

**EQUINE FACILITATED COUPLES THERAPY AND SOLUTION FOCUSED
COUPLES THERAPY: A COMPARISON STUDY**

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DOCTOR OF PHILOSOPHY

by

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ABSTRACT

This study investigated the effectiveness of equine facilitated couples therapy as compared to more traditional solution focused couples therapy for dyadic relational adjustment as measured by three separate administrations of the dyadic adjustment scale (Spanier, 1967). MANOVA analysis revealed no significant differences between test groups on the first two administrations of the dyadic adjustment scale but did yield significant differences on the third administration. On the third administration of the dyadic adjustment scale individuals in the equine facilitated therapy group scored an average of seven points higher on the dyadic adjustment scale as compared to like subjects in the solution focused group. In addition, case study results also support quantitative data results as outlined in the following manuscript. Findings are discussed as related to future progress of equine therapy in the counseling profession.

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Robert Haussmann, PhD

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Chapter I

Introduction

Introduction to the Research

The relationship between animals and humans has been of interest to the scholarly community since the time of Darwin. The horse and human bond is strong. From early accounts of horses as transportation and field hands to more recent accounts of horses as mental health helpers, horses have always played a role in some aspect of the human experience. Horses can be found in ancient paintings and lithographs depicting the relationship between horse and human. The Disney classic *Black Beauty* shows the remarkable bond between human and horse and the emotionality of the life of the horse. More recently the film *Sea Biscuit* showed the relationship between a jockey and his horse. Clearly, the dynamic between horses and humans is of interest to the human community.

The dynamic between horse and human was a focus in the design and implementation of this research. Movies, paintings, and literature have depicted the relationship between horse and human since the time of *Black Beauty* and Socrates. More recently researchers have shown an interest in dissecting and utilizing the relationship that exists between animals and humans for therapeutic means and methods. Organizations such as the Equine Assisted Growth and Learning Association (EAGALA) have been formed to address the growing desire to utilize horses as a therapeutic method (EAGALA, 2001). This research sought to understand the more recent account of horses in human lives, more specifically in the lives of couples in need of mental health services for relationship adjustment issues.

In this study equine facilitated therapy (EFT) was compared to solution focused therapy (SFT) to determine if couples receiving EFT would exhibit positive therapeutic outcomes that were better than or comparable to SFT. Research comparing the utility of EFT to another method of therapy is needed in the field of EFT to help establish the clinical utility of EFT in comparison to other established methods of therapeutic interventions.

Statement of the Problem

The topic of equine facilitated psychotherapy has been gathering attention in the therapeutic community (Aduddell, 2003; Burgon, 2003; Emory, 1992; Russell, 2003; Taylor, 2001). While questions about the effectiveness of this mode of therapy exist, interest in horses as a method of treatment is prevalent. For example, Monty Roberts, horse trainer and philosopher, believes that horses can tell not only their own stories, but also help humans to tell their own stories (Roberts, 1996). Roberts believes that if people listen to what horses are saying with body language, personal growth and heightened interactions can occur between horses and humans and within the human condition as well. Roberts' writing indicates that horses can help individuals find answers within themselves (Roberts, 1996).

Individuals may need assistance in the therapeutic setting to find answers. This idea of therapeutic help is the basis for equine facilitated therapy. Research in the area of equine facilitated psychotherapy (EFT) has grown in recent years. However, research in EFT is largely centered on case studies and description of personal encounters (Burgon, 2003; Trammut, 2003; Tyler, 1994). Some studies have attempted to identify the personalities of horses (Momozawa, Ono, Fumio, Kikusi, & Mori, 2003; Morris, Gale &

Duffy, 2002) or investigate how well people can interpret equine emotions (Russell, 2003). These studies, while beneficial to the field of therapy for providing starting points to research, have not contributed to determining whether EFT is a useful treatment for interpersonal and personal struggles.

Purpose of the Study

In reviewing past literature in the area of equine facilitated psychotherapy (EFT), a large gap becomes apparent in terms of the various research methods which have been used. A few experimental studies have shown a positive outcome for EFT services when treating clients (Aduddell, 2003; Bray, 2002; Emory, 1992). However, these studies have tended to be exploratory in nature rather than comparative. Comparative studies are needed to determine how effective EFT may be as compared to traditional therapeutic modalities.

The majority of studies in EFT have been case studies and observations (Kaiser, Spence, Lavergne, & Bosch, 2004; Mann, 1998; Roberts, 1996; Taylor, 2001). In these past studies the children and families that have been studied have been in residential placements or had previously been in treatment (Kaiser, et al., 2004; Mann, 1998). While these studies have provided copious background research into EFT, none have compared the effectiveness of EFT to other therapies or determined if EFT is the sole reason for improvement versus placement in residential settings.

In this study the researcher observed couples that had not previously been to couples therapy as well as those who had been through couples therapy. A dyad's previous experience with horses was documented to see which couples benefited from therapy more: those with horse experience or without. Horse experience in this study was

measured by the number of direct contacts that each person has had with horses. Direct contact was defined as petting, physical contact, or riding of or with horses. This study sought to discover whether couples who receive EFT therapy demonstrated greater levels of dyadic adjustment and relationship satisfaction than those couples receiving solution focused therapy (SFT). This was a dimension that has not previously been studied by EFT researchers.

Definition of Key Terms

Equine Facilitated Psychotherapy (EFT): EFT was defined as a process and series of activities in which couples engage with horses and a therapist in team building exercises that may facilitate change (EAGALA, 2001). These activities were limited to haltering a horse, horse billiards, the obstacle course, and extended appendages. These activities will be further defined below and be detailed in the appendix of this dissertation. EFT exercises were followed by a processing session. In these sessions couples were asked about their emotions, behaviors, and patterns as individuals and as a couple that had been revealed by the EFT activities.

Haltering Activity: (EAGALA, 2004): Haltering is a basic activity that requires no horse knowledge or knowledge of horse equipment. The Equine Assisted Growth and Learning Association (EAGALA) recommends this as an initial evaluation exercise for individuals, couples, and/or families (2004). There is no right way to halter a horse in this activity. In this activity the therapist hands a client a lead rope and a halter and asks the client to halter the horse to the best of their ability. No other instructions are given to the client and no preparation is given. Again, there is no right way to halter a horse (or solve a problem). If instructions are given the client might feel that there is a “right” way or

might attempt to please the therapist by doing it his or her way. Clients are told that the therapist will not do it for them, that the therapist would like the client to discover how to do it their way, as that is the best way for them. If a client asks for direction during the session the therapist responds with “do the best you can.” The therapist is looking for a variety of things during this activity. Does the client get mad, sad, frustrated, check out, etcetera? How do the clients approach the horse? How do the clients in a group or couple setting relate to each other? What worked for the client or what did not?

Obstacle Course Activity (EAGALA, 2004): In this activity an alleyway is set up large enough for the horse to walk through unassisted. “Temptations” are set up for the horse such as hay bales and grain within the alley. Obstacles such as poles and jumps are also set up in the alley for the couple to navigate the horse through, over, or around. A lead rope is attached to each side of the horse’s halter and the couple is told that their goal for this activity is to get the horse through the alleyway without having the horse leave the alleyway, knock anything over, eat anything, and without the couple knocking anything over, going into the alley, and without dropping the lead rope. The couple is asked to decide on a consequence for violating any of the six rules. The consequence can be anything but has to be done in the here and now, not after the activity is finished and has to be done each time a violation occurs. Violations may include dropping the lead rope, knocking something over, or letting the horse eat. Some possible consequences include jumping jacks, telling a partner how they feel, or any other consequence that the couple determines. This activity gives information to the therapist about how a couple interacts, communicates, and consequences themselves in the “real world.”

Extended Appendages Activity (EAGALA, 2004): The purpose of this activity was to discover relationship roles, problem solving styles, communication styles, and build teamwork skills. A horse or two are in the arena with a halter, lead rope, saddle blanket, and saddle. The couple was asked to link arms. The person on the right directs the other's left hand and the person on the left directs the other's right hand. The couple was told that they are like one big body that shares a brain. The person on the left can only use their right hand when told to by their partner and only in the exact manner told by the other person and vice versa. Each person needed to give specific instructions to the other. In other words, you cannot just say "halter the horse." Each step of haltering needs to be described. The couple was then told to catch, halter, and saddle the horse. No other instructions are given.

Horse Billiards Activity (EAGALA, 2004): Prior to the couples entering the arena "pockets" are set up in the arena using two poly pipes or wood posts. Often six pockets are set up in the arena for this activity. The horse becomes the billiard ball in this activity. Couples are then instructed that like pool, their job is to get a horse in each of the pockets. The basic rules of the game are that there is no touching of the horse, no bribing or simulated bribing (e.g. pretending to have a carrot), no use of halters or lead ropes, and no using anything outside of the community (arena). The pocket is "good" only when the horse goes through the opening in the front, the head and tail break the plane of the two posts/pipes, and the horse stays for a few moments in the pocket. The pockets can not be moved or knocked down. Each person will have a "shot" to get the horse in the pocket. Only the person taking a shot can talk. Again, the couple will be asked to choose a consequence for breaking any of the rules to be done in the here and now. The therapist is

looking for how the couple works together, stays in the same rut that does not or does work, how the couple comes up with new ideas, if there was competition, and how the horses responded to each member. Did the couple become frustrated? What did the non verbal language between the couple look like? This is a good activity to discover patterns of frustration in real life and to show each member of the couple basic non verbal body language.

The Couple: The couple relationship in this study must be committed. This committed relationship was defined as a relationship in which both partners report that they are faithful to the other and that they each see themselves with the other in the future. This was determined in the intake interview by the examiner asking each person in the dyad if they felt the other was faithful and committed to the relationship. Couples who did not feel this way were excluded from the study. No couples were excluded from participating in this study based on these criteria. Couples in this study were married, living together, premarital, separated, or exclusively dating. Couples ages were limited in this study. The age of the youngest member of the couple needed to be over 21. The age of the eldest member of the couple could not exceed 45. Individuals above the age of 45 may have had different life experiences than those below 45. These life experiences could include the death of a spouse, multiple career changes, divorce, and so on. While it is possible that those between the ages of 21-45 could have had these experiences as well, the likelihood of these items increases with age. Also, by limiting the age in this study it was possible to study a smaller group of individuals rather than add more confounding factors to this study. Gay, lesbian, bisexual, and transgender (GLBT) individuals will also

be excluded from this study as the dyadic adjustment scale has not been normed for GLBT individuals (Spanier, 1992).

Solution Focused Therapy (SFT): SFT was defined as the process in which the therapist and couple triad focus on creating or finding tools to alleviate issues in the couple relationship rather than focusing on tools that help to maintain the problems (DeShazer, 1985). The three basic components of SFT will be used as a guide: the philosophy of solution focused therapy (the premise and assumptions of the theory), use of language, and solution focused techniques such as the miracle question (DeShazer, 1985; DeShazer, 1997; Hjerth, 1995). The basic premise and assumption of solution focused therapy is that clients can use their strengths through their own frame of reference and interpretation of the world to create positive solutions to problems that are currently being experienced. Solution focused therapists use positive framing of language to change the meaning of problems in the lives of clients and make the problems changeable. Such therapists use specific techniques such as the miracle question (e.g. “If you woke up tomorrow and a miracle had happened and this problem was gone, what would that look like/what would be different?”) to change the perception of a problem and find new solutions to existing issues.

Relational Adjustment: Couples relational adjustment was measured using the dyadic adjustment scale (DAS) developed by Spanier in 1967. Relational adjustment will be indicated by score improving or decreasing on the DAS. Scores on the DAS range from 0 to 151 points. A score on the DAS of 99 to 120 indicates relational stability or secure relational adjustment based on relationship cohesion, consensus, satisfaction, and relational expression (Spanier, 1967). Couples were considered improved if scores on the

DAS increased rather than decreased. Couples with scores between 99 and 120 on the final (third) administration of the DAS were considered to display relational stability and adjustment.

Brief Review of Related Literature

Couples therapy traditionally occurs in an office involving the therapist, couple, and possibly a co-therapist or therapy team. Therapy in a traditional setting may not be effective for some couples. This lack of efficacy could be due to the current perception of therapy, a therapy room that feels too clinical, proximity issues such as claustrophobia or many other confounding reasons specific to each couple and individual. EFT allows a client an avenue out of the traditional therapy mindset and gets the client involved in moving, thinking, and observing rather than focusing on just the counseling session.

A few studies have been completed that have started to prove the case the EFT may be an effective method for therapeutic intervention. These studies, while promising, have shown that further investigation is needed to promote EFT as an effective method. EFT currently exists as a field that is largely unsubstantiated in terms of clinical effectiveness (Mann, 1998; Bray, 2002). While studies do exist that show that EFT is effective for adolescents and young children, such as in the Mann and Bray studies, it is unclear how EFT outcomes compare to other treatment outcomes that are currently considered effective in the therapeutic community and outside of the residential treatment setting. EFT has been shown to have clinical utility. Mallon (1994) exemplified how individuals working with farm animals showed greater subjective progress in therapy. Addudell (2003) noted improvement in adolescents in a residential setting after EFT was implemented. Greenwald (2001) stated that boys in a group living environment showed a

significant decrease in disruptive behavior following sessions in EFT. However, the extent to which this therapy is effective remains to be shown. The primary studies in EFT have been completed in residential treatment facilities or have had a relatively low sample size. This study sought to understand if EFT would be effective outside of a residential treatment facility with a sample size large enough to yield statistically significant results.

Solution focused therapy (SFT) is a mode of therapy that has been in published existence since 1978. SFT is one of the most popular and widely used therapeutic modalities in the world (Trepper, Dolan, McCollum, & Nelson, 2006). It is based on client perceptions, solutions, and exceptions to their own problems. SFT has been applied to family theories (McCollum & Trepper, 2001), treatment of sexual abuse (Dolan, 1991; Dolan, 1998), couples therapy (Hoyt & Berg, 1998; Murray & Murray, 2004), and the treatment of substance abuse (Berg & Miller, 1992; DeShazer & Isebaert, 2003). The SFT approach can be seen everywhere from social service agencies (Pichot & Dolan, 2003) to business system design (Berg & Cauffmann, 2002).

Couples therapy is well researched in terms of effectiveness and outcomes of theoretical modalities (Demir, 2000; Forman & Hagan, 1984). However, due to the new restrictions imposed by managed care health systems, many therapeutic interactions have become more focused on solving couple issues in the fastest and most efficient way possible. Thus, couples therapists often use a solution focused/strategic approach in helping couples resolve issues (Matthews, 1999; Trepper, Dolan, McCollum, & Nelson, 2006). New strategic and innovative therapies are constantly being sought by couples and family therapists that help individuals achieve greater life satisfaction and cohesiveness

in their family groups. Thus, EFT is a modality that is in need of research to support that EFT is an effective mode of change for couple when compared to other types of traditionally accepted therapeutic methods.

Research Expectations & Methods

While many questions need to be answered in relation to EFT and its effectiveness, this study was limited to answering one of the questions related to the efficacy of EFT. Specifically this study sought to determine if EFT was as effective as SFT for the treatment of couples experiencing varying degrees of relational adjustment as measured by initial session scores on the Dyadic Adjustment Scale (DAS). The hypothesis of this study was that couples who receive EFT will show a larger increase in scores on the DAS than couples who received traditional solution focused couples therapy. This finding is important for determining the clinical utility of EFT as a therapeutic model. The null hypothesis was that there will be no difference between couples who received EFT and couples who received solution focused oriented couples therapy.

Significance

This study has significant interest in both the field of marriage and family therapy and also equine facilitated therapy (EFT). The results of this study are twofold. First, this study provides information to the therapeutic community and insurance companies that EFT is an effective mode of treatment for couples experience distress in their relationship. Second, this study helps bridge the gap between family therapy and individual therapy studies in the area of EFT by comparing a traditional method of couples counseling, solution focused therapy, to EFT. Innovative and research based methods are needed in the field of couples counseling to give practitioners in the field

new ways to combat couple issues in relation to relational adjustment and issues surrounding separation and divorce.

With recent divorce rates being on the rise (Center for Disease Control, 2005; Clark-Stager, 1999) it is also important to note that couples experiencing dissatisfaction in their partnerships may see divorce as the easy way out of an unhappy situation. The Center for Disease Control reports that the divorce rate for 2004 was 37% of all marriages (CDC, 2005). For every 100 marriages, in 2004 there were 74 reported divorces. Those who do go to couples therapy often see it as a last ditch effort to fix the issues that are “wrong” in their partnerships. Increasingly it is becoming important to find effective methods of helping couples learn to find their own solutions to problems in the couple relationship. EFT is one possible mechanism for helping couples achieve this goal through the use of problem solving EFT activities to help the couple find new tools for solutions. This study investigated whether EFT is an effective method for increasing relational adjustment in couples ages 21-45 as measured by scores on the dyadic adjustment scale.

Chapter II

Literature Review

Solution Focused Couples Therapy

Some of the most common issues couples seek help to resolve have to do with adjustment and marital satisfaction (Demir, 2000; DeShazer, 1991). Many therapeutic orientations are used to help couples solve these issues. Due to the new regulations of a managed care health system, many therapeutic interactions have become more focused on quickly solving couple issues (Bischof, 1993; Matthews, 1999). Thus, couples therapists often use a solution focused/strategic approach in helping couples resolve issues. New strategic and innovative therapies are constantly being sought by couples and family therapists that help individuals achieve greater life satisfaction and cohesiveness in their family groups.

Theoretical Framework

In therapy, individuals often seek to concern themselves with both problems and solutions to the problems. Although goals are often well defined in the therapeutic setting, DeShazer believes that much of the therapeutic time is spent on the identification and interpretation of the problem rather than actively trying to reach a goal (DeShazer, 1997). With the advent of the solution focused model a shift began to take place in the therapeutic community. In solution focused therapy the therapist's job became defining the problem that brought the client to therapy and helping the client create change within themselves. Therapists also became more conscious of the clients experience in therapy including the use of words and language in treatment. DeShazer et al. (1986) began to define and characterize the focus of SFT as using what the client brings to therapy as an

impetus for client change. The focus of therapy is resolution of the problem as it pertains to the client's life rather than the interpretation of the problem.

Solution focused therapy (SFT) became a behaviorally based treatment model that has roots in the work of Milton Erickson and Strategic family therapy, especially the work of Weakland and colleagues (Bichof, 1993; DeShazer, 1985, Weakland et al., 1974). Using Erickson's ideas of client strengths and resources, DeShazer developed a therapeutic approach that is based on a client's vision for their own lives. Erickson's ideals to explore the clients past and present for exceptions to a problem has become a foundation for DeShazer's model of SFT.

Solution focused therapy, while historically connected with strategic approaches has moved away from some of the more dubiously research ideal such as paradoxical intervention (White & Epston, 1990). The emphasis for SFT lies in the openness and collaboration between the therapist and the client. The approach is now classified as a post modern approach to therapy rather than a behavioral intervention due to the collaboration between therapist and client (Lethem, 2002). Thus, SFT now finds itself placed in the company of other post modern theories such as Narrative Therapy (White & Epston, 1990) and Just Therapy (Waldegrave, 1985).

Solution Focused Therapy Framework

Couples therapy is well researched in terms of effectiveness and outcomes of theoretical modalities (Christiansen, 1998; Coady, 2000; Demir, 2000; Forman & Hagan, 1984; Murray, 2004). Solution focused couples therapy (SFCT) focuses on the exceptions to issues rather than what is going wrong in the relationship. For example, a solution focused therapist will ask the couple about times when the problem did not exist and how

that looked/worked rather than focusing in on all the details of the current issue. By helping a couple determine what works, the therapist can help the couple determine what and where they have currently gone wrong without ignoring the problem or assigning blame. In doing this, the therapist can assist clients in accomplishing meaningful and visible change. Since the couple can see the changes or potential change in their lives, SFCT provides the couple the idea of control. This active control and participation in therapy allows the clients to see that they control their issues and direction that their relationship may take (Christiansen, 1998; Crawley, et al., 1994; Mudd, 2000). Solution focused therapy (SFT) does not focus on the problems, rather this methodology focuses on how a couple can not only find their own solutions, but implement them as well (Berg & Caffmann, 2002; DeJong & Berg, 1998; DeShazer, 1991; Gingerich & Eisengart, 2000) . SFT is forward thinking and deals with what a couple can change in the here and now.

The solution focused framework focuses on a client's strengths and attempts to help a client create positive solutions to existing issues (DeShazer, 1991; Murray, 2004). SFT originated in the early 1980's through the work of the Brief Family Therapy Center and Steve DeShazer. As such, this contextual framework is constructivist and postmodern. SFT assumes that it is not possible to know one true reality (DeShazer, 1984). Therefore, knowledge is culturally relative and the focus of therapy is on a client's perception of the problem rather than the objective facts. The meaning that the client gives to a problem is more important to the therapeutic process than the problem alone. These meanings given to the problem are changeable and the therapist helps the client develop other or adaptive perceptions to the problem or life experiences.

In SFT the client and therapist focus mainly on the meanings surrounding problems. Thus, the therapist and client focus on solutions rather than the problem and find potential of change and alternative solutions (DeJong & Berg, 1998). Hoyt and Berg (1998) suggest the following basic principals of SFT: “(1) If it ain’t broke, don’t fix it. (2) Once you know what works, do more of it and (3) If something doesn’t work, don’t do it again, do something different.” (p. 204). By this definition, SFT encourages simple and adaptive solutions that are small. Small changes, to a solution focused therapist, can produce larger change which is known as the ripple effect. Quick (1996) suggests that solutions that lead to change may not be directly related to the problem. Rather, change occurs when a client does something different in their lives. This change can occur at any time and does not need to be directly related to the presenting problem.

Key Components of Solution Focused Therapy

Solution focused therapists ask questions such as “If problems did not exist, what would your marriage look like?” rather than “what are the biggest problems in your marriage so far?” (Murray, 2004; DeShazer, 1985, DeShazer, 1991). In addition to the solution oriented question solution focused therapists focus on three specific types of questions: *the miracle question*, *scaling questions* and *exception questions* (Murray, 2004).

The miracle questions helps to find information about the client’s vision for the future or solution for an issue (DeShazer, 1997; Dolan, 1991; Duncan, et al., 1992). The miracle question asks the client what the world would look like tomorrow if a miracle occurred and all their problems were gone. These types of questions help the client to start to map their problems and find possible solutions on their own terms and in their

own ways. Miracle questions show clients not only what the perfect solution to a problem may be, but also show clients that what may be blocking the route to finding answers or solutions.

Scaling questions can help individuals identify how they are doing in the moment (DeShazer, 1997; Dolan, 1991; Duncan, et al., 1992). Scaling questions ask the client to rate the severity, difficulty, significance, or struggle with a problem on a rating scale of one to five or one to ten. Not only do scaling questions help map progress in therapeutic sessions, but also help clients determine progress or lack of progress with a specific problem or issue outside of and inside of therapy. Showing clients progress or lack of progress may help to promote self change or determine the state of mind of a client in therapy.

One of the key components to SFT is the exception question (DeJong & Berg, 1998; DeShazer, 1985 & 1991; Lethem, 2002). These questions are used to highlight when a problem did not exist in a purposeful and meaningful manner. The exception question tries to reveal times when the problem did not exist, was easier to cope with, or was less difficult. Examples of the exception question include: When did you last listen to your partner? When are times it is easier not to fight with your partner? When was a time that you and your partner simply enjoyed each other? The form of the exception question always implies that there is an exception. It does not ask whether an exception exists. To find out where the client is coming from the therapist needs to know if the client is happy without the problem. This is one function of the exception question.

Solution Focused Therapy Outcome Research

Outcome research in solution focused therapy (SFT) has shown that SFT is an effective method for treating a variety of issues. In 1991, DeShazer presented the results of research completed at the Brief Family Therapy Center in Milwaukee, WI. Results of this research indicate that 18 months after the conclusion of an average of 4.6 therapy sessions 86% of families reported positive outcomes (DeShazer, 1991). Clients who came to more sessions reported better outcomes. These results are concurrent with other studies completed on SFT (Ivenson, 1991; MacDonald, 1997; DeJong & Berg, 1998).

In a study completed by Christiansen (1998), 24 couples indicated that the therapeutic experience had caused shifts in affect, communication and cognitions in the couple relationship. Solution focused therapy (SFT) was one of the methods used in this study. Other methods included homework only therapy and prayer counseling used in conjunction with SFT. No significant differences existed between those who received solution focused therapy versus other therapy orientations. Both mechanisms of therapy were shown to be effective in this study, but no clinically significant differences were shown between treatment groups. This is significant since SFT was shown to be effective, but only as effective as other modalities of treatment.

Gingerich and Eisengart (2000) reviewed 15 SFT outcome studies, five of which were determined to have met established standards for empirically supported psychological treatment, namely quantitative research with control groups. Two of the 15 studies reviewed reported significant positive outcomes for patients' receiving SFT versus other therapies. The other 13 showed that SFT was comparable to other treatments in terms of effectiveness. SFT appears to be as effective as other forms of therapy (Christiansen, 1998; Gingerich & Eisengart, 2000).

In a meta analysis article distributed in 2000, Coady suggested that while solution focused therapy (SFT) has been shown to be effective in quantitative studies; flaws can be found with each of the studies in terms of participant recruitment and sample size for the years 1997 to 1998. In the selected samples between 1997 and 1998 sample size was too low in the evaluated studies to show significant results and sample recruitment was also flawed (e.g. only females or males in one study) for the studies producing significant results. However, this research fails to take into account early studies into solution focused therapy. DeShazer (1997, 1985) found that solution focused therapy produced significant change in couples' relationship and individual focus. Murray (2004) suggests that solution focused therapy can help couples build stable and satisfying relationships. The aim of the solution focused approach, as is the aim of all therapeutic interventions, is to help clients build solutions that will produce a more positive quality of life (DeJong & Berg, 1998). Murray's study showed success in treating premarital couples using the solution focused framework. Increases in couple communication and problem solving skills were noted (Murray, 2004).

Solution Focused Therapy Utility

Recently, economic forces have lead to widespread demands to decrease the length of treatment for both individuals and couples has only increased the demand for faster methods of resolving issues or helping couples to increase their satisfaction in relationships. Research in solution focused theory has not only attempted to see how effective the overall method of solution focused therapy is, but has also concentrated on specific techniques used in solution focused therapy (Adams, Piercy & Jurich, 1991) Recently, solution focused research has moved towards a more integrative practice,

incorporating other methodologies and techniques into therapy and research (Bishof, 1993; Clark-Stager, 1999; Eisenberg & Wahrman, 1991; Duncan, Solvey & Rusk, 1992; Garfield & Bergin, 1994). This idea of eclectic treatment and research is not unique to solution focused therapy. Indeed this movement has affected general psychotherapeutic practice as practitioners seek to meet the demands of both clients and insurance companies. The merging of equine facilitated therapy (EFT) and solution focused therapy (SFT) is another manner in which practitioners may meet the needs of clients in unique and meaningful manners. This study suggests and researches if combining models and techniques in therapy enhances the probability of a more positive outcome and greater relational satisfaction in couples therapy.

Brief History of Horses and Humans in Therapy

Many reasons exist to explain why humans have chosen to work with animals in therapeutic practice. Dyer (2000) suggests that children can look at “another species...to grow in human life interactions” (p. 11) in the context of developing a safe relationship. Others, Dyer explains, believe that children stagnate in their development because a lack of parental ability to demonstrate love and affection. These individuals believe that animal companions will demonstrate love and affection that parents have not been able to demonstrate throughout the child’s development. Levinson (1978) states: “though not fully a substitute for loving parents, a pet can provide some of the opportunities for overtly giving and receiving affection which a child needs for adequate growth and personality development” (p. 1035). Leimer (1997) believes that animals can be direct and honest in exchanges whereas humans confuse and change the rules of social interactions through verbal communication.

Most people recognize either consciously or unconsciously that there is a universal thread of life: a thread that connects everyone to everything in some way (Taylor, 2001; Roberts, 1996; Russell, 2003). Animals help to show this universal thread in a very simplified manner: social bonding with humans and with other horses. This bond of mutual enjoyment and benefit has become the focus of the healing arts and therapeutic community. People and horses alike are impacted by social relationships (Equine Assisted Growth and Learning Association, 2001). Social norms and functions are demonstrated across social groups from family dynamics to social situations in both the horse and human worlds (Russell, 2003). The disruption of this social dynamic increases the chance of relational dysfunction and the need for therapeutic intervention. Mental health disorders are only diagnosed and treatment is sought when the symptoms of the disorder cause a marked impairment in functioning in one or more social areas of a person's life (DSM-IV-TR, 2001). These dysfunctions are what lead individuals to seek treatment or what force people to seek treatment in some cases.

Horses have helped to treat people with physical disabilities effectively with documented success (North American Riding for the Handicapped Association [NARHA], 1999). Statistics reported by NHRHA in 1999 suggest that there are over 594 centers with over 3610 individual members. This is quite an increase from 1969 when NARHA began with 10 riding centers. NHRHA suggests that the passive movements of the horse can be corrective and therapeutic in many ways for riders with brain trauma, cerebral palsy, autism, and Downs syndrome. McDaniel (2000) suggests that clients who have engaged in hippo therapy for autism and Down Syndrome also accessed emotional and psychological issues with their physical or speech language therapists. This was one

of the first times that it was noted that horses may provide opportunities for psychological change.

EFT Philosophy of Change

EFT is experiential in nature. This type of therapeutic approach is based on the here and now, much like solution focused therapy (SFT). In this manner, equine facilitated therapists believe that the client comes first in the therapeutic relationship, which is akin to other orientations and ethical practices. Client needs and safety are considered first and foremost in any therapy session. Both emotional safety and physical safety are concerns of the EFT practitioner. While the focus of EFT is on client learning about themselves rather than horsemanship, clients are instructed on basic safety when working around large animals in the first session of EFT. These safety issues are addressed in a positive manner rather than negative. Therapists will often tell clients to introduce themselves to the horse if they are comfortable. These safety moments are moments for growth for the client.

Equine facilitated psychotherapy is based on three philosophies of change (Equine Assisted Growth and Learning Association, 2001). The first is that people do not change unless they are uncomfortable. Pain motivates change. This is an idea that is not exclusive to EFT. Indeed, people will often turn towards a painful situation and run or hide from pressure. An example of “turning towards pain” and running from pressure is a case of an abused man or woman. It is not that these individuals want to stay in the painful, abusive relationship. However, often these individuals would rather stay, e.g. turn towards the pain, than walk out because the pressure of walking out and establishing

a new life is often overwhelming. According to EAGALA philosophy, individuals may not grow unless they are challenged.

Role of the Therapist in EFT

Often an area of large concern in any therapeutic process is how the therapist interacts with clients. In equine facilitated therapy activities, the therapist needs to be aware of proxemics with the clients and horses (EAGALA, 2004). If the therapist stands next to one client more often than another, this can be seen as an alliance by the client. Likewise, if the therapist is always stepping in between the horse and the client, the client may see this as distrustful. Therapists also need to be aware of how close the client stands to the horse and to other people. The horse-client and client-client relationships in EFT become points of interest in the processing portion of an EFT session.

The therapist is also responsible for setting up the EFT activity and must be deliberate in the word chosen to set up an activity and non verbal communication while setting up an activity (EAGALA, 2004). The words “go around as many times as you can” are very different from “go around as many times as you feel comfortable.” These two different phrases can promote different interactions in the therapy session. Likewise, if the therapist is not monitoring his or her nonverbal communication and has his or her arms crossed while giving instructions, the client may interpret this as closed off or aggressive.

Above all, the therapist has the responsibility to ensure emotional safety and observe interactions between the horses and the clients in a therapeutic setting. To do this EAGALA suggests that each activity is followed with a processing session (EAGALA, 2004). The observations in EFT are based primarily on observations: what is done rather

than what is said. The EFT mental health professional is primarily concerned with process rather than content of what is happening in the here and now. Therapists need to be aware of four basic components: shifts, patterns, unique moments, and discrepancies in behaviors or verbalizations. These items can happen with both the horses and the clients.

Shifts can occur in behavior, physical placement, and language in both horses and clients (EAGALA, 2004). For example if the clients started out standing very far apart in the session and start to move as one unit, this would be a shift to be discussed in the processing session. Shifts indicate change in problem solving. Change indicates, for better or worse, that therapy is progressing and is not stagnant. Patterns occur when a behavior or language section repeat more than three times. If you here the same phrase or see the same hand motion more than three times, it is a pattern (EAGALA, 2004). Patterns tend to indicate that there is meaning behind a behavior. For example, a client continues to step on the lead rope when asking the horse to back up. The therapist may ask if the client often steps on other items in their lives when trying to change. Patterns with the horses tend to mirror patterns in the clients lives.

EAGALA defines unique moments as times when new behaviors occur that have not been seen before (EAGALA, 2004). Again, this can be done by the horse or the client. It is important to note these unique moments and process each during the processing session. These moments tend to be powerful and indicate change in the client. Discrepancies occur when the nonverbal and verbal language are not cohesive. In other words, what the client is saying is not matching what the therapist is seeing or what the client is doing. For instance the client may say that he or she is having fun, but has not

smiled the entire session. Noticing these discrepancies may help the client bring the unconscious to the conscious and help them to find congruence. Change is then the client's desire and in the client's control rather than forced on them by an outside agent.

Therapists in EFT sessions need to be good observers, listeners, and processors who are trained in the use of metaphors and reflective listening. EFT therapists also need to be aware of nonverbal and verbal means of communication between clients and horses. In addition to these items, EFT therapists need to be highly aware of the powerful nature of horses to promote change and mirror human behavior. Thus the EFT therapist needs to be skilled in understanding horse and human behavior as these items relate to each other and as stand alone units for behavioral observations.

Role of the Horse in EFT

The role of the horse in equine facilitated therapy (EFT) is fairly simple: the horses only need to act naturally. Horses tend to reflect what is shown in a therapy session. If a stubborn client tries to lead a horse, the horse will often be stubborn as well. When choosing horses for EFT sessions the main rule of thumb from EAGALA is to make sure the horse is not an aggressive kicker or biter (EAGALA, 2004). This can be a major safety concern and management issue in the therapeutic process.

Horses in the EFT session are integral to the process. Horses provide a social mirror for clients as a horse tends to give as well as they get (EAGALA, 2004). If the therapist has an aggressive client who does not understand boundaries and keeps moving too close to a horse, the horse will take care of itself and push the client away. Horses are social animals and tend to behave in social manners. Horses have the capacity to teach social and relational skills because it is what the horse does best in its natural environment.

Horses act without barriers and without guards. This tends to help individuals learn to be congruent in behaviors as well.

Concepts of EFT

When clients are challenged in therapy and either needs to adapt new information into existing schemas or need to completely change an existing schema, growth can occur both within the individual and with external relationships (EAGALA, 2004). The final principal of EFT is that clients change in the most productive manner when they are able to find their own solutions to problems though a process of experiential learning (EAGALA, 2004). EFT focuses not only on the content of a therapeutic session, but on the process of how change occurs or how conclusions are drawn.

In the EFT experience clients are asked to find the immediacy of their issues and understand how issues impact their lives today (Equine Assisted Growth and Learning Association, 2001). This helps open the door to discover how issues have impacted a client in the past and how an issue can or may continue to impact a client in the future. The focus of this type of therapy is not horsemanship. More than 95 percent of EFT exercises happen on the ground (Equine Assisted Growth and Learning Association, 2001). EFT focuses on getting an individual to use skills while interacting with a horse or horses as well as their partner in a horse activity. The skills of observation, assertiveness, leadership, teamwork, problem solving, creative thinking, and relationship are just a few of the tools that EFT skills or tools that can be used by individuals or taught to individuals using EFT sessions.

Using the metaphors that horse-human interactions provide in an EFT session the therapist is allowed to find a common narrative thread to discuss issues with clients

(Equine Assisted Growth and Learning Association, 2001; Taylor, 2001; Aduddell, 2003). For example, couples using the extended appendages game will often state that it was hard to do what they wanted when they wanted being “chained” to another person. In this situation the therapist is able to ask for example of other times the couple felt chained to each other and how they worked it out. This comment may lead to a discussion of communication styles and conflict resolution. Horses require clients to be engaged and work at the relationship. Over 90 percent of horse activities require both physical and mental engagement (Taylor, 2001). Clients are always moving and interacting in a session with each other and with horses. When not directly engaged with the horse in an activity, often couples are aware of the proximity of the horse, a partner, or the therapist. When both mind and body are activated in the thought process a client may often find more information to process since all senses are activated rather than only one. A client may find greater ease in processing emotional content when involved in an activity and not constantly focused on how they may look to the practitioner.

Qualitative Studies in EFT

While people have worked with horses in a therapeutic capacity for many years, few studies show patient improvement (Mayberry, 1978). Evidence that is anecdotal in nature is not hard to find in the field of EFT. A search on a local book shelf can yield books such as *The Man Who Listens to Horses* (1996) or *All Creatures Great and Small* (1980). These books about the human experience with horses illustrate that humans and animals have a connection. Parents who have not found the solution to their child’s problem are grasping at therapeutic riding programs in large numbers because there may be a possibility that this mechanism of therapy will work for their child (MacDaniel,

1998). It is important to note at this juncture that studies into the field of EFT have been limited to mainly children. While the current study does not use children as a population, the existing research relating to children is very valuable for establishing the EFT has been previously shown to be effective.

Tyler (1994) suggests that it may be difficult for a child with oppositional defiant disorder to maintain their defensive behavior when their attention is focused on the horse rather than themselves. Case studies written by Tyler suggest that women who interact with horses make large gains in social behavior and personal growth. Burgon (2003) showed that EFT is effective in a case study method for treating adults with depression, anxiety, and social disorders. Tramutt (2003) relates the experience of three case studies in great detail to support that EFT is an effective mechanism for client change. This study gave extreme detail into client/therapist interaction and benefits of EFT.

Christian (2005) utilized EFT with faith-based counseling. This study attributed the success of therapy to the faith-based portion of the therapeutic intervention with each case study presented. However, it is not possible to say which item impacted therapy more, since control data was not provided and clients all receive EFT and faith based therapy at the same time. McCormick and McCormick (1997) give numerous anecdotal and case studies about horse and human connections. No hard numbers were given to show that EFT promoted improvement in clients, but the experiences of client in EFT were well written and documented the enjoyment of the clients involved in EFT. This study also revealed the subjective experiences of clients in EFT rather than just hard evidence.

Quantitative Research in EFT

Emory (1992) completed a study to determine the effects of therapeutic horsemanship on self concept and behavior in adolescents. This study was completed over the period of 12-14 weeks in a residential treatment center using therapeutic horsemanship once a week for each adolescent. Emory used the Child Behavior Checklist, Peirs-Harris Self Concept Scale, and the Achenbach Teacher Report Form to measure changes in self concept and behavior over the 12-14 week test period. Control group results were not reported and it is unclear if a control group was measured. Emory's findings demonstrated that adolescents in the therapeutic horsemanship program reported and displayed increased self concept and decreased negative behaviors in a treatment center setting.

Mallon (1994) completed a review of staff reaction to clients working in a farm setting. This study suggests that clients who work with animals make larger therapeutic gains than clients who work in traditional settings. Therapist/staff working with these clients subjectively stated that clients seemed to make greater strides in therapy than those in traditional settings. Future research would be needed, the researcher noted, to test what age and type of clients "farm therapy" would benefit. This study noted little abuse of animals by younger children but greater concerns about aggression from adolescents. This was attributed to development in this study. Children who participated in this study were of varied ages. Younger children had often not been victims of abuse or trauma while older adolescents had. Developmentally, older children who had been abused were stated as more likely to be abusive to animals.

Aduddell (2003) noted improvement in adolescent behaviors though the use of pre and post test measures during EFT. The child behavior checklist was used to monitor

improvement as the child, parents, and teachers rated the child behavior. Bray (2002) describes how EFT was effective for improving symptoms of anxiety, depression, and negative self concept in adolescent boys ages 11-16. Emory (1992) looked at the effects of EFT on the self concept and behavior of 20 antisocial adolescent males. Results of this study yielded clinically significant improvement in self concept as measured by the Achenbach Child Behavior Checklist. Greenwald (2001) showed that EFT decreased disruptive behavior and self demeaning thought in adolescent boys in a group living environment.

Momozawa, Ono, Fumio, Kikusui, and Mori (2003) demonstrated that individuals who are around a horse for approximately the same number of hours can agree on what a horse's temperament is, regardless of how well they know the animal. In addition to this, Russell (2003) showed that that an individual, regardless of experience, can accurately identify the emotions of horses. In addition to this finding, females were more likely to correctly identify the emotions of horses than men. This study achieved 97% agreement between raters based on eight photos with four emotions to select from for each photo. Those individuals with no horse experience effectively decoded the emotions of the horse in the photo 50% of the time as compared to the responses of matched expert raters. This study suggests that adults may not need experience with a particular species of animal, i.e. horses, to have some accuracy in decoding emotions and reactions. This is important to the field of EFT because this study shows that people can "read" how an animal is behaving and possibly may be able to attribute cause to the horses' behavior since they can identify emotion.

Scheidhacker, Friedrich, and Bender (2002) showed that individuals in an inpatient treatment setting who displayed anxiety symptoms showed a marked improvement in symptoms when provided EFT in addition to traditional therapy. Both observations and clinical evidence were provided for a control versus experimental group. Kaiser, Spence, Lavergne, and Bosch (2004) showed that even a week (five sessions) of “horse therapy” can improve the overall confidence and self esteem of adolescents, male or female, in a group context. In this study improvement was measured at pre and post intervention. Clinically significant results existed. However, this result was not compared to other therapies.

In an unpublished study by Mann (1998), improvement in behavioral symptoms was shown in incarcerated youth through the use of EFT group activities. Mann (1998) used the Youth Outcome Questionnaire to evaluate treatment outcomes. Eleven children and their families participated in this study. Case by case evaluations noted marked improvement in each client, but not in the families. It should be noted that only the primary client received EFT, not the families.

Bray (2002) attempted to prove that participants in EFT would demonstrate a greater decrease in depression and anxiety than a control group. Bray utilized the Beck Youth Inventories Combination book to measure anxiety and depression at the beginning and end of a four to six week period. Even though the results of this study were not significant, Bray suggested that her findings may have not been significant due to lack of sample size. Bray believed that her clients did show improvement in depression and anxiety, but due to the low sample size (n=20) she was unable to show statistically significant results.

Vidrine, Owen-Smith, and Faulkner (2002) showed how EFT helped with physical issues as well as mental health needs of group in a therapeutic vaulting experience. Children who took part in this activity were part of an eight-week cohort of students. Clients showed marked improvement in behaviors at the end of the eight-week period. However, instruments used to measure were not noted and data was not given to support this conclusion. Likewise, Leimer (1997) showed group improvement of anorexia symptoms after a week of therapeutic vaulting. Children who participate in this study had been previously diagnosed with anorexia nervosa. After a week of vaulting, these children showed increased physical stamina and a reduction in classic symptoms of anorexia such as eating patterns and changes in self perceptions of being too fat. In fact, many (a percentage was not given) of the children who participated in this study felt more accepted by social groups and felt that they were no longer "as overweight" as previously believed.

Crawly, Crawly, and Retter (1994) studied the effects of therapeutic horsemanship on self concept in 29 adolescents with special needs. Their study yielded statistically significant results in a one to one pre and posttest measure. This indicated that the children participating in this study felt that their behaviors had improved. Caregiver and teacher ratings were not reported. All children that completed this study were on individual education plans under the category label of emotional and behavioral disturbances in a school setting. While the children in this study believed that their behaviors had improved, thus possibly self-esteem, other opinions such as teachers and parents' views on child behaviors were not noted.

Bowers and MacDonald (2001) showed that EFT was effective across five different therapeutic programs in five different states. While two of the sites did not yield clinically significant results, results at each of the sites were significant in that each student did show improvement on an individual basis. Bowers and MacDonald studied five separate EFT programs. Each of these programs was based on the Equine Assisted Growth and Learning Association (EAGALA) model of EFT. It is unclear if all of the programs studied were truly therapeutic in nature or simply horsemanship classes with a self esteem measure added to measure effectiveness of the program. However, each of the programs did show an increase in self esteem and decreases in emotional disorder symptoms such as client depression and anxiety symptoms as measured by well validated instruments.

Equine Facilitated Psychotherapy: Need for Research

As with any new field, equine facilitated psychotherapy (EFT) is rich with literature that focuses on case studies in practice and development of a theoretical framework rather than quantitative research. Currently, practitioners in EFT fall on a continuum of those who are willing to experiment or “try anything that works” and those who are clamoring for research so that both clients and fellow practitioners understand the direction and content of this unique therapeutic experience. The excitement that embodies this field of research stems from practitioners that want to extend to clients the practitioner’s understanding of the benefits of horses that they “know” exist for healing and change. Those who insist on research do so with the understanding that this field has emerged without and in spite of the lack of evidence which test the beliefs of those practitioners who “know” EFT works as a therapeutic medium. While boards such as the

Equine Assisted Growth and Learning association have emerged to regulate the practice of EFT to some degree, questions about credentialing, clinical utility, standards of practice, and clinical regulation exist due to the lack of documented EFT treatment effectiveness in the field.

Equine facilitated psychotherapy is a rather new and innovative field that concentrates on using the social dynamics of equine social behaviors to help individuals solve their own issues while focusing on an external object, the horse (Equine Assisted Growth and Learning Association, 2001). Many times, when individuals focus on an external stimulus, they are better able to understand internal motivations and issues (Garfield & Bergin, 1994). Often times when individuals focus on the external they are not as able to censor emotional reactions to questions or stimulus. EFT focuses on making projections conscious and more easily understood by a person. This method focuses on the process of what people do rather than the content of what people say. Many EFT case studies have documented how individuals can be impacted by simply watching horses in the pasture or grooming a horse (Aduddell, 2003; Bray, 2002; Burgon, 2000; Emory, 1992; Roberts, 1996). EFT studies currently are limited to studies of individuals, usually children or adolescents. There are only a handful of studies published to date that may be considered effectiveness studies (Aduddell, 2003; Emory, 1992; Folsie, 1994; Greenwald, 2001). EFT is a methodology that could be potentially useful to couples therapy, especially considering the rise in married individuals without children and cohabitating couples (Mudd, 2000).

Previous literature suggests a strong need for studies researching the effectiveness of EFT in multiple populations. Previous studies suggest that EFT has clinical utility in

residential treatment centers and also in small group settings. Studies, as outlined above, have also shown that EFT can be effective in these settings. However, it is not clear whether EFT is the effective portion of the treatment centers or if other components in the residential treatment center are responsible for individual change. It remains to be shown how effective EFT is as compared to other therapies in an outpatient setting. The current study sought to show that EFT is an effective mode of therapy as compared to more traditional therapy modalities in the outpatient therapeutic setting as measured by scores on the dyadic adjustment scale.

Chapter III

Methodology

Overview

This research was based on the principals and ideas of equine facilitated therapy (EFT) and solution focused therapy (SFT) and compared the effectiveness of SFT and EFT based on outcomes on the Dyadic Adjustment Scale (DAS) over six therapeutic sessions. Ten couples, the control group, participated in traditional SFT therapy and ten couples participated in the experimental EFT group. All couples received six hour long therapeutic sessions over the course of six weeks. At the end of the first, third, and sixth sessions couples were evaluated using the DAS. Results of the DAS were recorded for each individual and treatment conditions were compared and contrasted using statistical analysis. This study sought to discover whether couples who receive EFT therapy will indicate greater levels of dyadic adjustment based on scores on the DAS than those couples only receiving solution focused therapy (SFT).

Restatement of the Problem

In past research studies, EFT has not been compared to other treatment modalities in terms of effectiveness and therapeutic growth (Vidrine et al., 2002; Crawley et al., 1994; Aduddell, 2003). Prior studies of EFT have concentrated on personal change or change within restrictive settings such as residential placements (Mann, 1998; Emory, 1992; Greenwald, 2001). Studies have also only focused on individuals rather than couples and families. This study focused on the couple relationship to determine if therapy with EFT is as effective as or more effective than traditional solution focused therapy as determined by increased or decreased DAS scores.

Statement of Hypothesis

While many questions need to be answered in relation the effectiveness of EFT, this study was limited to answering one of the questions related to the efficacy of EFT: Is EFT as effective as SFT for treating couple experiencing problems in relational adjustment as measured by the dyadic adjustment scale (DAS)? The hypothesis of this study was that couples ages 21-45 that receive EFT will report a greater increase in relational adjustment than couples that receive traditional solution focused couples therapy alone. The null hypothesis was that there will be no difference in relational adjustment between couples that receive EFT and couples who participate in SFT.

Scores on the DAS from the EFT and SFT groups were calculated and compared to determine if differences existed between groups, genders, and descriptive variables such as age and relationship length. These comparisons were used to determine if significant differences, enough to show that a relationship exists between treatment and outcome on the DAS, existed.

Description of Research Design

This study was a comparative quantitative design. Pre and posttest measures were utilized to determine treatment effectiveness. Ten couples received EFT therapy and ten couples received traditional solution focused couples therapy. The total sample size for this study was twenty dyads with ten dyads per test condition (total n=40 individuals). Within each couple individuals were assessed using the DAS prior to the onset of therapy, at three weeks, and at six weeks. The DAS was administered by this researcher who has three years professional experience in the use and administration of this measure

and is also a Licensed Marriage and Family Therapist. These two treatment groups were compared in data analysis.

Operational Definitions of Constructs and Key Variables

Equine Facilitated Psychotherapy (EFT): EFT is defined as a process and series of activities in which couples engage with horses and a therapist in team building exercises that may facilitate change. In this study, these activities were limited to haltering a horse (Appendix E), horse billiards (Appendix F), the obstacle course (Appendix G), and extended appendages (Appendix H). EFT exercises were followed by a processing session in which couples were asked about their emotions, behaviors, and patterns as individuals and as a couple that had been revealed by the EFT activities. EFT was shown on statistical analysis as test condition number two.

The Couple: The couple relationship in this study must be committed. This committed relationship is defined as a relationship in which both partners feel that the other is invested in the relationship. The researcher defined invested as an individual who is faithful or monogamous to the other and who sees themselves with the other in the future based on couple perception and response to questions in the intake interview. This was determined in the intake interview. Couples who did not feel this way were excluded from the study. No couples were excluded from this study based on these criteria. Twenty couples participated in this study and were interviewed. Couples in this study were married, living together, premarital, separated, or exclusively dating. Couples were limited in age with this study. The age of the youngest member of the couple needed to be over 21. The age of the eldest member of the couple could not exceed 45. Couple age was shown in year and month format for analysis, e.g. 20.10. Due to limiting the age in

this study it was possible to study a smaller group of individuals rather than add more confounding factors, such as varied life experiences (e.g. more marriages or divorces) to this study. Gay, lesbian, bisexual, and transgender (GLBT) individuals were also excluded from this study since the dyadic adjustment scale has not been normed on GLBT individuals (Spanier, 1992).

Solution Focused Therapy (SFT): SFT is defined as the process in which the therapist and couple triad focus on creating or finding tools to alleviate issues in the couple relationship rather than focusing on tools that help to maintain the problems (DeShazer, 1985). The three basic components of SFT will be used as a guide: the philosophy of solution focused therapy (the premise and assumptions of the theory), use of language, and solution focused techniques such as the miracle question (DeShazer, 1985; DeShazer, 1997; Hjerth, 1995). The basic premise and assumption of solution focused therapy is that clients can use their strengths through their own frame of reference and interpretation of the world to create positive solutions to problems that are currently being experienced. Solution focused therapists use positive framing of language (e.g., the rock is not in the way, the rock is a bridge to help you get to the next step in life) to change the meaning of problems in the lives of clients and make the problems changeable. Such therapists use specific techniques such as the miracle question (e.g. “If you woke up tomorrow and a miracle had happened and this problem was gone, what would that look like/what would be different?”) to change the perception of a problem and find new solutions to existing issues. The SFT test condition is shown as test condition number one for statistical analysis.

Relational Adjustment: Couples relational adjustment was measured using the dyadic adjustment scale (DAS) developed by Spanier in 1967. Relational adjustment will be indicated by score improving or decreasing on the DAS. Scores on the DAS range from 0 to 151 points. A score on the DAS of 99 to 120 indicates relational stability or secure relational adjustment based on relationship cohesion, consensus, satisfaction, and relational expression (Spanier, 1967). Couples were considered improved if scores on the DAS increased rather than decreased. Couples with scores between 99 and 120 on the final (third) administration of the DAS were considered to display relational stability and adjustment.

Description of Materials and Instruments

Data from this study was gathered by using two separate instruments. The first instrument used in this study was the Dyadic Adjustment Scale (DAS) developed by Spanier in 1967. The second measure used in this study was designed by the researcher to collect descriptive data on each participant participating in the study. Both measures provided data for statistical analysis including gender, age, and whether each individual was improving in the therapeutic modality.

The Dyadic Adjustment Scale: Spanier's (1967) dyadic adjustment scale (DAS) is designed to measure the overall quality of relational adjustment of two individuals in a married, unmarried, or cohabitating relationship. The 32 item DAS yields a total adjustment score based on four subscale scores: Consensus (Dcon), satisfaction (DS), cohesion (Dcoh), and affectional expression (AE). The Consensus measure addresses the level of agreement between a couple on issues such as money, friends, time spent together, and religion. Satisfaction measures the degree of tension or stress in the

relationship and the extent of commitment to the relationship that each partner feels. Cohesion assesses the degree to which a couple shares common interests and activities. Affectional expression assesses how satisfied each partner is with how affection is expressed in the relationship and sexual satisfaction in the relationship.

Scoring of the DAS: The scoring of the Dyadic Adjustment Scale (DAS) is based on an interval rating scale. Total score for the DAS is a sum of all items ranging from 0 to 151. Higher scores reflect greater levels of relational adjustment. The mean score for married couples in the original study was 114.8 and 70.7 for divorced couples (Spanier, 1976). Scores over 99 suggest stability and overall relational satisfaction. Scores that are elevated (i.e. $DAS > 120$) may indicate a high level of self sacrifice or idealization of the relationship.

Reliability and Validity of the DAS: Reliability of the total adjustment measure is .94. Subscale reliability is also high: Cohesion (.86), consensus (.90), and satisfaction (.94). Test retest reliability is reported at $r = .96$, suggesting high construct stability.

Concurrent validity of the DAS has been established relative to similar instruments such as the Locke Wallace Marital Adjustment scale (Stuart, 1992) and the Personal Authority in the Family System scale (Rabin, Bressler & Prager, 1993). Responses on the DAS have also been suggested to possess predictive validity in terms of marital violence, interpersonal communication, and family dysfunction (Stuart, 1992).

Descriptive Measures: Descriptive features were measured through the use of numeric coding. Participant age was coded as the chronological age in years and month (i.e., 21.5) for each participant. Likewise, the number of year and months in the current relationship was recorded chronologically. Relational status was coded as (0) for married,

(1) cohabitating, (2) non-married/non-cohabitating, (3) engaged cohabitating, (4) engaged non-cohabitating.

A participants years of education was coded (0) under high school, (1) high school, (2) 1month -2 years of college, (3) 2 years one month college-Bachelors degree, (4) Masters degree, (5) post masters degree, (6) doctorate or advanced degree (OD, MD, etcetera).

Experience with horses for each participant was coded as (0) no experience (1) less than five interactions with horses (2) 6-10 interactions with horses, (3) 11 -25 interactions with horses, and (4) more than 26 interactions with horses. Interactions will be defined as a one on one experience touching, feeding, grooming, or riding horses. Prior experience with horses has been identified as a confounding variable in previous studies. Therefore, prior horse experience will be measured in the descriptive features of this study to determine if experience with horses impacts therapeutic outcomes.

Income level for each participant was defined as (0) 0-\$10,999.99 thousand/year, (1) \$11,000-\$20,999.99 thousand/year, (2) \$21,000-\$30,999.99 thousand/year, (3) \$31,000-40,999.99 thousand/year, (4) \$41,000-\$50,999.99 thousand/year, (5) \$51,000-\$60,999.99 thousand a year (6) \$61,000-\$70,999.99 thousand/year, and (7) \$71,000 thousand/year and above.

Previous experience in therapy was coded as 0-4 sessions (0), 5-8 sessions (1), 9-12 sessions (2), 13-16 sessions (3), and 17 + sessions (4). Gender will identify respondents as male (1) or female (2). Length of current relationship was indicated in year and month chronological format such as 12.3. Past relational experience was indicated by (0) never

been married, (1) never engaged, (2) Previously engaged, (3) previously married once, (4) previously married twice, and (5) previously married more than two times.

Selection of Subjects

Subjects were recruited for this study through the private clinical practice of the researcher. Subjects were given the option to participate in the study during initial intake sessions. Those who agreed were asked to read a letter explaining the study (Appendix D) and sign confidentiality/ consent forms (Appendix C). Every client couple that was referred for counseling to the clinic was given the option to participate in this study when initial intake interviews were completed. This option expired once twenty couples are found (ten per test condition). The purpose of the study was explained, and couples were informed that they did not have a choice over which condition they were assigned to. Subjects were randomly assigned to test conditions either equine assisted psychotherapy (EFT) or traditional solution focused couples therapy (SFT).

If a couple decided to discontinue therapy early, data was discarded unless it was deemed usable for the current study. Data was determined to be usable if the appropriate intervals exist in data collection, i.e. if a couple was able to be assessed at the third session but did not complete the fourth to sixth sessions. No couples discontinued therapy mid study.

Participants were drawn from the rural North Central region of the United States. Heterosexual couples ages 21-45 were the selected population range in this study as described in the above section titled constructs. There were no other limits placed on participant selection.

Procedures

After the couples were referred and assigned to test groups, the couple was asked to sign confidentiality/informed consent statements (Appendix C) and the study was explained to each participant (Appendix D). Each member of the study completed the first DAS questionnaire. Three sessions were completed for each treatment group. The second DAS was given at the close of the third session. Three more sessions were completed. The third DAS was given at the end of the sixth session. Couples were given the option of continuing therapy at this time, if therapy was clinically indicated. If a couple decided to discontinue therapy early, data was discarded unless it was deemed usable for the current study. Data was determined to be usable if the appropriate intervals exist in data collection, i.e. if a couple was able to be assessed at the third session but did not complete the fourth through sixth sessions. No couples chose to discontinue participation in this study.

Discussion of Data Processing

A Multivariate Analysis of Variance (MANOVA) was used to determine the significance of mean group differences between the two levels of the independent variable, EFT and SFT, and the three levels of the dependant variable (three test sessions of the DAS). This analysis evaluated the interactions of the EFT on treatment progress and SFT on treatment progress and compared progressions and interactions between the two test conditions. A paired sample t-test was also utilized to determine pre and post test differences in treatment effectiveness.

Methodological Limitations

All research studies are subject to limitations and are based in researcher assumptions. Without assumptions, ideas for new theories would not evolve and without

limits, every study would be perfect and encompass all aspects of human behavior and idiosyncrasies. This study was no different from most in that this project also had limits and was based on the assumptions of this researcher.

This study was only six weeks in length. Most therapeutic interventions last longer than six weeks. However, both solution focused therapy (SFT) and equine facilitated therapy (EFT) are designed to be brief in duration (DeShazer, 1992; EAGALA, 2001). Even though in this research the intervention was only six weeks in duration, it does fit the criteria for both SFT and EFT. While this study does meet theoretical criteria for effective duration, there is the possibility that some couples may have experienced the peak of their therapeutic intervention at six weeks and may slide downwards in therapy from this point on.

Many different relationship statuses were studied in this research. While both groups were similar in composition regarding relational status, it could be suggested that this research should have been limited to only married and engaged couples or only single couples. However it is the opinion of this researcher that couples may experience dysfunction no matter the relationship status. Thus couples were included in this study as long as they met the intake criteria for being a couple in this study.

Another of the limits to the methodology of this research project is the potential for unconscious researcher bias. Since the therapist in this study is also the researcher, it could be debated that the researcher tried to get the participants in the study to improve more in therapy than other clients her general practice. Since all clients in this researcher's practice are also administered the DAS during therapy experiences in the same test conditions, and hopefully with the same thoughts/motivation for positive

outcomes and ethical practice standards, unconscious bias may be reduced but not eliminated.

Another limit to this study was the lack of a control group and pilot study. Couples that are not seeking therapy are not sampled in this study. Therefore, increased relational adjustment will not be measured on a normative sample baseline. Validity studies of the DAS suggest that it is a reliable and valid instrument given the administration intervals. These studies indicate that the DAS was normed for couple in distress and not in distress. A pilot study was not completed for this project. Past research in equine facilitated therapy (EFT) indicates EFT is an effective mode of therapy. Research also indicates that solution focused therapy (SFT) is also an effective mode of therapy. Due to the ideas that the DAS is a reliable and valid instrument and the both SFT and EFT are effective modes of treatment, a pilot study was not completed.

Couples in this study each had set appointment times. Therefore each couple was seen at the same time of the day for each of the six sessions. While the time of day could have impacted the results of the DAS, it is unlikely since all appointments for this research study were conducted after three in the afternoon. Life experiences, such as therapy and relational experience were analyzed and did not impact the results of this study.

Methodological Assumptions

One assumption in this study was that all couples were experiencing some relational satisfaction. In other words, it is assumed that all couples that participated in this study were experiencing some relational distress that will dissipate with therapy. This was measured by intake scores on the dyadic adjustment scale. Therapy is assumed to help

individuals better understand life conditions and assist clients in gathering tools for change in themselves or in their relationships.

Another assumption of this study is that the sample was representative of the population. The age range of 21-45 provided more than plenty participants for the current study. This sample is assumed to be representative of the area and population.

Finally, an assumption of this study was that the researcher's clients would participate in and complete all aspects of this study. Since the researcher was also the therapist in this case, a large assumption was that clients originally intending to participate in a therapeutic experience with said therapist would be interested in participating in a research study. This assumption proved to be true. All clients who did choose to participate in this study also completed the study. Therefore subject attrition was not a confounding factor in data analysis.

Ethical Assurances

This research project was approved by the Northcentral University Institutional Review Board on April 29, 2006. One of the first items of concern that was addressed in this study was that the researcher is also the therapist for the subjects. This can be an ethical concern. Practitioners for Equine Assisted Psychotherapy (EAP) are few and far between, especially those who are also clinically trained and independently licensed to practice the delivery of couples therapy. Other individuals were contacted to act as the therapist in this study, but no offers were accepted. Thus the question of researcher bias is raised. Currently each client that participates in couples counseling with this therapist is given the dyadic adjustment scale (DAS) to measure treatment effectiveness and to provide each couple with data for improvement. Since the DAS is a self report

questionnaire, each client is responsible for his or her own response. The researcher handed out and scored the assessment, but did not directly ask questions of the couple for the DAS since the DAS is a self report paper-pencil administration. This may have helped to reduce researcher bias in the administration of the DAS. Often, couples enjoy seeing how much progress or regression is made in therapy. Couples who participated in this research study were treated no differently, in terms of assessment, than everyday clients of this therapist.

To ensure that there was no bias in the selection of clients, every new couple that was referred to therapy was asked if they would like to participate in this study. The couple was asked if the data from the DAS questionnaires that they fill out could be used in a research study. If consent for this was given, informed consent was explained and collected (Appendix C) and the couple completed the entrance questionnaire (Appendix B) to gather demographic and background information. Participants were also given the participant instructions (Appendix D) which explains risks, right to privacy, and protection from harm to the participants in this study. Participants were randomly assigned to a therapy group, either EFT or SFT.

At the end of this study, couples were assessed to determine whether their situation warranted further treatment. If further treatment was warranted, more therapeutic sessions were scheduled. If the couple no longer wished to participate in therapy with this researcher appropriate referrals were made to a new therapist or counseling center. One referral was made. If the couple did want to continue with the therapist from this study but in a different treatment modality, e.g. solution focused rather than EFT or visa versa,

this was also discussed and modified with each couple as needed. No couples asked to continue in a different treatment modality when further treatment was indicated.

Risks

One possible risk of this study as with any therapeutic encounter was the risk of increased emotional distress. Therapy seeks to promote change within couples. As with any therapeutic relationship, counseling will not be discontinued until clinically recommended. That is, therapy was offered for the couples participating in this study until each couple reaches therapeutic effectiveness. This is not to say that all of the couples that entered this study will remain together and happy on the completion of therapy. Couples may find that their differences are too great and decide not to remain together. Again, this risk is not associated with research alone, but goes with any therapeutic encounter.

There was also potential physical risk involved in this study. Couples were working with large animals. This potential risk was explained in the confidentiality statement (Appendix C) that was given to each couple at the start of therapy. Working with large animals includes the risk that couples could potentially be kicked, bit, or stepped on. In the initial session, couples were asked to sign a consent and liability release explaining this risk to them. In the first session of therapy in the EFT groups, couples were taught basic horse safety principals such as giving an animal an appropriate amount of space when moving around them. With any animal there is an associated risk of allergies. Also when working with animals there is a risk of anxiety due to past experiences or fear. Couples experiencing allergies were excluded from this study. Those with fears of large animals were included in this study.

Benefits

One benefit of this study includes increased problem solving abilities and couple cohesiveness. Couples engaging in therapy often do so to increase their ability to solve problems or a problem in their relationship. Potentially, all therapy helps couples increase problem solving abilities or reduces relational stress. This study offered couples the same effects since couples were offered therapy for issues related to their relationship.

Couples also had the opportunity to gain insight into their own behaviors in their couple relationship. Personal growth is a large possible benefit of any therapeutic relationship. In order to grow a person must first gain insight that what they are doing is not working. EFT and SFT allow couples to find new ways to solve problems through a process of reviewing and viewing perceptions and interactions with their partner and therapist.

Chapter IV

Results

Overview

Basic analyses were conducted to provide descriptive information on the demographic data of the participants. Descriptive statistics are summarized for relational experience, relationship length, horse experience, therapy experience, age, income, and years of education for the solution focused couples therapy group, the equine facilitated psychotherapy group, and total group means.

Primary analyses included a MANOVA to determine whether statistically significant main effects or interaction effects were present for relational adjustment scores on the three administrations of the DAS for both gender and treatment groups. Single ANOVAs and Chi Squares were performed on individual data for descriptive data. Significant results are reported below.

Findings

No significant differences existed in DAS scores between gender in either treatment condition DAS1 $F(1, 36) = 0.12, p = 0.733$, DAS2 $F(1, 36) = 0.24, p = 0.626$, DAS3 $F(1, 36) = 0.12, p = 0.733$. Significant differences were found between the scores of those in the Equine group and those in the Solution Focused group on the third administration of the DAS 3, $F(1, 36) = 20.69, p < .001$. Those in the Equine group showed greater levels of relational satisfaction as indicated by scores on the DAS 3 ($M = 101.7, SD = 1.34$) compared to solution focused group scores on the DAS 3 ($M = 93.05, SD = 1.34$).

Analysis of Descriptive Data

Table 1 provides descriptive information on the demographic data collected in this study for participants who participated in the solution focused therapy (SFT) portion of this study (n=20). Mean age for participants in the SFT group was 29.25 (SD=7.16). Participants in the SFT group had a mean relationship length of 4.18 years (SD=4.60). Mean income for the SFT group was \$31, 0000.00-\$40,999.99.

Mean age for participants in the EFT group was 29.40 (SD=6.80). Participants in the EFT group had a mean relationship length of 3.57 (SD=3.20) years. Mean income for the EFT group was \$31, 0000.00-\$40,999.99.

Table 1.

Means for SFT and EFT groups including SD and t-test results

Variable measured	EFT Group (n=20)		SFT Group (n=20)		Total Group (n=40)	
	<u>M</u>	SD	<u>M</u>	SD	(t)	(p)
Horse experience	1.95	1.30	1.60	1.40	-0.83	0.41
Relational status	1.70	1.30	1.80	1.60	0.22	0.83
Age	29.40	6.80	29.25	7.16	-0.05	0.96
Relational experience	2.10	1.33	1.75	1.41	-0.81	0.43
Relationship length	3.57	3.20	4.18	4.60	0.49	0.63
Years education	2.50	1.70	2.80	1.75	0.56	0.58
Income	3.15	1.78	3.10	1.97	-0.08	0.93
Therapy experience	0.80	0.76	0.85	1.13	0.16	0.87

Note: no results were significant.

Both the EFT and SFT groups were similar in descriptive variable responses. Responses such as this suggest that participants in this study provided a homogeneous base. Having a homogeneous sample base further supports the above findings that couples provided with EFT versus SFT show greater improvement in relational satisfaction no matter past experience with horses, therapy, age, or education. Homogeneity of this

sample helps to further delineate that true treatment effects are seen rather than population sampling errors.

Analysis of Statistical Data

A two (gender) by three (DAS administration) by two factor (treatment condition) MANOVA examined the effects of gender and therapy outcomes for each of the three administrations of the Dyadic Adjustment Scale (DAS). No significant gender effects were found for any of the three DAS administrations.

Table 2 demonstrates the results of a MANOVA completed to determine if significant differences did exist between treatment groups on three separate administrations of the DAS. As Table 3 shows, treatment differences did not exist for the first, $F(1, 36) = 0.03, p = 0.87$, or second administrations, $F(1, 36) = 0.21, p = 0.65$, of the DAS. The EFT and SFT groups did not show significant differences in the reported scores on the DAS for the first three weeks of therapy. However, by the sixth week of therapy the EFT group was showing a significantly higher degrees of marital satisfaction than the SFT group $F(1, 36) = 20.69, p = 0.00$. The two groups were significantly different by the last session of therapy when the third DAS was administered. This begins to show that EFT is an effective treatment modality when compared to SFT.

Table 2.

MANOVA of DAS results

Test administration	EFT Group (n=20)	SFT Group (n=20)	Total Group (n=40)	
	<u>M</u>	<u>M</u>	F	(p)
DAS 1	82.35	83.00	0.03	0.87
DAS 2	83.70	82.40	0.21	0.65
DAS 3	101.7	93.05	20.69	0.00

Case Example

Jon and Beth (names have been changed at the couple's request to protect confidentiality) sought therapy to help them work through issues related to sexual expression within their marital relationship. Jon and Beth had been married for three years at the start of therapy. Both Jon and Beth had been previously married. Both stated that in their past relationships sexual expression was not a problem. Jon, a 30 year old salesman who had completed less than one year of college, stated that the problem bringing the couple to therapy was that Beth never wanted to engage in sexual intercourse unless it was in the missionary position and she initiated intimacy. This was a large problem for Jon, as Beth rarely initiated sex with him. Beth, a 27 year old medical doctor, stated that the problem was not that she did not like sex, but that other positions during sex made her uncomfortable. Jon and Beth both consented to participate in the therapeutic study and were assigned to the EFT treatment group and given the first DAS, participant instructions (Appendix D), consent and confidentiality form (Appendix C), demographic survey (Appendix B). Beth's first DAS score was 74 and Jon's was 71. Couples were allowed to view test results in this study in order to show the couple improvement or lack thereof. This indicated that this couple was experiencing poor levels of relational adjustment and low levels of relational satisfaction. Both individuals in this dyad indicated that they wanted to work on their relationship and that they were committed to each other. Figure 1 shows the presenting concern for each session, the EFT activity, and outcome of each session in short form as reported by the couple.

Figure 1:

EFT 6 session concerns and outcomes as expressed by the couple

<u>Session</u>	<u>Presenting Concern</u>	<u>EFT Activity</u>	<u>Expressed Outcome</u>
1	Sexual dysfunction	Haltering	None
2	Lack of intimacy	Haltering	Identification of Intimacy Issue rather than sex issue
3	Lack of intimacy Poor needs expression	Haltering	New solutions found Solution orientation instead of Problem orientation.
4	Expression of needs	Obstacle Course	New skills for managing frustration and stating needs clearly and listening to partner
5	Clear conflict management	Ext. Appendages	Increased ability to listen to non verbal body language and try alternative solutions to problems.
6	Increasing intimacy skills	Billiards	Increased connection with each other. Learning new cues and information about partner.

Session One: In the first session of therapy, Jon and Beth were given the instructions for the Haltering Activity (Appendix E). Many issues came to the surface during this exercise. In fact, it took the couple three sessions to complete this task, with each session showing improvement. During the first session the couple was very comfortable with the exercise, but was very uncomfortable dealing with each other in close quarters or in any situation where they needed to share control and power, such as in a cooperative activity like haltering a horse. The couple could not decide what the “correct” way was to halter a horse. In other words they could not find their way to solve

problems. Each became more and more agitated as the first session went on. The couple was encouraged to keep trying and note how the horse (who kept walking away as the couple became agitated) was responding to them. The couple did note that the horse kept walking away, but eventually gave up trying to halter the horse, much in the same way that they gave up trying for intimacy in bed when they were not successful. These items were processed at the end of the first session. The couple was instructed to go home and think of other times in their relationship that they had walked away from each other.

Session Two: At the beginning of the second session the couple was less than happy to be coming to therapy. They were dejected and removed from each other and the therapeutic process, but were willing to try. At the beginning of the session the couple processed thoughts on the homework from the week prior and the session began to pick up momentum. By the conclusion of the second session the couple had managed to catch the horse. The couple was asked to stop the activity at this point and process what had happened in this session that had not happened in the last. The couple left this session with instructions to go on a date and remember what worked in their relationship rather than what did not, in other words, find the exceptions to the problems. The couple was asked to try to find solutions rather than looking for problems.

Session Three: During the third session of therapy the couple reported that they had been able to be intimate in other positions than missionary, which was the presenting problem in the first session, without as John stated, “any problems.” They were excited about this boost in their relationship, but also explained that they still felt distant from one another. The couple reported that they were still “walking away” from each other. The couple was again given the task of haltering the horse. At this time the couple

experienced many of the same issues that they did in the first session, but were able to stop and remember what had previously worked and display shared enjoyment in the task as displayed by handholding, eye contact, and the occasional hug. The couple was able to halter the horse effectively in this session. The couple was again given homework. This time the couple was asked to go home and think about one thing their partner did each day to make them happy. If they could not come up with one thing, they were instructed to tell their partner and find a way to “halter” the problem together. After the third session was completed the couple was asked to complete the second DAS. The second DAS scores for the couple were 81 for Beth and 86 for Jon showing increased feelings of relational adjustment for each member of the couple.

Session Four: During the fourth session the couple completed the obstacle activity (Appendix F). At this time the couple was able to work well together. However a new dynamic was found in the relationship at this time by Jon and Beth. During this activity Jon would often pull Beth and the horse wherever he wanted to go, to the point that the horse and Beth eventually just stopped moving. This was brought to Jon and Beth’s attention. Even though they were able to complete the activity, Jon and Beth still identified that what had happened in the activity, e.g. Beth getting pulled around by John, halting, and standing still until Jon pleaded with her to continue, often happened in their marriage, both in and out of the marital bed. They were asked to think of a time when they did things that they both wanted to do or accomplished tasks without feeling like they were trying to motivate or please their partner without taking care of themselves.

Session Five: The extended appendages activity (Appendix G) was completed during the fifth session. This activity was completed without mishap. The couple did not

communicate at the onset of this session but both were able to learn how to clearly express to each other what they needed, when they needed, exactly how they needed interactions to flow with their partner. In this activity, Beth was the brain at first and Jon the appendages. This means that Beth started out giving Jon the directions on how to saddle the horse. This was quite the role reversal for Beth, who was used to be told what to do in the marriage by Jon. Eventually Beth began to enjoy the role of stating her needs and giving directions rather than being told what to do without having her own voice. Jon, in contrast, began to understand what Beth felt like when he did not ask her opinion and just gave orders. The activity ended with the couple having a light bulb moment of “why can’t we just do that in bed!!” They were given the homework of going home and trying this form of clear communication both in and out of bed.

Session Six: During the sixth session the couple began the equine billiards activity (Appendix H). The couple completed this activity as well using both nonverbal and verbal communication with each other. They requested to do this activity again on their next session. This couple continued in therapy after the completion of the sixth session. After completing the sixth session the couple was asked to take the final DAS. On the final DAS Beth reported a score of 106 and Jon a score of 110, an improvement of over 30 points each on the DAS indicating increased levels of relational adjustment.

Summary of Findings

The descriptive statistical analyses revealed that the sample for this population was fairly uniform in terms of past relationship experiences and other descriptive features measured (Table 1). This implies that the sample was fairly and equally distributed between treatment groups with little to no sampling errors or discrepancies between test

group populations. Treatment was not declined by any individuals in this study each couple completed each step of the study. Each individual accepted placement to treatment groups without insistence on participating in the other treatment group.

Results from primary MANOVA's indicate the no significant differences existed between genders in either test condition on the three administrations of the DAS. Data does suggest that significant differences did exist between treatment conditions on the third administration of the DAS but not on the first two DAS administrations. Further, the case study presented indicates one couple's successful therapeutic experience with EFT as indicated by increasingly higher scores on each administration of the DAS.

Chapter V

Discussion

Summary

The frameworks of solution focused therapy (SFT) and equine facilitated psychotherapy (EFT) hold that the client has the solutions to their problems (DeShazer, 1985; 1991; 1997; EAGALA, 2001). It is the therapist's job to help the client choose a problem and look internally for the solution. While SFT has been well researched in terms of effectiveness in outpatient settings (DeShazer & Isebert, 2003; Dolan, 1991; Eisenberg & Wahrman, 1991; Gingerich & Eisenhart, 2000; Herjth, 1995; Hoyt & Berg, 1998; MacDonald, 1997; Matthews, 1998; McCollum & Trapper, 2001; Weakland et al., 1974) and has significant roots in strategic family therapy, EFT is not well researched in terms of effectiveness for outpatient settings but has roots in SFT.

Solution focused therapy (SFT) is designed to be brief in nature (DeShazer, 1985, 1991; 1997). SFT, according to DeShazer (1991), should not be a lifelong process. Rather, SFT should identify the problems and seek to reduce client agitation as rapidly as possible. A typical SFT treatment plan lasts between four to eight weeks but can be as brief as two sessions or as long as 16 sessions (Lethem, 2002). The solution focused therapist asks clients to look into themselves to find solutions to problems and to find times where the problem did not exist in an effort to find a solution. The solution focused therapist adheres to the belief that answers are found within the individual and that the client is the expert on their problems. Thus, it becomes the therapist's role to help the client identify the true problem and attain solutions.

Research suggests that SFT shows a client how to problem solve rather than to rely on others to solve their problems for them (DeShazer, 1997, Lethem, 2002; McCollum & Trepper, 2001; Matthews, 1999). For example, if a client learns how to problem solve, they will become more self-sufficient and less reliant on defense mechanisms. Clients who are taught what skill to use in solving a problem are not reliant on others to solve problems for them and are often not in therapy for long periods of time. For example, if a adolescent is taught how to change the oil in the car (taught to use skills), he or she will not need to take in into a garage to have the oil changed (have others solve the problem) every three thousand miles.

Equine facilitated psychotherapy (EFT) has roots in solution focused therapy in terms of therapeutic orientation (EAGALA, 2001). Therapists who practice EFT ask clients to look into themselves to find solutions to a problem by looking for times when the problem that the client has or has not identified did not exist (Mann, 1998; McDaniel, 1998, 2000). The EFT experience is experiential in nature. That is, success in EFT is not experienced until an interaction between the horse and human takes place. Without social interaction where people are relating to each other individuals are not given feedback on their behaviors and social skills. Without feedback an individual may not see how they impact others and how behaviors can be changed or adapted.

Equine therapy has been researched both through the use of quantitative (Christian, 2005; McCormick & McCormick, 1997; Tramutt, 2003; Tyler, 1994) and qualitative (Aduddell, 2003; Bray, 2002; Emory, 1992; Greenwald, 2001; Leimer, 1997; Mallon, 1994; Mann, 1998; Momozawa et al., 2003; Vidrine et al., 2002) methods and has been show by both methods to be effective in mainly residential treatment settings or group

settings. Qualitative methods have shown that EFT can be effective but has been limited in terms of proving effectiveness by the subjective nature of the research. Quantitative research has been limited to focusing on children in a residential treatment setting or to low sample sizes that yield insignificant results.

This study explored the effects of solution focused therapy (SFT) and equine facilitated therapy (EFT) on individual perception of relational adjustment as measured by the Dyadic Adjustment Scale (DAS) over six sessions of therapy. Specifically, the researcher investigated whether the processes of EFT and SFT had an impact on individual scores on the DAS in reference to relational adjustment in couples therapy.

Twenty couples participated in couples therapy for a six week period. One session was held each week. Each individual completed intake demographic questionnaires, consent to participate in research, and was administered the first DAS in the first session of therapy. Couples completed the second administration of the DAS at the close of the third session and the final DAS at the close of the sixth session.

Couples were called back in after the completion of the sixth session to review the results of the last administration of the DAS and to discuss the results of this research project. Results from the demographic survey and DAS administrations were recorded according to individual and couple codes on the record form shown in Appendix B. Ten couples participated in the SFT group and ten couples participated in the EFT group. All couples were comprised of male/ female dyads. Couples in the SFT group participated in traditional couples' therapy as defined in prior chapters. Couples in the EFT group participated in four separate equine exercises as defined in Appendices D-G.

The researcher analyzed whether equine facilitated therapy was as effective as or more effective than solution focused therapy for heterosexual couples ages 21-45 as measured by scores for relational adjustment as measured by the Dyadic Adjustment Scale. The results of statistical analysis were promising. Gender effects did not exist between or within test groups. Results of both statistical analysis and case study indicated that SFT and EFT are equally as effective for the first three weeks of therapy. However by the third administration of the DAS at week six, EFT was shown to be more effective than SFT as indicated by increased scores on the DAS and thus increased levels of relational adjustment for couples in the EFT test group (n=20).

Conclusions

At the beginning of this research project the question was raised as to whether or not equine facilitated therapy was effective for the treatment of couples. This research supports the idea that EFT and SFT are both effective modes for increasing relational adjustment in couples ages 21-45 as indicated by improving scores on the each administration of the DAS. Significant differences did not exist between treatment groups on the initial administration of the DAS, $DAS1 F(1, 36) = 0.12, p = 0.733$, or the second administration of the DAS, $DAS2 F(1, 36) = 0.24, p = 0.626$. Significant differences did exist on the third administration of the DAS between the SFT and EFT groups with the EFT group showing higher scores, e.g. higher levels of relational adjustment, than the SFT group, $DAS3 F(1,36) = 20.69, p < .001$. Indeed, this study supports that EFT is more effective than SFT by the sixth session of therapy for couples ages 21-45.

Equine facilitated therapy has been challenged by the psychological community in the past as not being quantitatively research based (EAGALA, 2001). This research

suggests that EFT is an effective mode of therapy for couples, as effective as other more traditionally accepted models of couple's therapy such as solution focused couples therapy. This study promotes that EFT is effective for the treatment of relational adjustment issues in couples in as little as six sessions.

Recommendations

Equine facilitated therapy (EFT) is a field that has rapidly emerged over the last 15 years. However, despite the rapid emergence and use of this field as a medium for physical, mental, and socio-emotional issues, little research has existed to support the effectiveness of EFT when compared to other therapies. The results of this research indicate that EFT is as effective, if not better, as SFT for treating couples experiencing relational adjustment issues as indicated by scores on the dyadic adjustment scale. This is a large step in helping EFT gain reimbursement from insurance companies and gain acceptance in the therapeutic community as a viable and feasible option for helping to treat couples and potentially children.

It is important to note, that while the results of this study were positive, more research is still needed. Individuals conducting research on the effectiveness of EFT as compared to other more traditionally accepted modes of therapy is needed to determine the clinical utility of EFT across families, individuals, diagnoses, and cultures. The individuals who conduct this research need to be concise and direct in evaluating program and producing quantitative data for dissemination to the field of counseling and mental health. Again, as it can not be said enough, more research that is quantitative in nature rather than case study or case review in nature is needed to show effectiveness ratings of EFT as compared to other more accepted processes of therapy.

The field of EFT is rapidly expanding despite the lack of research regarding the effectiveness of EFT. Areas that would benefit from research include outcome studies on EFT effectiveness as well as studies that may document change in an area of personal development such as personality or empathy in regard to receiving EFT treatment. The question is also raised as to the long term effects of EFT. A longitudinal study would be beneficial to the field of EFT to determine if EFT has lasting effects on individuals and, if so, what these lasting effects are.

Studying the effects of administering this mode of therapy on both the therapist and the horse is another avenue to pursue in the field of EFT. While it is interesting to discover the benefits to the client in a therapeutic relationship, it is also important to note the benefits and risks to the therapist and animal in this mode of therapy. In this same vein, it may be important to study different theoretical models in relation to the delivery of services of EFT. Is the solution oriented experiential approach the most effective model for EFT? Are other models such as a Gestalt or developmental model better? Of course testing different theoretical models in relation to EFT may be a large jump, as EFT is still lacking in effectiveness studies to quantify the current model of therapy offered by EAGALA (2001).

There are many avenues to pursue in relation to future areas of research in EFT. This study helps to begin the research for many of the future avenues into EFT research. There is now one study that shows that the EAGALA model (2001) of solution focused orientation is effective for increasing relational adjustment in couples ages 21-45 as measured by the Dyadic Adjustment Scale (DAS) in only six sessions. Future researchers

can begin to ask the above listed questions to answer some of the questions about EFT and treatment effectiveness.

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Appendix A

Intake Demographics Record Form
Developed by Leslie Russell 2006

Couple Number: _____
 Relational status: _____
 Length of current relationship: _____

Participant #1: _____
 Gender: _____
 Age: _____
 Years of education: _____
 Experience with horses: _____
 Income: _____
 Previous experience in Therapy: _____
 Past relational experience: _____

DAS RESULTS:
 #1: _____
 #2: _____
 #3: _____

Participant #2: _____
 Gender: _____
 Age: _____
 Years of education: _____
 Experience with horses: _____
 Income: _____
 Previous experience in Therapy: _____
 Past relational experience: _____

DAS RESULTS:
 #1: _____
 #2: _____
 #3: _____

Appendix B
Demographics Survey
 Developed by Leslie Russell 2006

Please circle the response that best suits you

Participant # _____ Couple # _____

1. What is your current Relational Status with your partner?

- (0) married (1) cohabitating
 (2) non-married/non-cohabitating (3) engaged cohabitating
 (4) engaged non-cohabitating

2. What education status best represents you?

- (0) under high school (1) high school
 (2) 1 month-2 years of college (3) 2 years one month college to Bachelors degree
 (4) Masters degree (5) post Masters degree
 (6) Doctorate or advanced degree (OD, MD, etcetera)

3. What is your current Experience Level with horses?

- (0) no experience (1) less than five interactions with horses
 (2) 6-10 interactions with horses (3) 11-25 interactions with horses
 (4) more than 26 interactions with horses

4. What is your current Income Level (not including your partner's income)?

- (0) 0-\$10,999.99 thousand/year (1) \$11,000.00-\$20, 9999.99 thousand/year
 (2) \$21,000.00-\$30,999.99 thousand/year (3) \$31,000.00-40,999.99 thousand/year
 (4) \$41,000.00-\$50,999.99 thousand/year (5) \$51,000.00-\$60,999.99 thousand a year
 (6) \$61,000.00-\$70,999.99 thousand/year (7) \$71,000.00 thousand/year and above

5. What is your Previous Experience in therapy?

- (0) 0-4 sessions (1) 5-8 sessions
 (2) 9-12 sessions (3) 13-16 sessions
 (4) 17 + sessions

6. What Past Relational Experience best describes you?

- (0) Never been married (1) Never engaged
 (2) Previously engaged (3) Previously married once
 (4) Previously married twice (5) Previously married more than two times

Appendix C
Informed Consent
Developed by Leslie Russell MS LMFT

PROJECT TITLE: Equine Facilitated Psychotherapy & Solution Focused Couples Therapy: A Comparison Study.

I understand that this study is of a research nature. It may offer no direct benefit to me.

Participation in this study is **voluntary**. I may refuse to enter it or withdraw from it at any time without creating any harmful consequences to myself. I also understand that the researcher may drop me from participating in this study at any time.

All information gathered in this study will remain confidential unless harm to self, minors or vulnerable adults, or harm to others is disclosed in the therapeutic setting is disclosed.

The purpose of this study is to show if equine facilitated therapy is as effective as or more effective than traditional solution focused therapy methods in relation to a couples description of relational adjustment and couples therapy.

As a participant I will be asked to complete three administrations of the Dyadic Adjustment Scale and participate in six 50 minute sessions of either solution focused couples therapy or equine assisted couples psychotherapy. I understand that I will not be able to choose the method of therapy for the next six weeks. I understand that equine assisted psychotherapy will take place outdoors, weather permitting, or in an indoor arena. Solution focus couples therapy will take place in a traditional counseling setting, an indoor office.

There may be risks and discomforts to this study. These risks may include increased relationship discomfort and arguments, physical exertion in equine exercises, the exposure to large animals, and exposure to sunlight for periods of over 30 minutes.

There may also be benefits to this study. One benefit of this study could be increased problem solving abilities and couple cohesiveness. Couples may also gain insight into their own behaviors in their couple relationship. Personal growth is a large possible benefit of any therapeutic relationship.

There will be no monetary compensation for this study.

The information in this study was discussed with me by Leslie Russell M.S. LMFT

If I have further questions I may contact her at lrussell@lfalls.k12.mn.us or by phone at (218) 831-1871.

Signature _____ Date _____

Appendix D
Participant Instructions

Hello,

Thank you for participating in this study to discover the effectiveness of equine facilitated psychotherapy as measured against traditional solution focused therapy! If you choose to participate in this study, you and your partner will be asked to complete six 50 minute sessions of therapy with Leslie Russell M.S. LMFT. You will still be billed for these services. You and your partner will be assigned to participate in either solution focused therapy in a traditional counseling office or equine facilitated psychotherapy in either an outdoor or indoor arena. You will also be asked to complete four questionnaires. The first of the four questionnaires is a survey to show income levels, gender, age, and education. The next three surveys are inventories called the Dyadic Adjustment Scale. You will be asked to complete on prior to beginning therapy, after the third session of therapy, and also at the conclusion of therapy. Each time, the results will be discussed with you and your partner. The final results of this project will also be available to you on your request in written format. You may withdraw from this study at any time and choose to discontinue therapy with the above practitioner at any time. If you are dissatisfied with the group you are assigned to, you will be removed from the research study by the practitioner. If you choose to withdraw from therapy the name of three other mental health practitioners will be provided to you and your partner at your request.

Thank You.

Appendix E
EFT Activity: Haltering Exercise
EAGALA, 2004

Purpose: Assessment

Type: Individual, Family, Groups

Set Up and Instructions:

This can be done in a round pen arena or pasture. Number of horses does not matter but a minimum of three is preferred (so the client can make a choice).

Hand a halter and lead rope to the client (s) and ask the clients to catch and halter the horse(s) to the best of their ability. No other directions are given and not other preparation is given (that would be our way not the clients solution.)

State that "I (the therapist) will not do it for you. That would be my way of doing it. I would like you to discover your own way which will probably work best for you."

What to Look For:

Does the client ask for help? For the therapist to solve problem? Family members to solve problem? If so, who responds? Dynamics? What worked? What did not? Which horse did they choose and why? How do they approach the horses? How do the horses respond? What are the client's reactions to the horse's responses?

When to Use:

First session for assessment. Ongoing in each session as a check in and ongoing assessment.

Appendix F
EFT Activity: Obstacle Activity
EAGALA, 2004

Purpose: Teamwork, communication, problem solving, dealing with additions, overcoming challenges, roles and responsibilities. Assessment.

Type: Couple, Family, Group

Set Up and Instructions:

Prior to the client(s) arriving to the session build an alleyway and fill it with a variety of obstacles (e.g. poles, hay bales, food, jumps, act). Pick a horse, preferably a gluttonous one, and place him or her in the arena with a halter and two lead ropes.

Clients name each obstacle and temptation in the alleyway with obstacles and temptations in their lives using three by five note cards and tape.

Clients are given the following instructions:

- The horse cannot leave the alleyway.
- The horse cannot knock anything over
- The horse cannot eat anything.
- The couple cannot enter the alleyway
- The couple cannot move or knock anything over.
- The couple cannot drop the lead rope. It must be held with only one hand (no double grabbing)

The couple is asked to decide on a consequence for violating any of the above rules. These consequences are to be done as soon as the infraction is noted, in the moment.

What to Look For:

How does the couple communicate? How harsh or hard is the consequence that is chosen? Who chooses the consequence? Is it a joint decision? Who leads? Who decides when it is time to start the activity? What were the hardest moments? The easiest? Where were they in relation to the horse? Could they see each other? If so, did they use non verbal messages to communicate?

When to Use:

Any session. Couples who experience stagnation in therapy often find this to be a great icebreaker.

Appendix G
EFT Activity: Extended Appendages
EAGALA, 2004

Purpose: Roles, communication, conflict resolution, teamwork.

Type: Families, groups, 2 plus people.

Set Up and Instructions:

Have a horse or two in the arena with a saddle, saddle pad, halter and lead rope. The couple is asked to link arms. The person on the right directs the other's left hand and the person on the left directs the other's right hand. The couple is told that they are like one big body that shares a brain. The person on the left can only use their right hand when told to by their partner and only in the exact manner told by the other person and vice versa. Each person needs to give specific instructions to the other. In other words, you can just say "halter the horse." Each step of haltering need to be described. The couple is then told to catch, halter, and saddle the horse. No other instructions are given.

What to Look For:

Look at the non-verbal communication of both the horse and the handlers. What was the process of the couple? How did each person feel in the assigned role? Was one hand used more than another? Did one member become more frustrated than the other? What happened when the couple did not communicate effectively? When they did? Did they work together? What horse did they choose and why? How did the horse respond? Who feels drained the most?

When to Use:

Any session.

Appendix H
EFT Activity: Horse Billiards
EAGALA, 2004

Purpose: Team building, communication, humor, conflict resolution.

Type: Couples, Family, Groups

Set Up and Instructions:

Prior to the couples entering the arena “pockets” are set up in the arena using two poly pipes or wood posts. Often six pockets are set up in the arena for this activity. The horse becomes the billiard ball in this activity. Couples are then instructed that like pool, their job is to get a horse in each of the pockets.

The basic rules of the game are that there is no touching of the horse, no bribing or simulated bribing (e.g. pretending to have a carrot), no use of halters or lead ropes, and no using anything outside of the community (arena). The pocket is “good” only when the horse goes through the opening in the front, the head and tail break the plane of the two posts/pipes, and the horse stays for a few moments in the pocket. The pockets can not be moved or knocked down.

Each person will have a “shot” to get the horse in the pocket. Only the person taking a shot can talk. Again, the couple will be asked to choose a consequence for breaking any of the rules to be done in the here and now.

What to Look For:

The therapist is looking for how the couple works together, stays in the same rut that does not or does work, how the couple comes up with new ideas, if their was competition, and how the horses responded to each member. Did the couple become frustrated? What did the non verbal language between the couple look like? This is a good activity to discover patterns of frustration in real life and to show each member of the couple basic non verbal body language.

When to Use:

Any session