

EQUINE ASSISTED PSYCHOTHERAPY IN A SOUTH AFRICAN FORENSIC SETTING: A DESCRIPTIVE REPORT

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ABSTRACT

Equine Assisted Psychotherapy (EAP) is gaining much popularity as an intervention for a range of mental health problems. Although evidence for its efficacy has to date been low, this may largely be due to poorly conducted research. This article examines the evidence for EAP, and the indications for its use. It also explores its theoretical foundations and discusses an EAP project that has been conducted for four years at Valkenberg Hospital's Forensic Mental Health Unit.

The gracefulness, strength and agility of horses have long enthralled the human imagination, and the worlds of story-telling, myth and legend are richly populated with them. Although amongst the most beloved of domesticated animals, for millennia horses have been used as 'beasts of burden', and it has only been since the later years of the twentieth century that the therapeutic potential of working with horses has been formulated, explored, and researched. This article provides an overview of the discipline of equine assisted psychotherapy (EAP), which is emerging globally as an increasingly popular intervention for a range of mental health problems. It also describes an EAP project, now in its fourth year, which has been conducted at the forensic unit at Valkenberg Psychiatric Hospital, Cape Town.

ANIMAL ASSISTED THERAPY

By way of introduction, EAP can be understood within the larger construct of animal assisted therapy (AAT). Many people, especially pet-owners and animal-lovers, have an intuitive understanding of the potential benefits of being in the presence of, and interacting with, domesticated animals. AAT is the intentional inclusion of an animal into a therapeutic setting or intervention. Probably the best-known example is the therapy or service dog that is often used by people with physical disabilities. Other animals that are used in AAT include cats, guinea pigs, rabbits, fish, horses and birds, and typical settings include nursing, rehabilitation and elderly care facilities, hospices, correctional facilities, psychiatric and paediatric wards, homeless shelters and, on occasion, disaster scenes.¹

Beneficial effects that are thought to arise from AAT include displacing attention from symptoms of physical illness; companionship, including the enhancement of engagement and rapport; reductions in anxiety, hopelessness and despair; and increases in mood, energy and optimism.^{1,2} Several studies have attempted to measure these effects empirically, by studying how various physiological parameters change during interactions with animals in such settings.^{1,2} Proposed mechanisms for the benefits of AAT include the following: animals can facilitate social engagement; they assume symbolic and metaphoric significance; they become sources of attachment and social support; and they can act as agents of learning through, for example, providing immediate feedback to types of different behaviours shown to them, and by the empowerment which is enabled by training and nurturing them.³

Highly structured AAT interventions, such as equine assisted psychotherapy, have unique features that are absent in traditional dualistic therapeutic settings. As an animal is present, a therapeutic triangle is formed which, it has been suggested, can potentially enhance traditional client-therapist therapy models.⁴ Physical interactions with the animal provide opportunities for experiencing and establishing physical attachment.⁴

THE NOVELTY AND SETTINGS OF AAT INTERVENTIONS MAY APPEAL TO CLIENTS WHO ARE RESISTANT TO, OR THREATENED BY, TRADITIONAL PSYCHOLOGICAL THERAPY, AND THE ANIMAL'S PRESENCE AND BEHAVIOUR MAY FACILITATE DISCUSSION BETWEEN CLIENT AND THERAPIST, OR BETWEEN CLIENTS WITHIN A GROUP SETTING.^{4,5}

The work of Boris Levinson, in the United States in the 1960s and 70s, is of particular psychiatric interest, writing as a child psychiatrist of his experiences with canine assisted therapy with his clients; his books, 'Pet-Oriented Child Psychotherapy' and 'Pets and Human Development', although anecdotal and case-study orientated, marked the first modern professional writings on the subject of AAT.²

EQUINE ASSISTED THERAPY

The specific use of horses in animal assisted therapy falls under the broad category of 'equine assisted therapy'. When the term refers primarily to a psychological intervention, it is differentiated from 'hippotherapy', or 'therapeutic horse-riding'. This is an intervention primarily aimed at, but not limited to, people with physical disabilities, and is defined as horse-riding "to improve posture, balance and mobility while developing a therapeutic bond between the patient and horse".⁶ The terms equine facilitated psychotherapy (EFP) and equine assisted psychotherapy (EAP) are commonly used, by practitioners, and in the literature, to describe the use of horses in psychologically therapeutic interventions

and are essentially interchangeable. Equine assisted learning (EAL) is a closely related field which differs in that it uses similar methods to achieve learning goals, rather than purely therapeutic ones.⁷

While there seems to be no standard definitions of these various terms, common features appear to be the use of horses, within a stable or paddock environment, in structured sessions which are facilitated by two professionals, an equine specialist and a registered mental health practitioner. The model utilised in the programme to be described, and in which the EAP-facilitator co-authors are trained, is the EAGALA (Equine Assisted Growth and Learning Association) model. EAGALA, founded in 1999, is an international equine therapy non-profit organisation (NPO), and therapists registered with it are required to undergo a training and certification programme, with ongoing professional development and two-yearly registration renewal being requisites for continued certification.⁸ As its name suggests, the model combines elements of therapy and learning, and EAGALA defines EAP as follows: "Equine assisted psychotherapy incorporates horses experientially for emotional growth and learning. It is a collaborative effort between a mental health professional and a horse specialist working with clients and horses to address treatment goals".⁷ This definition emphasizes that a team approach is used, in which two professionally trained facilitators are present: the focus of the equine facilitator is on the responses of the horses and physical safety of the participants, while the mental health worker focuses attention on the emotional safety and non-verbal communication of the clients.

THE MODEL IS A VERSATILE ONE, AND IS UTILISED IN A RANGE OF SETTINGS, FROM THERAPEUTIC SETTINGS WITH INDIVIDUALS AND GROUPS, TO CORPORATE TEAM BUILDING PROGRAMMES AND SKILLS DEVELOPMENT PROGRAMMES. THE NUMBER OF HORSES USED IN SESSIONS VARIES DEPENDING ON THE GROUP SIZE, HOWEVER IT IS PREFERABLE TO HAVE A HERD OF AT LEAST TWO TO THREE HORSES PER SESSION. THE HORSE SPECIALIST MUST HAVE A GOOD KNOWLEDGE OF THE HORSES BEING UTILISED, AS PHYSICAL AND EMOTIONAL SAFETY OF BOTH HORSE AND CLIENT IS OF UTMOST IMPORTANCE. THE GROUPS ARE USUALLY SMALL IN NUMBER, AND RANGE FROM FIVE TO FIFTEEN PARTICIPANTS.

During the sessions, participants engage in ground-based activities, in a suitable open environment. No horse riding occurs, and no prior experience of working with, or being with horses, is required. Typically, sessions open with greeting and grooming the horses; this is followed by structured activities which involve interactions between the participants

and horses, and which usually increase in complexity as the session progresses. The activities are usually centred on problem-solving tasks, in a novel setting, where task performance by clients enables observation of behaviour by the facilitators, instead of a reliance only on what is said.⁹

A core aspect of the EAGALA therapeutic process is the use of metaphors, which can arise from at least three sources generated by the therapy sessions: the behaviour of the horses, the props (such as halters, ropes and buckets), and lessons learned within sessions that are analogous to life experiences.¹⁰ Examples of both session activities and metaphors which occurred in the project will be described later. The above illustrates that there are important differences between a typical AAT setting (for example, the presence of pets in nursing homes), and EAP. These include the presence of structured sessions and facilitators; the deliberate entering of the participants into the physical environment of the animal (which in effect means that, from the perspective of the horses, the participants temporarily become incorporated into the herd); and the much larger size of horses compared to other animals usually found in AAT settings.

EAP HAS BEEN UTILISED FOR A RANGE OF MENTAL HEALTH PROBLEMS, INCLUDING AUTISM SPECTRUM DISORDERS, BEHAVIOURAL PROBLEMS IN CHILDHOOD AND ADOLESCENCE, SUBSTANCE ABUSE, SCHIZOPHRENIA, MOOD DISORDERS AND POSTTRAUMATIC STRESS DISORDER.¹¹ EQUINE THERAPY PROGRAMMES HAVE ALSO BEEN USED IN LEADERSHIP AND BUSINESS PROGRAMMES. IN THESE LATTER CONTEXTS, AND OTHERS WHERE PARTICIPANTS DO NOT HAVE DIAGNOSED MENTAL HEALTH PROBLEMS, IT IS PROPOSED THAT ENHANCED SELF-AWARENESS AND WELL-BEING¹¹, AS WELL AS SKILLS DEVELOPMENT, ARE EXPERIENCED BY PARTICIPANTS.

Although there is no well-established theoretical framework for EAP, various models have been cited by practitioners and researchers as contributing to a theoretical formulation of the therapeutic potential of EAP: these include CBT, experiential therapy, Gestalt therapy, object relations theory and attachment theory.¹² Other, more specific ideas have been proposed suggesting why horses should be particularly suitable for therapeutic work. Principal among these is that horses are recognised as being extremely sensitive to human emotion, and to subtle expressions of emotions.^{4,11} Several studies, using empirical behavioural and physiological markers of horses, support this¹¹; a recent study, for example, revealed that horses are able to spontaneously discriminate between positive (happy) and negative

(angry) human facial expressions in photographs¹³. A corollary is that horses are able to mirror or reflect these emotional states, through interactional responses, and in this way provide feedback, which is central to the therapeutic aspect of the process.^{4,11} Such responses and interactions are spontaneous, and impartial (or non-judgemental), and are therefore authentic, and this is a further defining feature of EAP.⁴ As stated by Frewin and Gardiner: "Horses are not judgemental; they don't have expectations or prejudices.

THEY DON'T CARE WHAT YOU LOOK LIKE; ARE NOT INFLUENCED BY YOUR STATION IN LIFE; ARE BLISSFULLY UNAWARE OF WHETHER YOU HAVE FRIENDS OR NOT. HIGH QUALIFICATIONS DO NOT IMPACT UPON THE RESPONSE OF THE HORSE TO YOUR PRESENCE. THE HORSE RESPONDS TO THE IMMEDIACY OF YOUR INTENT AND YOUR BEHAVIOUR, AND DOES SO WITHOUT ASSUMPTION OR CRITICISM".¹⁴

The sensitivity of horses to their surroundings is in part due to the fact that they are prey (as opposed to predator) animals. They are naturally hyper-vigilant to danger, will flee from it, and will communicate their fear instantly to the rest of the herd.¹⁴ This fact, that they are herd animals, and possess both social structure, and sensitivity to herd dynamics, constitutes a further proposed theoretical underpinning of EAP. In addition, horses have become domesticated over the course of several thousand years¹⁴, and during this process have come to view humans as part of the herd. There are important implications of this process: their sensitivity to people, and their ability to communicate this, non-verbally, has become more sophisticated over time¹⁴ and, importantly, they look to humans for leadership.⁴ As previously mentioned, when newcomers enter an equine assisted therapy milieu, they temporarily become part of the herd, and the horses will respond to the changed dynamics of the group/herd. For the participants, there are opportunities to observe the herd dynamics and processes of the horses, including themes of hierarchy and relationship⁴, and these in turn provide material for metaphoric exploration.

An additional and highly significant proposed theoretical factor in understanding the therapeutic value of working with horses is their size - they are large and powerful animals, and may appear as imposing, intimidating and even frightening to clients (this in itself can provide rich metaphorical material). As a result, participants enter sessions with immediate and increased sensitivity to their environment, and heightened awareness of their safety.¹⁴ Successful completion of tasks with the horses leads to increased confidence, and an overcoming of fear.¹¹

Because of their size, horses cannot be physically coerced to act in predetermined ways during therapeutic sessions, and other strategies have to

be utilised in order to enable their cooperation.¹¹ Several apparent contradictions emerge from the juxtaposition of horses as large and powerful animals on the one hand, and as therapeutic facilitators on the other. Clients are amply aware, for example, during interactions with them therapeutically, that horses are animals that have the potential to cause physical harm, and yet their behaviour during sessions can be gentle.¹⁵ It has been suggested that this may possibly encourage participants to model non-violent behavioural strategies.¹⁶ Furthermore, as prey animals they are, although large and potentially dangerous, non-predatory, which might contribute to their above-described ability to reflect, rather than direct, human responses to them.¹⁵ This, in turn, could confer therapeutic advantages over more predatory species used in other forms of AAT, which may be seen as more threatening to some clients.¹⁵

Although horses are powerful themselves, their strength is managed and directed by people, through leadership, and gaining this realisation through relationship building, rather than domination, affords positive therapeutic opportunities. Aggressive tendencies can be brought to bear to a situation in a “sublimated, creative and positive manner”,⁴ and nonviolent behavioural strategies can lead to altered tolerances of, and responses to, interpersonal provocation.¹⁵ Frewin and Gardiner quote an example of this, in which shifts occurred in adolescent gang members’ attitudes to the perceived threat that was represented by the horse: unable to physically dominate or control it, they learned that “openness and vulnerability are more likely to elicit positive behaviour than displays of defiance and aggression”.¹⁴

THE EVIDENCE FOR EAP

The evidence for EAP is particularly relevant given that it is a highly resource-intensive intervention: horses, a suitable outdoor environment, and two trained therapists are required, and these are resources that are not readily available in the majority of mental health-care settings.

THERE IS A PROLIFERATING LITERATURE ON EAP, IN THE FORM OF CASE-STUDIES, ANECDOTAL REPORTS, POST-GRADUATE STUDIES, AND FORMAL RESEARCH STUDIES. THESE HAVE FOCUSED ON NUMEROUS MENTAL HEALTH PROBLEMS, IN A VARIETY OF SETTINGS, INCLUDING YOUTH CENTRES, HOSPITALS, CORRECTIONAL FACILITIES, AND, IN THE UNITED STATES, ARMED FORCES VETERAN SETTINGS. IS THERE ANY EVIDENCE FOR ITS EFFECTIVENESS AS A THERAPEUTIC INTERVENTION?

In 2012 Selby and Smith-Osborne published a systematic review of studies in which equine related therapies (including EAP and therapeutic

horse-riding), were used as complementary and adjunct therapies in a variety of mental conditions, including bereavement, PTSD, ‘at-risk’ adolescents, and unspecified emotional and behavioural disturbances. They concluded that the interventions showed “promising” results in these trials.⁹

Anestis et al., in a systematic review written in 2014, concluded that there was insufficient evidence to justify the recommendation of equine related treatments (meaning that the interventions included other equine therapies in addition to EAP) as a standalone treatment for mental disorders. The review identified fourteen studies, and the mental disorders included children with ADHD and autistic spectrum disorder, ‘at-risk’ children, women with eating disorders, and a large number of unspecified diagnoses. One small study included six adult outpatients, diagnosed with schizophrenia or schizoaffective disorder.¹⁷

THE AUTHORS IDENTIFIED SIGNIFICANT PROBLEMS WITH STUDIES THAT HAD BEEN DONE UP TILL THAT POINT: THESE INCLUDED THREATS TO VALIDITY; VIOLATIONS WITH RESPECT TO PROPER EXPERIMENTAL CONTROL AND PROCEDURES, AND UNBIASED RATERS; HIGH VARIABILITY WITH RESPECT TO THE STRUCTURE AND CONTENT OF INTERVENTIONS; LACK OF RANDOM ASSIGNMENT; AND FAILURE TO INDICATE HOW PSYCHIATRIC DIAGNOSES WERE ESTABLISHED.¹⁷

Additional identified problems with published EAP trials include small sample sizes, lack of control groups, and the lack of an overall and unified EAP theoretical framework.¹²

A subsequent review, published in 2015, identified four studies with children and adolescents that in part overcame some of the problems identified above. There were two groupings of study participants – children with autism spectrum disorder and ‘at-risk’ youths, and positive changes in several outcomes, including anxiety, depression, inattention, empathy and self-regulation were demonstrated¹⁸.

One well-designed study, published in 2016, warrants particular mention as it included ninety hospital in-patients with severe mental illness (including schizophrenia, schizoaffective disorder and mood disorders), and examined the effectiveness of EAP in reducing aggressive behaviour. EAP was contrasted with CAP (canine assisted psychotherapy), and the study design included two control groups (enhanced social skills psychotherapy and regular hospital care). Results indicated improvements in both animal assisted therapy groups, with, at three-month follow-up, a reduction in aggression in the EAP group only. Results were specific for violence, and there was no effect on other psychiatric symptoms.¹⁵ This study was referenced in another 2016 review, which

focused on the efficacy of non-pharmacological interventions for reducing aggression in severe mental illness: the best interventions were cognitive behavioural therapy (CBT) and modified reasoning and rehabilitation (R&R), a cognitive skills programme which aims to reduce recidivism in offenders. The positive results which resulted from the EAP study were acknowledged, with the comment that it is an impractical choice for most psychiatric units¹⁶.

In conclusion, despite a burgeoning literature, there is currently little evidence for the effectiveness of EAP in broad psychiatric populations, and this is because of poorly designed studies which lack methodological rigour. While there is also scant evidence for its effectiveness in severe mental illness specifically, there are suggestions that it may be effective in reducing aggression and violence. This, together with findings supportive of behavioural changes in children and adolescents, suggests that EAP may have unique benefits for a forensic psychiatric population, in which aggression and violence are recurring problems.

THE VALKENBERG HOSPITAL EAP FORENSIC PROJECT

Four EAP programmes have taken place at Valkenberg Hospital's forensic unit since 2015, each occurring annually. The first three were each of eight weeks duration, and at the time of writing a fourth and longer, twelve-week programme had just been completed at the unit.

THE FORENSIC MENTAL HEALTH UNIT AT VALKENBERG HOSPITAL (VBH) TREATS AND REHABILITATES PEOPLE WHO HAVE COMMITTED OFFENCES AND WHO HAVE BEEN ASSESSED AS NOT HAVING CRIMINAL CAPACITY FOR THEIR ACTIONS, AS THEY WERE MENTALLY ILL AT THE TIME OF COMMITTING THESE OFFENCES.

Under South African law they are required, by the justice system, to undergo rehabilitation as inpatients in psychiatric hospitals. The illnesses that are mostly diagnosed in these patients (who are classified under South African law as 'state patients') include severe psychiatric illnesses such as schizophrenia and mood disorders, and there are often comorbid conditions present, including personality disorders and substance abuse. Only male state patients are accommodated at Valkenberg Hospital; female state patients, who are far fewer in number, are rehabilitated at Lentegeur Hospital.

State patients are treated for extended periods of time (months to years) and are thus ideally suited to benefit from prolonged interventions, including equine assisted therapy programmes. The patients are actively treated for psychosis during the early phase of their rehabilitation, after which they are provided opportunities to engage

in more psychologically and occupationally based rehabilitative work.

Over and above pure mental illness, the psychopathological problems that are present in a forensic population, and the treatment interventions that are required to address them, are complex. As mentioned, disorders of personality, especially of the cluster B type, and including psychopathy, are frequently present. In addition, some patients have varying degrees of intellectual disability. Aggressive and recurrent behavioural disturbances are habitually present in forensic environments and are worsened by a high prevalence of substance abuse, which also causes relapse of mental illness.

STATE PATIENTS FREQUENTLY FEEL MARGINALISED AND STIGMATISED BY THEIR FAMILIES AND COMMUNITIES, AND BY SOCIETY AT LARGE, NOT ONLY BECAUSE THEY HAVE MENTAL ILLNESSES, BUT ALSO BECAUSE THEY HAVE COMMITTED OFFENCES. SHAME, GUILT AND REMORSE, WHEN THEY DO OCCUR, ARE SELDOM ARTICULATED. MOST STATE PATIENTS STRUGGLE TO EXPRESS THESE FEELINGS, LET ALONE WORK THROUGH THEM WITH ANY DEGREE OF SUCCESS, AND DEFENSIVE MECHANISMS, INCLUDING DENIAL AND AVOIDANCE, ARE COMMON.

Despite these therapeutic obstacles, the forensic unit's therapeutic ethos is aligned with the principles of the recovery model, and it constantly strives to engender within state patients the model's four domains of hope, positive self-identity, meaning in life and personal responsibility¹⁹. In addition to conventional pharmacological and psychotherapeutic interventions, and extensive occupational therapy programmes, the unit offers additional interventions such as pottery, art and music sessions. All of these interventions are creative and innovative, facilitate participation in group therapeutic activities, engage clients in a physical manner, and potentially enable access to psychological material in non-verbal ways. When the opportunity to work with equines presented itself to the unit, it was welcomed as an additional intervention which shared these characteristics.

In addition, and very fortunately for Valkenberg Hospital, the intervention was considered to be a practical and accessible one, as the hospital is immediately adjacent to the Oude Molen Eco-Village, where there is a stable and horses. The horses that are accommodated and cared for at the stable are mostly rescued horses, and take part in community equestrian events, including horse-riding lessons. The owner of the horses is supportive of equine assisted therapy and has readily allowed the unit to make use of the stable's horses.

The two facilitators who have run the sessions since the project's inception, and who are co-authors of this paper, are founding members of The Equinox Trust, a Cape Town based EAGALA-certified non-profit organisation. This project was a landmark event for the Trust as it provided its facilitators with an opportunity to work for the first time with a purely psychiatric population.

THE PROGRAMMES



Participants with certificates of completion



Six new male state patients were selected for each of the three eight-week programmes that were held from 2015 – 2017. Each session took place on a Friday morning, on a field attached to one of the forensic wards. The patients, two equine assisted therapy facilitators and either two or three horses participated in each session. No participants dropped out of any of the programmes, and mostly the same horses were used throughout each individual programme, depending on their availability and suitability for work with this population, as discussed in consultation with staff at the Oude Molen stables.

Various objects that were brought by the therapists, and which included buckets, traffic cones and rubber 'noodles', were placed on the field and were available for the various tasks and activities that would take place in the session. Members of the multi-disciplinary team (MDT) involved in the care of the patients observed from the periphery of the field. Each session lasted for up to an hour and would start with the patients grooming the horses. During each session patients would engage with activities, after which there would be opportunities to reflect

on the experiences, and possible metaphorical links, with the facilitators.

AT THE END OF EACH SESSION, THE FACILITATORS WOULD PROVIDE IMMEDIATE VERBAL FEEDBACK TO THE MDT AND WOULD SUBSEQUENTLY PROVIDE A WRITTEN REPORT. THE FEEDBACK INCLUDED INPUT FROM THE EQUINE FACILITATOR, WHO OBSERVED THE BEHAVIOUR OF THE HORSES, AND FROM THE MENTAL HEALTH PRACTITIONER, WHO COMMENTED ON THE BEHAVIOUR OF THE PARTICIPANTS.

Some observations, features and themes drawn from the sessions and programmes are as follows:

The tasks with the horses that the participants were requested to engage with would generally increase in complexity over the course of each programme. This would occur as the individual participants grew more comfortable and confident with the horses, and also with each other and with the process. Examples of less complex tasks included simply walking individually around a horse, in this way becoming familiar with the animal and sensing its boundaries and walking individually with a horse around the field.



Participants leading a horse through a cone exercise with lead rope

More complex tasks included leading horses through pathways and over obstacles that the group constructed with the items on the field, as well as getting the horses to move into spaces demarcated by objects placed on the field. Variations of the latter exercise would be the permissible use of aids such as halters and lead-ropes, not being allowed to use these aids, not being allowed to touch the horse at all, and getting the horse to remain in the space for a short duration of time. During one exercise some of the patients were 'handicapped' by being blindfolded or tied by the arms to other patients, before the commencement of the activity.

AS EACH PROGRAMME DEVELOPED IN COHESION AND COMPLEXITY, THE ABILITY OF THE MEMBERS TO DEMONSTRATE LEADERSHIP AND TEAMWORK, AND TO EXERCISE ABSTRACT THINKING AND PROBLEM-SOLVING SKILLS, WAS TESTED AND ENCOURAGED.

During the exercise in which participants had to lead a horse into an enclosed rectangular space on the ground, without touching it or leading it with a halter or lead-rope, various solutions were attempted. These included coaxing the horse with handfuls of grass, and forming a human 'tunnel', with raised hands, through which the horse was encouraged to walk. In another exercise, a patient successfully kept the horse, which was moving slightly, within an enclosed space by moving the boundary, instead of attempting to keep the horse still, thereby demonstrating an interesting and creative use of problem-solving abilities. Participants who attempted to physically drag or push horses into spaces or along paths quickly realised that this was a mostly unsuccessful strategy, as reflected back to them by the horse's unwillingness to move.

WHEN THE EXERCISES PROVED CHALLENGING AND PARTICIPANTS WERE UNSUCCESSFUL IN ACHIEVING THEM, FRUSTRATION AND GROUP FRAGMENTATION OFTEN FOLLOWED. WHEN THIS OCCURRED, OR WHEN IT HAPPENED SPONTANEOUSLY, THE HORSES REFLECTED THIS BY BECOMING 'SKITTISH' AND DIFFICULT TO WORK WITH.

The groups were increasingly aware of this, and realised that calm cooperation often resulted in better outcomes. In general, the participants became more attuned to the characters and needs of the horses, and this was evidenced by more attentive and careful grooming as the programmes progressed, and by approaching horses differently – for example, during one session a particularly engaged and aware patient learned that approaching a temperamental horse from the side, rather than the front, led to a better engagement with that horse. In addition, one particular patient, who in the first sessions consistently behaved in a provocative manner towards the horses, by slapping them on their hind-quarters, was able to receive a clear message from them that this was not acceptable and was able to change his behaviour accordingly.

Metaphors were introduced into the sessions early on and depending on the make-up of the groups were comprehended and worked with by the participants at various times within the programmes. Examples of these included:

- What do the horses remind you of?

- If you approach people differently would they react differently, in the same way that the horses do?
- When you are feeling frustrated by not being able to achieve something, how do you cope?
- How does one know when a horse/person is calm?
- What does it feel like to have a handicap?
- The male and female horses continue to keep separate from each other – does this reflect what happens in your life?
- What does it feel like to have a reliable horse around?
- Can you think of a situation in your life where you might need 'lead-ropes' and someone to give you direction?

An example of a metaphor being successfully and spontaneously grasped and understood occurred towards the end of a programme, when the group took down an obstacle that the horse was not walking over and used the materials instead to create a path which the horse successfully negotiated. As well as providing metaphorical material which they were able to engage with and discuss, none of the rules which had been set for the exercise were contravened; the outcome was therefore also a success in terms of the group's problem-solving skills, and it provided them with a sense of empowerment.

As a further example, during two of the exercises each participant was requested to write down goals, values, and something they needed to protect in their lives. The lists were then used in exercises with the horses. The participants could identify that the horses were being supportive during the exercises and were able to link this to the need for support systems in their own lives.

The participants themselves tended to form subgroups and alliances that endured throughout the sessions. There were also consistent and interesting pairings of dominant and quiet members within the groups. Generally, the participants of each programme got along well, and were willing to help each other. There were no displays of hostility or aggression towards each other, nor towards the facilitators.

The selection process for each programme was done by the occupational therapists and psychiatrists working in the unit. Overt psychosis was an exclusion criterion. Generally, in each successive year, as The Equinox Trust and Valkenberg teams gained more experience with working with EAP in a psychiatric population, higher functioning patients tended to be selected for each group. This resulted in the participants working more rapidly with metaphors, which appeared to lead to greater cohesion and support within the groups.

For the 2018 group, participants were primarily selected on the basis of challenging behaviours, including intrusiveness, physical and verbal aggression and hostility, as the literature currently

appears to support EAP as a promising intervention for such behaviours. For all of the programme's broad themes of social/group awareness, interaction and communication, and regulation of emotion and behaviour, were chosen as desirable outcomes.

OUTCOMES

Simple scoring instruments, developed by The Equinox Trust, were administered to each participant at the beginning and end of each programme. These demonstrated positive shifts with respect to improving interpersonal and social skills and reducing aggressive and irritable behaviours.

The patients appeared to enjoy the intervention, especially as it was held outdoors, and it was consistently noted, at the start of each session, that they expressed keen and enthusiastic interest in remaining involved in the project. Teamwork and group cohesion were increasingly observed as the sessions progressed. Some of the participants also appeared to develop a genuine affection towards the horses and were at times seen spontaneously hugging them during the later sessions.

In the weeks following the third programme, participants were interviewed about their impressions of the programme. Some were able to make useful metaphorical links to family and social relationships, while others expressed a recognition that horses have feelings, and that this helped them to understand their own emotional worlds, as well as those of others. The problem-solving tasks that occurred during the sessions were also referenced, as reminders that their own problems that the participants encountered in their daily lives were able to be solved. These findings suggest that the therapeutic effects of the intervention have the potential to be sustained, and it can be hypothesised that this effect will be greater if the intervention is for a longer period; this was indeed the rationale for designing a longer twelve-week programme.

AN UNEXPECTED EFFECT OF THE FIRST PILOT PROGRAMME, HELD IN 2015, WAS THAT IT DREW MUCH INTEREST FROM THE PUBLIC.

The project was covered by several mainstream and community newspapers in Cape Town, and was featured in a national radio programme, in which several of the authors were interviewed. The attention that the project raised in these ways raised public awareness of the hospital, the forensic unit, and EAP as an intervention.

THE WAY FORWARD

Although positive outcomes were measured, they were done so using scales that do not have proven validity and reliability. The intervention would require more rigorous measurements, perhaps using a combination of clinical assessments and instruments, to make more meaningful

pronouncements on positive findings. With this in mind the current programme has introduced a pre- and post-intervention 39-item Life Skill Profile (LSP) instrument rating score.

The long-term vision for the project is to access ongoing funding, so that equine therapy can be a permanent intervention that is available to the forensic unit's patients. To date, funding for the programmes has mostly been provided by The Equinox Trust's own donor funding, with minor contributions from the Schonberg Trust and the Valkenberg Facility Board, both of which provide funding for patient activities at Valkenberg Hospital.

CONCLUSION

Equine assisted psychotherapy has gained enormous popularity across the world as an intervention for a diverse range of mental health problems. It is based on the intriguing and appealing premise that equines, as gentle yet powerful animals, can act as important therapeutic facilitators. Good evidence for the intervention has until recently been lacking, and this has been due to poorly designed studies. This shortcoming has been increasingly emphasised in the literature, and it is to be hoped that future studies, with improved methodological design, will demonstrate positive therapeutic effects in behavioural problems that are associated with mentally ill populations.

Valkenberg Hospital is extremely fortunate to have access to a neighbouring stable and horses, and to have partnered with The Equinox Trust, an EAGALA affiliated NPO. The equine assisted therapy project has been successful in that it has been well received by participants and staff, with tentative positive therapeutic results being found. This is the first time that an equine assisted therapy programme has occurred in a forensic unit in South Africa. It is envisaged that the project will continue, and that it will in the future offer an opportunity for much-needed research in this field.

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