 (2002): 587–603.

⁴⁷ J. Karol, “Applying a Traditional Individual Psychotherapy Model to Equine-facilitated Psychotherapy (EFP): Theory and Method,” *Clin Child Psychol Psychiatry* 12, no. 1 (2007): 77–90.

conditions. Tyler (1994) cites a particular instance of a post-traumatic eight-year old boy with conversion disorder affecting speech, leaving him mute. After his third therapeutic riding session, the patient began speaking.⁴⁸

The following table is a compilation of the sources Lentini and Knox (2009) used in their review of the effectiveness of equine therapy. The names of the researchers, method, sample, intervention and outcome are shown for each study.

⁴⁸ J.J. Tyler, "Equine Psychotherapy: Worth More Than Just a Horse Laugh," *Women Therapy* 15 (1994): 139-46.

FIGURE 1: empirical studies compiled and analyzed by Lentini and Knox (2009)

Reference	Type	N	Intervention	Outcome
Bizub <i>et al.</i> (2003)	Study	5 adults with psychiatric disabilities	Therapeutic riding	Improvements in self-efficacy and self-esteem
Bowers, MacDonald (2004)	Study	10 at-risk adolescents	7 equine facilitated psychotherapy sessions of 1.5 hours each	Decreased feelings of depression per self-report
Bradberry (2006)	Presentation	7 women with history of abuse	"participation in Equine Facilitated Psychotherapy"	Taped interviews showing EFP as an "effective intervention"
Ewing (2007)	Article	28 children aged 10-13 with learning and behavioral disorders	9 2-hour EFP sessions	No statistically significant results; qualitative positive reports
Frame (2006)	Paper	15 licensed therapists	"Experienced in EAP/EFP"	Perceived that depressed adolescent clients improved self-esteem and self-efficacy and decreased isolation
Glazer (2004)	Literature review	5 bereaved children aged 4-14	6 week hippotherapy program	Increased self-confidence, trust, self-esteem
Hayden (2005)	Paper	10 at-risk youth	"participation in Equine Facilitated Psychotherapy"	Presence of protective processes of resilience
Hemenway (2007)	Study	10 non-clinical adolescent ♀	"horseback riding"	Improved mood, reduced depressive feelings; positive and negative effects on self-esteem
Kaiser, Smith (2006)	Abstract	17 at-risk children (6 ♂), 14 special education children (7 ♂)	8 sessions of therapeutic riding	Significant decrease in anger in special education boys
Klontz <i>et al.</i> (2007)	Study	31 adults in a residential program	28 hours of equine-assisted experiential therapy (EAET)	Reduction in regret, guilt, resentment, fears for future. Enhancement in self-support and independence.
Lehrman (2001)	Literature review	Case study of 10 year old with multiple impairments, some physical	10 weeks hippotherapy	Increase in verbal communication and attention span
MacDonald (Download 2007)	Paper, review of several programs	13 at-risk 13-16 year olds	14 Equine facilitated therapy (EFT) sessions	Significantly higher scores on self-esteem and Locus of Control measures
MacDonald (Download 2007)	Paper, review of several programs	20 juvenile offenders and at-risk children aged 11-17 years	6 EFT sessions of 2 hours each	Significantly lower scores on aggression
MacDonald (Download 2007)	Paper, review of several programs	10 at-risk 13-17 year-olds	12 EFT sessions of 2 hours each	No statistically significant results
MacDonald (Download 2007)	Paper, review of several programs	33 at-risk 8-16 year olds	10 EFT session of ~2 hours each	Statistically significant increase in aggression ("termination issues")
MacDonald (Download 2007)	Paper, review of several programs	14 at-risk 8-14 year olds	9 EFT sessions of 1.5 hours each	No statistically significant results
MacKinnon (1995, 1995)	Literature review	11 studies reviewed	Various times of therapeutic horseback riding	Increase in attention span, self-confidence, self-esteem
Schultz (2007)	Study	63 children with experiences of intra-family violence	Average of 19 EAP sessions	Improvements in GAF scores (average 8 point improvement)
Shambo (2006)	Paper	6 women with PTSD	10 EAP sessions	Self report on outcome questionnaire: Significant improvement in depression, dissociation, and life functioning
Splinter-Watkins (1999)	Literature review	12 References reviewed	Therapeutic riding	Improvements in sensorimotor, psychosocial, and cognitive areas

Despite the lack of clinical trials in the field of equine therapy for adolescents, a consideration of the surrounding research suggests that equine therapy is beneficial for adolescents, though in what contexts and to what degree, is still unknown. The research surveyed in this review clearly illustrates that therapy with animals is beneficial for youth. The psychosocial and emotional effect that animals have on children is undeniable. Animals can be less threatening than humans because they do not give verbal feedback, which can be encouraging for reserved or traumatized clients.⁴⁹ Similarly, since the period of adolescence may be characterized by more argumentative tendencies, the presence of a being that does not dominate conversation (as a parent or peer may) can allow for catharsis in a healthy manner.⁵⁰ Similarly, the use of animals allows for attachment to develop. Attachment is an issue that adolescents may struggle with (especially “at-risk” youth and those facing emotional challenges), as they seek affirmation from their parents and peers, while simultaneously pulling away from known role models and attempting to carve out an individual identity.⁵¹ Specifically those youth who have been removed from an unfit home environment may have difficulty instilling trust in others. Additionally, outdoor group activities have been shown to positively impact adolescents by promoting notions of trust, empowerment, teamwork and recognition of self-value.⁵²

⁴⁹ Kruger and Serpell, “Animal Assisted Interventions in Mental Health”; Friesen, “Exploring Animal-assisted Programs with Children in School and Therapeutic Contexts”; Anderson and Olson, “The Value of a Dog in a Classroom of Students with Severe Emotional Disorders”; G. P. Mallon, “Utilization of Animals as Therapeutic Adjuncts with Children and Youth: A Review of the Literature,” *Child & Youth Care Forum* 21 (1992): 53–67.

⁵⁰ Holmbeck, Paikoff, and Brooks-Gunn, “Parenting Adolescents.”

⁵¹ Parke and Gauvain, *Child Psychology: A Contemporary Viewpoint*; Arnett, “Adolescent Storm and Stress Reconsidered.”

⁵² C. E. Autry, “Adventure Therapy with Girls At-risk: Response to Outdoor Experiential Activities,” *Therapeutic Recreation Journal* 35 (2001): 289–310.

Literature Summary

The preceding literature review presented an overview of the fields that are relevant when attempting to understand the potential benefits of equine therapy for youth. Though the specific topic has not been thoroughly researched at this time, a compilation of literature from the surrounding fields can provide a general understanding of what benefits may arise from participation in such a therapy, and what questions have yet to be answered. It is clear that the period of adolescence is tumultuous at best, and traumatic at worst for many individuals. When the situation arises that an adolescent must be removed from their home environment, for their own safety and healing, residential treatment facilities are a valuable resource. Residential facilities provide a number of different activities often including outdoor recreation. Equine therapy is included in some of the residential programs, and this alternative therapy offers a break from life at the facility, in a new setting, where individuals may engage their peers to actively participate in recovery of self and others; working towards a fresh outlook on life, and a chance for new beginnings.

RESEARCH METHODS

In order to assess the outcomes of the relationship between Healing Reins and the residential treatment facility partners, I conducted a case study of the center that includes four components. By using a case study of a successful center that has developed the idea of creating long term partnerships with other this specific type of therapeutic entity, I sought to generalize the primary findings and make recommendations as to whether other centers should pursue a similar system.

As the first component of my case study, I present the “Taking the Reins” curriculum, and assess its alignment with the mission statements of each adolescent residential facility it is designed to serve. Including the actual curriculum in my overall analysis was extremely important. Doing so adds to the evaluation of whether this service is beneficial to adolescents, and it also allows the reader to understand what adaptive riding actually entails. Without first providing a basic description of the service being provided, the rest of the case study would fall flat.

Secondly, I conducted interviews with key players in the partnership, including the Executive and Program Directors of Healing Reins, Healing Reins instructors who conduct “Taking the Reins” sessions, and the Executive Directors of two residential treatment facilities that currently partner with Healing Reins. Interviewing these individuals allowed me to gain a complete picture of what the partnership entails, and what elements of the relationship are particularly beneficial to both entities, in a way that surveying or another method could not. Conducting interviews gave me information about the benefits of the partnership on an organizational level, and at the individual, therapeutic level.

In my literature review I examined equine therapy for adolescents from a theoretical, psychological standpoint, and also provided empirical evidence of its benefit via quantitative and qualitative studies. In the third component of my case study, I analyzed raw data (instructor notes) from Healing Reins to assess whether adaptive riding is associated with positive instances of behavior for adolescents in a residential treatment program. The purpose of this section was to assess the benefits of the partnership at the individual, therapeutic level. Instructors document their perception of each participant’s behavior during each two-hour adaptive riding session at Healing Reins. Notes are

recorded during the session, and then written up in a word-processing document after the participants leave. While analysis of these notes cannot lead to *correlational* or *causal* claims, they are helpful in documenting *instances of positive and negative behaviors* during the equine therapy. By including this data in my case study, I was able to draw assumptions and conclusions about the positive benefit of equine therapy for this specific population, but this data cannot be used to establish a correlation between participation in equine therapy and positive outcomes.

Lastly, I engaged in participant observation of a two-hour adaptive riding session with a group of eight adolescent girls. The day I observed was the participants' first session at Healing Reins, and the first encounter with horses in any context for many of the girls. I participated as a volunteer in the lesson, conducting covert observation, but with the knowledge and permission of the Healing Reins staff. The organization has given me permission to reveal my observations in this document, and I have taken all measures to ensure the confidentiality of the participants' identities. The participant observation is a key component to the case study. Though the curriculum analysis gives readers a general sense of what tasks are involved in adaptive riding, the participant observation engages multiple senses, to give the reader a more complete picture of the environment. It reveals the smells, sounds, and *atmosphere* of the riding center, and provokes emotion. It is my hope that this particular section engages readers in a vivid recreation of the scene, placing them in the shoes of a volunteer that is a first-hand witness to the immediate effects of working around horses.

The effect of therapeutic equine activities is difficult to measure. Almost by definition it is impossible to control all variables, as it deals with individual humans,

individual instructors and individual animals. The complexity of each being, and the different personalities, strengths, weaknesses and perspectives each individual in each of these three categories brings to a therapy session is extremely difficult to standardize. However, PATH Intl. has done its utmost to set the industry standards and procedures that ensure safety of all participants. In evaluating the effectiveness of equine therapy, there is another variable to consider; the curriculum. Curriculum is not nationally standardized. Each individual center has its own teaching methods and nuances to teaching style based on resources, knowledge, availability of instructors, participants served, and a variety of other factors. A recent trend in the therapeutic riding community is publishing curriculum. Well-known, highly respected, premier accredited centers are publishing examples of lesson formats and goals online so that others may model their success.

By including an analysis of the Healing Reins “Taking the Reins” adaptive riding curriculum for adolescents, I hope to contribute to the shared vision and knowledge base of industry members. Though complete standardization is not likely necessary as it would limit the creativity of instructors, the sharing of “what works” is essential. Attempting to standardize every aspect of equine therapy would take away from the experience. Part of the value comes from having to adjust to working with different horses, and different volunteers. The interpersonal and communication skills that so often result from participation in this type of program are a function of this varied interaction with multiple individuals (horse and human) who have different personalities, skills and abilities, and modes of being. Eventually, an online database of lesson plans and curriculum goals that could be accessed by all PATH Intl. members would be extremely beneficial. The database would be searchable by population served, group size, indoor/outdoor location, desired

skill to learn, skill level etc. This type of shared mental model of the processes and outcomes would further legitimize the industry in the eyes of healthcare and mental health professionals, as well as other skeptical audiences.

Though ideally I would interview or survey the adolescent participants directly about their experience, I have made the decision that it is not necessary to my research question. My research question is not how do *adolescents* experience the treatment, but rather, what benefit is *observed* in the participants. I believe this information is more readily accessible by talking to the supervisors of the participants- namely, their horsemanship instructors at Healing Reins, and the Executive Directors of their treatment facilities. In this way I am qualitatively noting observed changes in behavior or attitude as perceived by others, which is a key aspect to the therapy. “Troubled” youth do not always appear troubled to themselves. The upset is more often experienced by those around them- their peers, parents, teachers, employers, and even strangers. It is usually clear that the youth does not actually understand the effect that he or she is having on another being. Therefore, by interviewing adolescents about their experience, I would not be getting to the essence of my question. Interviews with horsemanship instructors and the executive directors of the residential facilities provided insight into any observable changes in the adolescent participants, as well as access to any changes that the facilities and Healing Reins actually recorded.

Participants continue to come to sessions because they are experiencing mental and physical relief in a variety of ways. However, pinpointing exactly what cognitive and psychological processes are involved is more difficult, and requires financial resources and endless time that struggling nonprofit centers simply do not have, especially in this period

of economic duress. Those clinical trials that do exist have small sample sizes, and still are primarily qualitative. Perhaps this is also attributable to the setting of the therapy. For example, it would be difficult to place electrodes on a rider who is moving constantly around an arena that is 75 X 100 feet in perimeter to measure brain activity.

As I have illustrated in the literature review, most empirical work on the topic involves the use of standardized psychological tests to measure progress. Though I cannot fill the empirical, clinical gap in equine research due to my limited resources and time frame, I hope to contribute in another way: exploring the partnership between Healing Reins and residential treatment facilities for youth, identifying adaptive riding as a valuable tool for this population, and noting the benefits of such a partnership for both entities so that other centers may decide whether to pursue a similar situation. At the conclusion of this paper, it is my hope that the reader understands why horses serve as incredible assets to individuals in need of psychological therapy, specifically adolescents. My audience should come away with a solid understanding of what adaptive riding entails, and its distinct value to intact groups of youth.

Heroes with Hooves: a case study of Healing Reins Therapeutic Riding Center and its “Taking the Reins” adaptive riding program

“Enter our barn doors on any given day and feel the positive energy flow... fresh country air mingled with the engaging sounds and scents of living, breathing four-legged beings waiting to greet riders. Add outgoing and empowering staff, 125+ dedicated and nurturing volunteers and a few handfuls of dust and the outcome is always the same... Healing Reins is that place where children and adults who experience disabilities and special needs just want to be! We’re not a typical treatment setting in any way; which is exactly why it works.” – Dita Keith

Background

Healing Reins brings horses into the lives of children and adults with physical, cognitive, emotional and behavioral challenges. With a team of certified instructors and staff, the center utilizes adaptive, therapeutic horseback riding and horse-centered activities to support a diverse range of needs and abilities. Healing Reins serves children and adults with a wide variety of conditions and challenges including: Multiple Sclerosis, Cerebral Palsy, Down Syndrome, Autism, ADD & ADHD, Stroke, Sensory Integration Disorder, Traumatic Brain Injury, Cancer, Spina Bifida, Rett Syndrome, Communication Disorders, Behavioral Challenges, and Emotional Trauma.

The center partners with clients, caregivers, medical professionals and mental health providers to offer a unique team approach to healing and contribute to improved quality of life. The equine activities offered support and complement traditional physical rehabilitation and psychotherapy treatments. Healing Reins is the only nationally accredited, adaptive horseback riding and horse-centered therapy program east of the Cascade Mountains in Central Oregon (there are more than 800 PATH Intl. accredited centers around the world). Their team of certified instructors uses state-of-the-art equipment and specially selected and trained horses to provide a safe and positive experience for riders and participants. All of the programs offered at Healing Reins meet the American with Disabilities Act of 1990 (ADA) standards as well as the rigorous policies and values required by our affiliation with the Professional Association of Therapeutic horsemanship (PATH) International.

Every day, children and adults with developmental and behavioral needs show dramatic improvements in concentration, self-esteem, confidence and independence by

participating in horse-centered therapy. Such improvement is judged primarily by the eye-witness accounts and expertise of therapeutic riding and healthcare professionals. Visible change in participant demeanor, physical ability, and clarity of mind are witnessed on a daily basis at therapeutic riding centers across the nation, and the globe. Clients with physical disabilities experience remarkable improvements in muscle tone, strength, posture, balance, small and gross motor skill development, and range of motion. From early childhood through the senior years, Healing Reins helps develop, preserve and enhance healthy brain and body function to improve quality of life.

Healing Reins serves 100 participants per week with a specially trained working herd of 12 horses that average 8-10 lessons per week. These factors allow the center to partner with referring mental health agencies, the medical community, and local schools to provide a continuum of care. The center has over 125 volunteers who donate over 6,700 hours annually. The barn is open Monday through Saturday year round, regardless of the weather. The Healing Reins philosophy is to deliver safe and supportive best-in-the-industry therapeutic services. The relationships developed in this out of the ordinary setting, in a space and time that is markedly different from the clinical settings in which clients normally receive treatment, allow goals to be met, and often exceeded.

The horses at Healing Reins are not purchased for the program; rather, they are “care leased” from private individuals with the understanding that should Healing Reins or the horse itself decide that they are no longer a fit for the program the owner takes the animal home. While at Healing Reins, and working in the lesson program, Healing Reins assumes all costs of caring for and maintaining the horse. Horses are put through extensive month-long trial periods before entering the program, to ensure they are suitable to work

with individuals with special needs. Since Healing Reins does not bear the burden of ownership, they are not responsible for retirement or end-of-life cost which allows them to provide the highest quality care to the herd on a very lean budget, never incurring debt. The in-kind donations of private individuals and professionals in the equine industry support the herd. Three expert farriers (specialists in equine hoof care) donate all shoeing and hoof care services for the 12 program horses, four donors provide all quality grass hay, two veterinarians donate annual exams, vaccines, wormers and dental care for the herd, and equine chiropractic and massage specialists donate their time and treatments to ensure the herd's happiness and program longevity. The Healing Reins budget is composed of approximately 6% private pay, 26% enrollment fees, 5% In-Kind donations, 6% foundation, 29% individual donations, and 28% fundraisers.

Healing Reins has long-standing relationships with professionals in the Central Oregon community to deliver services for many individuals. Healing Bridge Physical Therapy brings 8-13 clients to Healing Reins every Thursday throughout the year for physical therapy services. These clients may begin Hippotherapy (physical therapy on horseback) at age 2 years, whereas traditional therapeutic riding clients may begin at age 4 years. The horse is considered a phenomenal tool because it is dynamic surface that is not replicable by any piece of equipment therapists have in their clinics. Healing Reins also partners with contracted mental health professionals to deliver Equine-Facilitated Psychotherapy. In addition, organizational consultants Moe Carrick and Jim Morris of Moementum, LLC work regularly with Healing Reins to facilitate experiential corporate learning retreats and teambuilding opportunities for local and regional businesses.

Healing Reins has partnered with residential treatment facilities for adolescents since 2007. Schools come to Healing Reins for three different services: (1) Taking the Reins, (2) Equine Assisted Psychotherapy (EAP) and (3) Horsemanship. Taking the Reins is the Equine Facilitate Learning (EFL) program that provides a positive reinforcing experience for adolescents who do not have positive social, emotional and behavioral reactions. This program involves only un-mounted activities, with a great deal of focus on building a relationship with the horse. Horsemanship is the next step up from “Taking the Reins”, where riders engage in mounted activities. Each school may choose which services to use at Healing Reins on an “a-la-carte” basis. For example, New Leaf Academy uses all three services, while Rimrock Trails currently only uses “Taking the Reins” and a small amount of Horsemanship. Keith says this is simply a function of finances. Since New Leaf is a private school, parents can afford to come out for the weekend to participate in family EAP sessions, whereas Rimrock already provides those services at their facility, so they do not need to do so at Healing Reins. New Leaf uses Healing Reins for family therapy weekends, which Keith says is “important to them and their dynamic, how the metaphors apply to what they are trying to show the families and students.” However, each school begins with “Taking the Reins” and then graduates into mounted activities and Horsemanship.⁵³

Overview of Findings

This case study evaluates the partnership between Healing Reins and adolescent residential treatment facilities on two levels: organizational, and individual. The analysis of the organizational components of such a relationship was conducted via interviews with

⁵³ Dita Keith, Healing Reins and Residential Treatment Facilities for Adolescents: Perspective of the Executive Director, Telephone, February 18, 2013.

the Healing Reins staff, and Executive Directors of New Leaf Academy and Rimrock Trails, both youth residential treatment facilities in Central Oregon. To assess the individual, therapeutic benefits of adaptive riding, Healing Reins instructor notes were compiled, and documented instances of positive and negative behavior were coded and counted. This document analysis was subsidized by information from interviews as well.

As the previous methods section established, this particular study presents only preliminary data, which require further research to reach significant conclusions. By documenting instances of positive behavior, however, an initial assessment can be made about the potential connection between positive behavior and participation in adaptive riding that could be further explored. The next step from this study will be a large, longitudinal study that incorporates time as a factor, and looks for documented improvements in participant's behavior in relation to time spent in the program.

General findings included the establishment of "Taking the Reins" as a known benefit and value to residential treatment facilities for adolescents. On an organizational level, value for both entities included: revenue, ability to apply for more grants, expansion of services, public image, and continuing volunteer opportunities. The individual therapeutic benefit has been witnessed firsthand by the Executive Directors of the residential facilities, as well as Healing Reins staff. Therapeutic benefits found from this data set included acquisition of technical skill, self-efficacy and independence, self-awareness and awareness of others, and increased communication skills.

“Taking the Reins” Adaptive Riding Curriculum Analysis

The first step in understanding the relationship between Healing Reins and residential treatment facilities for adolescents is to understand what service the riding center provides that would be interesting for the residential facilities. Healing Reins provides an adaptive riding curriculum designed specifically for intact groups of adolescents currently staying in a residential treatment facility. This is a service that the residential facilities themselves are unable to provide.

The Healing Reins curriculum for the “Taking the Reins” adaptive riding program is based on the principles of Equine Facilitated Learning (EFL), which involves focusing on the relationship between horse and participant, rather than riding skill or physical benefit (like Hippotherapy). EFL is an emotional, social and behavioral therapy, as opposed to a physical or cognitive therapy. According to leading expert in the field, Leif Hallberg, “EFL focuses on teaching life skills, social skills, communication skills, vocational skills, and work-ethics to a therapeutic population who generally do not benefit from insight or cognitive processing based therapies.”⁵⁴ It is clear to any observer that the students enjoy just going to work with the horses, but it is crucial to also understand that the program has distinct goals for each week of the session, and that these goals contribute to the overall curriculum that the students are experiencing both at Healing Reins, and at their residential facility. The curriculum Healing Reins has developed contributes greatly to the progress of each student in developing interpersonal, communication, teamwork, self-awareness and

⁵⁴ Leif Hallberg, *Walking the Way of the Horse: Exploring the Power of the Horse-human Relationship* (Bloomington, IN: iUniverse, Inc., 2008).

awareness of others, riding skill and empathy; all elements that the residential programs strive to develop in their own curriculum.

Executive Director of Healing Reins, Dita Keith, says that the adaptive riding program is designed to “introduce healthy self-concept, trust, and positive relationships,” as well as to “introduce and encourage students while they are working with their peers.” This group format allows for building community with both their peers, and the staff and volunteers at Healing Reins. Students participate in adaptive riding in groups of 8, for a duration of 8 weeks at a time, including one weekly lesson lasting 1 ½ to 2 hours. The ratio of volunteers to students is 1 to 1, and there are two instructors working in tandem with each group. Currently, the participants at Healing Reins range in age from 10-18 years, and are both male and female students. Healing Reins has been serving female students since 2007, but the program just recently went co-ed last year. This is completely determined by which schools choose to partner with Healing Reins, as some are specific to girls, and others are co-ed.⁵⁵

Since most schools do not have a large enough budget to cover the cost of therapeutic riding, not all students can participate. This is the case for Rimrock Trails. However, other schools are for-profit entities, like New Leaf, and can therefore afford to send all of its students to Healing Reins. Before sending participants to Healing Reins, all schools first determine whether the student is in an appropriate mental state to be brought to the barn. For example, a school will not bring a known runaway to the barn. Healing Reins will only work with students who *want* to be there. Similarly, all schools will remove

⁵⁵ Keith, Healing Reins and Residential Treatment Facilities for Adolescents: Perspective of the Executive Director.

the students temporarily or permanently from the equine therapy program if they do not behave, or follow rules at the barn.⁵⁶

The primary goals of “Taking the Reins” are the following: (1) Establish a connection with horses based on equine body language and behavior, (2) Build a relationship with a chosen equine partner based on mutual trust and respect, and (3) Build self-awareness and a positive self-image through interactions with the horse. These three outcomes are consistent with most EFL programs, and also with the mission statements of the three residential treatment facilities for adolescents that Healing Reins partners with: New Leaf Academy, Rimrock Trails and Meadowlark Manor.

School Mission Statements and Alignment with Healing Reins Curriculum

Rimrock Trails is a residential treatment facility that provides a “wide range of accessible, coordinated and well-integrated services” including “quality evidenced based treatment services for teens [aged 12-17] struggling with addiction.” The center prides itself on compassionate communication and a multi-disciplinary team of addiction treatment professionals who help to inspire communication, trust and values necessary for the recovery process to begin. Executive Director Erica Fuller states that, “youth are challenged to awaken within them a desire and commitment to change, so he or she can build the foundation necessary to begin the journey of a holistic self-recovery.” Since 1990, the center has served approximately 5,000 teens in outpatient programs, and over 1,300 youth aged 12-17 in its residential program, with the mission to: “guide youth through the process of change by helping them acquire essential skills, personal accountability and

⁵⁶ Ibid.

rediscover values necessary for leading a more productive life.”⁵⁷ The goal is for youth to begin to believe in themselves, become empowered to face life’s challenges and develop a clear vision of their future, without the use of substances.

Rimrock Trails’ primary theoretical perspective is Dialectical Behavioral Therapy (DBT), centered on the concept of “mindfulness,” or living in the present. Executive Director Erica Fuller-Hewitt relayed that many adolescents who self-medicate with alcohol or other substances do so to escape a current bad environment or situation. Some of these cases include trauma, early childhood neglect, chaotic homes, and parental addiction. These youth use substances to escape reality. This is why contact with horses is so beneficial. Hewitt says that one of the greatest therapeutic benefits of working with horses is that participants “must learn to be fully present in body and mind in order to connect with their horse. They must be true and honest with themselves or their horse will not respond.” She continues to explain that if the participants are “denying a part of themselves” and using avoidance behavior, “the horse in a number of ways will let them know.”⁵⁸ In addition:

The addicted teen that in their using lifestyle has learned to manipulate and control others is now confronted with a power greater than themselves (the horse) who will not cooperate with an attitude of control or with manipulation. Rather the teen must recognize and let down their defenses. It is a unique experience that demands a person to be present with genuineness, truth and humility.⁵⁹

New Leaf Academy also finds value in the alignment of adaptive riding goals with their mission statement. New Leaf Academy is an all-girls therapeutic boarding school for

⁵⁷ “Rimrock Trails Adolescent Treatment Services,” *Rimrock Trails Adolescent Treatment Services*, accessed March 27, 2013, <http://www.rimrocktrailsats.org/>.

⁵⁸ Erica Fuller-Hewitt, Rimrock Trails and Healing Reins, Email, February 24, 2013.

⁵⁹ Ibid.

10-15 year olds, which “supports girls in achieving success with family, school and peer relationships through an integrated therapeutic and academic environment.”⁶⁰

Consistent with the goals of New Leaf Academy and Rimrock Trails, Meadowlark Manor is a program for adjudicated youth- adolescents who are wards of the courts due to a variety of circumstances. It is a private, non-profit residential facility whose mission is to “provide adolescent females with opportunities to develop self-awareness, integrity and social responsibility through accountability.”⁶¹ Executive Director Peggy Kastberg promotes adaptive riding for its value to the Meadowlark mission:

‘Taking the Reins’ allows our girls to identify and modify old coping skills through tangible examples. The girls are learning to see that the pattern of behaviors they came to us with translate directly to their relationships with the horses. It is so different from the other activities they do and the results are obvious... Healing Reins represents a calm place that fosters learning, positive peer relations and team-building, and a sense of community for these girls.⁶²

All three schools value the development of the same positive qualities in youth that Healing Reins values. The adaptive riding program has demonstrated results in such qualities as self-efficacy, positive self-image, communication, and accountability, among others. This is why the schools have maintained an ongoing partnership with the therapeutic riding center—because they have witnessed results, and the “Taking the Reins” curriculum brings added value to their treatment options.

While traditional therapeutic riding groups are assembled by matching up riders of similar age, ability and goals, “Taking the Reins” is unique due to its structure for intact groups. Polly Cohen, Program Director at Healing Reins, is responsible for assembling these

⁶⁰ Craig Christiansen, New Leaf Academy and Healing Reins, Email, February 23, 2013.

⁶¹ “Meadowlark: Mending Lives & Restoring Hope,” *Meadowlark Manor*, accessed March 27, 2013, <http://www.meadowlarkmanor.org/>.

⁶² “Healing Reins Newsletter,” January 2013.

groups. Typical therapeutic riding groups consist of four riders who have never interacted before attending Healing Reins sessions. Cohen explained that the residential schools come to Healing Reins as “intact groups” of eight students. She notes that for a variety of reasons the students from residential schools may progress more quickly. Firstly, “these teenage groups are at their academy because they *have* to be. Someone has committed them to going there, out of their control. So, coming to the barn is something that they *want* to do; they *want to be here*; and they want to progress.” As teenagers, they are usually a bit competitive with one another, and feed off of one another’s energy. Cohen says that all groups begin with groundwork. In order to ride, they must demonstrate mastery of ground skills, and in order to ride independently, they must demonstrate mastery while being led by a volunteer. “Each level causes the students to *want* to work towards the end goal of riding independently, and when they achieve it, they are incredibly proud.” This is the primary difference in curriculum between regular therapeutic riding and adaptive riding for adolescent groups.

Regular therapeutic riding involves minimal groundwork; maybe 20 minutes of each lesson, with the majority of the time spent riding. EFL is completely centered on building a relationship on the ground before doing mounted activities. Cohen notes that body language is a huge factor in the progression towards horsemanship/riding. She says that when students first arrive, they are usually hunched over, shy, and unsure, with no eye contact. Learning how the horse responds to this type of body language (not well) teaches them to become more confident.⁶³

⁶³ Polly Cohen, Healing Reins and Residential Treatment Facilities: Perspective of the Program Director, Email, February 20, 2013.

Healing Reins instructors developed the outline for the “Taking the Reins” curriculum. With the help of the program directors and therapists of each school, the instructors tailor each session to the needs of the specific group of adolescents. The basic structure can easily be replicated for any group, and the goals of each week are beneficial to any group. However, some therapists may want their group of youths to experience more teambuilding versus riding, whereas another may request more riding time in order to achieve independence sooner. In this way, the program may be tailored specifically to the requests of the program directors and therapists in order to serve each group in the most appropriate and beneficial manner. However, the basic principles and method remain the same. The basic outline for “Taking the Reins” is available in the **appendix**.

Confidence in Collaboration: organizational benefits of the partnership

Knowing what “adaptive riding” actually means, in terms of activities and curriculum goals, provides a baseline from which to build the remainder of this case study. The next step is to understand the holistic benefits, on the organizational level, to each entity in the partnership.

Healing Reins decided to partner with adolescent residential treatment facilities to fill a need for adolescents, connect more with the community and produce more revenue for the center. The previous Executive Director of Healing Reins used to work at New Leaf Academy, so when Healing Reins was expanding their programs and services, she quickly realized that New Leaf might be an exciting option. When Dita Keith became the Executive Director in 2008, she decided to contact other schools and try to build up a long lasting partnership system for Healing Reins. At first, it was difficult to attract residential

treatment schools to the adaptive riding program because of the expense. Though the cost of participation is not unreasonable, it does take more funding to provide this service, than to not provide the service. Schools who did not yet participate had to be convinced of the value of providing this additional therapy—they did not know what they were missing. There is another equine facility in close proximity that offers free afterschool horse programs. The challenge came in convincing the schools that Healing Reins was so much more than “hanging out at the barn.” Though there are benefits to simply being around that environment, the Healing Reins curriculum offers so much more therapeutic benefit, and it has been refined and time tested to deliver the best outcomes possible.⁶⁴

However, once the partnership began, innumerable benefits have arisen. Both Healing Reins and the residential facilities experience a variety of benefits from their long duration partnership: increased revenue, ability to apply for more grants, expansion of services, enhanced public image, and finally, continued volunteer commitment.

Revenue

The fully burdened cost for Healing Reins to provide adaptive riding for one student (including use of facilities, horses, volunteers, utilities, staff, etc.) is \$93 per hour. For regular therapeutic riding lessons, Healing Reins charges \$30 per student per hour.⁶⁵ This

⁶⁴ Keith, Healing Reins and Residential Treatment Facilities for Adolescents: Perspective of the Executive Director.

⁶⁵ When considering the expensive nature of this therapy, it is crucial to address cost as a potential barrier to participation. Many of the Healing Reins individual participants (not from residential schools) are on full scholarship, so they do not pay any money out of pocket. Additionally, many of these students are from low income, minority families. Horseback riding is often considered a highbrow, upper-class sport that would be withheld from lower income populations. However, Healing Reins makes it possible for these individuals to benefit from such a therapy, and prevents economic status from being a barrier between individuals in need and a beneficial service. The researcher sees no socioeconomic barrier to participation. In this study, cost is being used to demonstrate the financial burden to Healing Reins, and the amount of revenue they must gain in

leaves a more than 50% deficit to fill via donations, fundraising and grant seeking- a constant struggle and burden. Additionally, most riders at Healing Reins are on full scholarship, leaving the center to cover the entire \$93 per hour cost each time they ride. In this way, Healing Reins does not limit its demographic by socioeconomic status, but it does create a large deficit that the center must fill using other funding strategies.

For adaptive riding sessions with a partner organization, Healing Reins can charge a much higher rate of \$56.25 per student per hour, which translates to \$3600 per group per 8-week session. Healing Reins can charge more for these sessions because the schools are able to pay. Sending a large group of students to Healing Reins is an addition to the therapy they provide at their own facility. Therefore, they make room in their annual budgets to provide the equine therapy component. Whereas individual students whose families send them to Healing Reins are often unable to pay, large established facilities like the residential treatment schools are able to afford the cost of participation; or at least a significant portion of the full cost. Rather than relying upon fundraising and donations to cover the cost of each participant, Healing Reins is able to charge the schools almost the full cost of providing the service. Thus, the financial benefit of partnering with residential treatment schools is clear.

In turn, residential facilities may advertise this additional service as part of their holistic program offerings. This may draw more interest in their services, and translate to increased enrollment, and therefore increased revenue for the facilities.

order to continue providing services. Partnering with residential treatment schools helps to offset cost because the schools can pay for a large portion, or entirety of the cost of participation. They are able to use part of their funding (donations, grants, etc.) to pay Healing Reins—in this way Healing Reins does not have to directly raise the funds, but no individual or entity is excluded from the service.

Applying for Grants

The ability to go out for grants as a team is another great benefit of being long-term partners. For example, in order to begin the adaptive riding program for a specific school, Keith sought out its Executive Director. Together, they applied for a grant to fund the school's first 8 weeks of participation in adaptive riding. After the initial 8 weeks, the students and staff of the school were hooked on therapeutic riding, and figured out a way to create a budget of their own to pay for the Healing Reins services.

Many donors and foundations want to see that nonprofits are collaborating to provide services. Being a part of a long duration relationship with another nonprofit will strengthen an organization's likelihood of being selected to receive important grants and other funding opportunities.

Expansion of Services

In the past, the term "at-risk youth" was used by many divisions of the therapeutic community to describe all adolescents struggling with a variety of issues, including cognitive, behavioral, physical, and social. Healing Reins distinguished between these different challenges in order to develop a format to address the needs of teens. Therapeutic Riding and Hippotherapy serve physical and cognitive disabilities, whereas Taking the Reins and Horsemanship were developed specifically to serve social and behavioral challenges. Keith calls this "experiential learning at its finest" since groups of like-kind are able to come together and build a community through shared experiences.⁶⁶ In

⁶⁶ Ibid.

concurrency, Cohen states, “we are impacting more people in the community and seeing a difference on a daily basis.” Additionally, “the feedback from the schools has been amazing in terms of their support and guidance.”⁶⁷

Healing Reins designs a unique program for each group of students they serve in adaptive riding, using the curriculum template for “Taking the Reins”, and information from pre-meetings with the program directors of the school. Each school caters to a different type of adolescent—there are facilities specifically for substance abuse, others for adjudicated youth, and still others for a variety of other challenges. The scope and mission of each school is unique, thus the opportunities are unlimited for Healing Reins to expand and develop their curriculum to address those needs. During the pre-meeting Healing Reins staff work with the school staff to evaluate what types of youth they will work with, what their needs are, and what their goals are.

This dynamic partnership allows Healing Reins to continually improve and develop new programs and curriculum to become a better center. The Healing Reins instructors are also impacted because they are able to work with the school therapists to grow and learn about a variety of social and behavioral challenges that students experience.⁶⁸ Additionally, residential facilities are able to offer equine therapy as a division of their services, which leads to a variety of benefits including enhanced public image, revenue streams from increased enrollment, and the actual therapeutic benefit that is contributed to their programming for individual students.

⁶⁷ Cohen, Healing Reins and Residential Treatment Facilities: Perspective of the Program Director.

⁶⁸ Ibid.

Public Image

Keith says that the partnership allows Healing Reins to go out for grants in conjunction with the schools, for a variety of funding needs, and to collaborate for marketing and public relations. In a competitive economy, with so many non-profits vying for grant money and funding, donors and the community want to know that these types of entities are working with other organizations to serve a target population. This public image of collaboration leads to more buy-in and commitment from the community at large and benefits both entities with funding and marketing.

Executive Director of Rimrock Trails, Erica Fuller-Hewitt agrees, noting that partnering with Healing Reins provides benefits beyond the direct therapeutic outcomes for participants. She says, “We believe Healing Reins is a well-respected and recognized organization of therapeutic benefit and we are honored to have their reputation reflected on us as a partner in support of one another.”⁶⁹

Continuing Volunteer Opportunities

Both programs benefit from continued volunteer opportunities aside from the actual adaptive riding sessions. Oftentimes, the participants enjoy being at Healing Reins so much that they volunteer to come back on non-session days to help out around the barn. Craig Christiansen, Executive Director of New Leaf Academy, says that partnering with the therapeutic center “offers community service opportunities for both staff and students, and inspires an altruistic spirit.”⁷⁰

⁶⁹ Fuller-Hewitt, Rimrock Trails and Healing Reins.

⁷⁰ Christiansen, New Leaf Academy and Healing Reins.

The volunteer hours donated by these individuals outside of normal session hours are a great service to the Healing Reins facility. There are always chores to be done, and extra help needed around the barn—between the large pastures, twelve indoor stalls, long barn aisles, and many animals, there is always a need for sweeping, weeding, raking, and shoveling needed. These are grounds keeping needs that Healing Reins would have to pay for without the help of volunteers.

Additionally, students from the adaptive riding programs donate their time every year for the Healing Reins annual fundraising gala. The event is the primary fundraiser the organization puts on every year, and it is crucial to the financial stability of the center. This fundraiser would not be possible without the work of many volunteers, and having youth participants in the program present during the fundraiser is a valuable marketing tool. In return, the participants gain more experiences, and opportunities for building relationships.

Therapeutic Benefits of Adaptive Riding for Adolescent Participants at Healing Reins

The most obvious reason that a residential treatment facility would seek out a therapeutic riding center is the therapeutic benefits to participants. Treatment centers may add to their therapeutic “tool kit” and advertise this additional service as part of their program. Keith notes, “complementary therapy will strengthen what they are already teaching their kids through the therapy, curriculum and daily life at the facilities. They look forward to coming to Healing Reins; it is part of their new community.”

New Leaf Academy views therapeutic riding as “one essential tool in the therapeutic toolbox.”⁷¹ Dita Keith of Healing Reins refers to adaptive riding as a positive tool that is unique and different. “The barn environment is so engaging to all of the senses,” she says. “It is not sitting in a room talking to somebody; the horse-human partnership is not something that other treatment such as ropes courses, or other therapy allows. It is an out of the box opportunity.” Additionally, Keith says that the staff at the schools report that “things learned at Healing Reins are taken back into the classroom and school life setting such that they talk about their experiences out here back at the schools and use them as metaphors to refer to—the learning is reinforced, again, because it was an experience, not out of a textbook.” Especially for students who have learning differences, being able to engage all of the senses in a different setting may allow them to absorb information that they could not get from talk therapy or reading a book.⁷²

Craig Christiansen, Executive Director of New Leaf Academy, confirmed Keith’s assertions:

We knew the research demonstrated the effectiveness of equine therapy. We use equine therapy in the first phase of our program, which is heavily focused upon establishing strong peer and adult relationships. Qualities such as trust and insight are paramount. Equine therapy builds confidence, trust and an understanding of how the quality of interaction impacts relationships.⁷³

As noted above, it is widely recognized that involvement with animals is a positive activity for youth in general, and especially troubled youth. Erica Fuller Hewitt, Executive Director of Rimrock Trails, sought out involvement with Healing Reins about seven months ago.

⁷¹ Ibid.

⁷² Keith, Healing Reins and Residential Treatment Facilities for Adolescents: Perspective of the Executive Director.

⁷³ Christiansen, New Leaf Academy and Healing Reins.

Hewitt says that “we believed it would enhance their treatment experience at Rimrock Trails and increase their likelihood of success in the program.”⁷⁴ In fact, Rimrock participants have shown so much improvement from adaptive riding that Hewitt hopes to provide this service to all of the Rimrock youth in the future. Though the facility’s budget cannot currently cover the cost of providing such a service, she hopes to make room for this beneficial program soon. Fuller states:

Kids who are closed off socially and generally isolate themselves are observed to be more open and engaged when working with the horses and this continues after they return from the daily session at Healing Reins. They are observed to be bright eyed and excited in sharing their experiences such as the name of their horse and pictures of their horses with our staff and they look forward to going each week. We believe it provides an added avenue for bonding/connecting with our staff members and peers as they have a therapeutic element “outside” of our routine program that they can converse with them about and can then tie it back to the program and their progress at Rimrock.⁷⁵

Hewitt believes that the horse is a “nonjudgmental” partner for youth struggling with various challenges. However, horses also act as “mirrors” of the individuals’ behavior, therefore the students must learn “patience, accountability, responsibility, self-control and problem solving skills to work effectively” and achieve the “desired outcome.”⁷⁶ She notes that adolescents who are new to Rimrock carry a significant amount of anger towards “the world and everyone in it. They hold everyone but themselves responsible for their loss of freedom.”⁷⁷ However, she has observed that students who participate in Healing Reins programs “integrate into the group and excel at a faster rate than those who do not.” One of the other major benefits to participating in adaptive riding is that adolescents are able to

⁷⁴ Fuller-Hewitt, Rimrock Trails and Healing Reins.

⁷⁵ Ibid.

⁷⁶ Ibid.

⁷⁷ Ibid.

attend the sessions as an intact group- amongst those with whom they spend the majority of their time. “Youth who are part of an intact group know each other on a deeper level and can encourage or constructively confront one another during their sessions.” They also have the “opportunity to share their experiences with one another and [Rimrock] counselors after the sessions and throughout the week.”⁷⁸

Polly Cohen, Program Director at Healing Reins has personally witnessed the benefits troubled youth experience from work at the center. When asked if she has seen the change in adolescents from residential treatment centers during adaptive riding sessions, Cohen responded with an enthusiastic yes. She says the biggest transformation is in the body language and confidence.

They come in shy and withdrawn, a little gawky- big kids that don’t actually know how to be kids. By week two, there is more eye contact; by the third or fourth week, some more communication, maybe a ‘hello’, and less hunched posture. By the fifth or sixth week, they are able to greet me consistently, look me in the eye and tell me about their horse. By the eighth week, they are out there in the arena and they just look joyful. I will be around taking pictures for the final week, and they are so proud and happy to take a picture with their horses, because they are riding independently and that is something to be proud of.⁷⁹

Cohen believes the appeal of therapeutic riding for adolescents begins in childhood, with dreams of Pegasus, and unicorns- the love of the horse. Once a teenager actually rides a horse, she says they get hooked. “After dealing with everything else in their lives, so many situations where they feel out of control, the feeling of controlling a 1200 lb animal is a positive thing that they can do.” Cohen explains that, “when they come here, they are *being controlled*. But the horse is a soft, kind, quiet animal—they listen, and these qualities are

⁷⁸ Ibid.

⁷⁹ Cohen, Healing Reins and Residential Treatment Facilities: Perspective of the Program Director.

very appealing to that age group who are in residential treatment because people are telling them what to do.”⁸⁰ She says the biggest change is with the teenage boys: “They come in a bit cocky, but quickly are humbled when they are unable to even pick up the horse’s foot during grooming because they are trying to “arm wrestle” the 1200 lb beast. By the end, they are more proud than anyone.”⁸¹ Cohen relayed one instance of a seventeen-year old that told her his girlfriend had a horse. “He said he was so excited because after learning about horses and Healing Reins, he would be able to tack up his girlfriend’s horse for her when he went home. He said maybe he will get a horse too, and board it at his sister’s house.”⁸² Cohen says that after the program, these “big, burly guys” who are what most would refer to as troubled teens, get excited talking about how they are going to go groom or bathe a horse; a statement that under any other circumstance would be highly unexpected.⁸³

The two Healing Reins instructors who actually lead students through the adaptive riding program are firm believers in the benefits of this therapy. Through adaptive riding, they say, adolescents learn life skills through horsemanship skills, and take what they have learned working with the horse, and apply it to what they are working on at their residential facilities.⁸⁴ They describe therapeutic riding as “fun and challenging,” and note that for adolescents, it may be easier to form a relationship with a horse rather than their peers because horses are “honest with their interactions and do not give mixed signals.”

⁸⁰ Ibid.

⁸¹ Ibid.

⁸² Ibid.

⁸³ Ibid.

⁸⁴ Anonymous, Adaptive Riding for youth at Healing Reins, Email, March 10, 2013.

The instructors at Healing Reins say that they witness riders growing in both horsemanship skills and life skills, through each session of adaptive riding. One instructor stated that, “one of the benefits is that they can practice what they learn in horsemanship with their peers in between classes, and they generally have some common goal that they are working on.” In addition, because they work together at Healing Reins, they can help encourage each other at home as well, which builds a more supportive network for each individual. These extra benefits arise from the “intact” structure of the groups coming from residential treatment. These intact groups “tend to interact more with each other throughout class” as compared to other therapeutic riding groups that only come together for the equine therapy each week. Spending all of their time together, both at home, and at remote locations for therapy can allow underlying issues or conflict between participants to surface, and be resolved. Overall, the Healing Reins instructors say that positive changes are a direct consequence of involvement in adaptive riding and equine activities. Some of these changes include: “empathy, better communication skills, more honest interactions, improved confidence, better self-awareness, overcoming fear, and reduced anxiety.”⁸⁵

In order to assess the therapeutic value of adaptive beyond individual testimony, data was collected for two cohorts that participate in a combination of “Taking the Reins” and Horsemanship. As was detailed in the Methods section of this report, instructor notes on participants were coded for positive and negative behaviors, and then counted to provide a general idea of how many instances of positive behaviors occur, as compared to negative, while participants are actively engaged in equine activities.

⁸⁵ Ibid.

Evaluation of Individual Therapeutic Benefits from Adaptive Riding: Data Analysis⁸⁶

Introduction

“We had a rider with very low self-esteem who did not care about her physical appearance or cleanliness, and would walk with her eyes to the ground. After 1 session she began to blossom. She started to take better care of herself and her appearance. She would speak up and look you in the eye. She began to take on a leadership role within the group. By the time she left she was planning for her future.” – Healing Reins Instructor

Participants attend Healing Reins adaptive riding classes for two hours, once per week, for a duration of eight weeks. As evidenced by instructor testimonies, many participants experience dramatic, near immediate benefit from adaptive riding sessions. The transformation may be witnessed as a physical, mental, and/or emotional manifestation. After each day of therapy, the instructors for the class write a short paragraph about each student, describing that day’s activities, and what notable behaviors the participant exhibited. These notes have been coded qualitatively, and counted, to evidence positive and negative instances of behavior.

Evaluation of these instructor notes during the first session, at 6 weeks of participation, provided insight into the immediate changes that may be seen in a cohort of participants. Long-term benefits have been assessed by evaluation of one cohort’s progression through 16, 48, and 56 weeks of participation in adaptive riding. The combined analysis of short-term and long-term participation gave the researcher sufficient data to create a holistic analysis of participation in the Healing Reins adaptive riding program for adolescents experiencing behavioral, social or emotional challenges.

⁸⁶ All tables and charts in this section were created by the researcher, based on a condensation of raw data from Healing Reins Therapeutic Riding Center.

Long Term Participation in Adaptive Riding: *a small cohort through multiple sessions of adaptive riding*

Notes for 11 participants in their 16th week of adaptive riding were coded for positive or negative behaviors and patterns. To continue documenting progress, six of these participants were followed into their 48th week of adaptive riding. Finally, two long-term students in the program were assessed at their 56th week of participation in the adaptive riding program at Healing Reins. Though only two students have participated for this duration, making the sample size small, it is important to this analysis their progress be documented for as long as possible. The names of all participants have been changed using a list of the most common female names in the United States. All members of this long-term cohort were female.

FIGURE 2.1: Behaviors observed for each of 11 students at 16 weeks, 6 students at 48 weeks, and 2 students continuing on to 56 weeks of participation (*unfavorable behaviors are bolded*)

Name	16 weeks	48 weeks	56 weeks
Audrey	Enjoyment, Learned Skill		
Marta	Learned Skill, Enjoyment, Self-Awareness, Awareness of Others, Engaged		
Evelyn	Frustration , Positive Attitude, Learned Skill		
April	Learned Skill		
Brooke	Hesitation, Lack of Communication , Awareness of Others, Counterproductive , Learned Skill, Frustration		
Helen	Hesitation , Learned Skill	Communication, Awareness of Others, Self-Awareness, Learned Skill	
Perla	Engaged, Patience, Enjoyment, Learned Skill	Engaged, Communication, Distracted , Awareness of Others, Self-Awareness, Learned Skill	
Michaela	Distracted, Lack of Awareness , Learned Skill, Patience	Self-Awareness, Positive Attitude, Engaged, Learned Skill, Communication, Awareness of Others	
Carmen	Communication, Hesitation , Patience, Motivation, Learned Skill	Disengaged , Self-Awareness, Communication, Learned Skill	
Samantha	Enjoyment, Awareness of Others, Learned Skill, Communication	Communication, Awareness of Others, Enjoyment, Learned Skill	Engaged, Positive Attitude, Learned Skill, Communication, Awareness of Others, Leadership
Catherine	Learned Skill, Communication, Trust, Awareness of Others	Learned Skill, Enjoyment, Trust	Positive Attitude, Learned Skill, Self-Awareness

FIGURE 2.2: Instances of behavior for 11 students at 16 weeks of participation

Favorable Behavior or Patterns:		Unfavorable Behavior or Patterns:	
Behavior	# Instances	Behavior	# Instances
Trust	2	Hesitation	3
Positive attitude	1	Distracted	1
Communication	4	Lack of communication	1
Learned skill	11	Lack of awareness	1
Enjoyment	4	Frustration	2
Motivation	1	Counterproductive	1
Engaged	2		
Self-Awareness	1		
Patience	3		
Awareness of Others	5		

After sixteen weeks of participation in EFL, eleven students demonstrated both favorable and unfavorable behaviors. Only five of the eleven girls showed unfavorable behaviors, while all eleven demonstrated at least one positive behavior.

Five students showed “Awareness of Others,” as evidenced by examples such as their ability to maneuver around other horse-rider teams in the arena. In one set of notes, and instructor commented, “Samantha does a nice job reading her horse’s body language.” The attention to the horse’s signals is a clear sign that a student is aware of others.

Consistent with the data presented after six weeks of participation, after sixteen weeks, all eleven students exhibited evidence of a “Learned Skill.” This is not a surprise since riding horses requires attention to technical skills and the acquisition of knowledge and information about proper riding form, and safety around the animal.

Four students demonstrated communication skills. Periodically throughout each session, the instructors will ask students to share what they have learned, what they are struggling with, and what they are doing well. While it may seem like this would instigate

automatic communication from each student, only some students had notes about their response listed in the instructor notes. While this fact could be interpreted many different ways, it may be inferred as evidence that the instructors only made note of the most outstanding answers. For example, “Samantha said that teamwork to her is communication, compromise and respect. I love this description!”

While there were few instances of unfavorable behaviors, such as being disengaged, hesitant, or unaware, one student, in particular, had an extremely negative attitude. This may have been a fluke occurrence, and should not be taken as evidence that EFL produces negative effects- once again, the data only shows what instances occurred during EFL sessions, without evidence of what underlying causes may have contributed to these instances. However in this case, the student exhibited counterproductive behavior and lack of concern for the welfare of other students. The instructor noted, “Brooke was upset about Catherine working with Delight, and tried with all her might to upset Catherine so she would be unsuccessful.” Since Brooke was jealous that Catherine got to work with a horse that Brooke wanted to work with, she tried to undermine Catherine. This is an example of the manipulative, negative behaviors that can contribute to a youth being sent to a residential program in the first place. It is almost certain that some of these characteristics will resurface, especially when the student is upset at one of her cohort mates. However, all in all, after the sixteenth week of participation, adolescents showed primarily positive behaviors during EFL sessions.

FIGURE 2.3: Instances of behavior for 6 students at 48 weeks of participation

Favorable Behavior or Patterns:		Unfavorable Behavior or Patterns:	
Behavior	# Instances	Behavior	# Instances
Trust	1	Disengaged	1
Positive attitude	1	Distracted	1
Communication	5		
Learned skill	6		
Enjoyment	2		
Engaged	2		
Self-Awareness	4		
Awareness of Others	4		

After 48 weeks of participation, only two students showed negative behaviors, while all six demonstrated positive behaviors. One student, Carmen, was disengaged for part of her 2-hour EFL session, but she also exhibited Self-Awareness, Communication, and a Learned Skill. The instructor said, “Carmen was having trouble keeping her attention and chose to quit early. Not sure if she was frustrated or just not feeling up to it.” The fact that Carmen was self-aware enough to request that she quit riding early is a very positive outcome. Similarly, Perla was a bit distracted. Her notes said, “As riders were practicing their leading skills Perla let me know that she was having a hard time staying focused. I asked her to take the time to get herself in the moment and to try again with Bear.” Again, the awareness of her own feelings let Perla communicate to the instructor that she was having difficulty.

Other students demonstrated great positive qualities throughout the lesson. All six demonstrated a Learned Skill, and five of the six showed signs of good communication. The instances of communication took place both with the instructors, and other students, as well as with the horses. Four students demonstrated Self-Awareness, and four students also demonstrated Awareness of Others.

Immediate Outcomes of Participation in Adaptive Riding: a short term cohort of 30 students at 6 weeks of participation

The notes analyzed in this section are from the sixth week of participation in “Taking the Reins” at Healing Reins. The participants were a cohort of 30 students (both male and female). Notes were coded for the following “behaviors” or “patterns” in order to assess what positive or negative behaviors may emerge during an equine therapy session.

The relationship between equine therapies and these behaviors is not necessarily causal—in order to argue that, much more research would need to be conducted, involving control groups, a standardized way for taking notes, and multiple coders to ensure accuracy. Though the following behaviors cannot necessarily be labeled “outcomes” of participation in adaptive riding, they may be interpreted as benefits of the therapy, based on their occurrence during therapeutic equine sessions.

FIGURE 3: Instances of behavior for 30 students at 6 weeks of participation in adaptive riding

Favorable Behavior or Patterns:		Unfavorable Behavior or Patterns:	
Behavior	# Instances	Behavior	# Instances
Leadership	2	Distracted	2
Trust	1	Disengaged	2
Independence/Self-Efficacy	13	Lack of communication	1
Positive attitude	5	Lack of awareness	2
Communication	7	Negative Attitude	1
Learned skill	22	Frustration	1
Enjoyment	3	Counterproductive	1
Motivation	1		
Engaged	3		
Self-Awareness	12		
Patience	3		
Awareness of Others	10		
Confidence	6		

As the above table demonstrates, during the sixth week of participation in adaptive riding, participants exhibit many more positive behaviors than negative while engaged in the session. Among the most prominent behaviors were: Learned Skill, Independence/Self-Efficacy, Self Awareness, Awareness of Others, and Communication. Each of these behavior patterns will be further elaborated and evaluated in the next section.

Evaluation: perceived therapeutic benefits to individuals

Learned Skills

Perhaps the most obvious, yet most widely demonstrated outcome of participation in equine therapies is the technical skills acquired. In order to work safely around these large animals, there are a number of different precautions and behaviors that must be learned, and then utilized on a daily basis. Examples include, how to lead the horse, grooming techniques, how to approach the horse in the pasture, as well as the technical riding skills needed to engage in mounted activities.

Between the data gathered for the short-term and long-term cohorts it was clear that all students gained knowledge of equines and technical skills that accompany that knowledge. In coding the data, this behavior was deemed “Learned Skill.” In the short-term cohort, 73% of students directly exhibited this trait as evidenced by instructor notes. However it is also evident that 100% of participants must have learned some skill, no matter how small, such as how to hold a brush, or pick up a horse’s hoof, or simply how far away you must stand in order to be completely out of harm’s way. A sample note regarding a technical riding skill is the following: “She was able to properly cue her horse to walk-on, whoa, change direction, and circle to the inside independently at the walk 2 out of 2 attempts,” or “He was able to demonstrate his 2-point position at the trot down the long

side of the arena 2 out of 2 attempts.” The number of “attempts” is often listed to indicate the success rates of the participants.

Self-efficacy and Independence

There is no debate that working around horses translates to acquiring skill sets directly applicable to horses, such as those mentioned above. However, many other positive behaviors are evident during participation in adaptive riding. Perhaps as a result of learning horsemanship skills, a large amount of self-efficacy and independence are evident. Almost half of the participants demonstrated independence and a sense of self-efficacy during both mounted and un-mounted activities after only six weeks of participation. For example, “[The student] was able to ride independently throughout today’s lesson. [He] really enjoyed his independence today.”

Independence, especially when in control of a 1200-pound animal, creates a sense of self-efficacy that in turn contributes to positive self-image. The independence granted to students while at Healing Reins is often the most independence these adolescents are used to experiencing. The sense that they can effectively control a large animal through effective communication and independent actions bolsters self-esteem and feelings of self-efficacy and self-determination. The ability to ride independently, free of volunteer safety nets, is a rite of passage that riders experience at Healing Reins. Similar to the acquisition of a driver’s license, being in complete control of mobility on a horse is equivalent to freedom in many respects.

Self-Awareness and Awareness of Others

The primary benefit that adolescents gain from adaptive riding, based on my data set, is self-awareness and awareness of others. In this study, I have defined self-awareness and awareness of others as: acknowledging one's impact on others, identifying one's own emotions and/or source of those emotions.

Nearly 50% of these adolescents studied demonstrated a sign of self-awareness, such as understanding that their actions impact the way the horse behaves. When asked to compose an essay from his horse, Buck's, point of view, one student wrote, "They had a good connection, but [The Student] needs to work on his position in the saddle and that would help Buck a lot. Buck seems to live to make people happy; he checks in a lot to make sure he and his ride are safe." This acknowledgement that the student's position in the saddle when riding effects the horse is a key example of self-awareness. This statement is also a sign that he views the animal as a living creature and partner, not as an object used for recreation, like an ATV. The emotional connection with the horse as another living being is extremely important to communication, leadership, and awareness.

Similarly, in relation to another student, an instructor noted that, "[The Student] said that emotions do affect the horse because if he is calm, his horse is calm, if he is nervous his horse is nervous." Another student told her instructor that, "her horse takes care of its rider and that she needs to give more reassurance to her horse when she is listening." The awareness of how one's actions and emotions affect the horse may be translated into awareness of how one's actions and emotions affect other people as well.

A different indication of self-awareness came from another student. Regarding adaptive riding at Healing Reins, he said that, "this experience has changed him and has

rehabilitated him by changing the way he thinks about things.” This statement is crucial to this analysis. It indicates an awareness of a different state of mind, and state of being, before and after participation in equine therapy. Though an instructor took down this note, it is a direct idea from a student who is acknowledging his own way of thinking. This student stated that adaptive riding had a direct, notable, impact on his mode of thinking, which translates to different ways of thinking outside the barn setting as well.

The self-awareness gained by working around horses is densely intertwined with awareness of others. For example, one student showed concern for her horse because he was stomping his foot in the crossties. The student noticed this sign of impatience and checked in with her instructor to see what may be the cause, rather than continuing to groom her horse. Other indices of awareness of others include spatial awareness when riding in the arena with other students. Some students initially struggle with this, since they are not accustomed to maneuvering such a large animal, or do not yet understand that giving other horses and riders a large berth is a safety precaution. The acquisition of spatial awareness indicates a concern for the safety and well-being of others; an elementary understanding of other people. Other behaviors exhibited by participants in this analysis included: trust, leadership, positive attitude, communication, enjoyment, motivation, being engaged, patience, and confidence. Overall, the experience is extremely constructive.

Communication

Communication skills are a direct derivative of participation in equine therapies. Communication is involved in all facets of the therapy, both with volunteers, instructors and other students. However, the most crucial form of communication is with the horse.

When interacting with the horse, on the ground or while mounted, nonverbal and verbal communication must be utilized in order to work as a team. To get the horse to even move one step, communication is involved. While this communication is often nonverbal, it is still very specific, and must be an *intentional* effort from the adolescent. Many of the participants in this study demonstrated an understanding of the value of communication, or simply showed increased communication efforts.

Negative Behaviors

While most behaviors exhibited during equine therapy are positive, the negative behaviors must be acknowledged as well. For the purposes of this study, I have defined negative behaviors as: undesirable behaviors such as extreme frustration, bad attitude, refusing to participate, or actively counterproductive actions such as interfering with other participants' success.

A small number of students demonstrated negative behaviors during their time at Healing Reins. These negative behaviors have been categorized into: being distracted or disengaged, showing lack of communication or awareness of self and others, having a negative attitude, or exhibiting frustration. Only one student showed actual counterproductive actions. This student enjoyed riding, but when asked to help with chores at the end of the lesson, directly ignored the instructor's request. The instructor noted, "when she did follow through, she swept as slowly as possible while others were hustling to get chores done."

The instructor wrote of another student: "during the classroom portion, [The Student] put in little effort during discussion and closed her eyes to sleep while another girl was talking. She said she was too tired and had been up all night." Instances like these are

indicative of underlying issues. They should not be attributed to adaptive riding, or correlated with equine sessions. Instead, it is evidence that adaptive riding is not a “fix all” or “silver bullet” for all problems an adolescent may be experiencing. However, that should be quite obvious at the outset.

Based on this combined long- and short-term study, adaptive riding does seem to bring out positive qualities in adolescents, even if it does not solve all underlying issues. The accentuating of positive qualities is where the immediate benefits of adaptive riding can be evidenced. However, for some adolescents, negative behaviors will persist. There are many possible explanatory factors for this persistence.

Some students cannot participate in equine activities from the outset. There are a number of contraindications for this therapy, which are outlined in the “Taking the Reins” curriculum, and of which all Healing Reins staff are aware. These red flag issues include:

Precautions:

- History of animal abuse
- History of fire setting
- History of seizure disorder
- Gross obesity (there are height/weight limits for the horses’ comfort and safety)
- Medication side effects
- Asthma or allergies
- Migraines

Extreme Contraindications:

- Actively dangerous to self or others (suicidal, homicidal, aggressive)
- Actively delirious, demented, dissociative, psychotic, severely confused
- Medically unstable
- Actively substance abusing

When noting continuing instances of negative behavior in some individuals, especially that which is actively counterproductive or endangers others, it may be beneficial to explore whether equine therapy is the appropriate mode of treatment. In some cases, work with the animals is not helpful to the participant, and puts volunteers, or

the animal, at risk. In these instances, participation should not be continued. Future studies should address this issue of knowing when to continue adaptive riding, and when to acknowledge that it is not working, and seek other treatment.

Acknowledging instances when the therapy may not be appropriate does not change the general findings that this is a beneficial and valuable addition to a residential treatment program for most youth.

Summary of Conclusions Based on Instructor Note Analysis

Overall, my study demonstrated that adaptive riding is a valuable addition to treatment for youth in residential facilities, experiencing a myriad of challenges. My data analysis showed many more instances of positive behavior than negative behavior. This is symbolic because the adolescent participants in the study all had extreme behavioral challenges, from substance abuse to emotional duress, etc. The fact that more positive than negative behaviors were exhibited during the therapy session shows that working with the horses brings out positive qualities. It also illustrates the focus that is achieved by working with the horses. I would argue that in most cases, positive qualities were brought out because the individual was forced to act “in the moment” and to “live in the moment,” rather than thinking about external issues, related to home or school. Being in the presence of such a large animal forces people to tune in, listen, react, and experience, all in the here and now.

It was interesting to note that when the students were forced to be in the here and now, they did not choose to exhibit negative behavior or personality traits for the most part.. Though they have fallen on hard times, and have sunk into deep patterns of extremely

negative behaviors (the very reason they were sent away for residential treatment) their behavior while at the barn is primarily positive. Though some students may get frustrated at times, or may have an emotional breakdown during a session, these instances of behavior are just as important because they are helping the individual to work through challenges, and helping them to confront things that they may have been keeping suppressed. My interviews all confirmed what my instructor notes analysis indicated; that equine therapy is beneficial for adolescents enrolled in a residential treatment facility.

Galloping Forward: recommendations

For Therapeutic Riding Centers

The original research question I embarked upon and original recommendation I sought to make is that therapeutic riding centers should seek out adolescent residential treatment facilities to create a mutually beneficial partnership for both entities. The two entities will be stronger together and make a bigger impact, than if they continue to act individually. This was my conclusion, based on the analysis of the Healing Reins adaptive riding curriculum, instructor notes about participant behavior, and interviews with the instructors, program directors, and executive directors involved in the partnership.

Based on my findings, the benefits of creating a partnership between equine therapy centers and residential treatment facilities for adolescents are economic, therapeutic, social and community centered. There is economic benefit because the therapeutic riding center receives payment in exchange for services. This is a welcomed addition to any therapeutic riding center's budget, since the overhead cost of providing the service are so large. In exchange, the adolescent facility receives an added service they can advertise, as well as

direct therapeutic benefit to participants. The economic benefits extend to community outreach and public relations. As a partnership, the two organizations can go after specific grants together, which often makes them more appealing to Grantmakers. Additionally, the community likes to see a united front serving a specific population, so this partnership has community and public relations benefit.

There is also educational benefit to the therapeutic riding center. Instructors are able to push the limits of creativity and intellect to develop new and challenging curriculum to stimulate the minds of youth with behavioral challenges. In turn, this process strengthens the center overall by providing a constant feedback loop of what curriculum works, and is requested by the residential treatment centers, and expanding the center's reach and impact on the target population and within the community. Simultaneously, both the therapeutic riding center and residential facilities are able to expand their services, which ties back to increased revenue, enhanced public image, and development and education of staff members.

For Healing Reins: Standardized Data Collection Technique

Aside from the general recommendation that other centers pursue long duration partnerships with other therapeutic entities, my research process led to me to a second, more local recommendation.

Currently, to document the participation of students, Healing Reins keeps notes. The first set of information is from the schools, detailing the names, ages, heights, weights, challenges, history and conditions of each participant. Then instructors take notes after each 2-hour session for each student. Volunteers are also pre-briefed and debriefed after

each day. Sometimes volunteers are able to connect with the student and pick up on things that the instructors do not. For example, Dita relayed an instance when she was volunteering in a class:

At one group, a girl had such a bad attitude that the instructors did not let her ride. As a volunteer, I sat on the side with her, and she started telling me about her boyfriend. I was able to share this information with the school therapist and Healing Reins instructors. It turns out nobody knew that she even had a boyfriend! Stress from this relationship could be a major contributor to her acting out, so it is important information for the school and instructors to have.⁸⁷

Each participant also completes a pre and post self-assessment to rate how he or she feels about different activities, and the experience in general. Overall, there is constant communication between the school staff and Healing Reins staff to ensure that progress is documented for each student.⁸⁸

However, these multiple sources of information are not compiled in an effective manner for tracking long-term progress of individual students, or cohorts. When conducting my analysis, it was extremely difficult to standardize and make proper use of the instructor notes because they are in such organic form. Each instructor has a different writing style, and may notice different aspects of student behavior during a session. There is no measurable progress in each student, just indices of positive or negative behavior. This available data was sufficient in making my case that adaptive riding is associated with positive behaviors for adolescents undergoing a residential treatment program. However, to take the research to the next level, Healing Reins should standardize their instructor notes.

⁸⁷ Keith, Healing Reins and Residential Treatment Facilities for Adolescents: Perspective of the Executive Director.

⁸⁸ Ibid.

I suggest that a form be made for each week of the 8-week session, detailing the goals for that week, and the possible positive and negative behaviors that may be seen. The form would contain standard information about each student, such as what issues they are struggling with, and would progress on a week-to-week basis so that the instructor may reference the past week's behaviors and compare to this week. In this way, each student could act as their own control, and the instructors would be more aware of what key behaviors each student typically exhibits, and what behaviors would be desirable for that student. For example, a student that does not easily interact with others may be "tagged" for "talking to other students without instructor prompting." If the specific goals (both self-proclaimed, and as identified by instructor) for each student could be explicitly indicated at the top of the form, then measureable progress or regression could be documented for each week.

Currently, instructor notes are written on a word document in paragraph form. Each paragraph contains a range of information such as what the group did that day, what the individual student said or did, and if the student left feeling successful. The problem with this method of documentation is that behaviors are not followed through from week to week. While the instructors may get to know the students and easily see change from week to week, this identification is not conveyed in the notes. I have created a sample instructor notes form, and it is included in the **appendix**.

The reason it is so important to document measured outcomes is two-fold: firstly, if standardized, these notes can inform Healing Reins instructors about what is effective in the curriculum, and what may need to be changed. Feedback is critical to running a successful program, and taking it to the next level will improve the center's best practices.

Additionally a standardized set of data will allow the center to create statistics over time and better advertise their program based on measurable outcomes. Secondly, these notes may be given directly to the staff of the residential facilities, and providing the most detailed, measurable data possible will help the facilities understand what benefit has been gained by sending students to the program. This will benefit the residential facilities by providing feedback on their students and helping them to document student progress, but will also benefit Healing Reins by encouraging the residential schools to take the center seriously and continue the long-term partnership. As a general rule, raising the bar of best practices will help any organization gain rapport and will contribute to a more effective partnership with other organizations.

Conclusion

Healing Reins currently partners with two residential treatment facilities for adolescents. Executive Director Dita Keith says that her goal for the future is to have a steady partnership with four to five schools. This would broaden the center's reach into the community and address a growing community demand. She says that she would absolutely recommend this system to other centers. It expands their reach into the community and allows for the development of new and creative curriculum to serve new groups. Additionally, it creates and enhances a revenue stream. She also says that "it is another way to tell your story," from the center's point of view. When asked if other therapeutic riding centers partner with adolescent residential treatment facilities as well, Keith said, "not

really. I'm sure there are, but I'm not sure who is doing it. We did not take the idea from anybody else, we generated it here."⁸⁹

It is of primary concern that therapeutic riding centers do not know of partnerships or campaigns in which other centers may be involved. If more centers knew about how lucrative this type of partnership may be, they could replicate it, and therefore serve more adolescents and expand their curriculum and community reach, to experience the benefits listed in the previous section of this report.

Going forward, a major gap in research still exists for the therapeutic riding community: long duration clinical trials. The lack of research in this area unfortunately undermines the credibility of the therapeutic riding industry as compared to other alternative therapies. Filling this gap will be a giant step forward. As previously mentioned, Rainer Therapeutic Riding Center of Washington state will be embarking upon a study of this gravity in the near future in order to explore the benefits of adaptive riding for veterans of war. It is my hope that more centers are able to gain the resources to conduct such large scale studies to bring more validity to the therapy and the industry as a whole for varying populations.

⁸⁹ Ibid.

Postscript

The First Steps: participant observation of one adolescent group's first encounter with equine therapy

Continued from Introduction:

I am holding Maleah, a fifteen-year-old, buckskin, Quarter Horse mare. She stands patiently, ears slightly flicked back, listening to the sound of the wind gusting against the sides of the indoor arena. Now and again, she swishes her tail back and forth, swatting an imaginary fly and letting me know with a giant sigh that she would rather be outside enjoying dinner with her pasture mates.

The first girl approaches: a small, timid brunette, about twelve years old. She whispers the three questions to me in barely more than a murmur, respecting the vow of silence that we have all taken for this meditative and transformative activity. Maleah lowers her golden head for the girl to stroke. Cautiously at first, she moves around the horse at a good distance, leaning on her tippy toes, laid as far away from the horse as possible, reaching her arm all the way out to touch Maleah's forehead with the very tips of her fingers. She startles as Maleah shifts her weight, lazily cocking one haunch and licking her lips, a sign of relaxation.

After about half of the group has cycled through and met Maleah, the horse has finally resigned to her position, quietly resting one hind foot and flaring her nostrils with every intake of cold air, but standing perfectly still. A bouncy little girl scoots up next to us. She is thrilled to be around the horses, but has her eye on the 2,000 pound, ebony Percheron mare on the other side of the circle. With hooves the size of dinner plates, Hannah-May has the tendency to draw a crowd. Anxious to reach this massive creature, the

girl has lost focus on the activity at hand, and walks brusquely up to my charge, placing a large mitten on the mare's side, and abrasively stroking at a rapid pace, flopping her hand down heavily then dragging it across, conflicting with the natural hair pattern and upsetting Maleah's sleek coat. The mare pins her ears and moves away from the girl, a clear sign of discomfort. Oblivious to the mare's attempt at communication, the girl pursues her, roughly thumping her side with a large mitten until the mare shifts again. As a volunteer in this session, my job is to remain silent, allowing the participants to experience the horse's behavior—this is a key tenant of Equine Facilitated Learning, and the Horsemanship curriculum at Healing Reins. The development of attention to the horse's behavior is important for these participants. Horses command respect and in order to give respect. This is what makes them such a valuable therapy partner.

As someone who is extremely familiar with equine body language and behavior, I can predict the actions of the animal with almost one hundred percent accuracy. Watching others slowly discover how to read these intriguing creatures is a captivating experience. The different natural approaches to the animal are a clear indicator of the individual. Personality traits become glaringly clear after only a few moments of interaction with these highly receptive prey animals. For example, a person who walks directly up to the horse and lays a hand on the being without first pausing to "introduce" oneself (by extending a palm for the horse to sniff) will be poorly received, with the animal naturally wanting to move away or becoming alarmed. This instant reflection of one's own behavior is an incredible aspect of equine behavior that one cannot receive from any other source. Traditional house pets such as cats and dogs are predators, like humans, and therefore, while still able to become frightened or react abrasively to an intruder, do not reflect

behavior the same way a prey animal does. And, as we all know, human-to-human interaction is governed by a strict set of social guidelines and niceties, that often fail to give proper feedback to abrasive behavior. Horses, by contrast, can read you like a book, and will allow others (such as a therapist) to read you simultaneously.

In equine teambuilding workshops, often used as corporate retreats, groups are instructed to move the horse from one side of the area to the other, without using a rope, treats, or touching the animal in any way. Though this task may seem impossible, the solution is really quite simple. To successfully complete the task, all members of the group should stand on the sides of the horse, and in unison, begin marching towards the other side of the arena. As a herd animal, the horse is inclined to follow this unified energy, and will readily head across the arena with the group of humans.

The group of girls I am working with today is from a residential treatment facility a couple of miles away. The school has partnered with this therapeutic riding center to provide group treatment sessions for their girls. Attending the equine therapy sessions is a reward for good behavior, and an important step in the healing process for these teens experiencing a myriad of emotional disorders and substance abuse.

Maleah has now effectively moved away from the girl over six times. I have been counting. Sensing a possible safety hazard if the horse continues to feel pressured, I intervene. "Remember to watch for Maleah's signals." I say. The girl, seemingly having forgotten that I was present, refocuses her attention the horse next to her, finally relinquishing view of Hannah-May, who still stands at the other end of the arena. She glances up towards the tips of Maleah's pinned ears, remembering the introductory information the instructors had shared about horse body language. "Does she not like

that...?” the girl questions, suddenly concerned for the mare. “Have you introduced yourself yet?” I reply. The girl cautiously extends her palm towards Maleah’s muzzle, inching it slowly closer and looking intently into the animal’s large brown eye. At first uninterested, Maleah ignores the palm. But, seeming to reconsider her initial opinion of this abrasive human, she lowers her head to the palm and inhales deeply. Letting out a massive sigh, she again rests a hind foot lazily, lowers her head, licks her lips and allows her ears to flop sideways. These actions are not coincidental—all of them signal understanding, and the acceptance of another being into her personal space; into her “herd.” Again recognizing these behavioral signals from the instructors’ introduction, the girl looks up at me excitedly. “Now can I pet her?” Just at this moment, it is time to move on and meet another horse, continuing the rotation. Knowing it is time to meet the next horse, the girl steps away, but then steps back; tentatively placing a soft hand on the side of Maleah’s cheek. With a soft stroke, she lets her fingers lightly trail down a few inches, then steps away. In her countenance I see both a new understanding of her relationship to the horse, and also a new respect. But perhaps most importantly, I see a new understanding of her self; an understanding that she has an impact on others. From this brief interaction, only five minutes long, she has changed.

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Appendix

“Taking the Reins” Adaptive Riding Curriculum

I. Participants:

Youth ages 8 – 18

Targeted youth are working with emotional/behavioral challenges as well as cognitive and mental health diagnosis. Examples of disabilities: ADHD, sexual and physical abuse, PTSD, depression, anxiety, sensory processing disorder, adjustment disorder, attachment disorder. The class is not a good fit for youth with severe cognitive or physical disabilities.

In setting up a group of youth to work together, one of the keys to success will be commitment. The group dynamic is an important component of learning. Kids need to be able to commit to the length of session. Additional parameter for a successful EFL Session:

- Age level: similar in age and developmental stage. At least 8 years old.
- Similar cognitive level: if there are any kids with cognitive disabilities, the whole group should be at a similar cognitive level.
- Riding experience does not matter, however a very experienced horse person mixed with total novices is not ideal.
- Precautions and Contraindications based on our national organization (NARHA) standards:

Precautions

History of animal abuse

History of fire setting

History of seizure disorder

Gross obesity (see our website for height/weight limits)

Medication side effects

Asthma or allergies

Migraines

Contraindications

Actively dangerous to self or others (suicidal, homicidal, aggressive)

Actively delirious, demented, dissociative, psychotic, severely confused

Medically unstable

Actively substance abusing

II. Curriculum

Although curriculum is tailored to the group’s age and makeup, Equine Facilitated Learning (EFL) is an educational approach for children and young adults that teaches life, social and communication skills. Horses provide “In the moment” learning which allows participants to experience immediate feedback from their equine partner. EFL is a strength-based approach that promotes wellness and resilience. Participants learn to:

- Establish a connection with horses based on equine body language and behavior.

- Build a relationship with a chosen equine partner based on mutual trust and respect.
- Build self-awareness and a positive self image through interactions with the horse.

Each week provides activities and discussions with an emphasis forming a relationship with a horse.

Example Curriculum:

Week 1: Grooming, with an emphasis on *Building Trust*:

- Safety around horses, horse behavior and body language
- Instruction on why we groom and how. Selecting tools; look for sweet spot, uncomfortable spot, what to look for.
- Accompany leader to release horse, discussion about their horse's friends
- Each week there is a check-in and check-out discussion: Questions:
 - Where did your horse like to be groomed? How did you know? Where did the horse not like?
 - This is how horses build trust with each other. Grooming is a way we build trust with our horses – how can you build trust with others?
 - Describe your horse

Week 2: Leading Skills, with an emphasis on *Communication*.

- Leading position, neutral position, walk on, halt, turn left and right.
- Instruction on how horses communicate with each other and how clear communication helps with being a strong leader.
- How to tell our horse what we want, with body language and words. Identifying horse communication in response.
- Check-out discussion:
 - How did it go for you?
 - Did the horse understand what you were asking?
 - Has there been a time where someone didn't understand you?

Week 3: Grooming/leading - *emphasis on Setting Boundaries*:

- Check in: what are boundaries?
- New skill: backing up, coming forward
- Leading through obstacles
- Reflection Activity: How big is your bubble?
- Check-out:
 - How did it go when you tried to set a boundary with your horse?
 - How did it go with your partner?

Week 4: Invisible Lead Rope with *emphasis on Establishing Trust with Horse*

- Invisible lead rope demonstrates what level of trust has been achieved between horse and participant.

- Review leading skills (including trotting and backing up) with obstacles. Repeat without holding the lead rope.
- Check-out:
 - Did you have confidence that your horse would stay with you without holding on to them?
 - Do you feel trust was achieved?
 - Were you a strong leader?

Week 5: Riding – *transferring communication skills and trust to in the saddle.*

- Check in: What are your hopes and concerns about riding your horse?
- Learn basic tacking up and riding skills – balanced position and communication.
- Walk on Whoa, steering left and right through cones.
- Emphasis on relaxing and staying in the moment.
- Check-out:
 - Does riding your horse change your relationship and if so, how?
 - Were you in the moment?
 - What happened if you weren't?

Week 6: More riding – *emphasis on improving communication*

- Check in: What went well last week? What would you improve?
- Riding a simple pattern or obstacle course – add backing up, two point position, trot in two point position, speed up and slow down at the walk.
- Emphasis on clear communication, avoiding conflicting signals, how our energy affects the horse
- Check-out:
 - Give one word to describe your ride.
 - Describe your horse's personality in positive terms.
 - Knowing their personality, what do you have to do to work effectively with them?

Week 7: Team activity – *emphasis on working with others*

- Check-in: What does team work mean to you? What does it take to work well in a team?
- Working together as a team in a team penning activity. Riding in unison 2 abreast. Riders herd their volunteers from one end of arena to a box at C. They must have good communication with their teammate, strategizing a plan.
- Check-out:
 - How did you contribute to the team activity?
 - What went well?
 - What could you improve upon?

Week 8: Giving back

- Check-in: What are you thankful to your horse for?

- Activities: Extended grooming and horse time including massage, scratching sweet spots, etc. - observing body language to work on what the horse likes. Relaxed ride outside on the sensory trail emphasizing quiet reflection on their time spent with their horse.
- Check-out:
 - How did it feel to give back to your horse?
 - How can you give back to people in your community/family?

Parting Questions: What did you get out of the 8 weeks you spent with your horse? What did your horse teach you about yourself? What is the most important thing you will take home with you?

The above curriculum contains examples of questions for checking-in and checking-out. Using the same rough outline, the emphasis and questions can be changed depending on the needs of the participants.

Sample Instructor Notes Form

Healing Reins Therapeutic Riding Center Adaptive Riding Program

Session: _____

School: _____

Student Name: _____

Last

First

Pre-Session Consultation:

Pre-existing Conditions: _____

Previous Contact with Horses:

Never

Some Experience

Basic riding/handling skill

Seasoned Rider

Goals for Adaptive Riding Participation (determined by therapist and Healing Reins Staff):

Week 1

Perceived mood/attitude of participant upon arrival: *circle one*

1

2

3

4

5

6

Disinterested/
Negative attitude

Extremely enthusiastic/
Positive attitude

Goal/Theme of Today's Session: _____

Personal Goal of Participant for Today: _____

Communication:

How well did the participant communicate with volunteers, staff and other participants today?

1

2

3

4

5

6

Did Not
Communicate

Frequent
Communication

Were there any specific communication issues or successes? Explain. _____

Independence/Self-Efficacy:

How able is the rider to be independent during activities?

1

2

3

4

5

6

Very Dependent

Extremely Independent

Are there any specific independence issues or successes? Explain. _____

Self-Awareness:

How aware is the rider of his/her own emotions, actions and behaviors?

1

2

3

4

5

6

Unaware

Highly Aware

Were there any specific self-awareness issues or successes? Explain. _____

Awareness of Others:

How aware is the rider of the actions, emotions and behaviors of other participants, volunteers, staff and his/her horse?

1

2

3

4

5

6

Unaware

Highly Aware

Were there any specific awareness of others issues or successes? Explain. _____

What riding/horsemanship skills were learned this week? _____

What progress did the participant make towards their personal goal for the week?

What progress did the participant make towards their overall adaptive riding goal, as determined by their therapist and Healing Reins staff? _____

Perceived mood/attitude of participant upon departure:

1

2

3

4

5

6

Disinterested/
Negative attitude

Extremely enthusiastic/
Positive Attitude

Additional comments or concerns, or suggestions for adapting next session to meet this participant's needs, or additional information given by volunteers:

Week 2... replicate same form as above for each week through week 8.

Session Summary:

Was there improvement to the participant's pre-existing condition at the conclusion of this session? Explain. _____

What progress did the participant make towards his/her personal goals?

What progress did the participant make towards their overall adaptive riding goal, as determined by their therapist and Healing Reins staff? _____

Was improvement seen in the participant's mood/attitude upon arrival, over the course of the 8 week session? YES NO

Was improvement seen in the participant's mood/attitude upon departure, over the course of the 8 week session? YES NO

What horse handling/riding skills has the participant mastered this session? _____

What goals do you suggest for this participant for next session? _____

Additional comments or concerns, or suggestions for adapting next session to meet this participant's needs:

A Day at the Barn

“Buck” and his teenage rider for the day. Before riding, all participants spend time grooming the horses, and learning about their personalities. “Buck” is a Healing Reins favorite.



An outdoor excursion demonstrating riders' independence at the conclusion of an 8-week adaptive riding session. Students are able to take their horses for a "trail ride" around the Healing Reins property, soak up the sunshine, and feel like real cowgirls.



One of the younger riders with “Lady,” a Percheron mare. Lady is a gentle giant who loves to take care of her young riders, teaching them how to steer and how to trot. A volunteer stays attached to each horse for the duration of the lesson, until students are able to be independent. This structure ensures the safety of each rider, and helps them to build confidence.



Healing Reins provides Hippotherapy (physical therapy on horseback) and regular therapeutic riding in addition to adaptive riding for adolescents. Here, one of the tiniest riders is show aboard “Delight.” She is out for a ride on the “sensory trail,” an equine obstacle course at Healing Reins, including small bridges, paths, and interactive stations for riders to engage all of the senses.



A demonstration of the wide range of clients that Healing Reins serves. “Cowboy” is pictured, meeting his new rider, and working alongside a volunteer. A special lift will be used to transfer the rider out of his wheelchair, and place him in the saddle.

