GRANT WRITING FOR EQUINE-FACILITATED PSYCHOTHERAPY

by

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in Education

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8/31/2009

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ABSTRACT

Purpose of the Study:

I propose that equine-facilitated psychotherapy (EFP) can provide support for the emotional needs of adolescent students with learning disabilities and that it has the potential to be funded by a granting organization. This project investigates the various methods of therapy which utilize interaction with horses. These include hippotherapy, therapeutic riding, vaulting, and EFP. It also describes a method by which an EFP grant project can be developed and potentially funded.

Procedure:

A survey of local school personnel was conducted to determine perceived areas of student need. An investigation into the methodology of equine therapies was conducted through a review of literature and conversations with an equine therapist. A determination was made of the availability of grants which could potentially fund an EFP program. A local nonprofit agency was contacted and a cooperative arrangement established whereby development and implementation of an EFP program to support students with learning disabilities could achieve fruition.

Findings:

School personnel indicated social skills and counseling to address self-esteem issues were the greatest needs among the students at their school. A review of the literature indicated that the use of horses in therapy provides additional benefit to therapeutic experiences because horses can be ridden, act as emotional mirrors, and provide immediate feedback. The!effectiveness of EFP may be substantiated by describing the ways in which it relates to established areas and methods of treatment such as psychodrama, Gestalt therapy, play therapy, and analytical psychotherapy. EFP is an emerging field of treatment in need of further research. Preliminary studies show its potential to improve psychosocial functioning in at-risk adolescents, children exposed to intrafamily violence, and adults. The local nonprofit agency agreed to work with me and to be responsible for implementation of the grant offered by a small community-based granting agency. The grant proposal to provide funding for EFP for adolescents with learning disabilities was drafted using a previous year’s funding criteria; the draft might require modification when the current year’s funding criteria are made available.
Conclusions:

A limited number of studies of EFP have been conducted; the scarcity of documentation on the efficacy of this treatment makes it difficult to determine trends. Further research, which the funding of this grant would provide, needs to be conducted. Establishment and development of a relationship with a nonprofit agency without a liaison is challenging but achievable. A grant for this form of therapy does have the potential to be funded. Information derived from the program could benefit the scholarly community, educators, and therapists, while the therapy available through the program could benefit the children and families it is targeted to support.

Chair: __________________________

Signature

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I’d like to thank Karin Wandrei for being open to working with me on this project. I know it was a bit unusual and drawn out. I hope your agency will find from it some benefit. Thank you, Nancy Rosenbaum, for dedicating three long days to carefully reading my paper and helping me create something I am proud of. And finally, thank you, Dr. Emiliano Ayala, for giving in to my persistent request to have EFP as the focus of my project. It was a challenge as you predicted, but I did find that my interest in the subject sustained my journey.
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CHAPTER I. OVERVIEW OF THE PROJECT

Background/Context

During teacher training, I developed an interest in practicing the skill to support students with learning disabilities through as many means as were deemed necessary. I found it rewarding to identify workable and effective methods to support the personal and academic advancement of such students within their individual learning environments. Now, as a high school resource specialist, I am immediately responsible for identifying and somehow ensuring the satisfaction of students' learning needs. I have determined a gap in the support of these students' emotional needs that I feel unable and unqualified to address by myself.

I have become increasingly aware of the amount of emotional stress that pervades the campus. With suicides, fights, and drug use as outward indicators of the problem, the tension is pervasive and tangible. In order to address this need, I tried to think of ways I could make a positive difference in supporting students with learning disabilities and help them to cope with and resolve issues that my classroom instruction could not offer.

I sought the availability of counseling support for students with learning disabilities and realized our school counselors were already overwhelmed with the responsibility of trying to assist more than 400 students each. Their ability to address students' underlying emotional and social issues was compromised by the need to focus on relatively inconsequential demands such as schedule change requests, poor grades, and spotty attendance. Although these superficial needs may signal underlying issues, which, if addressed, might have improved the manifestation of these problems, there was little time to do more than address the symptoms.
Licensed psychotherapists see students with learning disabilities on campus to support their emotional health. This service is offered only to those students whose experiences prevent them from benefiting optimally from their education. In-school therapy is not perceived as an attractive option by a fair number of my students, despite it being free of charge and offered conveniently during school hours. Group counseling is limited: the school offers one anger management group to support the needs of 1,600 students. I believe there is a great need for additional support of students’ emotional needs, improvement of which could result in the students’ ability to realize superior benefits from education.

I became aware of a novel approach to counseling when I was invited to attend a workshop on the use of horses in psychotherapy (equine-facilitated psychotherapy or EFP). Having always loved horses, I was excited to discover how interaction with them could be therapeutic. The objective of the workshop was to educate various service providers in the area about the benefits and practice of EFP. The workshop allowed us to experience an EFP session much like a client would. I learned the treatment is similar to traditional psychotherapy, which focuses on specific emotional goals. The biggest difference between EFP and traditional psychotherapy is the client’s interaction with horses to aid the process.

What excites me about this method of “life support” is its novelty. I believe its experiential focus and setting would be appealing to my students. Knowing that psychotherapy is expensive, I realized that if I wanted my students to be able to experience this option, I would need to write a grant to obtain the money.
Problem Statement

Ukiah High School offers counseling services for students with learning disabilities. Options consist of traditional school-based therapy and one therapy group. Students refuse these services despite the obvious need for them, and funding for alternative forms of therapy is limited due to current economic instability and cutbacks in education.

To parameterize the areas which needed to be addressed, a survey was given to a total of 22 school personnel, including teachers, counselors, resource specialists, and administrators. More than half of the respondents indicated that development of social skills and counseling to support self-esteem issues were areas of greatest need.

EFP may address these areas in a format that appeals to adolescents' need for fun and novelty outside of the school setting. It can also be provided in a group treatment format to lessen program expenses. This project encompasses the research and development of a grant to fund EFP. The process to prepare this project included a review of the literature relating to the history of animals in therapy, various methods of equine therapy, and the effectiveness of EFP in particular. A search for an appropriate grant for the project was completed, as were the steps necessary to develop the grant proposal.

The grant proposal describes how a quantitative study would be used to explore the following questions:

1. Will eight weekly sessions of primarily group EFP yield improvements in the self-esteem of adolescent students with learning disabilities as measured by a standardized test and improvement in school attendance and grades?
2. Will eight weekly sessions of primarily group EFP also improve the subjects’ social skills as measured by a decrease in behavioral referrals at school for fighting, profanity, and disrespect?

Significance of the Project

Preliminary research (Trotter, Chandler, Goodwin-Bond, & Casey, 2008) has shown that EFP may be more effective than school-based therapy. Indications are that such therapy is of greater interest to students than is traditional therapy (Trotter et al.). Little research has been conducted in the area of EFP in general, with even less done on the effect such treatment has on the self-esteem of adolescents with learning disabilities. Writing a grant proposal to fund such research would benefit not only those interested in the growth and applicability of EFP but also those interested in alternative means of support for such an at-risk population.

The beneficiaries of the project would be the students involved in receiving the EFP. Karl Hostetler (2005), in an article about what constitutes “good” research, commented that it is the subjects studied in research who must consider it good or helpful in order for it to be truly good. It is not clear whether the students who would participate in this project will consider it beneficial but the potential exists given that they will be receiving direct support from a licensed therapist trained to be of great assistance to individuals struggling with personal issues.

I would benefit from this project through the process of collaborating with local agencies and therapists. I will be developing a network of connections that may serve to further the support system for students with whom I work on a daily basis. The
quantitative data gathered from this research could benefit the educational community and expand the acceptance of this novel form of therapy.

Support for the Study

Ewing, MacDonald, Taylor, and Bowers (2007) explained that even though there is obvious need, children may not take advantage of traditional therapy. The individual counseling we offer is not accepted because the nature of the arrangement places students in an uncomfortable, unfamiliar, and unpopular situation. According to Ewing et al., "Many 'at-risk' adolescents view therapists, teachers, or adults in general with mistrust or apprehension" (p. 59). It is difficult to motivate a student who is generally distrustful of adults to sit in a room with one and disclose all of his or her secrets. We may need to rethink having adults play such a powerful position in counseling (Vidrine, Owen-Smith, & Faulkner, 2002).

EFP more closely resembles recreational and adventure therapy than traditional therapy, which may help this offering overcome some of the limitations of traditional therapy in an engaging way (Davis-Berman & Berman, 1995, as cited in Hayden, 2005). A major theme from the reports of participants of one study (Hayden) supported this idea, indicating that EFP was "more effective or more engaging than traditional office therapy" (p. 89). An opportunity to be on a ranch in an arena, and interact with a beautiful, gentle horse could be just enough to interest such a student in psychotherapy and help him feel safe enough to open up to a therapist (Ewing et al., 2007).

The most significant research study on EFP was conducted by Trotter et al. (2008). This study compared the treatment method to an award-winning, traditional school-based therapy program and found EFP provided more areas of significant
improvement based on standardized tests. Perspective on this project is supported by reports of EFP researchers such as Taylor (2001); Klontz, Bivens, Leinart, and Klontz (2007); Hayden (2005); and Karol (2007). These individuals pioneered the field of study and supported subsequent research by helping to define and describe the experience and benefits of EFP.

Definitions of Terms

Animal-assisted therapy (AAT). Activities in which animals of any kind are used with the intention of supporting the psychological well-being of individuals.

Equine-facilitated psychotherapy (EFP). Psychotherapeutic counseling conducted by a licensed mental health professional who acts as a member of a treatment team which includes an equine professional and one or more horses. Activities include various ground-based interactions with horses but exclude riding and vaulting.

Hippotherapy. Any equine therapy, the goal of which is neuromuscular rehabilitation and may employ a physical, occupational, or speech therapist, but would not employ a licensed psychotherapist.

Self-esteem. The ability to accept, approve, and respect oneself manifesting in one's recognition of personal achievements and abilities, and acknowledgement and acceptance of personal limitations (Severynse, 1999a).

Students with learning disabilities. Individuals who have been determined by a school psychologist to have a cognitive processing deficit and a severe discrepancy between standardized measures of ability and achievement.
Therapeutic riding. Activities that focus on developing the physical skills of riding, while addressing emotional issues without the support of licensed psychotherapists.

Therapeutic vaulting. A sport that involves gymnastic and artistic moves done on the back of a moving horse while focusing on self-development.

Limitations

This project encompassed the research and development of a grant proposal to fund EFP. Its applicability to the work of others in the field may be limited. The findings of the literature review may be helpful to individuals interested in an overview of methods of therapy incorporating the use of horses, ways in which traditional psychotherapy relates to EFP, and primarily quantitative research on the benefits of EFP.

The methodology used to develop this project’s grant proposal may be helpful as an example of how an individual can procure funding to meet some portion of the needs of a community. The grant proposal itself may serve as an example of methods that could be used to measure quantitatively a student’s improvement in self-esteem and social skills. It describes way in which schools and agencies can collaborate before, during, and possibly after conclusion of such a study. The results of the program will be limited because only 10 students are proposed to be evaluated. The location of the study would also be limiting because the setting for the project is a rural city with fewer than 20,000 people.
CHAPTER II. REVIEW OF RELATED LITERATURE

Introduction

Throughout history, various animals that have been utilized to promote physical and mental health therapy. This review focuses on horses (equine-facilitated psychotherapy or EFP), offers the history and benefits of animal-assisted therapy (AAT), and compares the differences between the use of horses and pets in therapy. An overview of various methods and benefits of therapy involving horses including hippotherapy, vaulting, and therapeutic riding is presented. A discussion of the relationship between EFP and traditional therapeutic models is offered, as are primarily quantitative research findings on the subject.

Animal-Assisted Therapy

History

Advocacy for use of animals in both physical and mental health treatment was documented as early as 1670, when an English physician professed that hours of weekly horseback riding was an ideal treatment (Hayden, 2005, p. 60). The first reports of animals being utilized to support the treatment of people with mental illness were made in the late 1700s in a London retreat (Hayden, p. 56). Animals were utilized in the treatment of epilepsy in a private home in Bethel, Germany, in 1867. More recently, a program for veterans recovering from emotional and physical war wounds was established at Pawling Air Force Convalescent Hospital in Pawling, New York, in 1940 and called for the veterans to work with animals outdoors near the hospital, both in the woods and in a farm setting (Taylor, 2001).
In the mid-1900s, investigation of the effectiveness of therapy involving companion animals and the process of AAT was considered worthwhile. In the mid-1960s, Boris Levinson emphasized the importance of AAT, going so far as to coin the phrase “pet therapy,” and generated reports of interactions with animals that he found helpful during assessment and therapy in various settings (Taylor, 2001). Reports of studies were offered to peer-reviewed psychological literature (Klontz et al., 2007; Taylor), with the first animal-facilitated therapy paper appearing in a recognized medical journal in 1980 (Vidrine et al., 2002).

Benefits

Since articles on the topic of AAT were first published, discussions of its benefits have ranged from increased socialization to lengthened life span (All & Loving, 1999). One investigation by Arambasic and Kerestes (1998, as cited in Hayden, 2005) found that pet ownership has the potential to mitigate the psychological and social impact of traumatic experiences. The researchers reported that participants with pets were better at expressing emotions, seeking social support, and problem solving than were those who did not own pets.

Considerable attention has been paid to the effects of AAT on children. Researchers have reported that the use of pets as part of therapy results in patients showing improvement of both physical and psychological conditions (Klontz et al., 2007). Levinson (1978, as cited in Taylor, 2001) encouraged the idea of children owning and training a pet, finding that such responsibility fosters increased self-esteem, prestige, and empathic relationships. Studies also show children’s interactions with animals support a sense of safety, acceptance, responsibility, and autonomy (Karol, 2007, p. 82).
Beyond the general benefits of pet ownership, investigations have focused on the specific ways in which animals can support individuals in a therapeutic setting. AAT may be administered in an office or a residential setting. Reichert (1998), in describing the benefits of AAT for sexually abused children, reported that animals act as a bridge between the child and the therapist, facilitating the communication of disturbing feelings and events. Reichert also found that storytelling encourages projection and identification with the animal, which can be helpful in therapy. A study by McNicholas, Collis, and Morley (1995, as cited in Hayden, 1995) supported the theory that animals help to foster communication between child and therapist. Contrary to the accepted prognosis for the condition, the researchers found that children with autism confided in and sought comfort from their pets in ways they did not do with family members (McNichols & Collis, as cited in Hayden).

Relationships between patients and animals have been encouraged for the therapeutic benefit of humans for many years. Investigation into ways in which humans can derive benefits and how the benefits are best delivered became a focus in the mid-20th century. Results of these studies quantify the importance of AAT to the healing of the human psyche.

Benefits Comparison, Working with Horses versus Pets

Investigation of AAT's benefits has been extended into activities that involve horses. The use in therapy of an animal as large as a horse necessitates specific settings and care. The approach can be different from and yield benefits that cannot be achieved with the use of smaller animals.
The most significant difference between horses and family pets is size. A horse's larger size offers the advantage of allowing the therapy client to ride the therapy animal. In order to achieve a satisfactory experience, the rider must establish a relationship with the horse. This relationship is based on the therapy client's development and use of clear communication with the animal. Moment-by-moment physical contact requires the client to maintain present moment awareness in order for the communication to be effective.

Horses' temperaments are very different from those of dogs and cats. By their nature, dogs and cats behave predatorily; horses behave as prey. Like horses, children are subject to the whims and demands of others; they share the feeling of needing to fight or flee. This shared behavior facilitates a connection between children and horses because they have a "commonality of a prey relationship" (Dyer, 2000, as cited in Taylor, 2001, p. 18).

As prey animals, horses have developed a high level of sensitivity to the emotions of humans. Lambert (1999, as cited in Greenwald, 2001, and in Hayden, 2005) noted the importance of this particular connection, proposing that the power of the horse to support personal growth is founded in its ability to validate and reflect nonverbally a person's feelings and emotions. These distinguishing characteristics allow horses to offer unique opportunities for therapeutic benefit unequaled by other therapy animals.

Methods of Therapy with Horses

Humans can interact with horses through multiple methods to achieve various goals. These goals are the engine which drives the study and investigation into the numerous methods of therapy with horses. Some goals focus on physical rehabilitation, some on psychological, and some on a combination of the two. The various methods that
have been developed to meet these goals include hippotherapy, therapeutic riding, therapeutic vaulting, and equine-facilitated psychotherapy.

Hippotherapy

Hippotherapy focuses on the physical benefits that can be derived from riding a horse. It is called hippotherapy because, in Latin, “hippo” means horse. Historically, it was used to treat polio but has also shown measurable benefits among other populations (Liptak, 2005).

In keeping with standards set by the American Hippotherapy Association (Benjamin, 2000), the term hippotherapy is used in this review of literature to refer to any therapy which has a goal of neuromuscular rehabilitation. Such treatment may employ a physical, occupational, or speech therapist, but would not employ a licensed psychotherapist. Treatment modalities identified in the reviewed literature that match this description but refer to the treatment as therapeutic riding will be referred to here as hippotherapy.

Hippotherapy has been developed to support the physical function of humans and does so in a way that other smaller animals cannot. Treatment typically involves the client straddling the horse’s back and being led passively around an arena. The horse is guided by another person with the aid of a halter and lead rope. The guide is positioned near the horse’s head and two other individuals, called “side walkers,” walk along opposite sides of the horse, serving as physical supports for the rider. Horses selected to participate in delivery of this form of treatment are often shorter in stature than other horses, allowing the side walkers to more easily support of the rider’s body, if such assistance is needed.
Hippotherapy stretches the joints and stimulates the muscles of the rider. For example, benefits have been documented in children with cerebral palsy (CP) who ride horses. A study conducted by Benda, McGibbon, and Grant (2003) tested hippotherapy to determine its effects on muscle symmetry in a small group of children with CP. Fifteen children were randomly selected for two groups. Members of one of the groups sat astride a barrel, the size of which was comparable to the average therapy horse, and the members of the other group rode actual horses. A pretest/posttest was administered to determine changes in the symmetrical function of specific muscle groups. Improvement, which was measured subjectively as improved balance and posture in walking and running, was reported in those children who rode the horses. A similar separate study by Hansen (1994, as cited in Engel, 1997) of 5 children with CP reported improvement in gross motor function following hippotherapy.

Anecdotal evidence has suggested that horseback riding duplicates the movements of a person when walking. This may be why this form of therapy helps some disabled individuals “adapt to the mechanics typical of normal walking” (Fleck, as cited in Engel, 1997, p. 156). These claims prompted Fleck to investigate quantitatively the relationship between normal walking movements and the movements of the rider on horseback. Fleck found that the mechanics are “similar in terms of lateral pelvic tilt, direction of displacement and temporal sequences of stride” (Engel, p. 154).

**Therapeutic Riding**

Individuals who can ride a horse independently may realize greater benefits than can be achieved from hippotherapy. Therapeutic riding can offer both physical and psychological benefits. This form of therapy is different from hippotherapy in that it
focuses on the development of the individual’s psyche while he or she is learning riding and horsemanship skills. Activities included in the process are grooming, haltering, leading, riding, and so on. Those experiences related to horsemanship are used to facilitate the processing of emotional content and development of desirable traits. In this review of literature, therapeutic riding is defined as activities that focus on developing the physical skills of riding, while addressing emotional issues without the support of licensed psychotherapists.

In therapeutic riding, the rider is supported emotionally by the accomplishment of learning to ride and by being able to “identify self with a powerful horse” (Taylor, 2001, p. 23). The client is empowered by the horse each time it subordinates its will by responding to requests to be led or ridden (Leimer, 1997, as cited in Taylor). For example, in a study of individuals with psychiatric disabilities (Bizub, Joy, & Davidson, 2003), five adults learned riding skills and also reported increased self-esteem and self-efficacy. The participants experienced their ability to overcome the fear associated with the new experience of riding. Their gains were long-standing; after 6 months, two individuals made significant changes in their goals and behavior to become more socially involved and desirous of financial and residential independence (Bizub et al.).

According to Karol (2007), the ability of horses to give clear, immediate, nonverbal feedback to riders is important to the development of the rider’s self-awareness. She explained that the rider either will or will not be able to guide the horse to do tasks depending on the rider’s physical and emotional self-awareness, and the rider’s ability to read and clearly respond to the horse’s nonverbal cues. Development of this present moment awareness is central to the therapeutic benefit of this modality. The rider
increases his or her understanding that communication with another living being can be either clear and effective or ineffective and muddled by the habitual ways in which emotions are expressed (Karol).

*Therapeutic Vaulting*

Vaulting is a sport that involves gymnastic and artistic movements done on the back of a moving horse. While the vaulter performs, another individual making use of a lunge line attached to the halter controls the movement and speed of the horse as it navigates a large circle in an arena. In essence, this individual acts as a pivot point for the horse and rider, the horse walks, trots, or canters, and the vaulter performs his or her movements on the horse’s back.

Vidrine et al. (2002) described the historical and modern uses of vaulting. Originally, it was featured in the Roman games. In the Middle Ages, it was part of a knight’s training. During the Renaissance, vaulting was an exercise performed in preparation for riding. This preparatory exercise continues in present-day Europe and additionally as a form of therapy. It can be witnessed as an event in the World Equestrian Games and the Olympics.

Whereas some vaulting programs focus on competition, therapeutic vaulting focuses on self-development (Vidrine et al., 2002). Therapeutic vaulting is similar to therapeutic riding in that it addresses emotional issues while developing physical skills. It focuses on basic moves tailored to the individual needs of participants. Teamwork, communication, and self-expression are the emphasis (Vidrine et al.). A review of literature identified only two studies of this form of therapy.
Vidrine et al. (2002) reviewed one model of the use of therapeutic vaulting with children. In this model, children with emotional needs were grouped together and participated in caring for the horse, vaulting, and therapy sessions. Therapy sessions were led by licensed psychotherapists. The researchers reported many social outcomes that were typical with this program. The participants would often see themselves in the nonverbal behavior of the horses when the horses were interacting with the herd. Some of the participants who were not usually affectionate would hug and kiss their horse. Others who tended to be asocial appeared to show empathy toward horses. As in Reichert’s (1998) study of AAT and children, storytelling occurred involving one girl who was going to a new home soon. She talked about how one of the horses, who was also leaving soon, could be made more comfortable in the new home.

Equine-Facilitated Psychotherapy

Relationship to Traditional Psychotherapy

For the purposes of this review of literature, the term EFP refers to psychotherapeutic counseling conducted by a licensed mental health professional (referred to in this review of literature as a psychotherapist) who acts as a member of a treatment team which includes an equine professional and one or more horses. Activities include a wide variety of ground-based interactions with horses, but exclude riding and vaulting. The term is synonymous with equine-assisted psychotherapy, equine-assisted therapy/counseling, and equine-assisted experiential therapy.

EFP is unique in its treatment setting and treatment team members. Treatment sessions are held outdoors in all parts of the horse ranch and are not exclusive to the
arena. The experiential nature of EFP allows every interaction between horse and client to be a therapeutic opportunity.

Unlike traditional office-based therapy, the treatment team involves individuals other than the client and psychotherapist. The team includes the therapy horse and the equine professional. The equine professional has the responsibility of preparing the horse for the session and monitoring the nature and safety of its interactions with people during the session (Klontz et al., 2007, p. 258). This person is trained in the methods of EFP and is viewed as a valuable member of the treatment team when his or her collaboration is encouraged by the therapist (Taylor, 2001).

The focus of EFP includes traditional counseling. A psychotherapist interviews the client, assesses areas of need, and sets goals for treatment. The client is then guided through various activities with the horse; these activities are intended to engage the client in opportunities for self-reflection, challenge, and growth. For these reasons, EFP is referred to as experiential therapy (Klontz et al., 2007); the client is physically practicing ways of behaving and responding to live experiences (Harper, 1995, as cited in Karol, 2007). EFP takes advantage of the present moment interplay between the horse and client, which allows the psychotherapist to observe and develop strategies for intervention (Goldenberg & Goldenberg, 1995, as cited in Taylor, 2001). It is often easier for the psychotherapist to know how and what to address in treatment when he or she can see the dynamics of the client's relationship habits.

Some aspects of EFP allow for the use of methods that differ from talk therapy but nonetheless fall into traditional fields of psychology. Taylor (2001) stated that psychotherapists would find a connection between the methods of EFP and the fields of
family therapy, cognitive therapy, play therapy, and analytical therapy. Dayton and Fox explain that EFP is based on the theory and techniques of psychodrama, because at its core is a modality of experiential treatment (as cited in Klontz et al., 2007). Equine activities can be combined with tools of experiential therapy such as role-playing, sculpting, role reversal, mirroring, and Gestalt techniques (Klontz et al.). Quoting the work of Wegscheider-Cruse and Bougher, Klontz et al. summed up the inner workings of this therapeutic approach, explaining, “Experiential techniques help clients resolve unfinished business through re-experiencing significant life events and relationships, allowing them to work through unresolved conflicts and emotions to live more fully in the present” (p. 259).

As Taylor (2001) noted, this re-experiencing or re-creating of life events in EFP is very much like a form of therapy called play therapy. In play therapy, the therapist creates a safe place, usually an office with play objects, in which the child is allowed to interact at will with objects in the space and express any emotion that arises. The child’s therapeutic space “is assumed to have intense personal meaning to the child” (Donovan & McIntyre, 1990, as cited in Taylor, 2001, p. 32). Opportunities exist for storytelling, expression of boundaries, and validation of normal emotions (Taylor). EFP creates a safe space and provides similar opportunities. For example, a client’s response to the challenge of catching a horse that does not want to be caught is an opportunity for the psychotherapist to address normal feelings of frustration, encourage stories of related experiences, and nurture the development problem solving strategies.

The play often takes on a metaphorical meaning in relation to events or experiences in the child’s life. The horse and objects in the arena serve as metaphors for
challenging situations in the client’s life. Interacting within this metaphorical situation allows the client to “gain experiences, insights, and practice dealing with the clinical concerns of the client” (Greenwald, 2000, as cited in Hayden, 2005, p. 61). Every activity provides for communication about the relationship of activities to the client’s life situations and provides the psychotherapist with assessment information (Taylor, 2001).

The perspective of analytical psychotherapy is applied to EFP in a phenomenon called transference. Transference is “the process in and by which a person’s feelings, thoughts, and wishes shift from one person to another” (Severynse, 1999b, p. 1170). In EFP, the horse is the object of transference (Klontz et al., 2007; Taylor, 2001).

Transference occurs when the client projects his or her emotions on the horse in a form of personification. Taylor described how this can occur when EFP is used in family therapy. For example, when observing a herd of horses interacting during feeding time, clients may see the physical communication between horses as they establish a pecking order and see themselves or other family members in these dynamics. Often, without therapist prompting, clients will naturally and easily make their own connection between what they are experiencing with the horses and aspects of their own lives (E. Siegel, personal communication, August 28, 2009).

In addition to being objects of transference, horses are highly sensitive (Karol, 2007) and attuned to human emotions (Lambert, 1999, as cited in Greenwald, 2001, and Hayden, 2005; Zugich, Klontz, & Leinart, 2002, as cited in Klontz et al., 2007). This sensitivity allows horses to act as a mirror of the client’s inner world (Rector, 2001, as cited in Taylor, 2001; Schultz, Remick-Barlow, & Robbins, 2007; Zugich et al., as cited in Klontz et al.). For example, if the client approaches the horse fearfully, the horse may
respond by moving away from the client in fear. Horses provide immediate feedback to the client of the horse's emotional state and there is usually an almost immediate reaction to the horse's behavior from the client (Klontz et al.). The quality and dynamics of this interaction can then be compared to the client's human relationships in an attempt to address treatment goals (Klontz et al.).

EFP is an experiential treatment modality which is supported by present moment interactions, metaphorical analysis, and client transference. It is similar to psychodrama, Gestalt therapy, play therapy, and analytical psychotherapy. Therapists may find it helpful because it allows for enactment of relationship dynamics and practice of supportive behaviors.

**Documented Benefits and Populations**

A review of the literature revealed few studies that focused on EFP (Shultz, 2005; Yorke, Adams, & Coady, 2008) and most of the studies were qualitative in nature (Trotter et al., 2008; Vidrine et al., 2002). Frewin and Gardiner (2005) reported a shift toward greater research activity in this area of psychotherapy.

In a particularly descriptive case study conducted by Christian (2005), one woman gained support from an EFP program for the treatment of her eating disorder. In one of her experiences, which made use of metaphor, she was placed in the arena with three horses that represented three emotions she felt about her disorder: shame, control, and perfection. Feed buckets were positioned in various parts of the ring. Each feed bucket was labeled with an important aspect of her life: education, friends, and health. She stood in the center of the ring on a bale of hay that represented her life. She was assisted by three staff members whom she employed to represent her aunt, God, and her boyfriend.
In the case study (Christian, 2005), the woman was tasked to keep the horses (a metaphor for the destructive aspects of her disorder) from eating away at the important aspects of her life by directing her support people. She was challenged to be assertive with her directions and recognize the importance of having her support people surround her and protect the important aspects of her life. By applying this metaphor in the context of EFP, the woman realized a visual microcosm of her life and the hurdles she faces. The experience helped her to act outside of her usual behavioral mode and think creatively to use the available resources to protect what was valuable in her life.

In a quantitative study by Trotter et al. (2008), the effectiveness of EFP was compared to that of an empirically supported award-winning, school-based counseling program called Kids Connection. Students between the ages of 3 and 8 years who were considered at high risk of failing socially and/or academically were given the opportunity to receive counseling through either the school-based program or an EFP program. Most chose the EFP program. Group counseling was provided for 12 weekly sessions. At the end of the treatment period, pre- and posttest evaluations of externalizing, internalizing, maladaptive, and adaptive behaviors were compared.

Results (Trotter et al., 2008) showed statistically significant improvement in 17 behavior areas for the EFP group and only 5 in the school-based group. Both programs were effective but in different areas. When comparing results between groups, EFP had 7 areas of significant improvement compared to the school-based group. In contrast to the school-based group, EFP improved a number of testing indexes including behavioral symptoms, externalizing problems, social stress, self-esteem, hyperactivity, aggression, and conduct problems. Parents indicated the EFP program was able to effectively reduce
internalizing and externalizing problems and simultaneously improve adaptive skills, while the school-based program only reduced depression. Trotter et al. noted that this EFP method is replicable and has the “potential to impact large numbers of at-risk children and adolescents who might not otherwise respond to more passive types of mental health services” (p. 282).

Schultz et al. (2007) conducted a pilot study evaluating the effectiveness of EFP on the behavior of children between the ages of 4 to 16 years who had experienced intrafamily violence. The sessions were conducted with the children individually but families and siblings would participate at times. Sixty-three children were administered pre- and posttests using the Children’s Global Assessment of Functioning scale. After a mean number of 19 EFP sessions, all children showed an improvement in their scores using the scale. More improvement was realized from the treatment of younger children and those who had a history of abuse and neglect than from older children and those who had no history of abuse and neglect. A correlation was noted between level of improvement and the number of sessions the individual received.

Shultz (2005), in her counseling thesis, studied the effectiveness of EFP for at-risk adolescents ages 12-18 years old. A control group of adolescents was matched to the treatment group in terms of place of residence and past experiences. Measuring instruments were the Youth Outcome questionnaire intended for parents, and the self-report version used by the adolescents. Both group and individual EFP sessions were conducted 6-10 times. Shultz’s results showed that, in comparison to the control group, the treatment group reported “greater positive therapeutic progress in psychosocial functioning” (p. 4).
Klontz et al. (2007) studied the long-term effects of EFP in an older group of individuals. Thirty-one participants, consisting mostly of women ages 23-70 years, participated in EFP group therapy for eight programs which were 4 ½ days long over an 8-month period of time. Pre- and posttests were administered along with a follow-up evaluation, which was administered 6 months after the final treatment. The testing instruments were the Brief Symptom inventory and the Personal Orientation inventory. Evaluation of testing data indicated stable and significant decreases in psychological distress as well as an increase in well-being. The data indicated increased improvements from test to test, as time went on.

Another study of EFP focused on special education students. In her dissertation, Brouillette (2006) used a mixed method design, which included qualitative and quantitative data. After 12 weeks of EFP, a comparison of pre- and posttest scores on the Strengths and Difficulties questionnaire showed no statistical difference between student and parent reports. While parents disagreed, students and staff felt EFP was beneficial in multiple areas. Qualitative data from staff and students showed the intervention helped the students build self-control, emotional insight, behavioral awareness, and relationship skills among others.

Conclusion

Discussion

In general, therapy that utilizes animals shows signs of benefiting individuals of many age groups and disability classifications. The use of horses in therapy provides additional benefit to therapeutic experiences because horses are able to be ridden, act as emotional mirrors, and provide immediate feedback. The unique treatments of
hippotherapy, therapeutic riding, and EFP focus their efforts on physical and/or psychological rehabilitation. Research is most extensive on the effectiveness of hippotherapy in improving neurological conditions. Therapeutic riding, which focuses on both physical and psychological benefit, has been studied more than has EFP. Only a handful of quantitative research studies involving EFP could be located.

Because the number of studies of EFP are limited, it is difficult to determine trends but researchers' preliminary studies have found some significant quantitative results in the treatment of psychosocial issues. Qualitative evidence is strong and motivates continued research in the field, which explains why most of the published documentation has appeared since 2005. The paucity of documented research on the practice of EFP points to the need for greater support and further exploration.

A greater number of articles have been published since 2005 than in previous years; the authors of these articles attempted to substantiate the methods used in EFP by describing the ways in which EFP relates to established areas and methods of treatment such as psychodrama, Gestalt therapy, play therapy, and analytical psychotherapy. The argument that the research which substantiates these methods is sufficient to substantiate the benefits of EFP, based solely upon similarity, is weak. Making the connection between EFP and other practices may yet help to develop a greater understanding in the psychological community of EFP's relationship and applicability to current practices.

Connection to Project

The proposed project is targeted for a specific population: adolescents with learning disabilities. This population struggles with emotional issues such as low self-esteem, self-efficacy, and social skills (Broatch, n.d.; Kavale & Forness, 1996). Little
direct evidence exists that EFP would be beneficial to this population. Only one study of EFP involving students in special education showed qualitative results but it is possible that the benefits shown with other populations would generalize to this group. Part of the proposed project involves administration of therapy in a group setting of the student/client's peers. Peer acceptance supports self-esteem and personal growth (Bolger, Patterson, & Kupersmit, 1998).

The population for the proposed project may be more interested in and benefit from EFP, as compared to school-based therapy, than other populations. The study by Trotter et al. (2008) indicated that, when given an option, more students were interested in EFP than in traditional therapy. Results from that study indicated that the EFP group realized improvement in more areas than did the group whose members participated in school-based therapy.

It cannot be known, at this early stage of EFP's development, whether this method would benefit the proposed project's population. Further research needs to be done to substantiate this growing area of psychotherapy. The need for more information might be reason enough to pursue a grant to fund research into this unique method of psychotherapy.
CHAPTER III. PROJECT DEVELOPMENT METHODOLOGY

Introduction

This project involved researching and writing of a literature review and grant proposal for funding to service the needs of students with learning disabilities. If funded, the program would offer a unique method of psychological counseling, EFP, to address issues of low self-esteem and poor social skills. This section will describe the grant proposal program and the activities that led to its development.

Methodology of the Grant Program

If funded, the grant will provide adolescents diagnosed with learning disabilities and in need of self-esteem and social skills support with psychotherapeutic sessions in which they will interact with horses in order to facilitate recognition and healing of the adolescents’ emotional processes. In a typical session, a licensed marriage and family therapist, with the support of an equine professional, use their extensive training in EFP to lead clients in equine activities while facilitating therapeutic processing. As in traditional therapy, the psychotherapist uses his or her training in counseling methodology to provide the optimal, client-specific treatment.

Ten adolescent clients will be selected to receive eight EFP sessions, one per week for 8 weeks. Prior to treatment, data in the form of school attendance, grades, and behavioral referrals will be gathered. A pretest will be administered to assess the clients’ pretreatment level of self-esteem. Following the treatment period, school data will once again be gathered, a self-esteem posttest will be administered, and all data will be analyzed for a final report. The objective of the study will be twofold: to improve students’ self-esteem and social skills, and to demonstrate improvement in these areas.
through measurable improvement in school data. Pre- and posttests will be administered to provide an alternate assessment of improved self-esteem.

**Procedure for Development of the Project**

Once approval was received from my master’s committee chair, Dr. Emiliano Ayala, for the subject of the project, I administered a survey at my school site to determine what the greatest needs were of our student population (See appendix for the survey).

I asked the following survey questions:

1. What are the greatest nonacademic needs of students?
2. How do the school and community address these needs currently?
3. How much do you know about equine-facilitated psychotherapy?

I also asked survey respondents to rate the importance of possible support services including individual counseling, drug/alcohol awareness/prevention, EFP, social skills support, and self-esteem support.

Twenty-two individuals were invited to participate in this survey and all responded positively. All the resource specialists were asked to participate, as were some teachers, academic counselors, two vice principals, and a school psychologist. More than half of the respondents reported a belief that social skills and emotional support are two of the greatest areas of need. Emotional support was defined during data analysis as indications on the survey of need for support through counseling and self-esteem/intrapersonal issues. Respondents acknowledged that the school has individual and group counseling to meet these needs. The community was recognized as offering drug prevention, counseling, and other youth support services. Although 10 respondents
reported knowing something about EFP, it was not listed as a resource available in the community to address students' needs.

Overall, it appeared that there is a strong need for support in social skills and emotional counseling for self-esteem/intrapersonal issues that could be addressed by EFP. It appears that there is some familiarity with it and openness to community support for students' needs in these areas, both of which would indicate that an EFP program supporting students with special needs in these areas would likely be accepted by the high school community.

I completed a preliminary review of the literature related to EFP. I accessed books and the article databases at the Sonoma State University library. I found very limited research documenting EFP and discovered many methods with which horses are used therapeutically. I needed to further my investigation to develop a more cohesive understanding of the literature.

I met with the committee chairperson and was given resources for researching available grants. He referred me to Sonoma State University's online grant search engine (InfoEd International) and the Sonoma County library.

I began my search for an appropriate grant for my population and treatment modality. Using InfoEd International, I completed both simple and in-depth searches. I used search terms such as: equine, equine therapy, horse therapy, learning disabilities, after-school programs, therapy, and adolescent counseling.

I continued my search at the Sonoma County library. I attended a free class in grant-seeking, which provided a very helpful overview of the process and tips for successful grant writing. It included training in use of the Foundation Center's grant
database (www.foundationcenter.org). The library offered free access to this extensive database of announcements soliciting submittal of grant proposals. I searched this database using query terms similar to those employed when searching the InfoEd International. As a result of this search, I was able to find a few grantors offering funding for projects like mine.

I contacted Esther Siegel, a local marriage and family therapist who conducts EFP sessions in Mendocino County, and she agreed to be a member of my master’s thesis review committee. She gave me a description of what would be needed for the success of an EFP program. We discussed time frames, monetary (budget) requirements, differences in therapy modalities, and group versus individual sessions. She referred me to a local nonprofit organization with which she works, The Youth Project. Ms. Siegel thought this agency might be interested in being responsible for managing the grant.

I contacted the director of The Youth Project and we arranged to meet. We discussed a vision for grant, the population to be served, and required contents of a winning grant proposal. We discussed my role in the implementation of the grant, which included writing the grant, collecting student referrals from school staff, and pre- and posttesting. I shared descriptions of grant proposals I had found up to that point and she shared local resources for further searching. She agreed to discuss the matter with the individuals who would be responsible for overseeing the grant. The organization was obligated to gain authorization for the project with its insurance provider. Ultimately, the organization received approval for implementation of such a project.

After realizing the funding needed for the program would be relatively minimal, Ms. Siegel and I decided to apply for a small local grant from the Community Foundation
of Mendocino. I reviewed the application guidelines and determined the program would be a good fit for the foundation’s Community Enrichment Grant. We decided on specific methods for the EFP program.

I contacted the Community Foundation of Mendocino to obtain information about application materials. Because the 2009 funding deadline had already passed by the time I contacted the organization, I had hoped to obtain updated application materials for 2010. I was informed that the materials had not yet been developed. For the purposes of this master’s project, I elected, with the approval of my thesis review committee, to use the 2009 application materials as a demonstration of how the process would be undertaken.

A more comprehensive literature review was conducted. I once again used the Sonoma State University library and online databases to conduct the search. I focused on the history of AAT, forms of equine therapy, its relationship to traditional therapy, and quantitative research on EFP.

The deadline for this master’s project limited my ability to collaborate fully with The Youth Project and receive the agency’s final approval on the grant proposal submitted here. I am confident that the final proposal, prepared to satisfy the as yet unavailable 2010 application materials, will be very similar in design and focus, although it may serve a different population of students.
The Community Foundation of Mendocino County helps people give back in ways that matter to them and in ways that strengthen local communities. The Community Enrichment Grant Program is one of the primary ways that we work on a local level, looking to communities throughout the county to find the programs and organizations that can make the greatest difference in improving the quality of life for all residents in our region.

Please note the Community Foundation is under no obligation to grant the entire amount of funds available, or requested.

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<tr>
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<tr>
<td>ADDRESS:</td>
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<tr>
<td>TELEPHONE:</td>
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<td>FAX:</td>
<td>707-444-1234</td>
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<tr>
<td>E-MAIL:</td>
<td><a href="mailto:mail@yahoo.com">mail@yahoo.com</a></td>
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<td>NUMBER OF YEARS THE ORGANIZATION HAS BEEN IN EXISTENCE:</td>
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<td>AUTHORIZED SIGNATURE:</td>
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COMMUNITY ENRICHMENT GRANT PROGRAM
2009 Grant Proposal Summary/Narrative

Project Title:  **Equine-Facilitated Psychotherapy for At-Risk Adolescents**

Applicant:  **The Youth Project**

Please answer the following questions

1. Provide the organization's mission statement. Please attach a brief history of the organization if this is the first time the organization has applied for a Community Foundation grant.

   The Youth Project's mission is to enhance the development of youth by providing affordable opportunities for the support of personal and psychological growth in nonacademic settings. The fabric of the community will be strengthened by providing services that which focus on fostering self-esteem, promote self-worth, and the healing of interfamily relationships. We focus on connecting youth with services and guidance uniquely suited to meet each individual's needs.

2. Briefly summarize the proposed project/program (3-4 sentences maximum).

   Adolescents with learning disabilities, low self-esteem, poor self-worth, and limited social skills are at risk of dropping out of school and failing to achieve their personal best. Psychotherapeutic sessions involving interaction with horses has been shown in similar populations to facilitate emotional healing and promote behavioral improvements. Ten students, in need of self-esteem and social skills support, will be
referred by school counselors to receive eight equine-facilitated psychotherapy (EFP) sessions from a licensed psychotherapist. The effectiveness of the program will be determined by improvement in self-esteem and social skills based on pre- and posttests, school attendance, grades, and reduction in number of behavioral referrals.

3. What is the area(s) of interest that this project addresses (Youth, Women and Girls, Poverty, Health, Emergency Response/Safety, Parks and Recreation, Environment, Community Projects, Historical, Art, Other –with explanation)

This project addresses the needs of youth and mental health by supporting the emotional empowerment and leadership skills of youth, which may help them to improve their performance in academic and social settings while supporting the prevention of the use of alcohol and other drugs.

4. Summarize who will specifically benefit – the number of people and the composition of the group (age, gender, socio-economic background, ethnicity, etc.)

The beneficiaries of this program will be teenagers between the ages of 14 and 17 years who have been diagnosed with learning disabilities. They will be boys and girls of low socio-economic background and various ethnicities who might not have the financial wherewithal, social connections, or service awareness to obtain directly the type and venue of support proposed to be offered by this program.

In an additional two pages or less, please answer the following questions

1. Describe the proposed project, the desired goals/outcomes, and how you plan to use the Community Enrichment Grant funds.

2. Describe who will be responsible for overseeing the project, the community volunteers who will participate in it, and whether or not you will collaborate with other organizations. If volunteers will not be involved in this specific project, please describe your organization’s overall level of volunteer support (e.g. the number of hours volunteers offer towards the organization’s mission).

3. Describe if the grant will be used to attract additional donations and what other support (both monetary and in-kind) the project will receive. If the project will be continued after the grant period, describe how it will be supported.
Equine-Facilitated Psychotherapy

Introduction

Adolescents with learning disabilities have been reported to have low self-esteem and poor social skills (Broatch, n.d.; Kavale & Forness, 1996). Support is needed to overcome these issues and become contributing members of the community and society (Broatch). Psychotherapeutic sessions will be provided in which selected students will interact with horses in order to facilitate recognition and healing of the adolescents’ emotional processes. In a typical session, a licensed marriage and family therapist, with the support of an equine professional, use their extensive training in EFP to lead clients in equine activities while facilitating therapeutic processing. As in traditional therapy, the therapist uses his or her training in counseling methodology to provide optimal, client-focused treatment specific to the individual’s needs. Trotter, Chandler, Goodwin-Bond, and Casey (2008) found this form of therapy, called equine-facilitated psychotherapy (EFP), provided significant improvement in self-esteem, aggression, and conduct problems as compared to the results of a traditional school-based therapy program.

Program Overview

Eight to ten adolescent at-risk students of Ukiah High School who are clients of The Youth Program will be selected to receive eight EFP sessions. Prior to treatment, data in the form of school attendance, grades, and number of behavioral referrals will be gathered. A pretest will be administered by the school’s resource specialist to assess the clients’ level of self-esteem prior to treatment. Upon completion of the treatment period, school data will once again be gathered, a self-esteem posttest will be administered, and all data will be analyzed for
preparation of a final report that will be submitted to the Community Foundation of Mendocino.

Goals

A survey of resource specialists, teachers, administrators, and school psychologists at Ukiah High School indicated the greatest areas of nonacademic needs confronting students diagnosed with learning disabilities and/or behavioral disabilities were self-esteem and social skills. The goal of this program will be to address those two areas of need by providing psychological counseling in the form of EFP. Self-esteem issues can manifest quantitatively in the form of poor grades and poor school attendance. Poor social skills can manifest as disciplinary referrals to the vice principal for fighting, profanity, and disrespect. Our goal is to measure improvement in students’ self-esteem and social skills using school data and pre- and posttests administered by the resource specialist. The school data will provide quantifiable data and the pre- and posttests of self-esteem will yield an alternate assessment of this criterion.

Program Details

Initiation of students to the program will be triggered by a referral process. Our community collaborator, Ukiah High School, will be providing, in kind, the time and expertise of school personnel for initiating contact with and determining need for and interest of students with learning disabilities to improve their self-esteem and social skills. School personnel will send referral information to the grant coordinator.
The grant coordinator will determine which referred individuals qualify for the program based on the presence of a learning disability and need of social skills and self-esteem support. Ten students will be selected and their guardians contacted for final permission to participate in the program. School personnel will then provide the requisite school data and administer the pretest of self-esteem.

A licensed marriage and family therapist and an equine professional, both trained in EFP, will provide each client a total of eight EFP sessions (one per week). The first session will be a family therapy session intended to develop all family members’ willingness to actively engage in the process of EFP. The second session will be an individual therapy session allowing the therapist to obtain a better understanding of the client’s specific needs. The remaining six sessions will be group sessions in which the selected students receive treatment together. Group therapy was selected as the focus because, at the adolescent stage of social development, peer acceptance is more important than anything else. Peer acceptance supports self-esteem and personal growth (Bolger, Patterson, & Kupersmidt, 1998).

At the conclusion of the treatment period, the grant coordinator will request school personal to gather the school data that has accumulated since the start of the treatment period and administer a posttest of self-esteem. The grant coordinator will gather the results of the posttest of self-esteem and analyze the collected data, prepare a final grant report, and submit the final grant report to the Community Foundation of Mendocino.
Use of Funds

Community Enrichment Grant funds will be used for payment of services provided by the psychotherapist and the grant coordinator, as well as purchase and distribution of supportive materials. If 10 students are selected, the psychotherapist will provide 10 family therapy sessions, 10 individual sessions, and 6 group sessions for a total of 26 sessions. Calculated at $80 per session, the total cost for psychotherapeutic sessions is $2080. The grant coordinator will be reimbursed $1000 for his or her services, which will include: coordination of the referral process with school personnel, processing of referral paperwork, communication with guardians for consent to participate in treatment, coordination with the psychotherapist, processing and evaluating of pre- and posttreatment paperwork and test data, and composition and submittal of the final grant report. Materials will be needed to promote and support the program. Two hundred dollars is requested for purchase of required program materials including self-esteem testing protocols, production of referral forms, program brochures, and postage. The total requested for treatment of 10 students is $3,280.

Continuation of the Project

Participation in this Community Foundation of Mendocino grant project will enable The Youth Project to launch an EFP therapy program in the Ukiah community. The agency is committed to establishing and maintaining the EFP program after conclusion of the granting period. It is expected the client base could be expanded from the initial 10 participants from Ukiah High School to include more students from any local school. Referrals will be accepted and therapy
funded by MediCal, the CHAT grant (for victims/witnesses of domestic violence, or those experiencing substance abuse), or the individual’s guardian. Funds from the Juvenile Drug Court group, CSET girls group (for victims of sexual abuse), and the Transitional Living Program will support those youths’ participation in the EFP program.

Students who are chosen to participate in the EFP program will be grouped by the grant coordinator and referred to the EFP psychotherapist for treatment. The Youth Project offers a number of other programs to the community and has experience making use of group therapy. Staff of the agency have contacts with suitable psychotherapists and horse stables that have expressed an interest in participating in such a program.
References


Grant Project Timeline

Project Title: Equine-Facilitated Psychotherapy for At-Risk Adolescents

Applicant: The Youth Project

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<tr>
<th>Activity</th>
<th>Completion Date</th>
<th>Responsible Party(ies)</th>
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<tbody>
<tr>
<td>Purchase self-esteem testing protocols and produce materials (i.e., brochures, referral forms, etc.)</td>
<td>August 2009</td>
<td>Grant coordinator</td>
</tr>
<tr>
<td>Meet with school counselors, explain the program and process, and provide them with program brochures and referral forms.</td>
<td>September 2009</td>
<td>Grant coordinator</td>
</tr>
<tr>
<td>Complete and submit final student referrals to the grant coordinator.</td>
<td>Early November 2009</td>
<td>School counselors</td>
</tr>
<tr>
<td>Review referrals to verify students qualify for the program and obtain consent for program participation from their guardian(s).</td>
<td>Late November 2009</td>
<td>Grant coordinator</td>
</tr>
<tr>
<td>Gather and submit selected students' school data to grant coordinator</td>
<td>December 2009</td>
<td>Resource specialist</td>
</tr>
<tr>
<td>Administer self-esteem pretests to selected students and submit test results to grant coordinator</td>
<td>December 2009</td>
<td>Resource specialist</td>
</tr>
<tr>
<td>Initiate once-weekly EFP sessions with selected students.</td>
<td>Early January 2010</td>
<td>EFP psychotherapist</td>
</tr>
<tr>
<td>Complete once-weekly EFP sessions with selected students and notify grant coordinator.</td>
<td>Late February 2010</td>
<td>EFP psychotherapist</td>
</tr>
<tr>
<td>Request resource specialist to administer self-esteem posttesting to selected students.</td>
<td>Late February 2010</td>
<td>Grant coordinator</td>
</tr>
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<td>Activity</td>
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</tr>
<tr>
<td>Administer self-esteem posttesting.</td>
<td>Late February 2010</td>
<td>Resource specialist</td>
</tr>
<tr>
<td>Request school data and self-esteem posttesting results from resource specialist.</td>
<td>Early March 2010</td>
<td>Grant coordinator</td>
</tr>
<tr>
<td>Gather school data and completed self-esteem posttesting scores. Submit results to grant coordinator.</td>
<td>Late March 2010</td>
<td>Resource specialist</td>
</tr>
<tr>
<td>Analyze data and prepare and submit final grant report to Community Foundation of Mendocino.</td>
<td>May 2010</td>
<td>Grant coordinator</td>
</tr>
</tbody>
</table>
Grant Project Line-Item Budget

**Institution Name:** The Youth Project

**Project Title:** Equine-Facilitated Psychotherapy for At-Risk Adolescents

<table>
<thead>
<tr>
<th>Cost Category</th>
<th>Grant Funds</th>
<th>Narrative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equine-facilitated psychotherapy</td>
<td>$2,080</td>
<td>1 family session per student = 10 family sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 individual session per student = 10 indiv. sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 group sessions with all students = 6 group sessions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 family+10 indiv.+ 6 group sessions = 26 total</td>
</tr>
<tr>
<td></td>
<td></td>
<td>26 total sessions x $80 per session = $2,080</td>
</tr>
<tr>
<td>Grant coordinator stipend</td>
<td>$1,000</td>
<td>Coordination of the referral process, processing of referral paperwork,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>communication with guardians, coordination with the Psychotherapist,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>processing and evaluation of post treatment paperwork and test data,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>composition and submission of Final Grant Report</td>
</tr>
<tr>
<td>Materials</td>
<td>$200</td>
<td>Self-Esteem test kit + Spanish protocol = $126.50</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Informational brochures/referral forms = $25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Postage: 40 stamps x 44 cents = $17.60</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Misc. (copying costs, envelopes, etc.)</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>$3,280</strong></td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER V. REFLECTIONS & CONCLUSIONS

The process of developing this project, from identification of a novel form of therapy to searching for a funding source and preparation of a grant proposal, has been educational. As I reflect upon the process, I recognize ways in which the project could be improved. I also recognize challenges I have met in furthering the project and the additional steps that still need to be taken in order to implement it. Although I have some concerns about funding, it is clear to me that the project has the potential to provide much-needed support to members of the educational community and benefits to the community's at-risk population.

This project could be improved in a number of ways. I completed a grant-writing class online but I imagine that attending a number of workshops in person would have helped me feel more confident about selecting and applying for such a grant. It was difficult to find a grant that was a good fit for the program I envisioned, but I believe if I had chosen a more generously funded grant for which to apply, it would have required a more substantial proposal, which would have involved more time and effort on the part of many individuals and resulted in a better model for future researchers.

The project might also be improved if I had completed a secondary survey of school staff to determine their current perceptions of student need. The survey (see appendix) and data resulting from it was conducted at the initiation of the project 2 years ago. Although their perceptions of need may have changed, I know, as a resource specialist at Ukiah High School, the availability of group counseling has diminished and school counselors are responsible for even more students than they were when the original survey was conducted.
A number of challenges were encountered during the development of this project. I discovered that initiating and maintaining a relationship with a nonprofit agency can be difficult. Had I not been working with Esther Siegel, a local marriage and family therapist who practices EFP and works for The Youth Project, I think the process would have been nearly insurmountable. I recommend that individuals desirous of working with an agency in this manner find a person working for the agency who can act as a liaison in support of the relationship with an outsider such as I am to this agency.

Another challenge associated with this project relates to the completion of the literature review. Because it is an emerging field, limited research has been conducted and documented on the topic of EFP. The majority of research I discovered related to hippotherapy for cerebral palsy, followed by less documentation on therapeutic riding, and even less documentation on therapeutic vaulting. I identified documents I would have liked to use but which were not immediately accessible through the online database. In reviewing the research I could access, it was difficult to distinguish the differences between the methods employed because the researchers defined the same terms differently. What one researcher called therapeutic riding, another called EFP. I had to develop my own working definitions and, after doing so, realized that what I thought was EFP was actually therapeutic riding. In the end, I was left with very little usable research.

A number of steps remain for implementation of the project. The new (2010) granting period guidelines have not been released and time constraints limited collaboration with the agency on the present grant proposal that utilized obsolete forms and funding criteria. The next step will be to meet with The Youth Project’s director and Ms. Siegel to adjust program specifics and decide upon a grant coordinator. The school
needs to be contacted for approval of the collaborative effort of the grant program. Late in 2009, I plan to attend the Community Foundation of Mendocino’s grant-writing workshop to learn more about the organization’s requirements for the next granting period. The grant proposal will then be revised and submitted to The Youth Project’s grant coordinator for final approval and submittal to the Community Foundation. If awarded the grant, the program will be implemented and I would serve as the resource specialist. Once the program is completed, I would like share the results with interested parties in the hope that equine therapy agencies such as the American Hippotherapy Association would add information about this study to the reference sections of their Web sites. Alternatively, I could consider presenting the information at equine therapy conferences.

I am concerned that the Community Foundation of Mendocino is changing its guidelines and wonder how that will affect my ability to muster the resources necessary to implement the program. I also recognize that current economic conditions may make it more difficult to procure funding from any granting agency.

It is my sincere hope that this project is funded because of its significance to the local educational community. Such funding would provide a valuable resource of emotional support to some of the community’s most needy students: those with learning disabilities who suffer from low self-esteem and poor social skills. The project has the potential to grow to serve other classifications of students throughout the community and educate school support providers about a form of therapy that children may find both pleasurable and effective. Ultimately, such a program might serve to strengthen the
connection between schools and agencies that share a goal to raise a community of
healthy children.
REFERENCES CITED


APPENDIX
Survey of Student Needs

1. From your perspective, what are the three greatest areas of nonacademic need that confront students with special needs at your high school?
   
   a.  
   
   b.  
   
   c.  

2. Given your response to #1, what services are currently provided at your school to support these areas?

3. What services are available in the community to support these areas of need?

4. Equine-assisted therapy (EAT) is a psychotherapy technique gaining popularity for the treatment of students with disabilities. Research has shown its use has potential psychosocial benefits including increased social skills and attention span in individuals with ADD. Please circle one of the following options to indicate how much knowledge you have about EAT:

   None  Some  A lot
5. On a rating scale of 1-5 with 1 being low and 5 being high, rate how important each of these services would be for students with disabilities:

___ Individual counseling

___ Drug/alcohol awareness or prevention

___ EAT (Equine-assisted therapy)

___ Social skills support

___ Self-esteem support