



Equine Facilitated Psychotherapy

Fostering resilience and self-esteem
in children and adults with AD/HD and related disorders

by Giselle Faubel, PsyD



I REMEMBER LOOKING FORWARD TO OUR VERY FIRST PARENT-TEACHER CONFERENCE. My husband and I were proud and excited that Charlie was attending preschool at a private and prestigious Montessori school. So I cried all the way home after hearing his teacher say: “If your son continues to behave the way he does, we won’t be able to accept him next year.” He couldn’t sit still, she told us. He blurted out answers and had trouble waiting in line, among many other things. He disrupted the teaching environment. I knew that Charlie loved this teacher, but I couldn’t stop thinking how mean she seemed. The truth was that our child was presenting with behaviors typical of attention-deficit/hyperactivity disorder.

Charlie lasted in that school until the first grade, when his teacher decided she wanted him to sit next to her desk so she could control him. All the other children were allowed to walk around and engage in their activities independently. Charlie came home one day and asked why he was the only one who was forced to sit next to the teacher. It really defeated the purpose of being in a Montessori classroom, so we decided he would probably do best in a more structured environment: a small, traditional classroom setting with desks and a teacher in the front of the room.

Charlie entered a traditional school in the middle of that year, wondering why he had to leave his friends behind. At our parent-teacher meeting a few weeks later, I was prepared to hear

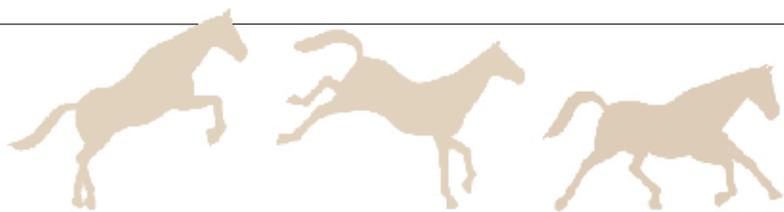
the worst—and I did. “I want you to know that the other children’s parents have requested that your son not sit next to their children,” the teacher said. The other children complained that he made noises (like humming), he fumbled with his belongings, and in essence, he was disrupting the classroom environment. Therefore Charlie was assigned to sit next to the teacher’s desk, away from the other children.

Charlie’s second grade teacher, the mother of a boy with AD/HD, was very understanding. She gave Charlie things to do when he became disruptive. Charlie became her helper, and we were able to protect his self-esteem for the duration of the year. Third grade was a disaster. His teacher was not tolerant at all, and Charlie was assigned to a seat at the end of the classroom,

BRETT DESPAIN / ISTOCK



Giselle Faubel, PsyD, is a clinical psychologist in private practice, a school psychologist, and a mental health counselor. Born in Colombia, she is a graduate of Harvard University, Boston College, and Carlos Albizu University (formerly Miami Institute of Psychology). Faubel is a North American Riding for the Handicapped Association (NARHA) certified instructor, an Equine Assisted Growth and Learning Association (EAGALA) certified instructor, and a Certified Equine Facilitated Interaction Professional–Mental Health (CEFIP–Mental Health) under the auspices of the Commission for Certified Equine Facilitated Mental Health & Education Professionals (CCEFMHEP). She is the founder and director of Horses and Psychology and Equus for Humanity, two equine facilitated psychotherapy programs that service children and adults with psychotherapeutic needs.



where he stared out the window for much of the day.

At the time, I was completing my internship in the doctoral clinical psychology program at Miami Children's Hospital. Charlie was tested by a psychologist who reported that he was very bright—his scores would qualify him for a gifted program. But he constantly forgot to turn in his homework, and always had a messy book bag. He was the kid no one invited to their birthday parties. My heart broke.

Charlie discovers horses

During the summer after third grade, when Charlie was eight years old, my husband suggested we enroll him in a horseback riding summer camp. He loved it. The camp was run by young girls who allowed him to play in the mud after class. Charlie would come home looking like he had been rolling in the dirt.

In addition to getting him occupational therapy to help strengthen his body and help with fine and gross motor skills, we had tried all sorts of sports with him before, and had always been disappointed when he did not enjoy them. He couldn't kick a ball when he played

soccer, he did not have the upper body strength to throw a ball for basketball, and he did not have the eye-hand coordination for tennis. We could not find an outlet for Charlie's high level of energy.

So when we discovered that he could sit on a horse, we began to wonder if that might be the thing for him. We enrolled him in weekend horseback riding lessons, and he would really look forward to them. As time went on, he began to participate in horse shows, and became part of the barn's competition team. It was nice to watch his self-esteem rise. He looked like a natural. What was really amazing to us was that he would ride on the weekends when he was not on medication, and we could see him focusing and paying attention—you cannot ride a horse and not pay attention. To my surprise, I noticed that he would win the difficult classes in which he had to take his horse over a set of jumps that were in random order. He had to pay attention in order to remember the order of the jumps, and to control the horse over the jumps.

When he turned ten, we bought him his first horse, Sparky. Sparky was a small grey horse with a spunky temperament who willingly jumped anything my son aimed him at. They developed a close relationship, and we spent such long hours caring for him that the barn became our second home. I sometimes felt Charlie was enjoying himself and learning more at the barn than he was at school.

One day Charlie helped the veterinarian while he sewed up a horse's eyelid. He watched the farrier put horseshoes on the horses. He would spend endless hours catching spiders and all kinds of insects, classifying them in small jars that he would take home and look up in his books. As far as I could tell, he was being stimulated in many ways. At home he would have been watching videos or playing computer games, but instead he was out in nature discovering our planet.

Middle school was probably the toughest time for my son. Charlie was struggling in school, being tutored and probably tortured on a daily basis. My main concern was that he learn organizational skills that would help him become independent. While he slept,

Horses tend to react to their environment with exquisite sensitivity. Because of their innate herd mentality, horses can pick up on, and even mirror, subtleties of human behavior and emotions.



▶ As far as I could tell, he was being stimulated in many ways. At home he would have been watching videos or playing computer games, but instead he was out in nature discovering our planet.



he ground his teeth and seemed to fight in his dreams. It seemed like the only time Charlie was totally happy was when riding his horse.

Lessons from a horse

In the meantime, I had started a private practice. I mainly saw pediatric patients, many of whom had neurological disorders, such as AD/HD, autism, and learning disabilities, among other challenges. Sometimes I felt God had prepared me to deal with these children by sending me a son with similar issues. The parents were dealing with frustration and anger themselves. I could see myself in them, and I could definitely understand their fears.

I had pictures of Sparky at the office and many of the children seemed interested in meeting him. On one occasion, I decided to bring one of the children out to the barn. Nine-year-old Philip was a bright child, with an incredible imagination, and all the symptoms of AD/HD. He had self-esteem issues, and he always seemed to be losing privileges because of his behavior. His parents were divorcing at the time. His mother was beside herself because the school he attended was threatening not to take him back the following year.

Philip had never seen a horse up close, and his reaction was priceless. “Wow! A horse!” he exclaimed.

Sparky was very cooperative, allowing Philip to groom him and taking care not to step on him. And I quickly began to notice that I could talk to Philip about focusing without having to reprimand him, because the horse would take care of that. At the end of the session, I told Philip that Sparky had behaved so well, I thought he deserved a treat. So I took out a carrot and Philip jumped up in excitement—at which Sparky jumped up, too. Philip turned to me in an apologetic manner. “I’m sorry, I’m sorry!” he repeated. I realized then that Sparky could teach Philip about the consequences of his behavior.

Instead of saying to Philip, “you are annoying”—which was what everybody told him repeatedly, and Philip did not seem to understand—Sparky was showing him that his behavior had an immediate impact on him, and Philip had to become aware of it.

Philip’s mother began bringing him out to the barn regularly. Grooming sessions were full of wonderful lessons for Philip. He would sometimes start at the horse’s neck and hyperfocus on that area, at which point the horse would begin to get anxious and move about. Philip quickly realized he had to think of Sparky as the little picture within the big picture that was the whole environment, something most children with AD/HD have a hard time negotiating.

Working with Sparky became Philip’s therapy

Children in a social skills group may be given activities in which they have to work as a team. They may act out a metaphor-based scenario that requires them to lead horses, ponies, or miniature horses through an imaginary adventure, for example. Adapted for cognitive levels, the activities encourage the children to work on boundaries, taking turns, dealing with frustration, handling a novel situation, and learning coping skills, and so forth, and may be followed by circle time and sharing.



Learn More about Equine Facilitated/Assisted Psychotherapy

One of the first things you'll notice about this emerging field is that some call it equine "facilitated" and others call it "assisted" psychotherapy. Either way, if you're interested, you'll want to find a practitioner who has the necessary credentials—a licensed and credentialed mental health professional who is dually credentialed as an equine professional, or who works with an appropriately credentialed equine professional. The best place to start your research is with the national organizations that set standards and regulate the field and educate, train, and support its professionals.

The **North American Riding for the Handicapped Association (NARHA)** was founded in 1969 "to promote equine assisted activities for individuals with disabilities." NARHA "fosters safe, professional, ethical and therapeutic equine activities through education, communication, research and standards." To ensure its standards are met, NARHA has established an accreditation program for centers and a certification process for instructors.

A section of NARHA, the **Equine Facilitated Mental Health Association (EFMHA)** was founded in 1996 "to advance the field for individuals who partner with equines to promote hu-

man growth and development so that our members, clients and equines can succeed and flourish."

- Visit www.narha.org and click on "Find a Center." Fill in the various drop-down boxes with your location and other pertinent information. In the drop-down box for "Activities," click on "equine facilitated psychotherapy."

Founded in 1999, the **Equine Assisted Growth and Learning Association (EAGALA)** "is dedicated to improving the mental health of individuals, families, and groups around the world by setting the standard of excellence in Equine Assisted Psychotherapy." EAGALA has established a certification program and a mentoring process. The organization provides "education, standards, innovation, and support" to professionals who provide EAP services. In EAGALA's model, "the focus of EAP involves setting up ground activities involving the horses which will require the client or group to apply certain skills," while NARHA-EFMHA places more emphasis on riding and horsemanship.

- Visit www.eagala.org; click on "Resources" and then on "Find a Program in your Area."

— Susan Buningh, MRE



All the senses are engaged during grooming the horse, which is usually how a session begins. As the person uses the currycomb, he places his other hand on the horse's body, in an effort to initiate full contact with the horse. The activity demands complete attention and focus.

session. We had done all the behavioral checklists at my office, and he had signed numerous behavioral contracts, but Philip's behavior did not seem until he saw how the horse reacted to him.

After a few sessions of grooming and walking around with the horse in the ring, Philip decided he wanted to start riding. He seemed nervous at

first, and I did not push him. We were not there primarily to teach him how to ride, but for Philip to learn about himself.

When Philip first got on the horse, he seemed extremely anxious. I asked him to think of a thermometer and to try to place his level of anxiety and fear on a scale from one to ten. Philip quickly admitted he was at ten. I then asked him if he had ever felt like this before, and Philip began to cry. He went on to say that he felt like this when his parents would fight. When asked to explain what it was like, he said, "I feel broken inside."

This was when I first realized that we were doing equine facilitated psychotherapy. Philip was dealing with a real situation—not sitting on a couch in an office, where his defenses were not helping him. I proceeded the session by asking Philip to close his eyes and imagine that Sparky was a short, stubby horse and his feet were almost touching the ground. I asked him to breathe and to think of his thermometer again, and then I asked him about his anxiety level. Philip's response was amazing: His anxiety was at three. Yet I knew he was coping with a quite scary situation.

A special bond

Once Philip became a regular at the barn on week-ends, I realized there was a special bond between him and the horse. On some occasions, Philip would bring Sparky carrots, and sometimes he would bring him a picture or something he wrote. Philip would pin these presents up by Sparky's stall. For the most part, Philip would walk into the stall before he brought Sparky out and he would talk to him. I tried to listen to some of the conversations, but they almost seemed like confessions. Philip would say that Sparky was the only one that truly understood him.

It was not until the day that Philip came to the barn very upset that I really began to believe in the power of the horse and decided to study this field in depth. Philip's parents were about to sign the divorce agreement. He

had refused to go to school that week, and his grades were dropping even further. He walked into Sparky's stall and began to cry, telling the horse that he felt sad and broken because his parents were not going to live together and he thought he was to blame. Sparky looked up at him and put his head on Philip's shoulder. I was watching from outside. Philip hugged Sparky and cried on his neck. Sparky just stood there.

The following week I received a call from Philip's mother who informed me that she and her husband had signed the divorce papers. When I asked her how she was, she said it was very difficult. To my amazement, she said that Philip had told her to think of Sparky, because that was what was helping him get through it. He even said to her, "Mom, when I have a problem I tell Sparky, and he holds onto it until I go back to see him. Sometimes I forget he is holding on to it, so he just takes care of it."

Sparky had taught Philip many valuable lessons about himself. First, he had taught him that his behavior had a tremendous impact on others. Second, he had taught him that our fears are there and we must deal with them. Most importantly, he had taught him that

he could deal with even the most painful situations in life—that there are things we just cannot change, so we must let them go.

Working with horses

Following the sessions with Philip, I decided I needed to learn about the therapeutic value of horses. I decided to visit as many centers as I could. I studied, and became involved with the national organizations that regulate the field, including the North American Riding for the Handicapped Association (NARHA), the Equine Facilitated Mental Health Association (EF-MHA, a section of NARHA), and the Equine Assisted Growth and Learning Association (EAGALA). Today I am a licensed clinical psychologist who is dually trained as an equine professional.

As I studied the field, I understood why working with horses was particularly beneficial for some individuals with AD/HD. Horses tend to react to their environment with exquisite sensitivity. Because of their innate herd mentality, horses can pick up on, and even mirror, subtleties of human behavior and emotions. When a person with attentional difficulties is in the presence

Partnering with Horses

Equine Assisted Activities/Therapies

Susan Buningh, MRE



Equine facilitated psychotherapy is one of several equine assisted activities or therapies available for children and adults with attention disorders. The physical, emotional, and social benefits of these activities have long been noted, although more scientific investigation is needed to establish the evidence base. Examples of equine assisted activities include:

- **Therapeutic riding.** Participants engage in mounted activities taught by a NARHA-certified instructor that may consist of adaptive riding or traditional riding disciplines.
- **Hippotherapy.** The movement of the horse is used as a treatment strategy by a specially trained physical, occupational, or speech therapist in therapy sessions.
- **Interactive vaulting.** Participants perform movements on and around the horse.

- **Therapeutic driving.** Participants engage in carriage driving from a carriage seat or wheelchair; can be done in competition.
- **Competition:** Participants engage in team or individual equestrian sports, competing at local, regional, national, or international levels in events that may be inclusive or offer divisions for riders with disabilities.

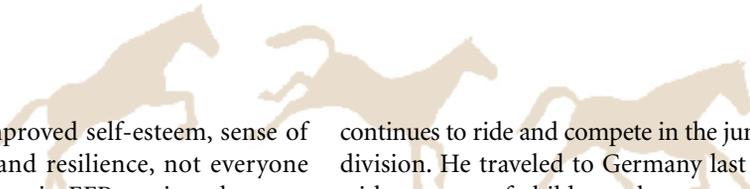
According to the North American Riding for the Handicapped Association, more than 40,000 children and adults with disabilities participate in equine assisted activities or therapies at NARHA centers. More than 29,000 volunteers assist, more than 1,900 instructors teach, and more than 5,800 therapy horses serve as partners in these programs. Nearly 800 member centers currently offer services in the United States and Canada, and the number grows each year.

NARHA programs serve individuals with a wide range of challenges, including attention disorders, autism, intellectual disability, muscular dystrophy, developmental delay, hearing impairment, spina bifida, visual impairment, spinal cord injury, learning disability, emotional or behavioral disorders, head trauma/brain injury, paralysis, multiple sclerosis, Down syndrome, cerebral palsy, and so forth.

Consult your physician regarding the appropriateness of the specific equine assisted activity in which you or your child might be interested, as there are contraindications associated with some conditions. While therapeutic riding might not be appropriate for some individuals with certain mobility, balance, emotional, or physical considerations, therapeutic driving might be a wonderful activity.

To learn more or to find a program near you, visit www.narha.org and click on "Find a Center." The Web site provides listings of centers that are fully-accredited NARHA centers and of facilities that are NARHA members. To learn more about hippotherapy, visit www.americanhippotherapyassociation.org, the Web site of the American Hippotherapy Association. For more information about research on equine assisted activities/therapies, go to www.horsesandhumans.org, the Web site of the Horses & Humans Research Foundation.

Susan Buningh, MRE, Attention's managing editor, has volunteered at therapeutic riding programs since 1989. Her daughter participates in therapeutic riding and competition.



of a horse, many things may come up. The horse is alive and moving, so it is particularly important to be attentive. To paraphrase the familiar saying, every moment with a horse can be a therapeutic moment.

All the senses are engaged during grooming the horse, which is usually how a session begins. As the person uses the currycomb, he places his other hand on the horse's body, in an effort to initiate full contact with the horse. He simultaneously makes circular motions with the comb to activate the horse's circulation and feels the horse's skin, which is soft and warmer than a human's. The noises made by the horse's hooves, his movements on the ground, the sounds from handling ropes and other equipment, the visual stimuli, and the smells from the barn, are all part of the engaging multisensory experience. The activity demands complete attention and focus, which is perhaps why the person becomes immersed. He cannot be thinking about what he is going to do tomorrow after school or work; he has to be totally in the present. Some individuals may require more technical support than others for this activity, but the challenge is to attend to many things simultaneously. Once the person is totally immersed, he can then begin to prioritize and negotiate what is necessary—but every single element is important and not one can go unattended.

While working outside in the ring, I might present to the person certain possible scenarios in an effort to generalize problem-solving skills. I might ask: "What if a dog came running out of nowhere right now? What would we need to do?" In this scenario, the person is learning how to negotiate priorities within his environment. He is asked to think of novel solutions to questions he might never have had to answer before. The purpose is to help the person realize the "what ifs"—which makes him think, plan, and strategize for possible situations. He must STOP, THINK, and ACT, which can be very difficult (and therapeutic) for someone with AD/HD. He needs to understand that the horse may spook and that he needs to be totally aware of what is going on in the environment.

It is very important to note, however, that equine facilitated psychotherapy (EFP) is not a proven treatment for AD/HD and related disorders. Also, EFP is not for all children and adults with AD/HD—some individuals would not be able to cope with the challenges and the environment. While some people

experience improved self-esteem, sense of competence, and resilience, not everyone who participates in EFP receives the same benefits. Most of the data we have is anecdotal, and more research in this emerging field is needed to document and validate the effects of this type of therapy.

Seven years have passed since Philip came to work with the horses; both he and my son are in high school now. Both of them still sometimes struggle academically. My son

continues to ride and compete in the jumper division. He traveled to Germany last year with a group of children who represented the United States at the German Friendship Games, and he shows in the winter circuit at Wellington, Florida, as a ranking competitor. He is hoping to become a film director when he grows up. **A**

The names of the children have been changed to protect their privacy.