

Currently there is no published research on the efficacy of EFP in treating veterans with PTSD. The following information includes some links and information regarding publications and research studies done on treatments for Veterans with PTSD and also on EFP as a treatment for youths with PTSD. Included, at the end of the list, is contact information for mental health professionals who are currently providing EFP for veterans and/or working towards research studies on EFP with veterans with PTSD. I included some information that they shared. These professionals are happy to share information and network with those interested.

### Veterans with PTSD – VA Resources

[www.ptsd.va.gov](http://www.ptsd.va.gov)

This website was created by the National Center for PTSD, U.S. Department of Veterans Affairs. The Center conducts research and education on trauma and PTSD. The website offers extensive information, educational materials, and multimedia presentations for a variety of audiences, including Veterans and their families, providers, and researchers.

<http://www.ptsd.va.gov/PTSD//professional/newsletters/newsletters.asp>

- Clinician's Trauma Update - Online (CTU-Online) provides you with summaries of clinically relevant publications in the trauma field. The summaries are presented in brief format with links to the full article, when available.
- PTSD Research Quarterly (RQ) publication. Each RQ contains a review article written by guest experts on a specific topic related to PTSD. The current RQ is posted online.
- PTSD Clinical Quarterly (CQ) newsletter was published by the National Center from 1990-2003. The CQ targeted practicing clinicians and administrators and provided them with an overview of the major clinical, theoretical, and programmatic developments in the field.

<http://www.ptsd.va.gov/PTSD//professional/ptsd101/ptsd-101.asp>

PTSD 101 is a web-based curriculum that offers courses related to PTSD and trauma. The goal is to develop or enhance practitioner knowledge of trauma and its treatment. Continuing education (CE) credits are available for most courses -- newer courses will offer CEs soon.

<http://www.ptsd.va.gov/PTSD/professional/pilots-database/pilots-db.asp>

PILOTS stands for: **P**ublished **I**nternational **L**iterature **o**n **T**raumatic **S**tress). This database is an electronic index to the worldwide literature on PTSD and other mental health consequences of exposure to traumatic events. Unlike other databases, PILOTS does not restrict its coverage to articles appearing in selected journals. It attempts to include all publications relevant to PTSD and other forms of traumatic stress, whatever their origin without disciplinary, linguistic, or geographic limitations.

PILOTS is produced by the National Center for PTSD, and is electronically available to the public. There is no charge for using the database, and no account or password is required. Although it is sponsored by the U.S. Department of Veterans Affairs, the PILOTS database is not limited to literature on PTSD among Veterans.

[http://www.ptsd.va.gov/public/understanding\\_TX/booklet.pdf](http://www.ptsd.va.gov/public/understanding_TX/booklet.pdf)

#### Understanding PTSD Treatment

This guide discusses the following treatments for PTSD which have been found to be effective :

Cognitive Behavioral Therapy (CBT), such as:

- Cognitive Processing Therapy (CPT)
- Prolonged Exposure Therapy (PE)

Eye Movement Desensitization and Reprocessing • (EMDR)

Medications called Selective Serotonin Reuptake Inhibitors (SSRIs)

Produced by the National Center for PTSD | February 2011 U.S. Department of Veterans Affairs | [www.ptsd.va.gov](http://www.ptsd.va.gov)

<http://www.ptsd.va.gov/PTSD/public/reintegration/guides-rwz.asp>

This site addresses "Reintegration". Interactive multimedia formats allow you to watch, read, or listen to real stories, color videos, and more.

It is designed to family members insights into:

- Common reactions to expect
- Problems to watch out for, like PTSD
- Effects on family and work life
- What family members can do to help

<http://www.ptsd.va.gov/PTSD//professional/pages/assessments/caps.asp>

Clinician-Administered PTSD Scale (CAPS) - The CAPS is the gold standard in PTSD assessment. The CAPS is a 30-item structured interview that corresponds to the DSM-IV criteria for PTSD. The CAPS can be used to make a current (past month) or lifetime diagnosis of PTSD or to assess symptoms over the past week. In addition to assessing the 17 PTSD symptoms, questions target the impact of symptoms on social and occupational functioning, improvement in symptoms since a previous CAPS administration, overall response validity, overall PTSD severity, and frequency and intensity of five associated symptoms (guilt over acts, survivor guilt, gaps in awareness, depersonalization, and de-realization).

### Veterans with PTSD – Journal of Traumatic Stress

Journal of Traumatic Stress, Vol. 10, No. 3, 1997 (old study, but may be worth looking at)

#### Treatment Preferences of Vietnam Veterans with Posttraumatic Stress Disorder

David Read Johnson 1, 2 and Hadar Lubin 1

This study attempted to examine patterns over time in treatment preferences of 65 veterans who completed a 4 month inpatient posttraumatic stress disorders (PTSD) program in order to reveal potentially more beneficial types of treatment. Veterans rated the severity of their symptoms and degree of benefit of 35 different treatment components at discharge, and at 4 and 12 month follow-ups.

### EFP – research and case studies

1)Leslie M. McCullough, PhD, LCSW, LSOTP spent the last 4 years writing her dissertation on EFP with abused youth having PTSD symptomology. Trauma is one of her specialty areas.

The dissertation title is "Effect of Equine-Facilitated Psychotherapy on Posttraumatic Stress Symptoms in Youth with History of Maltreatment and Abuse". Leslie reports that "the results are significant for both decreased symptoms and increased human-equine bond. This last part, the bonding, was taken off the title due to program changes with my college while writing my proposal. But the research design remained the same, testing EFPs effect on both PTSD symptoms and human-animal bonding."

The dissertation can be accessed on "Proquest" (available at university libraries). Or contact Leslie at:

Legends Equestrian Therapy

Bergheim, TX

210-885-8696

legendsequestrian.com

[leslie@legendsequestrian.com](mailto:leslie@legendsequestrian.com)

Note: Leslie is presenting this PATH Intl.National Conference on her above study.

2)“Equine Facilitated Psychotherapy: Case studies and International Reports” available through FRDI/HETI.

Contact Gisela Rhodes at [office@frdi.net](mailto:office@frdi.net) or call 774-364-0917.

3)“A Systematic Review of the Effects of Psychotherapy Involving Equines”

By ALISON SELBY

Presented to the Faculty of the Graduate School of  
The University of Texas at Arlington in Partial Fulfillment  
of the Requirements for the Degree of Master of Science in Social Work  
The University of Texas at Arlington  
May 2009

Selby’s review (from Google Scholar but is currently under review with Health Psychology) shows the overall standing of EFP as “low to moderate” research.

#### EFMHL Task Force members working with veterans

The EFMHL Task Force members are a great resource for centers with questions about EFP. Teresa Bennett and Martha McNeil work with veterans and would be happy to field questions.

Martha McNeil, LMFT, TRI, CEIP-MH

DreamPower Horsemanship

Gilroy, Cc.

408-686-0535

[www.dreampowerhorsemanship.com](http://www.dreampowerhorsemanship.com)

Teresa Bennett Pasquale, LCSW, RYT

Horses for Veterans

[Embodimentalhealth@gmail.com](mailto:Embodimentalhealth@gmail.com)

Maurette Hanson is the Equine Specialist working with Teresa Bennett Pasquale and is also happy to share her experiences as an ES.

Maurette Hanson., TRI, ES

Director of Horses for Veterans

Horsemanship and Wellness Program

Healing Horse Therapy Center

561-914-1718

[maurette@angelsmilefarm.com](mailto:maurette@angelsmilefarm.com)

\*\*\*Please note that there are an abundance of wonderful insightful books written by mental health professionals. I am listing these 2, because they supply needed information for Mental Health Professionals, Equine Specialists, and center administrators who are contemplating EFP programming.

“How to Start an EFP/EFL Program” – available through the PATH Intl. website

“Walking the Way of the Horse” by Leif Hallberg – a good overview of the industry starting with the history of the human-equine connection and covering the many ways the equine facilitates in EFP. The book’s bibliography is extensive as it presents the views of many professionals regarding the theoretical, ethical, and educational aspects of Equine Facilitated Mental Health and Educational Services. The author addresses terminology and the many areas of services. Although, laws and definitions may vary state to state for some terms such as “psychotherapy”, Leif’s discussions, about the many different terms and types of MH services, helped me to understand that professionals and center administrators need to be very knowledgeable and accurate when using mental health terminology to represent services. So this is a great resource for anyone in the field or considering the field.

Information and contact info shared by professionals in EFP

1)Shared by:

Frits van Brussel, CortexPre, The Netherlands

A list of research studies you can find in <http://www2.ups.edu/ot/evidence/2004/Gamache2004.rtf>

For information of grants see [http://www.ehow.com/list\\_6813641\\_equine-assisted-therapy-program-grants.html](http://www.ehow.com/list_6813641_equine-assisted-therapy-program-grants.html)

The Federation of Riding for the Disabled International (FRDI) holds an International Congress with presentations of the latest research of equine assisted therapy. See <http://www.frdi.net/congress.html> Here you can get copies of papers presented [www.lovasterapia.hu/konferencia/](http://www.lovasterapia.hu/konferencia/)

<http://www.disaboom.com/disabled-veterans-general/equine-therapy-for-post-traumatic-stress-disorder-ptsd>

Equine Therapy for Post Traumatic Stress Disorder (PTSD)

<http://www.military.com/news/article/horse-therapy-helping-disabled-vets.html>

Horse Therapy Helping Disabled Vets

2)Shared by:

Sally Leong, BA, PhD, DAEP, Professor Emeritus. University of Wisconsin

608-583-3045

608-770-6297 (mobile)

[saleong@wisc.edu](mailto:saleong@wisc.edu)

[www.DancingHorseSpanishMustangs.com](http://www.DancingHorseSpanishMustangs.com)

Beth Lanning at Baylor has conducted research on H4H programming. She has a paper under review.

A survey is being conducted on about 40 veterans with chronic PTSD at the Israeli National Therapeutic Riding Program but the survey which is being developed by consultation with psychiatrist in Israel Arie Shalev, is more of a quality of life assessment. Very positive feedback has been obtained to date.

<http://www.medscape.com/viewarticle/743756?src=emailthis>

I am working with the VA Hospital in Madison and the department of Psychiatry, Drs. Dean Krahn and Robert Drury, as well as Jim Spira at the National Center for PTSD, to start of program of research on PTSD and resilience with EAP. Also

involved is Dr. Bill Benda, MD who has done the first quality peer-reviewed research on EA-based therapy for CP in children. Therapist Sara Edwards who developed her own approach known as IPET (Interpersonal Equine Therapy) is one therapist we are working with and we are seeking funding for this work now. We hope to collaborate with other centers for a longitudinal study and to compare methods and I have had numerous discussions with the INTRA about collaborative research. They use a more traditional therapy approach and Sara uses elements such as riding and grooming but with psychotherapy interventions.

3) FRDI/HETI is an excellent resource for international resources as it... “ is a global organization that forms worldwide links between countries, centers and individuals offering equine facilitated activities and assists in the development of new programs worldwide. We have dues-paying members from 45 different countries.

We strive to offer the most up to date educational information available. FRDI publishes an annual Scientific and Educational Journal of Therapeutic Riding. We maintain a bibliography and an extensive Directory of Education and Training, which lists seminars, workshops and education and training opportunities that our members offer. Please go to the calendar for a listing of current international events.

Every three years it is our privilege to partner with an FRDI Member to run the FRDI International Congress. The congress seeks to feature the latest research and development. This is a unique opportunity that brings the world together to spearhead the promotion of equine assisted activities.”

[www.HETIfederation.org](http://www.HETIfederation.org)

[www.frdi-athens2012.gr](http://www.frdi-athens2012.gr)

[www.facebook.com/HETI.international](http://www.facebook.com/HETI.international)

4) Shared by: Molly DePrekel MA LP

952 934-2555

[molly@mwtraumacenter.com](mailto:molly@mwtraumacenter.com)

16204 Highway 7

Minnetonka, MN. 55345

There is a group trauma manual that I have written with Kay Rice LICSW that is available for \$45.00.

Animal Assisted Group Interventions for the Treatment of Trauma:

This manual is a piloted group curriculum and guide for the treatment of clients in a group setting. The curriculum utilizes equine assisted therapy and is laid out in a session by session format. The three group sessions are in ten week increments. This therapy work is a way for clients to express their emotions and feelings through their body and with movement , rather than traditional 'talk' therapy.

This guide utilizes mounted and ground work to create a container for safe, mutually respectful interventions for the treatment of trauma. The authors have over 25 years experience working in mental health and specifically with traumatized populations, and training other clinicians in equine assisted therapy. Please contact

[molly@mwtraumacenter.com](mailto:molly@mwtraumacenter.com) for more information and to order this resource.

## PTSD: Co-occurring Problems

PTSD often co-occurs with other mental health problems, such as depression, substance abuse, and TBI. Below learn more about treating these co-occurring conditions. VA Providers can also see the provider section of [VA Mental Healthwebsite](#).

- [Assessing and Responding to Suicidal Intent: A Fact Sheet for Providers](#) (PDF)  
Exposure to neglect, violence, homelessness, abuse or poverty may encourage suicidal intent.
- [Disasters and Substance Abuse or Dependence](#)  
A summary of disaster research and substance abuse or dependence.
- [The Experience of Chronic Pain and PTSD: A Guide for Health Care Providers](#)  
Discusses chronic pain and how it may be related to trauma and PTSD. Includes recommendations for health care providers on handling chronic pain and assessing for trauma.
- [Managing Grief after Disaster](#)  
Clinical advice regarding managing grief after a disaster, including addressing traumatic grief, complications of bereavement, and risk factors.
- [Nightmares and PTSD: Research Review](#)  
Provides information on prevalence and characteristics of posttraumatic nightmares, cultural issues, and effective treatments.
- [Physical Health Effects](#)  
This PTSD 101 course discusses research findings from both civilian and military populations illustrating how a person's reaction mediates the effect of exposure.
- [PTSD and Physical Health](#)  
Provides information on the relationships between trauma, PTSD, and physical health; specific health problems associated with PTSD; health-risk behaviors and PTSD, and more.
- [The Relationship Between PTSD and Suicide](#)  
This fact sheet explores the relation between PTSD and suicide. It offers providers information about risk factors and reasons for suicide as well as dealing with suicide.
- [Report of Consensus Conference: Practice Recommendations for Treatment of Veterans with Comorbid TBI, Pain, and PTSD](#) (PDF)  
Consensus statement from multidisciplinary workgroup with recommendations to guide clinical practice for Veterans suffering from co-occurring PTSD, history of mTBI, and pain.
- [Report of Consensus Conference: Practice Recommendations for Treatment of Veterans with Comorbid Substance Use Disorder and PTSD](#) (PDF)  
Recommendations from multidisciplinary workgroup. This PDF file may be printed and used as a handout.
- [Smoking Cessation](#)  
This PTSD 101 course describes the rationale and evidence for integrating smoking cessation into PTSD treatment. Overview of psychological and pharmacological interventions.
- [Substance Abuse](#)  
This PTSD 101 course discusses the complex relationship between trauma exposure, PTSD and substance use disorders. Covers assessment, common issues, and empirically-based treatments.
- [Traumatic Brain Injury](#)  
This PTSD 101 course outlines the neuropsychiatry of TBI. Reviews the types of TBI, common functioning deficits, the relationship between PTSD and TBI, assessment and treatment.
- [Traumatic Brain Injury and PTSD](#)  
Background information about traumatic brain injury and how it relates to PTSD. Implications for diagnosis and treatment.
- [Traumatic Grief: Symptomatology and Treatment for the Iraq War Veteran](#)  
Describes traumatic grief and distinguishes between normal and pathological grief. Discusses the assessment and treatment of acute and complicated grief in returning Iraq war veterans.

## HORSES FOR VETERANS PRE-GROUP SURVEY

This survey is intended to be anonymous. We are asking that you take a Pre-Group Survey (Week 1) & 6 Week Survey, so that we can learn what elements of this program are helping you and how it may assist others. We will provide you with a follow up survey in 8 weeks to get your feedback. For identification of both surveys together please put your First and Last name INITIALS HERE: \_\_\_\_\_.

### DEMOGRAPHICS

Put an "X" in each category below to the left of the category that applies to you like this:  X

Age:  under 18  19-25  26-35  36-45  46-55  56-65  65 & up

Race/Ethnicity:  Hispanic  Caucasian  Asian  African American  Hawaiian/Pacific Islander  More than one race  Other  No Answer

Military Service:  Army  Marine Corps  Navy  Coast Guard  Air Force  
 National Guard  Reserves  Currently On Active Duty Status

Family member/significant other of service member

Primary Readjustment/Mental Health Issue:

Combat Veteran with general readjustment issues  Survivor of Military Sexual Trauma with general adjustment issues  Diagnosed with PTSD  Diagnosed with Depression  Diagnosed with Substance Abuse Issues  N/A

Other diagnosis or presenting issue (please describe) \_\_\_\_\_

Primary Medical Issues (check all that apply):

Back Pain  Neuropathy  High Blood Pressure  High Cholesterol  Obesity  
 Traumatic Brain Injury  Neck/Shoulder Pain  Gastrointestinal Issues

Other (please describe) \_\_\_\_\_

Are you one of the following (check all that apply) :

Combat Veteran  Survivor of Military Sexual Trauma (MST)

Family member of a combat veteran  Family member of a survivor of MST

Bereaved Family member of a military service member who died on active duty

Non-Combat or MST Service Member  Other

If you are a Combat Veteran which conflict did you serve during (check all that apply) :

WWII     Korean War     Vietnam War     Persian Gulf     Somalia     Panama     Granada  
 Lebanon     Bosnia     Kosovo     OIF     OEF     OND     Other (please describe)\_\_\_\_\_

Disability Status:  Service Connected & Working     Service Connected & Not Working

Never Submitted A Claim     N/A

Treatment Status:     In Mental Health Treatment-less than 1 year     In Mental Health Treatment-more than 1 year     Not In Mental Health Treatment

Equine Experience Status:     Have Had Equine Experience-less than 1 year

Have Had Equine Experience-more than 1 year     Never been around horses

## Personal Mental Health Wellness Questions

Rate your mental well being at this time on a scale from 1-5 in the below areas.

1 (never)      2(sometimes)      3 (half of the time)      4 (often)      5 (always)

- 1) I feel hopeless.
- 2) I feel helpless.
- 3) I feel angry.
- 4) I feel depressed.
- 5) I feel guilty.
- 6) I feel grief and unresolved issues of loss.
- 7) I have trouble sleeping.
- 8) I have nightmares.
- 9) I have trouble expressing my feelings.
- 10) I am overly aware/hyper-alert to my surroundings.
- 11) I feel anxious.
- 12) I have difficulty trusting others.
- 13) I isolate myself from the outside world (friends, family, strangers).
- 14) I self-medicate (with drugs, alcohol, work, food, etc) myself to deal with issues of sleep, anxiety, anger, and/or to deal with stress.



# Personal Physical Health Wellness Questions

Rate your mental well being at this time on a scale from 1-5 in the below areas.

1 (never)      2(sometimes)      3 (half of the time)      4 (often)      5 (always)

- 1) I have back pain.
- 2) I have shoulder pain.
- 3) I have leg pain.
- 4) My muscles are tight or tense.
- 5) I can't bend over.
- 6) I have headaches.
- 7) I feel tired.
- 8) I feel out of shape.

## GENERAL QUESTIONS:

Why do you want to participate in the Horses for Veterans Program?

What do you expect to get from your equine facilitated psychotherapy experience? What do you think the benefits might be?

What are your hesitations about being a part of this program or being around horses?

How do you expect this program will affect you: mentally, physically, emotionally?

Any other comments?

### CONSENT:

I authorize my anonymous information collected from this survey to be used for the purposes of general data collection, presentation regarding this programming, or to assist in continuing this programming.

SIGNATURE : \_\_\_\_\_

### REFUSAL OF CONSENT:

I do not authorize my anonymous information collected from this survey to be used for the purposes of general data collection, presentation regarding this programming, or to assist in continuing this programming.

SIGNATURE: \_\_\_\_\_

## STANDARDS & ETHICAL PRACTICES for EFP team-based programming

### Psychotherapist Role

- Psychotherapist must be licensed for clinical therapy practice within their state and field (EX: LCSW not MSW).
- Therapist must provide the same standards and ethics as determined by their professional field of practice including: general privacy, documentation privacy, do no harm ethics, safety of clients mentally and physically, provide clients with appropriate materials about care and standards of care re: privacy, safety, and duty to report standards. SEE Standards for ethical practice for each field for more detail, such as NASW's website (<http://www.socialworkers.org/pubs/code/default.asp>)
- Psychotherapist must screen ALL participating clients for mental fitness and emotional status appropriate for this level of care and treatment approach.
- The compliance of all above issues is ultimately the responsibility of the psychotherapist and if the level of care, privacy, and ethics cannot be attained in a given therapy setting then the onus is on the therapist to not bring their clients into a therapeutic experience that is unsafe or unethically—emotionally or physically.

### ES or TRI Role/Volunteer Role/Center Role

- When providing EFP (Equine Facilitated Psychotherapy) practices in a Therapeutic Riding environment the professionals, volunteers, and centers involved in the process are bound (for the purposes of the EFP programming) by the same standards of ethics, privacy, and psychotherapy care that the psychotherapy professional are guided by. They must comply in full with those standards otherwise the therapist and the facility are liable for the violations of those ethics; both to the client and to the certifying/credentialing bodies they report to.
- Every professional, volunteer, and center/institution must fully consider the ramifications of both taking on an EFP program and the requirements to provide ethical care based on these new (to TRI programming) set of standards. If for any reason it is impossible to comply with all the necessary ethical standards at the present time the consideration must be made to change the system to suit the programming needs or not have such a program at that facility until the standards can be met.
- It is critical that the ES/TRI, Volunteer, and or Center be aware of the critical importance of these standards, the specialized needs and reasons for those needs when working with a mental health population and the ramifications for violations of mental health ethics. The implications for the mental health practitioner alone could be loss of licensure due to not providing the appropriate level of mental health care as promised both by their licensure and their standards of care given to clients at the beginning of treatment.

## Overall Ethical Practices for Equine Facilitated Psychotherapy

- All the following standards must be agreed upon and followed by all participating parties in an EFP program for the program to function ethically (including: mental health providers, ES/TRI professionals, NARHA centers, and interns or volunteers in an EFP program). Clients and professionals engaging in EFP will be given a copy of privacy and guidelines prior to their participation in any programming so that the standards of practice are clear and there is no confusion through the process; if there is confusion at any point, professionals can request the feedback of their mental health counterparts and/or outside mental health resources to validate ethical standards of practice for EFP/mental health programming.
- Verbal Interaction Privacy: Anything stated in a session of EFP is private information of the clients participating and all persons involved in the program (mental health therapist, ES/TRI, or volunteer) are bound by the same privacy standards and ethics meaning that no information divulged in the session may be repeated outside of the therapy session to anyone; the only exception to this is with the expressed permission of the client and a signed release from that client stating exactly what material may be divulged and to whom.
- Identity Privacy: Disclosure of client's name or personal information would be secured at the facility. The use of the client's name, photograph, or identity in any way would not be permissible except with client's written permission on a case-by-case basis. Client's identity and therapy experience would be kept private from the rest of the facility by making the therapy activities in a separated location during the therapy process; client's information or their diagnostic issues or content discussed in session would be kept private unless client gave written permission specific to certain material being exposed. Client's mental health privacy extends fully into this setting as it would in a psychotherapy office and no information is revealed to parties outside of the therapy experience unless that person is a danger to themselves or others; if this were the case the mental health professional would reveal the information to the appropriate authorities. ES/TRI, Volunteers and Centers are held to the same privacy standard when providing EFP programming and must be able to, as persons and a facility provide this level of security to be able to provide an EFP program ethically.
- Records Privacy: In a mental health practice it is required that records be kept in a double safe guarded system. An example of this would be a therapy office which is locked at night with records in a filing cabinet which is additionally locked at night. The only person who has access to these records is the mental health professional; the only exception to that is if the client authorizes the professional to contact or disclose the information on the client's treatment in which case a signed record release is needed which will be kept in the client's file and the information disclosed will only be that which the client expressed they wished to be disclosed. In an EFP program when notes might be written in tandem by the mental health provider and the ES these records are required to have the same level of privacy, be locked in a doubly secure area and ONLY accessible to the mental health therapist (the ES records would be in the same area and the ES would only have access to their note, not the mental health professional's note) unless authorized otherwise by the client.
- All professionals and volunteers involved in an EFP program with no prior background in EFP must go through a full training which outline the above standards and ethical regulations for participating in an EFP program; they must sign an agreement that stipulates they will abide by all the necessary regulations to be a part of this particular, and unique in the TRI world, type of programming. Volunteers/interns, in particular, must be specifically selected based on their suitability to this program and factors that contribute to their suitability would include: healthy boundaries, ability to understand ethical issues of mental health, any background with mental health and/or the specific mental health population being treated.

- Any “skill building” that comes out of EFP programming (besides the basic safety requirements that provide all participants in equine facilitated programming with the ability to safely work with a horse) is purely a secondary gain of the main goal of EFP programming whose purpose is to diminish client’s symptoms related to their mental health diagnosis. Skill building and horsemanship skills can be utilized in the pursuit of learning coping skills and symptom reduction for the client’s mental health issues but is not the pursuit of EFP. In that the EFP programming includes necessary privacy of the clients participating its goals, different from that of TRI, is not competition or building skills to compete process. \*Clients are encouraged, if their program experience lead to an interest in horsemanship or equine skill-based activities, that they pursue those avenues (and appropriate referrals to those programs will be given) but are not done in the context of EFP programs; that is an entirely separate activity and would be done once client was clinically stable and completed with their mental health-based EFP program. \*
- Boundaries with clients in EFP programming, as a mental health program is necessary and, again, very divergent from traditional equine assisted activities boundaries. Having a social or business relationship with a participant of a psychotherapy program is an enormous violation of both privacy and inherent boundaries set up in mental health programming. Those boundaries have been created, by every governing body of mental health practice (and infractions of this can lead to revoke of license) to make sure that both clients and professionals do not take advantage of or blur the lines in a practice that does bring out an intimate sharing of information and necessary therapeutic relationship building. Clients are not friends, coworkers, family members, or even acquaintances. The relationship in a mental health program between providers and clients must be very clear to create a healthy and ethical practice. Any professional involved in an EFP program must adhere to the necessary privacy and boundary standards of a psychotherapy program. Social or business relationships with clients are not possible; in a mental health program, even acknowledgement of a client in the public sphere unless the client initiates contact and offers their acknowledgement of you is forbidden. In mental health once a client is your client they are in a mutual agreement that the relationship is a psychotherapy relationship and not anything else; this must be firmly adhered to by all participants of EFP programming to maintain the ethics and quality standards of the psychotherapy practice in an equine setting.

#### SOME EXAMPLES OF EFP PRIVACY AND BOUNDARY PARAMETERS:

1. A client in an EFP program and their psychotherapist/ES/volunteer are at the same event in the local area, they see each other in the distance. It is not permissible to acknowledge or address this client, if they wish to address the professional that is their choice. As being part of a mental health program is confidential, to acknowledge knowing this client without their expressed permission would be a violation of that privacy agreement and would disclose their participation in a mental health program without their authorization.
2. A client in an EFP program asks their ES to come to their daughter’s birthday party. Unlike a traditional TRI instructor-student relationship the ethics of EFP and psychotherapy would not allow this interaction. The relationship with a client in a mental health program create a boundary that would not allow for a violation of this by blurring the lines of mental health ethics and privacy and interaction with a client in a social and personal environment.
3. A client asks a provider of EFP to go into business with them. In mental health the general rule for having any interaction with a client outside of the client-therapist relationship is 5 years and even then at most it would be appropriate to have an acquaintanceship; to go into business with a client of an EFP/mental health program would be a violation of the boundaries of healthy mental health programming.

4. A program wishes to promote their EFP programming and want to have images of clients on their publicity materials. The first necessary interest that is necessary in considering when attempting this is the clients participating in the EFP programming. For some clients and populations participation in any kind of public material would be therapeutically unhealthy and detrimental to their treatment; prior to broaching this subject with any clients a treatment team meeting would be necessary to assess the rewards versus injury to clients in the program. IF there was a client that might be clinically stable and mentally healthy enough to handle this kind of exposure they would need to be addressed by the treatment team and all of the potential outcomes for their emotional well being need to be explored with their psychotherapist. IF the client would like to be a part of something like this they would need to sign a release for their image to be used and specifics as to when and how that image could be used. This said, as a general rule of thumb, it is almost never advisable to disclose mental health program participants identity and this should be explored with great weight given to the mental health (as the primary issue of importance) before going forward. If people are looking for EFP programming and understand the issues and needs of mental health clients they will be, most likely, happier to know that clients in a psychotherapy program are NOT on the cover of materials. Also, as many therapists often do, even with permission to use client's likeness for training or educational purposes psychotherapists in EFP programs and general mental health will only use clients images with their face blacked out and only discuss cases of clients with enough material changed or generalized to protect client's identity (this is a common practice in psychotherapy practice and education and more than likely you will never have clients identity or image exposed--even if the clients would have given permission).

Shared by:  
Maurette Hanson., TRI, ES  
Director of Horses for Veterans  
and  
Teresa Bennet Pasquale, LCSW, RYT

This EFP program services Veterans with PTSD. It is limited to 4-5 participants per 8 week session. We are running two sessions of 4 this year (one fall and one spring) and have as of this past summer run day long workshops for different specialty areas through the summer when it is too hot for regular programming. The below outline was provided by Maurette as the ES.

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Maurette as the Equine Specialist Outlined:

Outline for Horses for Heroes Program  
10 week sessions  
2 hours

1<sup>st</sup> session:

Meeting with Maurette and Teresa to introduce the outline of the program.  
Fill out initial survey.  
Herd observation and discussion.  
Interaction with herd and hopefully match horse to person.

2<sup>nd</sup> session:

Intro to proper way to retrieve your horse.  
Intro to proper grooming.  
Intro to proper leading of horse.  
Discussion of what learned.

3<sup>rd</sup> session:

Show proper way of retrieving horse.  
Groom and show proper way to lead horse.  
Intro to natural horsemanship/groundwork.

4<sup>th</sup> session:

Retrieve and groom their horses.  
Natural horsemanship/groundwork continues.  
Discussion of what learned. Building concrete bond with their horse

5<sup>th</sup> session:

Groom and tack their horses.  
Continuation of natural horsemanship/groundwork w/tack.  
Introduction to balanced riding.

6<sup>th</sup> session:

Groom and tack their horses.  
Horsemanship/groundwork.  
Riding lesson.

7<sup>th</sup> session:

Groom and tack their horses.  
Horsemanship/groundwork.  
Riding lesson emphasis on learning a certain skill.

8<sup>th</sup> session:  
Same as 7<sup>th</sup> session.

9<sup>th</sup> session:  
Same as 7<sup>th</sup> and 8<sup>th</sup>.

10<sup>th</sup> session:  
Riding lesson showing learned skills.  
Review with Maurette and Teresa.  
Filling out of final survey.

This is only an outline. Any or all are subject to changes or additions or not at all. There needs to always be some kind of flexibility to allow for whatever may happen that day with horses and/or student.

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Teresa as the MHP added these activities:

#### SAMPLE EFP/PTSD PROGRAM ACTIVITIES:

--groundwork/natural horsemanship round pen exercises which utilize communication both human and equine to facilitate building a relationship and helping a person with PTSD become aware of the way they act and are read in the world around them by the way the horse reads their actions.

--walking meditation with equines and human counterparts side by side around an arena; veterans are taught breathing exercises for stress reduction and mind/body awareness and they begin group sessions by becoming centered, grounded and calm in their bodies and with their equine partners while walking and breathing at a slow and steady pace around the arena. (since adding this to the programming I have found on a stress scale of 1-10 that veterans report a decrease of stress levels by one point for every two revolutions around the arena--just a side note :)

--warrior painting activity (done at the end of each group cycle--8 weeks total and usually done on week 7) which I created from research in the history of horses in the native american tribal warrior culture. I found symbols commonly used by warriors as they write/told their stories in images, like hieroglyphics, on their horses before war and give those to the veterans with an explanation of the history. They are urged to use these as a catalyst for their ideas but that they can use also or instead their own images from their military or racial cultures of origin--this takes an entire session and at the end they tell their story that is drawn on their horse partner/warrior companion to the group.

## Windrush Farm – Boxford, MA

### H4H EFL/TR Program

### Overview

Number of Vets serviced in 2010: 57 EFL and TR – Funding with private donations

Number of Vets serviced in 2011: 36 EFL and TR – Funding by the VA Rec Therapy grant (through Larry Long the Director of Recreation Therapy in Washington D.C. for equine therapy grant money).

Simultaneously serviced veterans from 2 programs:

- The Dom Program, at the Bedford VA Medical Center, for veterans who are homeless and have PTSD and drug/alcohol issues. <http://www.bedford.va.gov/Mentalhealth/index.asp>
  - Older veterans from the Edith Nourse Rogers Memorial Veterans Hospital in Bedford, MA
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\*\*\*Please note that while this was not an EFP program, with a mental health professional, any of these activities could have been utilized in an EFP session.

#### Week 1

Introduce staff, volunteers, VA staff and veterans.

Housekeeping rules i.e. smoking area, bathrooms, non-programming areas...

Horse knowledge i.e. behavior, how they navigate their surroundings, socialization within the herd, how they communicate.

Watch a small herd interact. Then introduce hay to elicit more horse communication opportunities,

Discuss what the horses are telling each other. Interact with horses that come to fence line.

Introduce basic safety around the horse

Grooming with horses on cross-ties or held by volunteer.

#### Week 2

Hay ride to watch horses in fields. Review herd/horse behaviors and how/why horses want to interact, how they communicate starting with subtle signs and moving to escalated communication.

Back in the barn do grooming activities, finding out what horses like/don't like about the grooming. Discuss the process through the horse's perspective and also the groomers. Highlight what the horse communicates to the human and what the human communicates to the horse. Discuss "intent".

Discuss equine signs of relaxation, tolerance, and stress and look at each horse to help illustrate the signs. Suggest occasional "check-ins" to insure the horses (and humans) are comfortable. Open discussions on ways humans can help the equine to relax. Practice and see what happens to the equine.



### Week 3

Review signs of relaxation and stress in horses and what we as handlers bring to the table. Discuss what motivates horses in regard to pressure and release and non-verbal language that is consistent and clear. Discuss leading techniques and practice leading each other with halter and lead. When the horse talk about how it feels if the leader has tight, restricting hold on lead, Walks ahead of you, keeps looking at you the horse instead of where you are to go...

Discuss which techniques convey the best info to the horse in a partnership building manner that communicates well while staff demonstrates with a horse and then practice with their own horses. As communication skills develop practice leading through a course.

Practice ground work moving the horse, focusing on consistency, clear intent, quick release of pressure. Analysis effectiveness of techniques by the horses response time or responsiveness, calling for less cue approximation. Suggest visualizing their intent. Stress that the most important part of this whole process is that the communication happen in a relaxed supportive environment for the horse. Ask the vets to continually monitoring the horse (and themselves) for signs of relaxation.

### Week 4

Review last week's session and practice leading their horse again. Discuss what they know about their horse to the other vets and then switch horses. Discuss the repercussions to the horses having brand new leaders. Work on making the horse comfortable (i.e. grooming/stroking talking/ some initial asking of small movements from the horse... ) then practice leading the new horse, building communication and trust. Do the same process with a third horse. Ask the vets to discuss the differences in the three horses and some of the traits they appreciated. Discuss what each horse preferred/did not prefer. Vets can share which horse they felt most comfortable with and why.

### Week 5

The military/equine connection – riding demonstration of training and terminology originating in the military.

Note: For PATH Intl Conference attendees, I included some terminology detail below, to share with the veterans in your programs – Enjoy!

### Training

The modern term “Eventing” was originally called “Militaire” by the French, and then “Combined Training” by the Americans. This training was created in an effort to better prepare both mount and rider for the hazards of and stamina and athleticism required on the battlefield.

Eventing has 3 phases:

Dressage- a silent drill card for horse and rider which tests their team work and discipline. The armed services participate in this type of drill ceremony regularly.

XC- an obstacle/leadership reaction course in which the horse and rider navigate a course with natural obstacles in order to test their courage/boldness, team work and endurance.

Stadium- an obstacle course in which the horse and rider are tested on their overall endurance, composure, obedience, and teamwork. This is the final "Pass and Review" which determines the outcome of the Parade and hence the competition between riders.

\*Overall, however, the disciplines are utilized to forge a partnership between man and mount, as would a platoon and platoon leader forge a relationship through drill and obstacle courses; although there is one determined leader (principle known as uniformity of command) the horse/platoon is equally responsible for knowing the job and how to accomplish the task at hand. This is entirely team building, relationship building, and a leadership-followership exercise, the likes of which are of course still routed in the military and vice versa.

Terminology: Movements & Body Parts:

Passing Left to Left- this is how officers would have saluted each other, particularly with sabers, to avoid crossing sabers.

Salute- the salute in which we drop our hand to our thigh is how one salutes with a saber in hand, as a cavalry officer they would have saluted with sabers.

Flank- not only the anatomy of the horse, this is a drill movement referring to the same area of the formation, the side. The flanking movement requires that you turn in the direction of either the right or left flank.

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Note:

After the 5<sup>th</sup> class the veterans break into 3 groups. We have a weight limit of 185 lbs. Veterans under 185 may choose the therapeutic riding program or the lunging/long-lining program. Veterans over 185 lbs. go with the Lunging/long-lining venue. Veterans who are non-ambulatory may choose between TR or a 3<sup>rd</sup> track which continues with equine interactions through horse care activities. Below is a brief description of the Lunge/long-line and TR programs.

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Week 6

Discuss lunging, purpose and benefits for the horse. Observe a lunging exercise, discussing body placement, communication, observing horses comfort level. Practice lunging with each other focusing on body awareness, intent, clear communication and what the horse might be thinking/feeling. Discuss the importance of learning in a positive, relaxed environment and not rushing the horse. Vets will take turns lunging a horse with staff focusing on watching the horse for comfort levels and their own body language and intent. Discuss throughout the class, the needs of the horse and when the horse is ready for the next step ie gait.

Week 7

Long – lining. Same process as week 6.

OR

Week 6

Therapeutic Riding-communication and trust in the team.

Half vets ride while others lead and then switch. For the team (rider, leader, and horse) the focus is on trust and communication. For the rider, the goal is on relaxing and moving with the horse focusing on the horse's breathing and staying centered. Introduce the rein and leg aides.

Week 7

All vets ride independently working on basic riding skills.

Note: Veterans, who continue to ride at Windrush, have the option to ride in our integrated "recreational" riding program where they may progress to drill team work and advanced riding work. They may also volunteer in our TR program.

