

2023-03-28

The Development of Equine Assisted Psychotherapy: A Grounded Theory Study

Stares, Rebecca

Stares, R. (2023). The development of equine assisted psychotherapy: a grounded theory study (Doctoral thesis, University of Calgary, Calgary, Canada). Retrieved from <https://prism.ucalgary.ca>.
<http://hdl.handle.net/1880/116111>

Downloaded from PRISM Repository, University of Calgary

UNIVERSITY OF CALGARY

The Development of Equine Assisted Psychotherapy: A Grounded Theory Study

by

Rebecca Stares

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY

GRADUATE PROGRAM IN EDUCATIONAL RESEARCH

CALGARY, ALBERTA

MARCH, 2023

© Rebecca Stares 2023

Abstract

As the complexity, frequency, and severity of mental health disorders increases across the nation, Canadians are increasingly seeking out psychotherapeutic interventions. Equine assisted psychotherapy is one such intervention. Equine assisted psychotherapy is collaborative, attachment-focused, and concentrates on the client's experiences within the human-equine relationship which forms within the therapeutic session with their clinical practitioner. To provide equine assisted psychotherapy, clinical practitioners must engage in continuing education to ensure their practice is safe, effective, and evidence informed. In this qualitative study, a constructivist grounded theory approach was used to generate a theory of equine assisted psychotherapy, *Stable Foundations*, and from it, explore the approaches through which clinical practitioners may learn equine assisted psychotherapy for the treatment of individuals affected by mental health disorders. Snowball and theoretical sampling were used to recruit 12 participants, nine of which were clinical practitioners utilizing equine assisted psychotherapy in their practice. Of these, five were also facilitators of continuing education into equine assisted psychotherapy. The additional three participants were equine professionals. All participants contributed through semi-structured interviews. Data collection and analysis was iterative.

The core category emerging from the analysis and coding was *Stable Foundation*. It has six categories safety, consent, scope of practice, facilitated relationships, equine knowledge, and qualities of the clinical practitioners. In the construction of the theory, four categories emerged from the data speaking to the teaching and learning of clinical practitioners seeking to utilize equine assisted psychotherapy. These were continuing education, experiential learning, practice and application, and supervision and consultation. In developing a theory of equine assisted psychotherapy and speaking to the educational needs of clinical practitioners, equine assisted

psychotherapy can be standardized for replication among interprofessional clinicians and potentially ensure that a minimum standard of learning is achieved. This will benefit the client who will receive a clinically appropriate and effective mental health intervention; clinicians will learn, practice, and supervise equine assisted psychotherapy using best practices; and horses participating in equine assisted psychotherapy will receive ethical and appropriate care.

Dedication

This paper is dedicated to every client who shows up for equine assisted psychotherapy, the therapy horses who guide them along the way, and the therapists who hold space for the work to occur.

Acknowledgements

I would like to acknowledge my dissertation committee members: Dr. Ian Winchester, Dr. Colleen Kawalilak, and Dr. Veronika Bohac Clarke for their support, time, and commitment to this research. I would especially like to acknowledge Dr. Winchester for his unwavering enthusiasm for my topic and unconditional support.

I would also like to recognize my mum; without her this dissertation would never have happened. I thank my dad and sister for their support and presence every single day. To all my friends, family, colleagues, and clients who believed in me and my research, a giant thank you!

I would also acknowledge my participants who took the time to answer my questions and lend their insight to what I believe is an important conversation. The final acknowledgement is to all my therapy horses, past and present, who are always the inspiration to be a better clinician.

Table of Contents

Abstract	ii
Dedication	iv
Acknowledgements	v
List of Figures and Tables	iv
Definitions	x
Chapter 1: Introduction and Overview	1
Background	1
Problem Statement	5
Research Questions	7
Assumptions	8
Purpose of the Study	9
Potential Significance of the Study	9
Summary	11
Chapter 2: Literature Review	13
Equine Assisted Psychotherapy as a Clinical Practice	14
Treating Individuals Using Equine Assisted Psychotherapy	21
Educating Clinical Practitioners in Equine Assisted Psychotherapy	23
Limitations of the Available Literature	27
Summary	31
Chapter 3: Method	33
Conceptual Framework	33
Setting	40

Participants and Sampling Strategy	40
Data Collection	42
Data Analysis	45
Validity	46
Researcher Bias	47
Limitations and Delimitations	49
Ethical Considerations	50
Summary	52
Chapter 4: Findings	53
Description of Participants	54
Overview of the Constructed Grounded Theory	55
Educational Approaches in Learning Equine Assisted Psychotherapy	88
Summary	100
Chapter 5: Discussion of Findings	101
Defining Equine Assisted Psychotherapy	101
Professional Practice and Professional Identity	105
Adult Education in Equine Assisted Psychotherapy	111
Implications for Clinical Practice and Adult Education.....	127
Recommendations for Future Research	129
Conclusion.....	130
References.....	132
Appendix A: Informed Consent Form	175
Appendix B: Demographic Questionnaire for Clinical Professionals	178

Appendix C: Demographic Questionnaire for Equine Professionals	179
Appendix D: Interview Guide for Clinical Professionals	180
Appendix E: Interview Guide for Equine Professionals.....	181

List of Figures and Tables

Figure 1: Stable Foundations: A Theory of Equine Assisted Psychotherapy	56
Figure 2: A Visual Representation of the Categories	58
Figure 3: Relationships in Stable Foundations	66
Table 1: Description of Participants	54

Definitions

Animal Assisted Therapy

Animal assisted therapy, according to the American Veterinary Medical Association (2020) is “a goal directed intervention in which an animal meeting specific criteria is an integral part of the treatment process. Animal assisted therapy is delivered and/or directed by health or human service providers working within the scope of their profession” (n. p.). While canine assisted interventions dominate in this body of knowledge, cats, rabbits, guinea pigs, birds, reptiles, and in the case of care farms, animals such as cows, goats, sheep, pigs, and chickens may also be utilized.

Clinical Practice

Clinical practice is the informed and intentional application of systematically developed clinical methods used to formulate client care strategies in the assessment and treatment of individuals affected by mental health disorders.

Clinical Practitioner

A clinical practitioner is a member of a regulated health profession authorized to provide the restricted activity of psychosocial intervention in the treatment of individuals affected by mental health disorders. It is the constitutional responsibility of Canada’s provinces and territories to identify and ensure the regulation of health professionals. Clinical practitioners include registered and licenced practical nurses, occupational therapists, social workers, psychologists, and professional counsellors.

Equine

For the purposes of this research study, equine refers to horses, ponies, miniature horses, donkeys, and mules. The term “horses” will be used interchangeably with “equines”.

Equine Assisted Activities

An equine assisted activity encompasses any endeavour wherein the relationship between the human client and the equine is the central component of the interaction. Equine assisted activities are provided by equine professionals and may be used for personal growth and learning, skill development, and / or for recreational purposes.

Equine Assisted Psychotherapy

Equine assisted psychotherapy is a psychosocial intervention utilized by clinical practitioners. In this intervention, equines are intentionally included to “teach individuals about themselves, to allow recognition of dysfunctional patterns of behavior, and to help define healthy relationships” (Trotter, 2012, p. 9). Within equine assisted psychotherapy, the use of the equine assisted activities and the emergent relationship between the client and the equine is central to the achievement of client goals and the alleviation of symptoms associated with a mental health disorder.

Equestrian or Equine Professional

An equestrian, or equine professional, is a member of the equine industry who demonstrate excellence in training, competition, or in the care of horses (Equine Canada, 2016). These individuals hold specialized knowledge regarding equine behaviour and horse husbandry.

Hippotherapy

Hippotherapy is an equine assisted intervention wherein “occupational therapy, physical therapy and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes” (American Hippotherapy Association, 2019, n. p.).

Mental Disorder

As stated by the American Psychiatric Association (2013):

a mental disorder is a syndrome characterised by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.

Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (p. 20)

Psychosocial Intervention

According to the *Government Organization Act* (RSA 2000), Schedule 7.1, a psychosocial intervention is a restricted activity provided “with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs (i) judgment, (ii) behaviour, (iii) capacity to recognize reality, or (iv) ability to meet the ordinary demands of life”.

Psychotherapy

Psychotherapy “is the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of

assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in the directions that the participants deem desirable” (Norcross, 1990, p. 218).

Chapter 1: Introduction and Overview

This chapter will provide an introductory discussion to the clinical intervention of equine assisted psychotherapy used in the treatment of individuals affected by mental health disorders. The major constructs presented within this study are introduced; these are mental health disorders, clinical practice, equine assisted psychotherapy, and clinical education. The problem statement will be identified, and the research questions and research goals described. The assumptions of this researcher which influenced the research questions are outlined. Finally in this introduction and overview chapter, the purpose of this doctoral study and its potential significance within clinical practice and adult education are identified.

Background

A mental health disorder is defined by the American Psychiatric Association (2013) as a clinical condition characterised by significant disturbance in “an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental health disorders are usually associated with significant distress or disability in social, occupational, or other important activities” (p. 20). According to the Canadian Mental Health Association (2021), it was suggested that as many as 20% of Canadians will experience a mental health disorder in any given year, representing 1 in 5 Canadians. Comorbidity occurs when an individual experiences the presence of more than one illness, disease, or disorder simultaneously. Across the country, health care providers are noting a widespread increase in the prevalence, complexity, and comorbidity of mental health disorders, coupled with increased service utilization. According to one Statistics Canada (2019) statement, 5.3 million Canadians reported seeking help to address their mental health needs in 2018.

To alleviate the frequency and severity of symptoms associated with mental health disorders, many Canadians turn to psychotherapy. Psychotherapy is designed “to provide symptom relief and personality change, reduce future symptomatic episodes, enhance quality of life, promote adaptive functioning in work/school and relationships, increase the likelihood of making healthy choices” (American Psychological Association, 2013, p. 102) and other benefits as determined between the client and clinician. To ensure efficacy and effectiveness, psychotherapy must involve “the informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles” (Norcross, 1990, p. 218). In Canada, psychotherapy is provided by a clinical practitioner; a member of a regulated health profession authorized to provide psychosocial interventions for the treatment of individuals affected by mental health disorders. Across the country, this includes registered nurses, occupational therapists, social workers, psychologists, and professional counsellors.

Boris Levinson (1964, 1978, 1984) presented animal assisted therapy as a psychosocial intervention in which animals were intentionally included in the therapeutic process. Levinson argued that animals facilitate in rapid therapeutic engagement and rapport building and could be utilized by the clinician as a therapeutic aide. His arguments, which have been substantiated within a significant body of empirical evidence, spoke to the animals within the therapeutic process and towards improved psychological, physiological, and social outcomes. For example, dogs serve as an outlet for client emotions (Fine & Eisen, 2008; Levinson, 1978), promote feelings of self-worth and self-esteem for the client through their unconditional love and acceptance (Fine & Eisen, 2008; Levinson, 1964, 1984; Pichot & Coulter, 2007), and offer opportunities for the client to experience safe physical touch (Friedmann et al., 2008; Grandin, 1992; Grandin & Johnson, 2005; Levinson, 1964, 1984). The inclusion of dogs and cats within

psychotherapy decreases the need for language, and encourages imagination, metaphor, and mindfulness (Henry & Crowley, 2015; Levinson, 1978; Schramm et al., 2015). Levinson (1978) further noted that due to the lack of “continuity of theme in children... the use of a pet frequently provides a unifying thread which helps to unravel more quickly the basic elements in the child's nuclear neurosis” (p. 698). Engaging with animals offers opportunities for skill building, which in turn leads to experiences of autonomy, independence, and self-efficacy (Chandler, 2012; Levinson, 1978).

Equine assisted activities emerged organically from the practice of animal assisted interventions. Equine assisted psychotherapy, a more recent inclusion in animal assisted therapies, is gaining popularity across Canada. In equine assisted psychotherapy, horses and ponies are intentionally included within the treatment process to “teach individuals about themselves, to allow recognition of dysfunctional patterns of behavior, and to help define healthy relationships” (Trotter, 2012, p. 9). Equine assisted psychotherapy is an experiential treatment modality, offering structured and semi-structured equine activities wherein the client begins to experience and identify emotions, thoughts and behaviours targeted in the change process. In these activities, the “client’s interpretation of a horse’s movements, behaviors, and reactions determines the meaning of the metaphor and, as such, provides a portal for the resolution of unfinished business by bringing forth—and addressing—transference reactions in the here-and-now of therapy” (Klontza et al., 2007, p. 259).

To learn the psychosocial intervention of equine assisted psychotherapy for the treatment of individuals affected by mental health disorders, clinical practitioners should engage in continuing education initiatives to develop and maintain professional competencies. Jarvis (1999) defined continuing education as “those learning opportunities which are taken up after the

end of full-time initial education” (p. 4). Among interprofessional clinical practitioners, continuing education is used to expand scope of practice, enhance organizational effectiveness and performance (Friedman & Phillips, 2004; Ross-Gordon et al., 2017), and to advance knowledge and best practice interventions in the pursuit of evidence-based practice (Canadian Psychological Association, 2017). Lichtenberg and Goodyear (2012) conceptualized this process of lifelong learning as one which “stimulates and empowers individuals to acquire the knowledge, values, skills and understanding they require throughout their professional lifetimes and to apply them with confidence, creativity, and enjoyment in their various professional roles, circumstances, and environments” (p. 3). Continuing education is also an ethical and legal mandate for clinical practitioners to ensure autonomy and competence within ones’ practice area.

To be effective, continuing education must link conceptual and empirical knowledge about teaching adults and adult learning to how learning activities are facilitated. Caffarella and Barnett (1994) asserted that “this link must be a mutual exchange of ideas, observations, and critical reflection between and among practitioners and researchers on both what we teach (the content) and how and what we do to help adults learn (the process)” (p.29). Developing continuing educational initiatives into equine assisted psychotherapy requires an understanding of both adult education and adult learning theories. An extensive topic, adult education encompasses the process through which learning occurs and the nature of adult learners as a novel and heterogenous population. Adult learning theories address the processes internal to the learner, including the influence of external or internal factors in learning, the tasks of the educator, the explanation of learner motivation, and how the transfer of learning is accomplished (Hean et al., 2009).

Teaching and learning equine assisted psychotherapy are embedded in the philosophies of experiential education, “learning by doing” (Roberts, 2011, p. 3) and outdoor education, “*being out-of-doors*” (Quay & Seaman, 2013, p. 9) and focusing on nature, the environment, and agriculture. Both of which were heavily influenced by the work of John Dewey (1896, 1900, 1902, 1916). Constructivist and pragmatic, Dewey (1919) asserted “reflection upon experience gives rise to a distinction of *what* we experience (the *experienced*) and the *experiencing* – the *how*” (p. 196). Thus, clinicians engaged in equine assisted psychotherapy education acquire not only the relevant skills to provide this intervention in the treatment of individuals affected by mental health disorders, but also develop their critical thinking and reflexivity proficiencies.

Problem Statement

While equine assisted psychotherapy is beginning to yield anecdotal evidence of its effectiveness in the treatment of individuals affected by mental health disorders, it is far from being a substantiated or evidence-based practice. The first challenge in moving equine assisted psychotherapy towards an evidence-based practice is the presence of a definition dilemma and lack of a clear conceptualization of equine assisted psychotherapy. According to Hallberg (2018), “63 different terms can be readily identified in research and in practice that describe the concept of including horses in human healthcare” (p. 39). To further confuse the conceptualization of equine assisted psychotherapy, terms such as equine assisted activities, equine assisted growth and learning, equine assisted social work, equine assisted therapy, equine facilitated therapy, therapeutic riding, and the broader animal assisted interventions are used interchangeably with equine assisted psychotherapy, despite differences in application, practitioner qualifications, and scope of the human-horse interactions.

Another concern is the lack of a governing theory for equine assisted psychotherapy. One dissertation writer concluded “there was insufficient evidence of theoretical frameworks guiding

equine assisted psychotherapy” (McConnell, 2010). This was echoed more recently by Kovacs and colleagues (2020) who concluded, equine assisted psychotherapy “needs theoretically-based clinical studies” (n.p.). For many clinical practitioners, equine assisted psychotherapy is the result of equine assisted activities being integrated or assimilated into existing theoretical frameworks; namely Attachment Theory, Brief Therapy, Experiential Learning, Gestalt Therapy, Group Therapy, Psychodynamic Therapy, and Solution Focused Therapy (Bachi, 2013; Hallberg, 2018; Kovács, van Dijke & Enders-Slegers, 2020; Lac, 2016, 2017; Schlote, 2020; Trotter, 2012). The eclectic approach to clinical practice is limited and has been widely criticized within the literature. As described by Lampropoulos (2001), not all theories are compatible with the worldviews associated with the integrating framework. Henderson (2009) stated that shifting between therapeutic techniques and theories within the counselling process may be due to the therapist’s personality, i.e. defensiveness, discomfort, or avoidance, rather than due to clinical intention. In one study of clinical psychotherapists, Barth and Moody (2018) found that most clinicians defaulted to their primary or preferred interventions, regardless of the additional theories in which they were trained.

Timulak and Timulak (2008) asserted that a “detailed examination of the therapeutic process is important for the development of new therapeutic approaches” (p. 133) to provide empirical support and to elevate interventions into evidence-based practice models. Baldwin et al. (2004) noted, a theory would offer the explanatory framework on which specific interventions may be provided and programs developed and evaluated. This was echoed by Payne (2014) who stated that theories are based on understanding mental health disorders (i.e. causation, presentation, symptomology) “so the sequence of actions that you take is informed by knowledge about the reasons why this situation occurs and is backed up by evidence about the right actions

to take to achieve the required outcome” (p. 8). As cautioned by Hicks (2016), the lack theory means practitioners are making assumptions about what works and how, which is unethical, may increase risk for clients, and limits the generalizability and transferability of research into this intervention. A final consideration, offered by Collingwood (2005), is that theory-based practice reduces learning and practice anxiety and ensures that students build confidence and competence in the intervention and their ability to implement it.

The lack of a theoretical framework for equine assisted psychotherapy underscores the lack of operationalization for teaching and learning this psychosocial intervention. To date, no literature has been located on teaching and learning processes associated with equine assisted psychotherapy, or on educational outcomes. Moreover, there is a lack of research in the published literature into pedagogical considerations for the broader fields of animal assisted therapies and interventions. The lack of both a theoretical framework and educational model for equine assisted psychotherapy is problematic for clinicians, educators, researchers, and for individuals affected by mental health disorders. The consequences include inconsistencies in how techniques are used within clinical practice, among clinicians, and among educators (Margison et al., 2000). Additionally, existing research into the therapeutic outcomes of equine assisted psychotherapy has little to no generalizability, and thus cannot contribute to the development of equine assisted psychotherapy as an evidence-based practice approach in the treatment of individuals affected by mental health disorders.

Research Questions

For the purposes of this research, equine assisted psychotherapy is defined as a psychosocial intervention in which a clinical practitioner intentionally includes equines (horses or ponies) into the therapeutic alliance and process to treat individuals affected by mental health disorders. Equine assisted psychotherapy is delineated from non-clinical equine assisted

activities which differ in their scope of practice, target population, and qualifications of the clinical practitioner. To learn equine assisted psychotherapy, students are designated health care professionals engaging in continuing adult education.

My overarching research questions were:

1. What is a theory which explains the nature of equine assisted psychotherapy?
2. What are the approaches used for teaching and learning equine assisted psychotherapy as a treatment for individuals affected by mental health disorders?

Assumptions

There are five assumptions held by this researcher. They stem from my own clinical social work practice which utilizes the intervention of equine assisted psychotherapy in the treatment of individuals affected by mental health disorders. They are influenced by my education in the areas of clinical social work practice, equine assisted psychotherapy, equine assisted activities, and animal assisted therapy. They are further influenced by my background and present engagement as an equestrian. Finally, my assumptions stem from my adherence to the clinical practice guidelines as outlined by my regulatory college (The Alberta College of Social Work [ACSW]), and my value in upholding quality and informed client care in the treatment of individuals affected by mental health disorders.

Assumption 1: Equine assisted psychotherapy constitutes an effective mental health intervention.

Assumption 2: Equine assisted psychotherapy is provided by a clinical practitioner working within their scope of practice.

Assumption 3: Clinical practitioners who have received education specific to psychosocial interventions are members of a regulated health profession.

Assumption 4: Clinical practitioners utilizing equine assisted psychotherapy to treat individuals affected by mental health disorders require education in this psychotherapeutic intervention.

Assumption 5: Research findings will contribute to the body of knowledge regarding equine assisted psychotherapy, clinical practice, and adult education. They will be used to enhance the clinical practice of equine assisted psychotherapy and both the teaching and learning of equine assisted psychotherapy professionals.

Purpose of the Study

The purpose of this study is guided by what Maxwell (2005) articulated as intellectual, practical, and personal goals. My intellectual goals were to first co-construct with my research participants, a theory of equine assisted psychotherapy, and second to explore the approaches used in teaching and learning equine assisted psychotherapy. The findings of this research will add to the small body of literature into equine assisted psychotherapy, and to the literature on clinical practice and clinical education. Practically, the purpose of this study was pragmatic in nature, which according to Biesta and Burbules (2003), ensured research findings which are applicable, relevant, and used to guide decision-making for both clinicians and educators. In fulfilling the intellectual and practical goals, my personal goal is to contribute to the development of equine assisted psychotherapy as an evidence-based psychotherapy. My goal is that this study's findings may inform clinical practice, ensure that clients receive a clinically competent intervention, and promote a minimum proficiency in equine assisted psychotherapy education.

Potential Significance of the Study

The potential of this study has widescale significance. This study may help to inform clinical practice, ensure that clients receive a clinically competent intervention, and promote a

minimum competency in equine assisted psychotherapy practice and education. Findings from the study may yield significance to individuals affected by mental health disorders by promoting the development of an experiential psychosocial intervention. This study will further contribute to the growing body of literature into equine assisted psychotherapy wherein subsequent research can facilitate in the development of equine assisted psychotherapy as an evidence-based practice in the treatment of individuals affected by mental health disorders. By constructing a theory of equine assisted psychotherapy, my research may offer a means for understanding the client and the context in which mental disorder is experienced, facilitate in symptom reduction, and improve wellbeing (American Psychological Association, 2013; Davidoff, 2019; Hersen & Sturmey, 2012). This is especially relevant for individuals who are unwilling or unable to participate in traditional talk therapy interventions, or for whom talk therapy has been ineffective. In providing informed care, the risks associated with client participation in equine assisted psychotherapy can be understood and mitigated.

Within clinical practice, there is considerable emphasis on the role of theory in informing practice decisions, and in grounding the psychosocial interventions used in the treatment of individuals affected by mental health disorders (American Psychological Association, 2013; Hersen & Sturmey, 2012; Kauffman, 2018; Oktay, 2012; Payne, 2014). A constructed theory of equine assisted psychotherapy may inform clinical practice and serve as the basis on which future research can occur. This may help in building the confidence of clinical practitioners utilizing this intervention (Collingwood, 2005) and lend itself to the formation of a professional clinical identity as an equine assisted psychotherapist (Gibson et al., 2010). Additionally, in delineating equine assisted psychotherapy from non-clinical equine assisted activities, it ensures

that clinical practitioners are practicing within their scope of practice, and that clients are receiving clinically informed care.

The findings from this study may help fill in the gaps in the literature on equine assisted psychotherapy and serve as a foundation on which future research can be initiated. In understanding the nature of equine assisted psychotherapy, and the teaching and learning approaches, informed continuing education can be developed. This would potentially ensure a minimum proficiency for clinical practitioners, and better meet the needs of students seeking to incorporate this intervention into their practice. As a final consideration knowledge obtained from this study may contribute to the discourse on practice standards specific to the use of equines participating in therapeutic interventions. This may improve the quality of life and wellbeing for all involved in equine specific treatment modalities.

Summary

Offered in this chapter was an initial discussion of the topic area, the clinical intervention of equine assisted psychotherapy used in the treatment of individuals affected by mental health disorders. The major constructs present within the study were introduced: mental health disorders, clinical practice, and clinical education. The problem statements emerged from a review of the literature which identified a lack of theory to guide equine assisted psychotherapy and a lack of an educational model for equine assisted psychotherapy. This creates practice and pedagogical deficits in equine assisted psychotherapy; the result is inconsistent interventions and a lack of empirical support for this intervention in the treatment of individuals affected by mental health disorders. The research questions, which emerged in response to the problem statement, are: what is the theory that describes the nature of equine assisted psychotherapy? and what are

the approaches used for teaching clinicians the mental health intervention of equine assisted psychotherapy?

This chapter further spoke to the purpose of this study, the researcher's assumptions, and the potential significance of the findings. The purpose of this study was to co-construct with the research participants a theory of equine assisted psychotherapy and to explore approaches used for teaching the intervention of equine assisted psychotherapy to clinical practitioners which are grounded in evidence. The potential significance of this study is its contribution to the small body of equine assisted psychotherapy literature; intertwined with clinical practice and adult education. A constructed a theory of equine assisted psychotherapy may contribute to the argument that it is an effective treatment for individuals affected by mental health disorders, and may inform clinical practice to ensure quality care is provided. In exploring equine assisted psychotherapy education, a minimum standard of competency for clinical practitioners in providing this psychosocial intervention in the treatment of individuals affected by mental health disorders may be proposed. The final potential significance of this study is to offer recommendations to improve the wellbeing of equines used therapeutically with humans.

Chapter 2: Literature Review

To help position equine assisted psychotherapy within clinical practice as a treatment for individuals affected by mental health disorders, three areas of the literature were reviewed: equine assisted therapy, clinical practice, and adult continuing education. In grounded theory research, it is commonly discouraged to conduct a literature review before data collection and analysis. Engaging with the literature about the problem area in the initial stage of the research is described as a constraining exercise rather than a guiding one. However, according to Charmaz (2014), grounded theorists must engage the literature in their field critically and comparatively in relation to the actual study.

As per the constructivist grounded theory description voiced by Charmaz (2014), an exhaustive review of the literature was conducted prior to and simultaneously to data collection and analysis. This chapter begins by introducing equine assisted psychotherapy and positioning it as a clinical practice used as a treatment for individuals affected by mental health disorders. Core concepts in clinical practice are defined, including psychosocial interventions and psychotherapy. Clinical practice will be delineated from non-clinical activities in three significant areas: target population, scope of practice, and clinical education. The final area of the reviewed literature is continuing education, with attention paid to both adult education and learning. This chapter concludes by addressing the limitations of the available literature into equine assisted psychotherapy and highlighting the significant gaps pertaining to equine assisted psychotherapy as a clinical practice and continuing education in the area of equine assisted psychotherapy.

Equine Assisted Psychotherapy as a Clinical Practice

Equine assisted psychotherapy is defined as the intentional inclusion of equines into both the therapeutic relationship and process to facilitate therapeutic gains for the client. Within the literature, gains range from self-affirming, positive human-equine experiences, in which a diagnosed mental health disorder is not a prerequisite, to a psychosocial intervention in which the presence of the equine(s) is essential to reduce the frequency and severity of symptoms of a mental health disorder. Positive outcomes also include the reduction or alleviation of secondary consequences arising from a disorder, and the improvement of personal functioning.

Within equine assisted psychotherapy, “equines” typically refers to horses, however, it may include ponies, miniature horses, mules, hinnies, or donkeys, which clients interact with individually or in herds – groups of two or more. Within the literature, equine assisted psychotherapy encompasses a diversity of equine assisted activities including expressive arts activities, boundary setting activities, carriage driving, grooming, groundwork, horsemanship, lounging, observation, obstacle courses, stable management, storytelling, synchronising breathwork, therapeutic riding, trail riding, and vaulting (Anestis et al., 2014; Buzel, 2016; Knapp, 2013; Kohanov, 2001, 2013; Sharpe, 2014; Trotter, 2012). Equine assisted psychotherapy is differentiated from hippotherapy, a practice wherein “occupational therapy, physical therapy and speech-language pathology professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes” (American Hippotherapy Association, 2019). Equine assisted psychotherapy must also be differentiated from non-clinical equine assisted activities, which differ in terms of target population, scope of practice, and qualifications of the providing practitioner.

Clinical practice is the informed and intentional application of systematically developed clinical methods used to formulate client care strategies in the assessment and treatment of individuals affected by mental health disorders. Within the literature, clinical practice applies to the work of a large and diverse group of medical and allied health professionals, resulting in a lack of a unified definition or conceptualization. However, the literature does delineate clinical practice from non-clinical practice in three ways: target population, scope of practice, and clinical education. Each difference requires exploration.

The American Psychological Association (2013) identified the target population of clinical practitioners are individuals, couples, and families across the lifespan and from all ethnic, cultural, and socioeconomic backgrounds. The population also includes groups and communities wherein mental health disorders, significant behavioural or emotional challenges are present, or at risk of occurring. A mental disorder is defined by the American Psychiatric Association (2013) as the following:

a syndrome characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. (p. 20)

Understanding comorbidity, when two disorders exist concurrently, is essential “to accurately estimate the burden of mental health disorders in the population, plan effectively for prevention programs and... is critical for determining the most effective treatments as well as for adequate prediction of course and outcome” (Merikangas & Kalaydjian, 2007, p. 355). Significant

literature exists outlining the increasing complexity and risk factors for individuals experiencing comorbidity.

While the diagnosis of a mental disorder may not be permanent, for most people, the impact is pervasive. In a systematic review by Walker et al. (2015), they determined that the presence of a mental disorder increased mortality rates and adverse health behaviours. Numerous authors have correlated the presence of a mental disorder with an increased risk of suicide (Erlangsen et al., 2020; Gili et al., 2019; Margalida et al., 2019; Moitra et al, 2021; Park et al, 2018; San Too et al., 2019). The treatment of individuals affected by mental health disorders is impacted by symptom presentation and severity, the impact on personal functioning and daily living, and a clinical understanding of the risks and benefits of participating in the available treatments. While the body of literature into the possible harmful effects of psychotherapy is small, one systematic review by Klatte et al. (2018) highlighted five primary concerns for the client: adverse treatment reactions of side effects (caused by correctly applied treatment), malpractice reactions (caused by improperly applied treatment), severe adverse events (for which the client may require additional treatment), treatment non-response (psychotherapy elicited no clinically significant positive change), and deterioration (psychotherapy elicited clinically significant negative changes).

Scope of practice is multidimensional; it refers to the professional roles and the specific activities a clinical practitioner is authorised to perform (Nelson et. al., 2014; Schuiling & Slager, 2000; Strom-Gottfried, 2000; Waltz, 2021; White et al., 2008). As a clinical practice, equine assisted psychotherapy must be provided by a clinical practitioner, a member of a regulated health profession. According to Levers (2019), the “benchmarks of what constitutes a profession include having preservice training standards, professional associations, credentials like licensure

laws and professional certifications that govern accepted practices, and a code of professional ethics” (p. 19). Professionals who engage in equine assisted psychotherapy include addiction therapists, social workers, marriage and family therapists, occupational therapists, professional counsellors, psychiatrists, psychologists, and registered nurses.

Within clinical practice, scope of practice is broadly defined on the basis of licensure or registration, and “used by regulatory bodies to define the procedures, actions, and processes within the remit of a registered individual professional” (Nelson et. al., 2014, p. 22). Schuiling and Slager (2000) added scope of practice provides the legal base of practice. It is the constitutional responsibility of Canada’s Provinces and Territories to identify and ensure the regulation of health professionals. Ultimately, it is the scope of practice which ensures professional and ethical accountability in the use of clinical interventions towards the treatment of individuals affected by mental health disorders. As such, regulatory bodies have the authority and the responsibility to protect the public and violation of scope of practice may result in disciplinary action, licensure restriction and / or loss of a professional license (Beck et al., 2017; Nelson et. al., 2014; Strom-Gottfried, 2000; White et al., 2008).

Scope of practice addresses the specific knowledge, skills, and qualifications of the clinical practitioner. As stated by the British Columbia Association of Social Workers (2009), scope of practice sets the minimum acceptable level of clinical practice, provides guidelines for assessing one’s own practice, and informs the public about reasonable expectations of clinical practice. As psychotherapy is a restricted activity throughout most of Canada, clinical practitioners seeking to utilize these psychosocial interventions must be educated in their use and clinically competent in its administration.

Within the Canadian healthcare system, the term psychosocial refers to the influences and effects of social factors on an individual's mental health and behaviour. Vizzotto et. al (2013) described psychosocial characteristics as "an individual's psychological development in relation to his/her social and cultural environment (p. 1578-9). Examples of psychosocial factors which impact mental health include discriminations (Evens et al., 2018), family composition and marital status (Riley et al., 1993; Young et al., 2017), loneliness and isolation (Riley et al., 1993), social disruption (Evens et al., 2018; Riley et al., 1993), socioeconomic status (Krueger & Upchurch, 2019; Young et al., 2017), work environment (Bonde, 2008; Rafferty et al., 2018), and violence (Newcomb et al., 2020). The impact of these factors on an individual can be significant. They can serve as risk factors for the development of mental disorders, exacerbate the symptoms of a disorder, and increase the risk of comorbid psychological and physiological diagnoses. They can also affect adherence to treatment interventions and ultimately, treatment outcomes (Sirey, 2008).

Psychosocial interventions are broadly conceptualized by Turton (2014) as:
a group of non-pharmacological therapeutic interventions which address the psychological, social, personal, relational and vocational problems associated with mental health disorders. Psychosocial interventions address both the primary symptoms of the mental health problem and the secondary experiences which arise as a consequence of the mental health problem; as such [psychosocial interventions] are a person-based intervention rather than a solely symptom-based treatment. (p. 5)

The range and scope of psychosocial interventions is expansive, with each providing the clinical practitioner a framework for completing a comprehensive assessment and guiding the interpersonal or informational activities, techniques, and strategies applied (Butler & Gonzalez,

2015). Psychotherapy is a form of psychosocial intervention used in the treatment of individuals affected by mental health disorders. Psychotherapy, as defined by Norcross (1990), is the “informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or other personal characteristics in the directions that the participants deem desirable” (p. 218). The American Psychological Association (2013) expanded on this definition and described psychotherapy as a practice designed to “provide symptom relief and personality change, reduce future symptomatic episodes, enhance quality of life, promote adaptive functioning in work/school and relationships, increase the likelihood of making healthy life choices.” (p. 102) and offered additional benefits as mutually determined between the client and the clinical practitioner.

Across Canada, clinical practitioners must demonstrate a minimum educational attainment, commonly a master’s degree, in their chosen profession to be qualified to provide equine assisted psychotherapy. Daniels and Walter (2002) added, every institution has its “own discipline-specific standards for graduate education, as well as structures and processes for formally accrediting graduate programs” (p. 361). Among the professional disciplines, clinical competencies and the overarching theoretical frameworks for understanding and treating clients diagnosed with mental disorder are well researched and documented. Clinical practice requires advanced clinical skills and knowledge, and the ability to apply theory within practice (Glass, 2000; Thompson, 2011; Watson et. al, 2002; Wattchow & Brown, 2011), core components of education for clinical practitioners.

Within the literature, a supportive clinical environment is essential to teaching and learning. This includes quality field placement and clinical supervision (Baird, 2014, González-

García et al., 2021; Jokelainen et al., 2011; Lambert & Glacken, 2005; McKinley et al., 2008; Wayne et al., 2010). Field placement, also referred to as a practicum, internship, or field experience is a form of experiential learning wherein clinical practitioners apply knowledge and develop essential skills towards the treatment of individuals affected by mental health disorders. Within clinical supervision, clinical practitioners are afforded opportunities for critical thinking, case formulation, clinical reasoning, and reflexivity, all of which are essential to clinical practice. Supervisors are often considered the gatekeepers of the profession (Baird, 2014) and attest to the clinical competence of the learner during as part of their formal education and licensure processes. Supervisors are further essential in transitioning clinical practitioners to autonomous practice.

Additionally, clinical practitioners are expected to possess an awareness of their own attitudes and values, and the ability to critically evaluate their own practice (Rowe et al., 2012). Reflective practice has received considerable attention within the literature as a means through which learning occurs and professional competencies are maintained (Baldwin, 2016; Barbagallo, 2019; Fook, 2011; Fook & Askeland, 2007; Herland, 2022; Lay & McGuire, 2010; Lopez et al., 2022; Schon, 1983, 1987; Sicora, 2017; Theobald et al., 2017). Critical reflection in clinical practice, according to Fook (2015) “involves the ability to be aware of the ‘theory’ or assumptions involved in professional practice, with the purpose of closing the gap between what is espoused and what is enacted, in an effort to improve both” (p. 442). Critical reflection also serves as a cornerstone to ongoing professional education, lifelong learning, valued within clinical practice.

Treatment of Individuals Using Equine Assisted Psychotherapy

As stated by Lambert (2013), research into psychotherapy has demonstrated the widespread effectiveness of these interventions across a range of clinical practitioners, and as such, “the practitioners of psychotherapy are becoming more numerous and more diverse” (p. 10). To date, a substantial body of literature has been generated to examine the benefits of psychotherapy towards the treatment and prevention of mental health disorders across diverse populations and practice areas. A number of meta-analyses studies have been conducted (Crits-Christoph et al., 1991; Kline et al., 2018; Krebs et al., 2018; Levitt et al., 1977; Weitz et al., 2018) which demonstrate the effectiveness of psychotherapy in reducing symptom presentation and improving client health outcomes. While traditional talk-therapies have garnered the majority of academic attention, experiential psychotherapies are presenting as comparable alternatives. Equine assisted psychotherapy is considered a clinical practice when provided by a clinical practitioner “with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs (i) judgment, (ii) behaviour, (iii) capacity to recognize reality, or (iv) ability to meet the ordinary demands of life” (*Government Organization Act, RSA 2000, Schedule 7.1*).

Within the literature, equine assisted psychotherapy is used to treat a host of mental health disorders, including anxiety (Acri et al., 2021; Earles et al., 2015; Masini, 2010; Punzo, 2022; Sheade, 2020; Wilson et al., 2017; Wilson et al., 2019), depression and other mood disorders (Lutter & Smith-Osborne, 2011; Sheade, 2020; Whittlesey-Jerome, 2014; Wilson et al., 2017; Wilson et al., 2019), eating disorders (Cumella et al., 2014; Lac et al., 2013; Lutter & Smith-Osborne, 2011; Sharpe, 2014; Traeen et al., 2012), substance addiction (Buzel, 2019; Gatti et al., 2020; Ledbetter, 2013; Liefoghe, 2019; Marchand et al., 2022; von Rust

McCormick & McCormick, 1997), and trauma, including Post Traumatic Stress Disorder, complex trauma and intergenerational trauma (Arnon et al., 2020; Bennett & Woodman, 2019; Buck et al., 2017; Earles et al., 2015; Enders – Slegers et al., 2020; Naste et al., 2018; Parent, 2019; Schlote, 2019; Shelef et al., 2019; Trotter & Baggerly, 2018; Willmund et al, 2019). As an intervention, it is also used to mitigate disfunction and distress for individuals diagnosed with Attention Deficit Hyperactivity Disorder (Jang et. al., 2015; Pérez-Gómez et al., 2021; Sheade, 2020; Shultz et al., 2007), Autism (Borgi et al., 2016; Dawson et al., 2020; Lanning et al., 2014; Sheade, 2020; Srinivasan et al., 2018), Borderline Personality Disorder (Rebibo, 2020), and Schizophrenia (Cerino et al., 2011; Collingwood et al., 2021; Nurenberg et. al. 2014).

As a psychosocial intervention, equine assisted psychotherapy must “provide symptom relief and personality change, reduce future symptomatic episodes, enhance quality of life, promote adaptive functioning in work/school and relationships, increase the likelihood of making healthy life choices” (American Psychological Association, 2013, p. 102). Multiple accounts of symptom reduction and improvements in personal functioning have emerged within the growing body of literature into equine assisted psychotherapy. Harvey and Martinez (2020) concluded that equine assisted psychotherapy generated positive change in the areas of anger, bullying, hyperactivity, atypicality, attention problems, and executive functioning among adolescent clients. Wilson and colleagues (2017) reported “increased confidence, self-esteem and assertiveness, improvements in emotional regulation and self-control, elevated resourcefulness and a decrease in undesirable behaviours” (p. 29). Additionally, Schlote and Parent (2019) remarked, “engaging in activities with horses allows clients with structural dissociation to restore a sense of awareness of self and insight into their present” (p.25).

Equine assisted psychotherapy has been associated with reductions in body dysmorphia (Cumella, 2003; Lutter, 2008; Sharpe, 2014;), emotional and behavioural dysregulation (Craig, 2020; Dampsey, 2017; Johnson et al., 202; Kern-Godal et al., 2016; Lanning et al., 2017; Shultz-Jobe et al., 2018; Wilson et al., 2019), fears and phobias (Cumella & Simpson, 2007), impulsivity and disinhibition (Karol, 2007; Naste et al., 2018; Rebibo, 2020; Rothe et al., 2005), inter- and intrapersonal challenges (Craig, 2020; Kovács et al., 2020; Liefoghe, 2019; Schultz, 2007; Whittlesey-Jerome, 2014), self-harm (Carlsson, 2017; Carlsson et al., 2015), and suicidal thoughts and ideation (Bauducco, 2012; Burton et al, 2019; Marchand et al., , 2022; Stapleton & Grimmett, 2021). Lee and colleagues (2020) found engagement in equine assisted group psychotherapy reduced social isolation for seniors. The literature further supports equine assisted psychotherapy in challenging maladaptive belief systems, negative thoughts and distorted thinking. Craig (2020) asserted that “beyond just awareness, adolescents also engaged in more complex altercentric skills like empathy, responsiveness, and affiliative behaviors” (p. 649) through their engagement in equine assisted psychotherapy. The literature further supports the use of equine assisted psychotherapy to help individuals develop assertiveness, build confidence and self-efficacy (Burgon, 2011; Buzel, 2019; Hauge et al., 2014; Lanning et al., 2017; Lee & Makela, 2018; Sagers & Strachan, 2016; Wilson et al., 2017), and learn and implement healthy boundaries (Craig 2020; Kirby 2010; Johns, 2016; Lac et al., 2013). As illustrated, the list of mental health disorders that can be addressed by equine assisted psychotherapy is extensive.

Educating Clinical Practitioners in Equine Assisted Psychotherapy

Extensive clinical training is required to ensure that clinical practitioners are resourced, skilled, and competent to practice at an autonomous level in the treatment of individuals affected by mental health disorders. Clinical practitioners seeking to utilize equine assisted psychotherapy

must engage in continuing education, and as such, are adult learners. Continuing education was defined by the Canadian Psychological Association (2018) as “a broad term encompassing all educational activities beyond formal higher education, including continuing professional development” (p. 3). It provides clinical practitioners with opportunities “to acquire new and necessary information; demonstrate a conscious self-directed and continuous effort toward personal and professional development; strengthen qualifications for professional licensure, certification, or registration; meet changing career demands; and explore new [areas of practice]” (National Association of Social Workers [NASW], 2003, p. 11). Engaging in continuing education provides current research and practice information and promotes the development of competencies which improve service delivery to individuals affected by mental health disorders (Canadian Psychological Association [CPA], 2017). Mandated and accredited continuing education ensures current knowledge and an adherence to best practices in evaluating and applying evidence-based psychosocial interventions within clinical practice (Friedman & Phillips, 2004; Ravitz et. al. 2013). While continuing education is often advantageous towards self-identified needs and interests, without regulations, “professionals may select a continuing education focus that does not produce the diversity or depth of knowledge necessary to practice in an evidence-based fashion in this rapidly evolving field” (Daniels & Walter, 2002, p. 368).

Clinical practitioners who seek continuing education opportunities for equine assisted psychotherapy are adult learners. As such, they are practical, pragmatic, independent, self-directed, and autonomous in their ability to engage in continuing education activities (Caffarella & Daffron, 2013; Cercone, 2008; Collins, 1991; Daffron & Caffarella, 2021; Derrick & Carr, 2013; Knowles, 1984; Rothes et al., 2014; Taylor, 1997). According to Knowles (1984), adult learners are considered unique across six dimensions: self-directedness, their accumulated

reservoir of experience (which serves as a resource for learning), a readiness to learn and increasing emphasis on the learner's social roles, the desire to apply knowledge and a problem-centered focus to learning, and the need to know why learning should occur. Specific to adult learners is the concept of experience, which has received considerable attention in the literature. Adult learners, as a heterogeneous population, bring a wealth and diversity of prior learning and experience with them into the learning environment. For scholars such as Lindeman (1961) and Mezirow (1985), experience represents a resource to be cultivated as knowledge. However, not all prior knowledge and experience provides an equally solid foundation for new learning. Dewey (1963) argued that not all experience is educational, and some experiences may even serve as a detriment to the adult learner. Adult learners seeking continuing education into equine assisted psychotherapy may be students, novice or experienced clinicians, autonomous or institutionalized practitioners, those seeking to utilize equine assisted psychotherapy as either a standalone or as a complimentary intervention in the treatment of individuals affected by mental health disorders and represent a diversity of clinical orientations and professions. These adult learners include experienced equine professionals, individuals with little to no equine experience, and represent equestrians from multiple disciplines, horsemanship philosophies, and areas of industry engagement (Evans, 2011; Hallberg, 2018; Roberts, 2004).

For clinical practitioners, effective continuing education is interprofessional, experiential, clinically based, interactive, and draws upon real-life clinical problems (Parsell & Bligh, 1998). Experiential education, or learning by doing, was defined by the Association for Experiential Education (2020) as:

a teaching philosophy that informs many methodologies in which educators purposefully engage with learners in direct experience and focused reflection in order to increase

knowledge, develop skills, clarify values, and develop people's capacity to contribute to their communities. (n.p.)

Within the reviewed literature, experiential education has been praised for increasing the effectiveness of adult learning, increasing engagement and knowledge retention, promoting skills essential to lifelong learning, and linking theory to practice (Dewey, 1916, 1963; Jarvis, 2004, 2010; King et al., 2021; Lindeman, 1961; Merriam & Bierema, 2014; Schon, 1990). Within clinical education, experiential education is incorporated into field placements at the undergraduate and graduate level and sets a precedent for continuing education initiatives.

Learning in experiential education occurs as adult participants, individually or perhaps in small groups, engage in orchestrated and spontaneous experiences and purposely reflect upon them with the intention of applying the constructed knowledge and skills into direct clinical practice. Akin to student-centered learning, experiential education invites the clinical practitioner into an active learning process, wherein learning is grounded in experience. Reflective practice, or practice-based learning, is acquired through the deliberate and critical reflection on or in the learning experience. Merriam and Bierema (2014) differentiated reflection-on-action from reflection-in-action, wherein the latter distinguishes the autonomous clinical practitioner who can “experiment, change direction, and immediately respond to a changing context of [the experience]” (p. 116) in a manner indicative of real-world practice. It is through the process of experience and reflection that a clinical practitioner engaging in experiential education will understand, interpret, and apply the tools and techniques of the selected psychosocial intervention.

Lindeman (1961) wrote that “experience is the adult learner’s living textbook” (p. 6). However, scholars such as Dewey (1963) recognized that not all experiences are “genuinely or

equally educative” (p. 25). The occasion may arise where a clinical practitioner is asked to unlearn previous learning, to generate new practice approaches. Significant research has been conducted on experiential education curriculum and knowledge transfer to support educators in meeting the learning objectives of clinical practitioners seeking new learning. As stated by Beard and Wilson (2013), issues such as how we plan for experiences, or discover them, the sequencing and timing of learning experiences, the way any experience is discovered or introduced, its degree of perceived relevance and reality” (p. 124), and the feedback the practicing clinician receives.

Limitations of the Available Literature

In reviewing the literature into equine assisted psychotherapy, several limitations are apparent. First, there is a definition dilemma compounded by a lack of clear conceptualization of equine assisted psychotherapy. Hallberg (2018) noted that equine assisted interventions are broadly conceptualized as “any type of therapy or treatment that includes equine interactions, activities, or treatment strategies, and the equine milieu” (p. 30). Yet, within the literature, equine assisted psychotherapy is used interchangeably with a diversity of practice terms including equine assisted activities, equine assisted growth and learning, equine assisted social work, equine facilitated mental health, equine facilitated wellness, equine assisted occupational therapy, and therapeutic riding.

Second, equine assisted psychotherapy is seldom differentiated from non-clinical equine assisted therapy interventions. According to Hallberg (2018), “63 different terms can be readily identified in research and in practice that describe the concept of including horses in human healthcare” (p. 39). To further confuse the delineation between equine assisted psychotherapy and non-clinical equine assisted activities, terms such as equine assisted activities, equine

assisted growth and learning, equine assisted social work, equine assisted therapy, equine facilitated wellness, therapeutic riding, and the broader animal assisted interventions are used interchangeably with equine assisted psychotherapy. This occurs despite differences in application, practitioner qualifications, and the nature of the human-horse interactions.

Third, there is no identified theoretical framework on which equine assisted psychotherapy is oriented. Theory is essential in informing and evaluating clinical practice. Thompson (2010) defined a theory as “an attempt to explain a phenomenon or set of phenomena by providing a structured set of concepts that help us to understand the subject matter concerned” (Thompson, 2010, p. 4). Within clinical practice, theory serves several essential functions. It offers a framework for understanding the client, their presenting problems and the contextual factors which affect them. Theory informs clinical reasoning and decision making, also enables practitioners to provide interventions which connect clients, including their comorbidities and contextual factors, with clinical skills and knowledge for the purposes of generating positive change (Payne, 2014). Teaching and learning are also informed by theory; what are the interventions being utilised, why were they selected, how will they be provided, and what outcomes are they expected to yield?

Atheoretical and integrated practice approaches have been widely criticized within the literature. Lampropoulos (2001) argued that without a unifying theory, the intervention will not be appropriately developed for use with individuals affected by mental health disorders. Without a clear and articulated theory of equine assisted psychotherapy it is difficult to identify the “mediators and moderators associated with successful outcomes” (Goldfried, 2013, p. 864) and empirical accountability is difficult to achieve. Determining the integrity of the intervention is also challenged, and there may be inconsistency in how equine assisted psychotherapy

techniques are used within clinical practice and among clinicians (Margison et al., 2000). To move equine assisted psychotherapy into an evidence-based practice, it must be theoretically situated in order for clinical practice guidelines to be generated through methodologically rigorous research.

Fourth, research into equine assisted psychotherapy lacks methodological rigor. Consequently, the available research into equine assisted psychotherapy fails to provide sufficient empirical support for this intervention. When considering the body of evidence into equine assisted psychotherapy, marked limitations are apparent. There is an abundance of anecdotal accounts which fail to generate empirical support for the use of equine assisted psychotherapy in the treatment of individuals affected by mental health disorders. At the same time, there is the lack of methodologically rigorous research into equine assisted psychotherapy processes, outcomes, or mechanisms of change. The main shortcomings of the studies were in the areas of randomization, small sample size, and incomplete data follow up.

The majority of the researchers who explored the use of equine assisted psychotherapy for inpatients and residential treatment programs did not differentiate equine assisted psychotherapy outcomes from boarder program outcomes, as equine assisted psychotherapy was included as a complimentary or adjunct treatment modality. Only in a few of the located publications was an explicit description of the equine assisted psychotherapy intervention provided (i.e. duration, frequency, number of sessions, number of horses, and the specific activities used within each session). There was also inconsistency regarding the use of horses, miniature horses, ponies, and donkeys, which although similar, are not the same. Further, the practice qualifications of the equine assisted psychotherapy facilitator were rarely identified. The limitations noted within the existing research into equine assisted psychotherapy creates a lack of

generalizability, replicability, and transferability of the research findings. This leads to a significant deficit in knowledge generation and dissemination regarding equine assisted psychotherapy practices and outcomes. Consequently, the existing research findings and practice knowledge cannot be transferred across practice settings, disciplines of practice, or client populations.

Fifth, there is the lack of knowledge and inquiry into equine assisted psychotherapy continuing education, compounded by a lack of standardized education practices, processes, and outcomes. While the number of certificate programs in equine assisted activities and equine assisted psychotherapy grows annually, limited consensus can be found among them, few are accredited, and none are regulated. A critical concern noted by Hallberg, (2018) is that “many training programs teach the same curriculum to both licenced mental health professionals and non-licenced people” (p. 205). These same continuing education programs teach the same curriculum to both equine professionals and individuals with limited to no equine-experience.

This educational trend fails to define a knowledge base informed by the critical intersections of clinical practice, psychosocial interventions, and adult education. It further defies the conventions of established continuing education initiatives for clinical professionals in three ways. First, equine assisted psychotherapy training includes both clinical and non-clinical practitioners, which undermines the concept of core competencies in the clinical administration of equine assisted psychotherapy towards the treatment of individuals affected by mental health disorders. Second, clinical practice guidelines recommended extensive knowledge of all clinical tools to be utilised within one’s practice. Consequently, it is absurd that clinical practitioners can engage in equine assisted psychotherapy interventions without extensive knowledge of equine behaviour, the human-animal bond, or fostering positive and meaningful interactions between

the horse and human client. Third, to address the limitation of the existing educational models, many of the continuing education programs recommend that mental health interventions using equine assisted psychotherapy employ both an equine professional and a clinical practitioner rather than developing and educating for integrated core competencies.

Standardized equine assisted psychotherapy education must be developed to ensure the credibility of this new psychotherapy specialization and facilitated in clinical practice which can be empirically validated (Borders et al. 1991). To date, the literature into equine assisted psychotherapy is marked by the absence of scholarly work pertaining to clinical competencies, and educational content, requirements, and practices, or processes specific to equine assisted psychotherapy. Teaching and learning processes specific to equine assisted psychotherapy are further unexplored, and key questions regarding knowledge transfer are also absent. Once the knowledge base is defined, educational programs can be developed to build self-awareness, theoretical and conceptual knowledge, skills, and techniques (Borders et al, 1991) pertinent to the administration of equine assisted psychotherapy for the treatment of individuals affected by mental health disorders. There is also a need for a set of comprehensive training guidelines with an interface for evidence-based practice and interprofessional education. While interprofessional continuing education provides opportunities to learn from colleagues in clinically-oriented professions and to build the competencies needed for successful collaboration (Schmitt, 2013) the learning environment must address knowledge transfer across multiple practice domains.

Summary

This chapter provided a discussion of the literature which informed this study, primarily equine assisted psychotherapy, clinical practice, and adult education. The literature review followed the processes outlined by Charmaz' (2014) constructivist grounded theory method. An

exhaustive review of the literature was conducted simultaneously to the data collection and analysis. This chapter began by delineating the clinical practice of equine assisted psychotherapy from non-clinical equine assisted activities in terms of target population, scope of practice, and education. This has implications for practice, education and for future research. Key concepts in clinical practice, psychosocial interventions and psychotherapy were defined. This chapter then spoke to the use of equine assisted psychotherapy towards the treatment of individuals affected by mental health disorders. Examples of treatment outcomes and benefits to engagement in equine assisted psychotherapy were provided.

This chapter concluded by outlining the identified limitations to the literature pertaining to both equine assisted psychotherapy as a clinical practice and related continuing education. These limitations are numerous and exacerbated by the novelty of this treatment intervention and the lack of theory on which to orientate clinical practice, continuing education and research. This research sought to contribute to the extant literature and create a theory of equine assisted psychotherapy on which educational initiatives and future research can occur.

Chapter 3: Method

This section provides a describe of the qualitative research method utilized to answer the research questions. A constructivist grounded theory approach was used to construct a theory of equine assisted psychotherapy and discover the process by which clinicians are taught this intervention. The approach is detailed, and attention paid to the alignment between the research approach and the research questions, goals, and researcher positionality. This chapter will outline the data collection and analysis processes, which will be iterative and inductive. This study occurred over a nation-wide context, across Canada, to capture diversity in both practice orientations and horsemanship traditions and engagement within the equine industry. The sampling strategy, theoretical sampling will be described, as will the two groups of participants recruited for this study. The first group being equine assisted psychotherapy practitioners, and the second were equine professionals who are experts in equine behaviour and human-horse relationships. This section will conclude by speaking to the validity of this research, threats to validity, and the ethical considerations. This researcher has chosen to describe the method that was used for this specific study within the content of scholarly support for personal actions and decisions.

Conceptual Framework

The conceptual framework of this study was informed by the research questions. A conceptual framework “lays out the key factors, constructs, or variables, and presumes relationships among them” (Miles & Huberman, 1994, p. 440). As the purpose of this study was to construct a theory of equine assisted psychotherapy and explore the processes associated with educating clinical practitioners in equine assisted psychotherapy, a constructivist grounded theory approach was chosen. Constructivist grounded theory was built on the premise of

“developing theories from research grounded in qualitative data rather than deducing testable hypotheses from existing theories” (Charmaz, 2014, p.5).

As a qualitative research method, constructivist grounded theory holds a constructivist and pragmatic orientation, with documented benefits in understanding human behaviour, and in guiding clinical practice and adult education (Okta, 2012). Constructivist grounded theory invited the researcher into the research process; “entering the phenomenon shrinks the distance between the viewer and the viewed. Subsequently, we might better understand our research participants multiple realities and standpoints” (Charmaz, 2008, p. 133). Thus, constructivist grounded theory yields findings which this researcher believes will span the many clinical disciplines which utilize equine assisted psychotherapy in the treatment of individuals affected by mental health disorders.

Qualitative Research

To answer the research questions, this researcher chose a qualitative research approach. Qualitative research is “a mode of inquiry that centralizes the complexity and subjectivity of lived experiences and values these aspects of human *being* and meaning making through methodological means” (Ravitch & Carl, 2016, p. 5). Qualitative research differs from quantitative research, which is positivistic in nature and utilizes statistical and numerical analysis of the data, in that it stresses the socially constructed nature of reality and subjectivity of the researcher. Denizen and Lincoln (2011) added, “the world *qualitative* implies an emphasis on the qualities of entities and on processes and meanings that are not experimentally examined or measured...[Qualitative researchers] seek answers to questions that stress how social experience is created and given meaning” (p. 8).

The qualitative approach was chosen to generate a “complex, detailed understanding of the issue. This detail can only be established by talking directly with people” (Creswell, 2013, p. 47) well-informed in the areas of equine assisted psychotherapy and horsemanship. This ensures multiple perspectives and diverse views are captured. Qualitative research also allows for an exploration of processes; in the case of this study, the application of equine assisted psychotherapy in the treatment of individuals affected by mental health disorders, and the education of adult learners in equine assisted psychotherapy. Most important, A qualitative approach was selected because it allows for the development of theory where partial or inadequate theories exists (Creswell, 2013; Ravitch & Carl, 2016). At this time, there is no theory of equine assisted psychotherapy available to inform practice, education, or future research.

As a final consideration, qualitative research is a situated activity which acknowledges the subjectivity of the researcher. As a qualitative researcher, it was important to situate myself in the natural setting of the people and events being studied. Where possible, the interviews were conducted in the equestrian facilities where the participants offered their services. Qualitative research stresses the intimate relationship between the researcher and the topic under study. As stated by Ravitch and Carl (2016) “because the researcher is the primary instrument in qualitative research, *the role of the researcher* is a central consideration in qualitative research” (p. 10-11). The positionality of this researcher as an equestrian professional and equine assisted psychotherapy clinician meant that a relationship existed between myself, the topic, and with the population under study.

Constructivist Grounded Theory

Constructivist grounded theory is the qualitative research approach that was used to answer the research questions. Constructivist grounded theory, the most recent development in grounded theory, remodels Classic and Straussian grounded theory in three key areas: philosophical positions, use of the literature, and coding procedures. As previously noted, this researcher has previously briefly addressed the use of the literature. As Charmaz (2014) summarized, constructivist grounded theory “adopts the inductive, comparative, emergent, and open-ended approach” (p. 14) of grounded theory while adding a collaborative and “interpretivist portrayal of the studied world” (p. 17).

Grounded theory emerged as an inductive approach to discover or construct theory through the methodical collection and analysis of data. Deriving its theoretical base from symbolic interactionism (Charmaz, 2014; Glaser & Strauss, 1967; Strauss & Corbin, 1998), grounded theory seeks to explain context-related social processes (Timonen et al., 2018). According to Creswell, (2013), grounded theory offers methodological tools through which tentative interpretations about the data may be formed and theoretical understandings emerge. Charmaz (2014) added that all iterations of grounded theory offer “guidelines for using data to learn how people make sense of their situations and act on them” (p. 18) and in so doing, “we begin to make analytic sense of their meanings and actions” (p. 19). The resultant theory, which is grounded in data, is derived directly from real-world settings. This was significant for this researcher.

Classic grounded theory, informed by Glaser and Strauss, (1967) aligns with a positivist philosophy and argued for researcher neutrality to “remain sensitive to the data by being able to record events and detect happenings without first having them filtered through and squared with

pre-existing hypotheses and biases” (Glaser 1978, p. 3). Objectivity was thought to be ensured through procedural coding methods, rigorous constant comparisons, collecting large sources or data, and by ignoring the literature until late in the research process (Gardner et al., 2019; Kenny & Fourie, 2015; Mills et al., 2006). Straussian grounded theory, the second iteration, “expounded a post-positivist critical realist ontology” (Kenny & Fourie, 2015, p. 1282). Strauss and Corbin (1998) embraced symbolic interactionism and added pragmatic thought to understand reality as interpreted by the participants under study. This further afforded this researcher a degree of insight into the research topic without assuming bias. Consequently, the emergent theory was created, rather than discovered. A final divergence from classic grounded theory was the reconfigured coding process into four distinct phases to enhance methodological effectiveness (Kenny & Fourie, 2015; Strauss & Corbin, 1998).

Within constructivist grounded theory, Charmaz (2000, 2006, 2014) refashioned the positivist methodology of grounded theory to become a more flexible, intuitive, and open-ended methodology operating within a constructivist paradigm. In her critique of Classic and Straussian grounded theory, Charmaz (2014) stated “they treated their analyses as accurate renderings of these worlds rather than as constructions of them. Nor did they take into account the processes of construction of the research and the structural and situational encroachments upon it” (p. 14). Charmaz (2017b) accentuated the pragmatic influences in that constructivist grounded theory “provides ways of showing and theorizing how meaning and action influence each other, albeit not always in predictable ways. Meanings, actions and events are emergent and, thus, novel meanings and new actions can arise” (p. 34). Constructivist grounded theory is unambiguously relativist (Kenny & Fourie, 2015), emphasizing multiple realities, diverse local worlds, and acknowledging the complexities of worlds, views, and actions (Creswell, 2013). constructivist

grounded theory, therefore, is based on the premise that “discovered reality arises from the interactive process and its temporal, cultural, and structural contexts” (Charmaz, 2000, p. 524). This statement is consistent with this researcher’s beliefs and is a primary reason for the strong influence of Charmaz in the answering the research questions.

Unique to constructivist grounded theory is the transactional subjectivity between researcher and participants. As stipulated by Charmaz (2014), “the constructivist approach perspective sheds notions of a neutral observer and value-free expert” (p. 13). Rather, constructivist grounded theory involves developing a partnership between the researcher and the participants wherein a mutual construction of meaning occurs. Here, the theory depends on the researchers view. Charmaz (2014) explained,

Your grounded theory journey relies on interaction – emanating from your world-view, standpoints, and situations, arising in the research sites, developing between you and your data, emerging with your ideas, then returning back to the field, and moving on to conversations with your discipline and substantive fields. (p. 321)

To ensure methodological validity, Charmaz (2000, 2008, 2014, 2015) methodological reflexivity and critical reflexivity on the part of the researcher were necessitated. “Not only does that mean that researchers must examine rather than erase how their privileges and preconception may shape the analysis, but it also means that their values shape the very facts that they can identify” (Charmaz, 2014, p. 13). Memos, fieldnotes, and a methodological journal, discussed later, become essential tools for the investigative process of this researcher.

Rationale in Selecting Charmaz’ Constructivist Grounded Theory

Constructivist grounded theory is a preferred research methodology when little is known about a phenomenon, or when a theory is unavailable or incomplete (Charmaz, 2014, Creswell,

2013). At present, there is no theory available within equine assisted psychotherapy to inform practice or education. Constructivist grounded theory further asserts a pragmatic nature for the constructed theories; (Creswell, 2013, Denizen & Lincoln, 2011) theories can be used by clinical practitioners to guide practice (Oktay, 2012). Charmaz (2014) asserted that unlike other forms of qualitative research, constructivist grounded theory emphasizes theoretical usefulness, which added to the significance of the research. Furthermore, the constructed theories “can also be used to develop theoretically based interventions that can be tested in practice settings” (Oktay, 2012, p. 5). These factors influenced the choice of this researcher in the selection of the most appropriate method to answer the research questions.

Creswell (2013) asserted constructivist grounded theory researchers focus on understanding how participants experience the processes under study and on identifying the steps in the process. In this study two processes were explored: the application of equine assisted psychotherapy in the treatment of individuals affected by mental health disorders, and the process of educating adult learners in equine assisted psychotherapy. The resultant theory, which is grounded in data, is derived directly from real-world settings utilizing participants with expertise in equine assisted psychotherapy and human-horse relationships. Through conducting researching into equine assisted psychotherapy processes and generating a theory of equine assisted psychotherapy and model for educating clinical practitioners in equine assisted psychotherapy, the results may potentially contribute to the body of knowledge in equine assisted psychotherapy and in adult education. Constructing a standardized educational model further allows for a minimum educational standard for equine assisted psychotherapy clinicians, which benefits the clinician, the horses used in equine assisted psychotherapy, and the client in

receiving informed and quality care in the treatment individuals affected by mental health disorders.

Finally, a constructivist grounded theory approach was chosen to answer the research questions due to the ontological and epistemological fit with myself as the researcher. Ontologically, constructivist grounded theory is relativist, which presumes the existence of multiple social realities (Charmaz, 2000, 2014; Denizen & Lincoln, 2011). Epistemologically, Charmaz (2000, 2006, 2014) endorsed the co-construction of knowledge and the mutual interpretation of meaning between the researcher and the participants to construct an interpretive depiction of participants' context-specific experiences. Given the transactional subjectivism assumption of constructivism (Lincoln & Guba, 2013), and of constructivist grounded theory in particular, this researcher's insight into equine assisted psychotherapy accentuates their theoretical sensitivity.

Setting

The setting was pan-Canadian to capture the diversity within the equestrian and equine assisted psychotherapy practitioners among the provinces and territories. As identified by Evans (2011) in the *Canadian Equine Industry Profile Study*, the use of horses is varied across the country. Not only are the traditions of horsemanship varied, but so are the regulatory bodies which oversee mental health treatments. This researcher felt that such diversity would potentially enhance the findings of the study.

Participants and Sampling Strategy

This researcher recognized that within grounded theory participants are often viewed as a collective entity. However, two groups of participants were included in this study to provide rich and diverse sources of data. The first group included clinicians engaged in equine assisted

psychotherapy. These individuals were autonomous clinical practitioners, able to perform psychosocial interventions, and who have been practicing equine assisted psychotherapy for greater than two years. Students and individuals practicing non-clinical equine assisted activities were excluded. The second group included, equine professionals, with greater than two years of experience facilitating human-horse learning, who were experts in equine behaviour and in the area of human-horse relationships. Individuals who work with equines for the purposes of breeding, sport competition or racing only were excluded, as their knowledge may not be generalizable beyond their scope of engagement.

Snowball sampling was utilized. Snowball sampling is a non-probability sampling technique in which existing study participants suggest future participants from among their acquaintances and work colleagues. It is a purposeful method of sampling in qualitative research and this researcher found it useful as participants identified possible respondents previously unknown to her. A total of 12 participants were recruited in total.

Colon et. al (2020) asserted that, “theoretical saturation can only ever be pursued through theoretical sampling because the focus of grounded theory is to pursue saturation of a theoretical construct emerging from data to develop a theoretical account” (p. 948). Though purposeful, theoretical sampling is not limited by a priori participant selection; rather it occurs as the researcher simultaneously collects, codes, and analyzes the data and then decides what further data is and where to locate it (Charmaz, 2014; Glaser, 1978; Corbin & Strauss, 2015). Through the inductive process of theoretical sampling, this researcher was able to identify areas with the potential to deepen insights into the emerging theoretical constructs. According to Charmaz (2000, 2014), theoretical sampling is critical to the development of a conceptually dense theory, which this research seeks to generate.

Data Collection

To answer the research questions, an iterative process of data collection occurred. This researcher used semi-structured interviews with the participants and reading the available document in the topic areas simultaneously. Documents, both written texts and recorded visual images, were a major form of data. For the purposes of this study, documents included articles, dissertations, instruction manuals, training manuals, and other teaching material which related to the practice of equine assisted psychotherapy and equine assisted activities. As stipulated by Mills et al. (2006), interweaving the literature throughout the data collection and analysis process can contribute to the evolution of the emerging theory. Therefore “the existing literature [in equine assisted psychotherapy practice and education] is not used as a theoretical background, but rather as data to be used by the analytic strategies of the research” (Ramalho et al., 2015, n. p.). Strauss and Corbin (1998) stated that the literature is able to “stimulate our thinking about properties or dimensions that we can then use” (p. 45) to increase theoretical sensitivity. These documents informed subsequent interviews with this researcher’s participants.

This researcher employed intensive interviews as a data collection strategy, congruent with qualitative research methods and recommended for constructivist grounded theory studies. According to Charmaz (1991), “the purposes of the intensive interview include obtaining information, gaining insight into experience, and eliciting reflections about that experience. The interviewer starts with a research problem and then explores it with respondents who have had relevant experience” (p. 385). The in-depth nature of the intensive interview generated for this researcher a richness \in the data collected; it permitted her to explore the nuances of meaning and processes. Charmaz (2014) stipulated, “starting with what and how questions brings an analytic edge to the data collection... Adding ‘when’ questions moves the data collection toward

specifying conditions under which the studied phenomenon or process occurs or changes” (p. 94). She concluded, “asking questions about sequence gets at process and implications as well as specific meanings and actions” (Charmaz, 2014, p. 94) which is of relevance in this study.

To facilitate in the interviews, open-ended and non-judgemental questions were used by this researcher to begin the process, to allow the participant to set the pace and the tone of the interview. Interview guides (see Appendices A and B) were constructed to ensure attention is paid to “the content, pacing, intensity, and potential intrusiveness of the questions (Charmaz, 2015, 1613). The initial interviews were 60-120 minutes in length. The time and location of the interview was determined by the participant; with interviews occurring at equestrian or equine assisted psychotherapy facilities, and being conducted remotely via telephone, Google Meeting, and Zoom. All interviews were recorded by the researcher using her phone and transcribed verbatim, with member checks in place.

Data collection continued until theoretical saturation was achieved. This researcher found this an informative process that encouraged personal thinking about the data. The concept of data saturation was introduced by Glaser and Strauss (1967) to capture the point in data collection wherein no new additional data is emerging to develop aspects of a conceptual category. As stated by Charmaz (2014), the “yardstick for measuring saturation rests on the assumption that no new properties of the theoretical category are emerging” (p. 20). From a constructivist grounded theory standpoint, data saturation occurs at “the point in coding when you find that no new codes occur in the data. There are mounting instances of the same codes, but no new ones” (Urquhart, 2013, p.194). Similarly, Starks and Trinidad (2007) asserted that saturation occurs “when the complete range of constructs that make up the theory is fully represented by the data” (p. 1375). Theoretical saturation is necessary to ensure a pragmatic theory which accounts for

variations among the data and participants experiences. This leads to a generated theory with greater transferability among practice settings and populations.

Throughout the research process, memos and field notes were used by this researcher to capture observations and impressions, as recommended by Charmaz (2014). Fieldnotes are a written record of observations which occur within the context of the intensive interview. Fieldnotes contained full, detailed notes with anecdotes and observations, emphasized significant processes, and placed actors or actors in scenes and contexts in which the interactions occurred (Charmaz, 2014). Fieldnotes captured nuances in tone, posture, body language and other forms of nonverbal communication, which directed further inquiry and inspired curiosity regarding meaning and meaning-making. “Comprehensive field notes, especially those that include critical reflection, can be useful in guiding future data collection efforts in the current study. They create a record of the study unfolding over time and are exceedingly valuable in analysis” (Phillippi & Lauderdale, 2018, p. 383).

As described by Ravitch and Carl, (2016) memos included researcher “observations and reflections about various aspects of your study, including interactions with participants, data collection instruments, your skills as a researcher, and ways that you think you are influencing the data” (p. 116). Memo writing was used to formulate and capture the process that was observed by the researcher (Creswell, 2013) and as such served as data within this constructivist grounded theory study for this researcher. Second, memo writing was used for critical reflexivity and to develop methodological self-consciousness. “Methodological self-consciousness means examining ourselves in the research process, the meanings we make and the actions we take each step along the way” (Charmaz, 2017, p. 36). Through this process, the voice of the researcher was captured and analyzed within the research process. Memo writing further supported the

defining of intersecting relationships within the data collection process, and dissecting worldviews, language, and meanings, and how they enter the research. This researcher found this to be beneficial in data analysis.

Data Analysis

As per the constructivist grounded theory method, data analysis was inductive and iterative; data collection and analysis occurred simultaneously for this researcher. Within constructivist grounded theory, coding was used to analyze the data, and to develop an emergent theory which explained the data collected. Data analysis occurred via coding, wherein the researcher takes “segments of the data apart, name them in concise terms, and propose an analytic handle to develop abstract ideas for interpreting each segment of the data” (Charmaz, 2014, p. 113). Coding within constructivist grounded theory was used to crystalize meanings and actions in the data and understand the context-specific processes and relationships between them. Data analysis occurred using initial, line by line coding, followed by focused coding. In initial coding, the researcher coded for actions, events, and theoretical cues. This “coding is particularly useful for close examination and analysis of the data by breaking them into their components” (Charmaz, 2014, p. 113). Through coding, analytic questions emerged from the data which influenced data collection. *In vivo* codes utilized the language of the participants. In so doing, sensitizing concepts emerged and directed future inquiry.

Focused coding synthesized repetitive codes and organized the emergent themes. According to Charmaz (2008), these codes carry “analytic momentum” (p. 164). Focused coding used the constant comparison method; data is compared with data, and codes are compared with codes. This process “heightens your sense of the direction your analysis is going and clarifies the theoretical centrality of certain ideas” (Charmaz, 2014, p. 140). Focused coding was central in

determining the conceptual strength of initial codes and in identifying gaps in the data collection. It was also used to develop levels of abstraction from the data and refining the analytic categories. Engaging in these practices helped the researcher “control the research process and increase the analytic power of their work” (Charmaz, 2014, p. 8).

Theoretical coding evolved from focused coding, through which the relationships between concepts and processes were uncovered, thus making the analysis pragmatic and comprehensive. Following constructivist grounded theory, raw data was included in the theoretical memos to ensure the participant’s voice and meaning was captured in the theoretical outcome (Mills, Bonner & Francis, 2006). Additionally, a methodological journal was kept by the researcher. This was used to document “methodological dilemmas, directions and decisions” (Charmaz, 2014, p. 165). This journal was further used to foster reflexivity and to consider researcher perspectives and assumptions in interpreting and analyzing the data.

Validity

Creswell (2013) described validity as “a distinct strength of qualitative research in that the account made through extensive time spent in the field, the detailed thick description, and the closeness of the researcher to the participants in the study all add to the value or accuracy of the study” (p. 250). Affirming that the research findings are true to the participants’ experiences contributes to both the validity and trustworthiness of a qualitative study (Ravitch & Carl, 2016). Areas for consideration include descriptive and interpretive validity. Descriptive validity refers to the factual accuracy of data (Ravitch & Carl, 2016). As described in the data collection section, a digital recorder was used to capture the interviews prior to them being transcribed verbatim. Fieldnotes were captured during the interviews, which “form the basis for the construction of memos” (Montgomery & Bailey, 2007, p. 76). Interpretive validity is the match

between the meaning attributed to participants behaviours and experiences and the actual participant's perspective (Ravitch & Carl, 2016). To ensure interpretive validity, member checks occurred with the participants to ensure the essence of the experiences and meanings conveyed was completely and accurately captured. As described in the data analysis section, an iterative approach to data collection was used, which enhances both interpretive validity and data saturation.

Researcher Bias

Researcher bias encompasses the “past experiences, biases, prejudices, and orientations that have likely shaped the interpretation and approach to the study” (Creswell, 2013, p. 251). There are five areas of bias which, like the assumptions, stem from the researcher's clinical practice and adherence to the clinical practice guidelines and standards of practice as outlined by the regulatory college (Alberta College of Social Workers). These biases are further influenced by the researcher's education in equine assisted psychotherapy, equine assisted activities, and animal assisted intervention, and current engagement with these interventions. An additional source of bias includes the researcher's background and present engagement as an equestrian, which draws heavily from a number of equestrian traditions and practices.

Bias 1: There is an education-research-practice gap in equine assisted psychotherapy. The present gaps warrant further investigation. They further threaten the validity of this intervention and prevent equine assisted psychotherapy from transitioning into an evidence-based practice.

Bias 2: Equine assisted psychotherapy as a treatment for individuals affected by mental health disorders requires certification, as per industry standards in mental health and clinical practice. Adding equines into clinical practice fundamentally alters the nature of the intervention. It also increases both risk and liability.

Bias 3: In order to effectively provide equine assisted psychotherapy in the treatment of individuals affected by mental health disorders, the clinical practitioner must be proficient in working with equines. A working understanding of equine behaviour and a minimum competency in working with horses must be demonstrated by practitioners. This is consistent among equine professionals, and within clinical practice, the clinical practice guidelines mandate proficiency and education in the therapeutic tools to be utilized in the treatment of individuals affected by mental health disorders.

Bias 4: Horsemanship traditions and philosophies are not inherently neutral. For instance, much of the equipment is control-based, which implies a power-over relationship with the horse. Equine professionals are influenced both consciously and subconsciously by the knowledge and practices which they have observed and been educated in. These can impact their relationship with the horse, their expectations of the horse (i.e. compliance), handling and welfare considerations, and the ability to pivot between horses used therapeutically versus competitively or recreationally.

Bias 5: Not all horses are suitable therapy horses, and there should be a minimum standard for therapy horses. This is congruent with the literature on animal assisted interventions involving canines, which is extensive across North America.

Addressing Researcher Bias

These biases were addressed by maintaining transparency and a critically reflexive practice throughout this research. Additionally, research participants from diverse occupations, practice areas, and equine traditions to capture multiple perspectives, including those which differ from those of the researcher were sought. Capturing the diversity among equine assisted psychotherapy was important in generating a comprehensive and pragmatic theory. The

researcher actively engaged in memo writing to ensure interpretations of the data which were free from bias. Further, an iterative approach to data collection and analysis ensured the voice of the research participants was accurately captured and captured within its entirety. Finally, while conducting this research, previous knowledge and experience was allowed to “lie fallow” as Charmaz (2006, p.166) described.

Limitations and Delimitations

One assumption held by this researcher, within this study, was that equine assisted psychotherapy must be provided by a clinical practitioner working within their scope of practice. Therefore, this study was limited to clinical practitioners engaged in equine assisted psychotherapy. Across Canada, the use of equine assisted activities to promote social and emotional health outcomes is gaining in popularity, but as of yet, these practices are not regulated. As such, the credentialing of equine assisted activity practitioners is highly variable and often lacks a clinical focus. As a result, this study will not represent the larger population of non-clinical practitioners engaged in equine assisted activities. This study was also limited in that the voices of students engaged in adult education into equine assisted psychotherapy were excluded. As per many of the clinical practice guidelines, students must undergo formal training, complete a minimum number of practice hours, and demonstrate a minimum level of proficiency to receive certification. Until they are able to practice at the autonomous level, they were excluded for lack of theoretical sensitivity to the area under study. Internal generalizability (Maxwell, 2005) did occur however, as this research continued until theoretical saturation was achieved (Charmaz, 2000, 2006, 2014). Another limitation was that the voices of clients receiving equine assisted psychotherapy for the treatment of their mental disorder were not included.

Additionally, this study was limited to a Canadian context, in the years 2021-2022. While equine assisted psychotherapy is practiced across North America, Australia, and the United Kingdom, such an extensive geographical locale exceeded the scope of this study. Further, the clinical practice guidelines pertaining to psychosocial interventions used in the treatment of individuals affected by mental health disorders are not globally consistent, nor are the equestrian traditions and consideration of animals as co-therapists. By limiting the scope of this study to a Canadian setting, the context-specific theory may offer limited generalizability to a global audience.

Ethical Considerations

The protection of human subjects is essential in conducting ethical qualitative research. This was a priority for this researcher. Ethical considerations were categorised as: informed consent; maintaining the integrity of the data, respect, confidentiality; and data storage and online communication. Anticipating benefits and risks associated with participation was considered within informed consent.

Informed Consent

Written informed consent, sometimes in the form of email confirmation because of the national scope of this study, was collected from all participants prior to undertaking the semi-structured interviews used in this study. The two dimensions of informed consent were the participant must have a comprehensive understanding regarding their role as a research participant, and informed consent occurs as a process through which it is “possible to negotiate and revise arrangements throughout the course of the research study” (Houghton et al., 2010, p. 17). Information regarding the nature of the study, time, and effort outlooks, and the potential risks and benefits of participation were clearly stated and made transparent. Participants were further appraised of the researcher’s dual role as both a researcher and equine assisted

psychotherapy practitioner. Participation was voluntary, free from coercion or deception, and participants retained the right to withdraw their consent and discontinue participation at any time. Please refer to Appendix A for a copy of the consent form.

Integrity, Respect, and Confidentiality

According to Charmaz (2006, 2014, 2017) constructivist grounded theory employs a reflexive, rather than hierarchal relationship with participants. A reflexive approach required focused and sustained critical attention by this researcher to the relational aspects of the inquiry. This included memo writing around sensitising concepts such as power, authority, the self and identity. Ensuring the integrity and respect of the research participants was crucial, and included utilizing participant language, remaining inquisitive and non-judgemental, and conducting interviews upon participant convenience (i.e. timing and location). Confidentiality and anonymity ensured that the identity of the participants was protected from discovery. This facilitated in creating a safe space through which participants could articulate their experiences. Additionally, participants were assigned a number, and their names and contact information of the participants were saved separately from the data.

One other consideration was if participants expressed emotional distress during the interviews. While the anticipated the risks of participation were minimal, it was possible that the participant may become emotionally activated or triggered during the interview process. This did not occur. However, this researcher because of her social work education, felt equipped to effectively assess and intervene if necessary.

Data Storage and Online Communication

Data was kept on a password protected computer and then transferred to a USB where it will be stored in a secured location for five years. All emails associated with the study were

deleted once the study was completed. Participants were informed as to the limits of confidentiality regarding electronic communications and online video conferencing, which cannot be ensured by the researcher. Transcripts, consent forms, and all hardcopies of memos, fieldnotes, and correspondences were locked in a filing cabinet in a secured office building when data analysis was not occurring.

Summary

In this section, the conceptual framework, constructivist grounded theory, was described as the approach to conducting qualitative research. The use of constructivist grounded theory was informed by the research questions, which sought to construct a theory of equine assisted psychotherapy and to describe the approaches to be used in educating clinical practitioners seeking to provide equine assisted psychotherapy in the treatment of individuals affected by mental health disorders., The research setting, sampling strategy, and participants were identified. The data collection and data analysis tools and procedures were identified and presented as both an inductive and iterative approach until theoretical saturation was achieved. The validity of the research, and the perceived threats to validity, which included researcher bias were also highlighted within this section. Threats to validity were mitigated by maintaining transparency about biases, and by adopting a critical reflexivity practice which was captured in researcher memos. The limitations and delimitations as influenced by the scope of this study were also addressed by the researcher. This section concluded with ethical considerations, risks to participants and a discussion of the benefits of participant for the research participants.

Chapter 4: Findings

This chapter begins with a description of the research participants and then presents the findings of this study organized into a core category, categories, and subcategories. Each research question will be addressed specifically, beginning with what is a theory which explains the nature of equine assisted psychotherapy? The theory which emerged from this constructivist grounded theory study is the core category, called *Stable Foundations*. This study yielded an additional 6 categories: safety, consent, scope of practice, facilitated relationships, equine knowledge, and qualities of the clinical practitioners. These categories and codes reflect the essential elements involved in providing equine assisted psychotherapy to individuals affected by mental health disorders. Notably, 5 qualities of the clinical practitioner specific to equine assisted psychotherapy emerged from this constructivist grounded theory study. These were being present, curiosity, noticing subtle changes, modelling, and reflexivity.

It was important to develop a theory of equine assisted psychotherapy, *Stable Foundations*, first as this established the approach to teaching it to clinical practitioners. To answer the second research question, what are the approaches used for teaching clinical practitioners equine assisted psychotherapy as a treatment for individuals affected by mental health disorders, 4 categories emerged from this study. They are continuing education, experiential learning, practice and application, and supervision and consultation. The subcategories and codes reflect the processes involved in teaching and learning equine assisted psychotherapy to clinical practitioners for use in the treatment of individuals affected by mental health disorders.

Description of Participants

12 participants were interviewed regarding their experience facilitating human-horse relationships and engaging equines in the teaching and learning process. Of these participants nine were clinical practitioners utilizing the intervention of equine assisted psychotherapy in the treatment of individuals affected by mental health disorders. All of these participants reported holding licensure in their respective province, authorizing them to engage in clinical practice. Of these, five were also facilitators of continuing education initiatives into equine assisted psychotherapy.

Three of the participants were equine professionals, experts in facilitating human-horse relationships. Of the equine professionals all three engaged in training horses, providing riding lessons in their discipline of choice, and one was also a therapeutic riding instructor. One of these participants further identified that they were presently undergoing a career change into psychology to provide equine assisted psychotherapy.

Table 1:

Description of Participants

Variables	Participants	Number (N)	Percent (%)
Gender	Female	10	83
	Male	2	17
Province or Territory	Alberta	5	41
	British Columbia	2	17
	Ontario	3	25
	Nova Scotia	2	17
Professional Designation	Certified Canadian Counsellor	7	78
	Social Worker	2	
Highest Level of Education for Clinical Practitioners	Master's Degree	9	22
Highest Level of Education for Equine Professionals	Diploma	1	33
	Bachelor's Degree	1	33
	Master's Degree	1	33
Counselling Experience	0-5 years	2	22
	6-10 years	1	11

	11-15 years	2	22
	16-20 years	2	22
	20 + years	2	22
Equine Assisted Psychotherapy Experience	0-5 years	2	22
	6-10 years	2	22
	11-15 years	2	22
	16-20 years	2	22
	20 + years	1	11
Equine Experience	0-5 years	2	17
	6-10 years	1	8
	11-15 years	0	0
	16-20 years	3	25
	20 + years	6	50
Number of Therapy Horses	0-2	1	11
	3-6	7	78
	7-10	2	22
Target Population by Client Age	Children (under 12)	8	89
	Adolescents (13-18)	8	89
	Young Adult (19-25)	9	100
	Adults (25 +)	9	100
Target Population by Diagnosis	ADHD	7	78
	Anxiety	9	100
	Autism	1	11
	Depression	9	100
	Personality Disorders	2	22
	Self Harm	4	44
	Trauma and PTSD	9	100
Equestrian Discipline	English	4	78
	Western	3	25
	Multidiscipline	4	78
	Unspecified	1	8

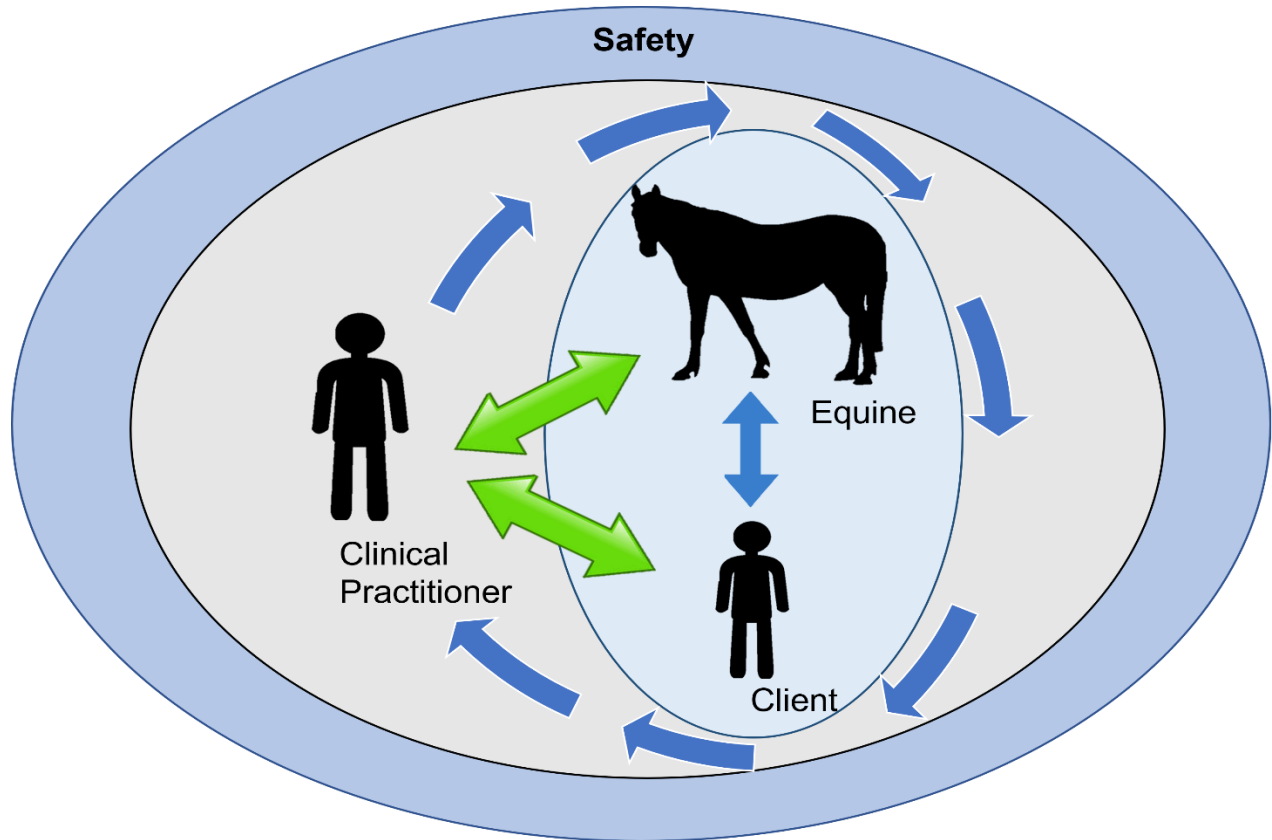
Overview of the Constructed Grounded Theory

The theory of equine assisted psychotherapy constructed through this grounded theory study is called *Stable Foundations*, depicted in Figure 1. Integrating the categories, depicted in Figure 2, *Stable Foundations* presents detailed information about the clinical practitioner's goals, process, skills, and competencies in providing equine assisted psychotherapy in the treatment of individuals affected by mental health disorders. The constructed theory was derived from an

iterative analysis of the data from the participant interviews and a review of relevant documents to uncover the theory which best explains the nature of equine assisted psychotherapy.

Figure 1:

Stable Foundations: A Theory of Equine Assisted Psychotherapy



Stable Foundations is a collaborative, relationship-focused psychotherapy that focuses on the individual's experience within the human-equine relationship. *Stable Foundations* further emphasises embodiment within the human-equine relationship to promote personal functioning and symptom resolution. *Stable Foundations* is not a linear theory. Rather, it is based on a series of meaningful interactions which occur within the context of the dyadic relationship between the client and the equine co-therapist, which simultaneously exists within a larger triadic relationship between the clinical practitioner, the client, and the equine co-therapist therapist. While it is within the dyadic relationship between the client and the equine co-therapist that the client,

broadly, generates meaning, enhances personal functioning (including skill development), and practices new ways of being with self and being in relationship, it is the triadic relationship which identifies and targets maladaptive cognitions, beliefs, patterns, and behaviours for change, prompts for changes in perspective, enables emotional processing, and encourages positive transference of learning from within the session to multiple life domains.

The Participants acknowledged a shift in their administration of equine assisted psychotherapy away from activity-based to increasingly process-oriented. As one participant described,

it seems like there's been this really big shift in how we're doing experiential therapy.

Yes, you're here, you're doing things, but we're actually doing deep work which comes when I'm holding space and helping you fill in the blanks and the horse is reaching into you where I can't.

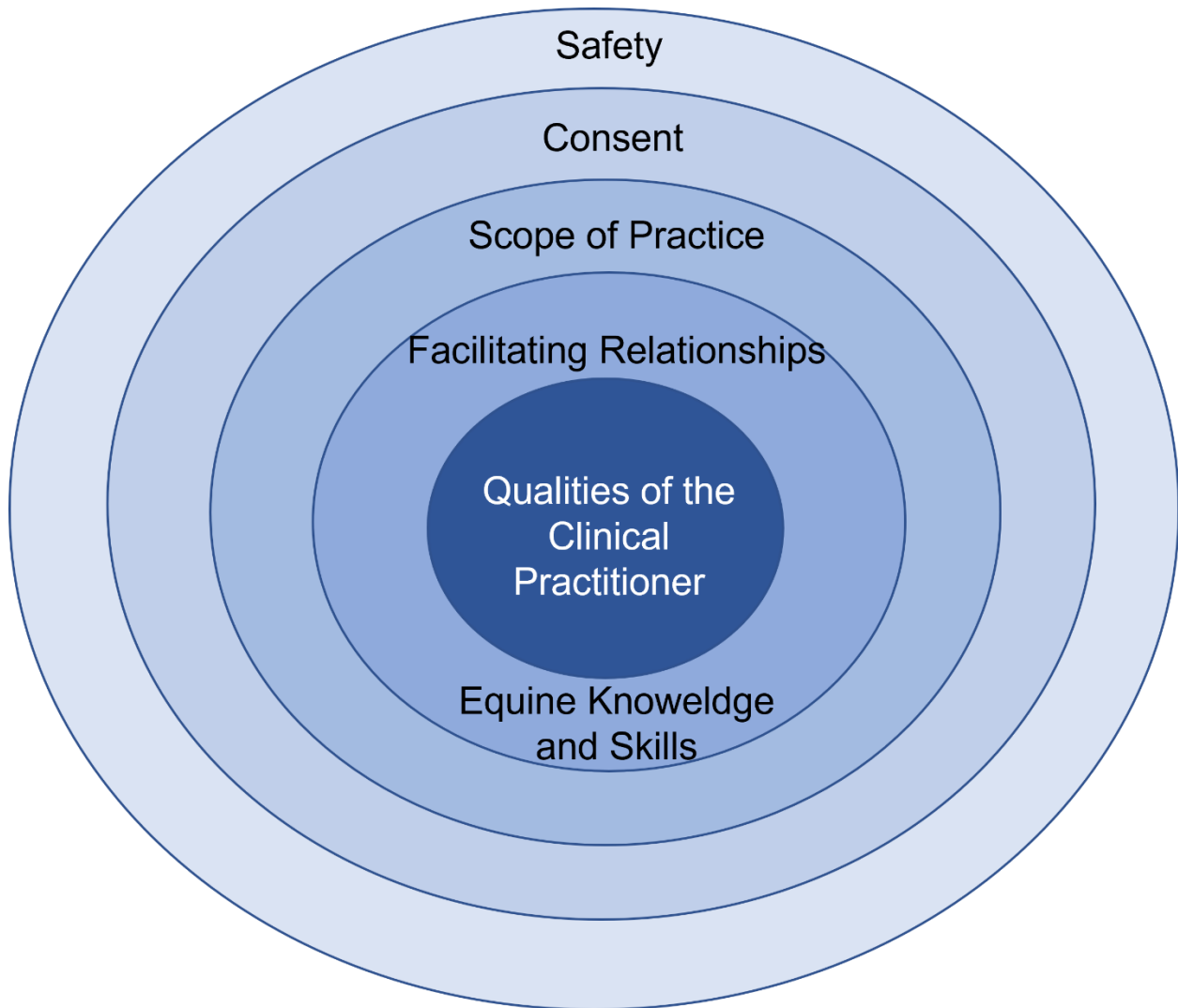
Another participant observed, “we used to be activity based. We really shifted it. Activities can be too goal oriented. We want to focus on the process”. A further participant exemplified that some activities, “put clients and horses in adversarial positions. It often puts them where one party is trying to make the other party do something that they don't want to do”.

One participant recognized that, “some people need to be doing something with the horses” but cautioned, activities for the sake of doing activities, “got in the way of the real work”. In corroboration, another participant stated, “activities can be too goal oriented. When we use them, it isn't about whether we complete the activity. Its about how we show up in the activity”. A third participant asserted, “we do incorporate some activities but we're very mindful ... Is it to do something just to do something? What are we hoping to gain from it? Is it going to be beneficial for the client?”. Exemplified another participant, “sometimes I'll just move away and

I allow them to have space... allowing the process to sort of unfold naturally is something that I learned. Especially in this work, just trust. Trust the process, right? It'll work out”.

Figure 2:

A Visual Representation of the Categories



Safety

For the participants, establishing safety was unanimously identified as the foundation upon which equine assisted psychotherapy is provided to individuals affected by mental health disorders. Safety, broadly conceptualized as being protected from danger, risk or injury, included

the physical and psychological domains for both the client and equine co-therapist. As one participant shared, “there's the physical safety being around horses, and there's the psychological safety... There's safety on so many different levels and that matters more than anything else, more than any fancy clinical intervention we come up with”. Another participant stated,

I find that if I just create a safe environment, even in a large area, if I create safety both the physical and emotional, and if I facilitate a [horse-client] relationship and then if I just wait and allow the client to bring forth what they're going to bring forth, to me, that's where the powerful work happens.

One participant labelled the clinical practitioner the “protector of safety”. They elaborated, “we're not there to talk about horses, we are there to create a safe environment in which an experience can happen”. This was supported by another participant, “it's not it's not actually about managing risk at all. It's really about creating safety”. To create safety, it is widely recognized that measures and practices must be in place to preserve life, dignity, and wellbeing. This includes practices to minimize the “safety risks around horses. They're massive”.

To create safety, the participants were divided on the use of rules, guidelines, or lack thereof regarding how to safely interact with horses. As one participant stated, “my rules are you don't get between the horses, and when you're walking around and make sure that your hand is on them, so they know where you are – because of their blind spots”. Said another, “working across the fence from a horse can be such a nice, safe, way to do things because it's great that the risk goes significantly down. I mean, a client could still get bitten or had head-butted across the fence, but the risk goes significantly down”. Another participant asserted, we trust the client “to be front and center and to build their own solutions” which includes the ability to recognize their

own boundaries around personal space, and risk, and to generate solutions to concerns around safety.

More importantly, safety was the foundation on which relationships could develop. When it comes to safety, one participant supplied,

other times it's me helping them learn where they feel safety or, you know, trying to find out where their lines are, their boundaries. Sometimes we just play around with it; if we step back from the fence, does that feel good or do you want to be closer to the fence or do you want to be back from the fence? Let's try that and see what it feels like. Or even when we're in with the horses, even ten acres away, asking is that a good space for you?

In treating individuals affected by mental health disorders, the act of learning one's own boundaries, experiencing safety, and creating safety holds significant therapeutic value.

Equine Selection

Safety informed most of the clinical practitioners' decision making around the suitability of specific equines for therapeutic use. Some participants acknowledged equines used in therapy "have to be safe engaging with people," and that "obviously the main criteria is not being aggressive towards humans or not known to be aggressive. That's important towards safety, especially physical safety in working with 1500-pound animals". Others identified that all horses "can have therapeutic value, depending on how you use them". Yet another participant stated, "all horses speak a similar language which can be understood within the context of [equine assisted psychotherapy]". As a final consideration, one participant concluded, "any horse *can* be a therapy horse, just not all of them want to".

Despite vast differences in opinions, the participants in the study identified that equines invited into equine assisted psychotherapy must "be willing to do the work," "want to engage with the clients," and "benefit from the connection that occurs within the session". It was also

preferred for clinical practitioners to possess relevant information regarding the factors which would negatively influence equine behaviour. Examples presented by the participants included past illness or injury, maltreatment, traumas, reactivity, or separation anxiety from the herd (herd-bound). This study also found that the equine behaviours identified by participants as less favorable to equine assisted psychotherapy was influenced by the equine-specific skills and knowledge of the clinical practitioner.

Consent

It is important to note that *Stable Foundations* requires that each participant within the triadic relationship – the client, the equine, and the clinical practitioner - engage as equal partners. As the client consents to participate, so too must the equine co-therapist. The participants identified consent as occurring when the equine voluntarily agrees to participate in the equine assisted psychotherapy session, and the client-equine relationship. “They all have freedom of choice” said one participant of the equine co-therapists. Another added, “they actually get to choose if they're in or not that particular day”. Stated another participant, “if a horse is at a gate and I have a client, I will take that horse. I'll bring them in because I feel like they probably know that they're up. And usually it's very clear afterwards why they were showing up to do the work”. One participant offered the example of a long-term equine resident; “he decided that he wanted to do this work. He started volunteering for it. But only after he turned nine”. Said another,

I don't bring horses in. I don't tie them. They have to decide if they want to be around us. And they're always free, put it that way. So if I'm up in the pasture, sometimes they will come over. Sometimes people go to them, [and the horse chooses to engage]”

Consent also represented the equine's right to refuse participation in any given client interaction. "The horse is allowed to say no". One participant elaborated, the horse's consent is built in right from the onset. I talk that way about the horse's right to say no with the clients right from the very beginning so it's never seen to be a rejection or to make the client's not feel good. Sometimes they have an off day where they don't want to work or they need a sabbatical or they need to retire. And we're always going to respect that. We just normalize it and depersonalize it right from the beginning.

Multiple participants recognized that the equine's refusal held therapeutic value. As an example, "[Horse] needs to stay close to his buddies; right now he has a need that has to be met. He's just he can't do [the session] right now". This participant followed with, "we'll talk about what would it mean to have his needs met in that moment rather than making him do whatever it is we are doing and have to suck it up". Another participant exemplified, if the refusal is subtle,

do they notice? And if they don't I will call their attention to it and try to help them to be more mindful of what's happening. Mindfulness always comes first. Then compassionate. And sometimes you need to notice the effect that you have on people around you.

Unanimously, the participants acknowledged equine consent as occurring without coercion, dominance, or aggression from any human participant. For one participant, this represented critical reflexivity; "we do have a difference in control. There is a power differential there which must be recognized". Horses are domesticated animals, and it imperative that the clinical practitioner be cognizant of inherent power differentials in traditional horsemanship philosophies. Another participant expounded, using halters and tying horses up in session is an "abuse of trust in the relationship. It is putting the horse in a position where they're helpless. And the client will see that. And it's victimizing the horse and revictimizing the client". This was

reported to be particularly relevant in sessions where either the client or the equine partner had experienced trauma, oppression, or restraint.

One participant described,

We don't do a lot of work on-line and with halters with them. They're usually at liberty and have freedom to move around... in the deep process work that we do in the arena, it's a horse at liberty, myself [the clinical practitioner] and the client... they are free to express themselves however they need to express themselves and do whatever they're doing.

Consent was also tied to the belief that equines are sentient beings. “Viewing the horse as a sentient being I just think is so critical from a safety perspective and for ethical considerations”. Another participant added, “we need to be really mindful of these horses. They are not tools, they are beings. And we want to make sure that we are the advocate for that”. Yet another participant stated, “if people are not tuned in to what's going on with the horses and they're just treating them like objects, like, I think it would be really disastrous for the horses”. As one participant succinctly concluded, “they are called facilitators. They are not tools”. The view of horses as sentient beings, and not tools for human use has significant implications for the quality of the equine assisted psychotherapy work. Remarkd one participant, “it was beautiful when she was not “just” a horse. She taught them lots and helped them lots and was beautiful”.

Scope of Practice

As determined by this constructivist grounded theory study, *Stable Foundations* requires clinical practitioners hold a clinical designation in their chosen profession and be licenced to practice psychosocial interventions, including psychotherapy, within their province or territory or residence, and be practicing within their scope of practice. Scope of practice was identified by all

participants as essential to protecting the wellbeing of the clients seeking equine assisted psychotherapy for the treatment of a mental disorder, as there is a marked difference between clinical and non-clinical practice. Within this study, scope of practice further defined the target population with whom the clinical practitioner could ethically and professionally engage. As one participant described,

It's so important that the therapist work within their scope of practice. Just because you can do equine assisted psychotherapy doesn't mean that the types of clients you treat automatically changes. Despite the fact that equine assisted psychotherapy has merit across multiple groups of people, the therapist has to know how to work with that diversity in order to be affective, otherwise you can't guide your client through change with any type of accuracy.

The participants further identified scope of practice as an assertion of proficiency, rather than a limitation. Summarized one participant, clinical practitioners providing equine assisted psychotherapy must

really understand where those boundaries are and to understand that it's not a restriction.

It's not it's not telling them what they can and can't do. It's actually an empowering thing to be able to understand where your strengths are and then to go and work within them.

Another participant supplied a personal example of scope of practice by saying, there are "people I don't work with, I have, like, my own discomfort...and some people when in a high level of crisis and dysregulation need more structured, intensive support throughout the week [that we can't provide]". Multiple participants noted that scope of practice could be expanded with continuing education into equine assisted psychotherapy with specific populations. Another

participant commented, know your scope of practice “but then look to where you can go. If you want to learn or you want to collaborate, you can do that”.

Equine Scope of Practice

An unexpected finding from this study was the widespread agreement that equine co-therapist in equine assisted psychotherapy hold their own scope of practice. The equine partners in equine assisted psychotherapy “all have their own kind of special specializations, which they seem to know.” Offered one participant,

I think all of our animals have to have a scope of practice... I know that some of my horses can work with certain people. Some of them can only work with certain other people, and some of them can only do certain things. So I have an unofficial scope of practice for every single horse they work with and what they do.

Another participant offered the example, “[the horse], he really doesn't dig big group. He'd prefer not to come in for that, but if it's a use private client he's all over it and loves it”. As a positive assertion of scope of practice, one participant offered, “[the horse] was very clear on what she was. She was holding them and nurturing them. And she was really good at that type of work”. In working with the equine’s consent and safety, acknowledging scope of practice is essential. Stated the participants, “I’m very protective of [the horse],” “there are some clients that I won’t let work with him. We can process their frustrations around it, but the boundary holds”.

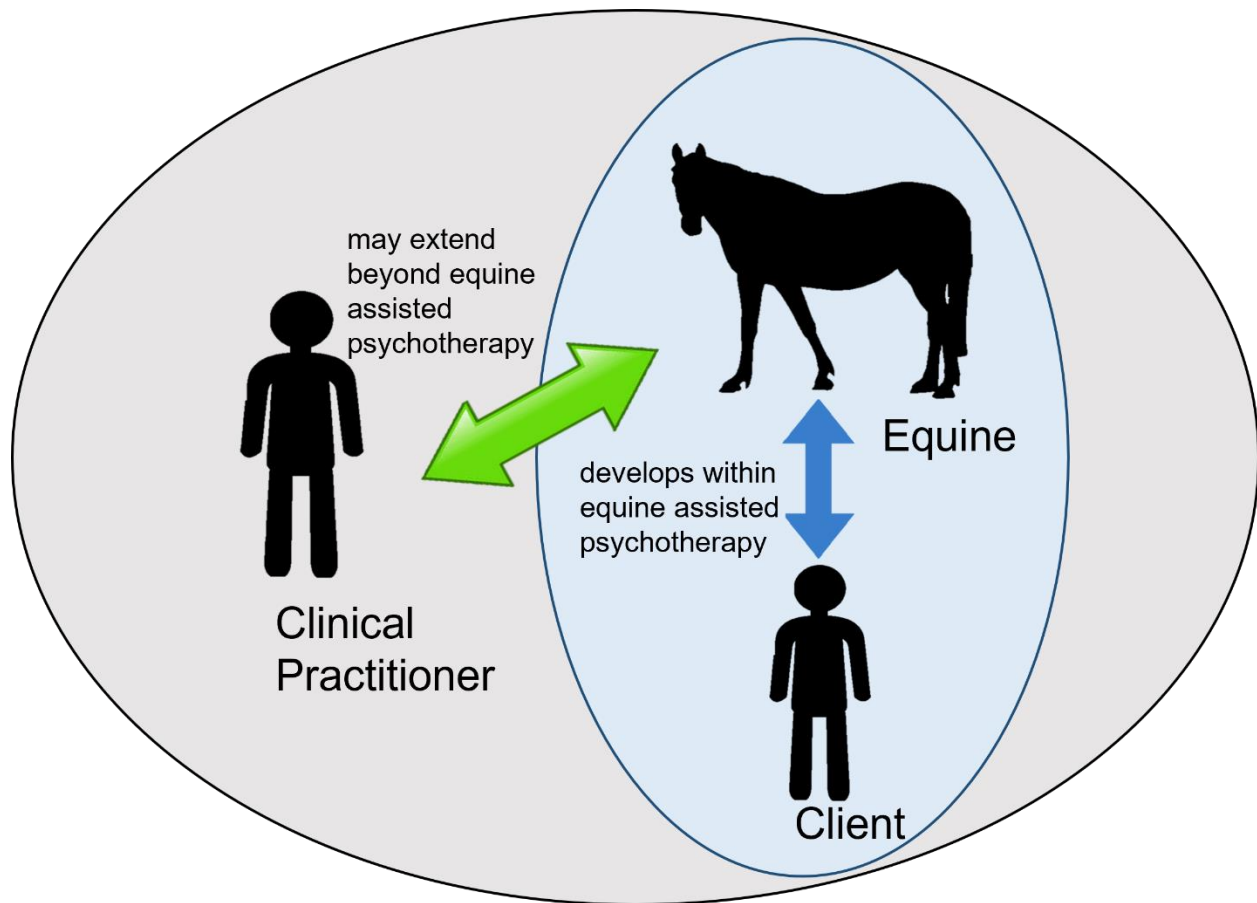
Facilitating Relationships

Within *Stable Foundations*, there are two therapeutic relationships which exist concurrently. The first, was the dyadic relationship which occurred between the client and the equine co-therapist. It is important to note that the dyadic relationships are not limited to those which occur between a client and a single equine co-therapist. Clients are able to form multiple, significant, relationships with the equine co-therapists individually and / or with herds. The

second, was the triadic relationship between the clinical practitioner, the equine co-therapist and the client. For some clinical practitioners, a relationship also exists between themselves and the equine co-therapist. This relationship often extends beyond the parameters of the therapeutic alliance or even their equine assisted psychotherapy practice. These relationships are depicted in Figure 3.

Figure 3:

Relationships in Stable Foundations



The Dyadic Relationship

Within *Stable Foundations*, the relationship which forms between the client and the equine co-therapist is of central importance. As one participant stated, “if we are just doing talk therapy in a field, it isn’t equine assisted. If we don’t need the horse, we have to ask ourselves

what intervention we are actually doing”. The participants in this constructivist grounded theory study spoke to the relationship between the client and the equine co-therapist as “where learning and healing occurs”. As one participant described,

horses fill in gaps that I could never meet as a human therapist. There are things that I cannot do, and there are ways that horses can reach into people that I cannot... A horse can reach into a person and pull something out that people have been working years to try to get. Or a horse can just put their nose on their heart or just stand beside them. And it's there. I can't do that in a session. I try and I can't, or I haven't been able to. And it also not necessarily ethical for me to do this, to do it the way a horse does, but because the horse is a horse, the horse can really reach in and pull that stuff that I can't and do it quite quickly.

Within *Stable Foundations*, the central elements of the dyadic relationship which forms between the client and the equine co-therapist are awareness building, being embodied, emotional regulation, engaging in relationship, exploring alternative perspectives, interpersonal learning, problem solving, and skill development. The participants identified that the degree to which the client engages in these central objectives is determined by presenting challenges, symptom presentation, and treatment goals. For example, one participant recounted,

if you're going to deal with a client with extensive trauma, unless they have learned the skills to restore the healthy nervous system, it would be foolish, it would be unethical, in my opinion, to go into that trauma with them. Instead, I try to start giving them the tools and the resources they need to regulate the nervous system. I'll just model it with the clients. We'll do it together. And watch how the client and the horse respond.

The nature of equine assisted psychotherapy as a process-oriented treatment approach allows for flexibility and the expansion upon each of these central elements over successive sessions. As one participant suggested,

I am definitely looking for a softening of defenses. And more engagement because so often clients come but they're not really engaging yet there's a wall up. So I'm just looking for a softening. And when people are able to soften and feel more and share more, I see that as progress.

Entering the dyadic relationship can be unrehearsed. As one participant described, “horses are like having friends. There’s certain personalities you just click with. Sometimes you just spontaneously connect”. One participant recounted, “I find in the presence of horses that your body calms. Whenever clients come up, they're just calm. And it's like they, they're not in their heads anymore”. The participants also identified that relationships are defined by the depth of the connection. One participant suggested,

sometimes the whole session could just be, you know, watching the horses over the fence or walking out into the field, and the walk out to find the horses becomes you know the session. It's not necessarily being hands-on on the horses for some people. Being able to have permission to just stand and watch is very freeing for a lot of people, knowing that they don't have to *do* anything.

Other times, entering the dyadic relationship requires a degree of awareness and emotional regulation on the part of the client, the learning and achievement of which the clinical practitioner and the equine co-therapist can facilitate. Grounding, mindfulness, and co-regulation were identified by the participants as strategies to support the client achieve and maintain embodiment. As one participant exemplified,

We do an awful lot of work and in the area of co-regulation and regulation. Before anyone goes to a horse, there's a lot of grounding. Depending on the client, we call it lots of different things. Often I just call it getting on horse time... It is trying to get people to a place where they're regulated before they go anywhere near the horses.

To participant in this relationship, *Stable Foundations* encourages the client to be embodied in their own experience, and supported in developing the awareness to notice subtle changes in their body (e.g. thoughts, feelings, sensations), and correspondingly, signals offered by or changes in the nonverbal, behavioural, and facial expressions of the equine co-therapist. One participant acknowledged, if the client “isn't in their body, a horse can't connect to them because that doesn't feel particularly safe to them. But as soon as I can bring them into their body and into their truth, a horse will connect right away”. As another participant described, within the dyadic relationship which occurs with the equine co-therapist, clients are moved back into their body; they “really be in the moment and feel things in your body. Many of my clients can't do that initially. So it's just trying to be in the moment with the horse”. Another participant offered, “Yeah, I mean the awareness thing I think is core. What I try to get people tune in to is being aware of their body, their reactions, being in them and how that's helping them.” An additional participant remarked, “when they feel that difference and they're like, ‘oh, I had an aha moment’ or just they've said ‘the way you describe it, now I get I understand!’”. Another participant supplied, “...even if that's reaching wholeness for a minute while they're in there with a horse, the horse knows their heart kind of starts the journey”.

More than simply the presence of the equine co-therapists, it is “their attention, their awareness, their desire, and engagement” which offers additional therapeutic benefit to the client. As one clinical practitioner supplied, clients report “I have never in my life have I felt

more seen, held, heard, until today”. Participants also remarked of the relationship, horses engage with the clients because they “actually want to, not because they have to, but because they desire to be with them”. The participants also elaborated on the value of safe physical touch which can occur within the client-equine relationship. “That physical connection is just so important”. The same participant exemplified, “[the clinical practitioner] can't go put your hand on someone's heart. That would be all kinds of not okay. But the horse doing it is absolutely profound”. Another participant offered, clients are so embodied, so present “especially if I can get them to put their hands on them”. Another offered the value of smell. “I always try to get clients to smell right around hand the shoulder blades, to recognize each horse has their own smell.”

Stable Foundations affords the client unique opportunities for awareness building. The participants noted that awareness building exists in the domains of self-awareness and mindfulness (what are we noticing about ourselves), noticing subtle changes (how does the horse respond in relation to me), and in giving and receiving feedback. As one participant acknowledged, “horses are mirrors. They know exactly what is going on for the client and their posture, their stance, their behavior mirrors it back to them”. Another participant offered, the client is able “to uncover their own solutions in the presence of our equine partners, who provide that absolute nonjudgmental and that immediate biofeedback to increase our awareness about what is going on and what we're experiencing”.

Awareness building was directly related to exploring alternative perspectives and interpersonal learning. As the client observes the equine co-therapist and interacts with them, questions can be asked. One participant offered, “what is the reaction from the horse? If we try something else, what was the reaction? How did that feel for you?” Another participant spoke the

value of personal autonomy for the client in their relationship with the equine co-therapist. They supplied,

It's so transformative, I think, for clients when they're shown that what they think, what they feel, what they want to do is valid. And they have that agency to choose and they have that agency to drive change within their own life... [In equine assisted psychotherapy] it really allows the client to develop their own agency once again. So yeah, I think definitely it does transform the client.

One participant offered,

there's different kinds of awareness. If we walk out to the horses and they're grazing, some clients think that means the horse isn't interested in them. If they stomp their foot at a fly that doesn't mean they are angry with the person. But let's explore that feeling or experience of others being disinterested in you or angry with you.

Another participant supplied, the equine co-therapist will "be the one that might call bullshit on them. And get away with it because I wouldn't be able to".

Participants also spoke to the dyadic relationship as evoking emotions for the client, both comfortable and uncomfortable. Examples of emotions evoked within equine assisted psychotherapy can include anticipation, defeat, disappointment, discouragement, elation, excitement, frustration, and so forth. Oftentimes, the uncomfortable emotions relate to the client's presenting challenges and symptom presentation. When emotions are evoked, one participant observed,

the equine partners will typically just be there, heads will be low on the ears will be sort of off to the side, the eyes will be closing and their breathing actually gets heavier, too.

We hear a lot more sighing, and it's almost as if they're picking up on [the client's emotions] and they're taking it with the client. 'Here, let me help you process'.

Another participant stated,

when something is activated in session, and there's a big emotion, the horse may be the one to alert [the client]. And the client notices the changes in the horse and can check in with themselves. What am I feeling? How do I typically respond in these situations?

What would I like to try instead?

The therapeutic process which occurs within *Stable Foundations* is one of making meaning from the experiences and applying skills as needed to create the desired results. One participant suggested, "we keep encouraging the client to make meaning in a more open hearted, kind of positive way". Another participant offered,

When they can feel themselves in their bodies, be able to sense and feel those different moods and feelings and energies and attitudes and thoughts, they can keep themselves safe, and choose who they want to be around and what feels comfortable, and we can attend to what feels uncomfortable or unsafe.

Oftentimes this entails "making space for two or more different thoughts, feelings, attachments at the same time because that's something that is often a challenge" as stated by one clinical practitioner.

The Triadic Relationship

Within *Stable Foundations*, there are six roles and responsibilities of the clinical practitioner. These roles and responsibilities emerged from this constructivist grounded theory study and are clearly outlined. First, it is the responsibility of the clinical practitioner to ensure an environment of safety in which the therapeutic relationships can be developed. This includes an

acknowledgement of and reduction of risk across the physical, emotional, and psychological domains. Second, the clinical practitioner must facilitate in the development and maintenance of the dyadic relationship between the client and the equine co-therapist relationship. Third, clinical practitioners facilitate in the processing of emotions and therapeutic themes which present themselves within the context of the dyadic relationship which occurs between the client and the equine co-therapist. Fourth, it is the role and responsibility of the clinical practitioner to support the client in problem-solving and skill development to ensure the maintenance of the dyadic relationship between the client and the equine co-therapist. Fifth, the clinical practitioner is responsible for ensure the client is able to bridge the meaning made within session to transferable learning which can occur within the client's larger social and familial context. Sixth, the clinical practitioner is responsible for supporting the equine co-therapist within the dyadic relationship that forms with the client. This is especially important, as emphasized by one participant the "horse is not responsible for the quality of the therapeutic work, or the client's ability to make meaning of their efforts to connect and communicate".

One participant described their role as the following,

I see my role as being facilitating a healthy relationship between the client and the horse and then the healing occurs. I mean, I believe that we grow and we heal within the context of relationship. That might be the client's relationship with me, but more often, certainly at the beginning, is the relationship with the horse. So I'm facilitating that in a very attachment and foundation.

Another participant spoke of the roles and responsibilities of a clinical practitioner and stated,

I feel like my job is to walk beside my clients, honor where they are, and then honor what the horse is trying to help them with. I define it as a relationship, as a relationship that

says, I'm going to be here, I'm going to hear where you're at, and we are going to do our best to meet your needs and that you will be safe.

Within the triadic relationship of *Stable Foundations*, the clinical practitioner helps the client explore meaning made within the dyadic relationship with the equine co-therapist, and support the client transforming maladaptive thoughts, beliefs, patterns, and behaviours into adaptive ones. Sometimes this happens by

working through what's happening between the client and the horse right in that moment.

What are they feeling in their body and what are they noticing in the horses? And just again, I say healing happens within the context of a relationship. That's my underlying belief, that everything we're doing happens within the context of a relationship.

The clinical practitioner further holds the responsibility for helping the client transfer their in-session learning towards functional improvement in multiple life areas. One participant does this by asking,

how does that experience... how am I going to carry that with me when I'm going back to home or if I'm going back to an environment in which I don't necessarily feel safe or hasn't been historically safe for me, emotionally or physically speaking. So how, how do we relate to [in session experiences] and how do I carry that forward? In other words, what are my tools, my developing my toolbox, and how am I going to employ that when I get back to quote unquote, reality and leave the space that I'm working with the horses in

Another way in which the transference occurs is through working with story and metaphors. One participant voiced, "a lot of [the horse's] stories will resonate with somebody, especially if it's in a group. And we tell the stories about the horses we have in [session]most of the time. Those stories will resonate with people in the circle". Another participant offered, "I

tend to work indirectly a lot of the time, so I won't necessarily even transfer it to the client story. I'll just talk about the horses and to do the healing indirectly and one step removed". Stated another participant, "we'll work with metaphors; the horses will become a representation of something. And so it's from that aspect we're able to create an environment in which the client feels safe exploring that idea". This same participant added, from within the metaphor, "we'll ask, so how does this relate to what else is going on in their life, and where else can this happen? And what else about this is happening out there?"

Regarding metaphors, one participant cautioned, "learning that I didn't have to reach for the metaphor was really important". They continued, "when you're first starting, you look at everything like a potential metaphor. You, almost, jump on it. 'Did you see the horse do this? What does that mean to you?' And really its, is so unnecessary". While the participants in this study offered that they may prompt for meaning, often metaphors present organically. Questions may then be asked to deepen the meaning, or the metaphor, as needed.

Summarized one participant when speaking about equine assisted psychotherapy sessions, "my goal would be to have them leave feeling more peaceful, more able to face the world outside and hopefully have something to integrate". The participants clearly differentiated the nature of the triadic relationship in equine assisted psychotherapy from non-clinical equine assisted psychotherapy as including the transference of learning from within the session to multiple life areas. As shared by one equine professional, "there's some questions that I just don't know how to ask. Like how things relate to the rest of their lives". Bridging meaning between the content of the session and allowing for transferable skills was thematic. Another participant voiced, "of course we want them to feel good and have a really positive experience, but we want everything to become a little brighter, not just the couple of hours that they're [in session]."

Co-therapist Relationships

With one exception, participants in this constructivist grounded theory study identified that a significant relationship existed between the clinical practitioner and the equine co-therapists. This relationship extended beyond the parameters of the therapeutic alliance within equine assisted psychotherapy, and for many, transcended their equine assisted psychotherapy practice. With one exception participants reported knowing their horses incredibly one.

Exampled one participant,

I know him incredibly well. [Horse] will actually grow an upper lip, like his top lip gets long, and you just get to where you look in his face... and if he gets really stressed, he'll start shaking his head. But if you leave it until the shake in the head stage, you know, you've missed some of the first signs. And I don't. Its just not ethical.

These participants held a common belief, articulated by one participant as, “how can you facilitate relationship work with animals that you have no relationship with?” Further, the majority of the participants (9) stated that they both lived and worked with their equine co-therapists. One participant summarized, “living with your horses gives you even deeper insight – more than just seeing them for a few hours at a time when you’re visiting at the barn”. This study also found that clinical practitioners who developed personally meaningful relationships with their equine co-therapists, and those clinical practitioners who lived with their horses, possessed a greater specificity to their knowledge of each equine partner. This was further influential in clinical decision-making regarding the suitability of each equine co-therapist for participation in dyadic client and equine co-therapist relationships.

Equine Knowledge and Skills

Being knowledgeable about the equine co-therapists was identified as important by all the participants. Within *Stable Foundations*, equine knowledge spanned multiple domains, including equine behaviour, communication patterns, care and husbandry, and nutrition. “It also comes down to are you able to recognize and be mindful of the welfare of the horse” said one participant. Another participant expanded,

everything that we would do as a human in terms of self care - and it's preached about so often in the training and schooling - to take care of yourself. We extend that same idea to our horses. Are they getting their teeth done regularly and getting vet checkups and getting their vaccines and are they being checked on regularly?”

For the participants in the study, equine knowledge positively impacted practices and philosophies regarding the standards of care for equine co-therapists engaged in equine assisted psychotherapy, and regarding equine welfare. As one participant stated,

in exploring working with the horse, the sentient being, and what that means, and going beyond the do no harm... My question is, is the horse thriving in this work? It's not enough to say we're not harming the horse. We've got to do better than that. And then it's like, how would you tell? And then what do you do with it?

Another participant added, “it's not fair for us to expect them to do this work and then not meet their needs”. *Stable Foundations* recommends a code of ethics for the client interactions and a code of ethics for the care and wellbeing of equine co-therapists.

For many of the participants, equine knowledge was supplement with equine-specific skills. Exemplified one participant, “I need to know how to catch [horses]”. They added, “sometimes I need to move [the horse] for safety reasons, like if they’re stressed out or worried

about something”. Multiple participants spoke to equine-specific skills in terms of boundaries when working with either individual horses or within herds. As one participant shared,

let’s say you’re out in the field, and you’re working with a particular horse, and you see the herd boss coming over. Well, you know that [the boss] is going to push the one you’ve got. So you have to step in, use your boundaries to keep everyone safe.

The participants further acknowledged that skills were required to promote safety and equine welfare within and between equine assisted psychotherapy sessions.

Stable Foundations further acknowledges the necessity for equine knowledge to ensure that equine assisted psychotherapy sessions occur within a safe environment. This study determined that equine knowledge was essential to reduce the risks of physical and psychological harm within all human-equine relationships. As one participant exemplified, without equine knowledge, clinical practitioners are “not going to read the early warning signs of distress or disengagement within the session or within individual relationships”. A second participant offered, “you need the horse experience to keep people safe”. One participant offered, “we assess [equine knowledge] as almost a sliding scale in terms of horse experience from entry level, which is 60 hours, to being a fully fledged equine professional”. This same participant added that with limited equine knowledge, additional safety mechanisms must be employed, for example, “keeping thier clients on the other side of the fence and doing observation work”.

The participants further concluded that equine knowledge was integral to the success of *Stable Foundations* as a treatment for individuals affected by mental health disorders. In speaking to the dyadic relationship between the client and the equine co-therapist, one participant acknowledged, “[the client] might miss and they might misinterpret things, or they might just, they might just miss opportunities which support engagement” which would hinder therapeutic

progress and gains. Another participant asserted, “you can have all the counseling skills you want, but if you can't make that leap into what's, you know, how do I connect this with what's happening with the horses,” the intervention is unsuccessful. Another participant added,

I know how they communicate and what they need and what they're saying. I think that's my top priority, really, is understanding the horses and how they talk to each other and how they're talking to you. Because otherwise, you know, you're in there and you're client is not listening to them and that's causing [the horse] to get frustrated and or shut down... You have to know.

The participants differed, however, on the specificity of equine knowledge required of the clinical practitioner, Broadly, one participant offered,

“horses tend to speak similar languages...we know typical behaviours... we don't have to know the individual horses in order to be able to do the work... even though we like to know specific quirks and quirks of the specific horse...”

Other participants contended that while equines speak a common language, the differences among individual ones are vast and varied. “There is a difference between broad horse knowledge and knowledge of the individual horses. The same thing for one of my horses may mean something completely different in another horse” one participant concluded.

With one exception, participants in this constructivist grounded theory study highlighted the need for clinical practitioner to hold knowledge and possess the ability to apply it to equine communication, management, and care. Said one participant, “you can't be book-smart. You have to be experience smart”. “You have to be the leader, and you have to earn their respect. You can't get that from reading a book,” stated another participant. Said a different participant,

boundaries are just so so important with horses. How do I make appropriate corrections in my own body language if the horse is being a jerk or coming into [the client's] space, or getting ready to spook, if I don't know what I'm doing?

Deconditioning

For equine assisted psychotherapists with prior equine knowledge, deconditioning was thematic. Deconditioning referred to the un-learning of equestrian traditions, such as the use of tack, including saddles, bridles, halters, and lead-ropes. One participant offered the following differentiation, “this is not horsemanship but relationship based, and purposely” when speaking to the inclusion of equines as co-therapists. Another participant specified, “what I had to unlearn is I don't I need to be aggressively getting in their space. They didn't respect that”, referring to horsemanship philosophies which historically employed dominance and compliance based equine handling. A different participant added, “control and power is a relationship, its just not a good relationship or like an attachment”. One participant spoke of their transition from competitive riding to engaging with horses in equine assisted psychotherapy as the following,

instead of thinking that I knew it all and was going to tell them what to do, I just actually started listening to their subtle ways of communicating and working in partnership with them, rather than being the lorded-over horse person.

Another participant asked of themselves,

so if you go to a barn, and I'm talking about if you go to a barn and you get there, your horse is tacked up and you ride for an hour and then go home, how much horse behaviour do you know?... So when we say a horse knowledge, go and spend time with horses, sit there and observe.

Participants echoed the statement offered by one clinical practitioner, that deconditioning involved “giving [equines] more choices and being okay with that at the same time”. Offered another participant, “its amazing just how quickly things can go wrong when you go in with an agenda that you think you're going to make this horse to do something”. This deconditioning is also true for the equine partners as they embraced their roles within equine assisted psychotherapy. Said one participant,

A lot of horse's lives have been like, oh, no, no, no, no, no. You don't have an opinion. You do what you're told. They're just trying to figure out humans and what we want and how to get away from, like, the pressure or the pain, as opposed to, like, how can I show up and bring all my gifts.

Another participant offered this example,

I say all horses actually do this work all the time. It's just that nobody maybe recognizes it for a while, you know? So I can buy a horse tomorrow and most likely they'll do the work. They start out slow, right? They come in, they don't know and so what I like to do is say to them is, you cannot get this wrong. I make that really clear to them. And then the more they do it and the more they get heard or acknowledged or seen, the more they actually want to do it, the better do they get at it like the more open they become because it's like, ‘Oh, I can actually do that. Okay, great’.

Qualities of the Clinical Practitioner

Participants recognized that in addition to clinical skills and competence, five other qualities were required of the clinical practitioner within *Stable Foundations*. These are; being present, curiosity, noticing subtle changes, modelling, and reflexivity. Said one participant, “there's a lot of different moving parts, in my opinion, and we need to be aware of and be

cognizant of them and how they're actually informing what's truly going on deep down for the client”.

Being present

Participants identified that the clinical practitioner must possess the ability to be present within the triadic relationship and must be able to maintain this presence throughout the equine assisted psychotherapy session. Being present was defined as the clinical practitioner being alert, engaged, aware, not distracted, and not mentally or emotionally absent. In being present, one participant explained,

if I'm able to be present, I'm able to sort of put my agenda off to the side. Not discredit my clinical judgment, my clinical training. It's hard to put away, to sort of quiet my own internal voice of what the client needs to do in the session, with the horse... It helps me to really focus on client and horse and to really be present with the clients and to get away from my own agenda.

Participants identified strategies to facilitate in the clinical practitioner's ability to be present. One participant offered this thought, “one thing I do is I really avoid too much talking”. Being present was also described as being silent, observing and allowing the therapeutic process to unfold. Observed one participant, “I get out of my own way to allow what's meant to happen. To happen”. Said another, “I think for me, no part of me can be turned off to do this work. In fact, I'm better off trusting in my heart, I trust my feelings or the feeling in my gut”. Another participant supplied,

I can't always explain what I'm doing out there. A lot of the time it's just sitting quietly watching the client... And sometimes you just have to be and let the client connect to the horse and stay out of whatever they're doing.

Another participant described being present as holding an alignment with the client, “we have such a deep desire to help the client and feel very comfortable going into the depths where we have to, if that's where the client needs to go, that we're more than prepared to do that with them”. One participant elaborated on this by saying,

I'm not going to judge you. I'm going to hold that space and I'm going to be the container for you until we get to the other side. And then we're going to talk about that. We're going to experience that because I'm with you on this for me.

Curiosity

Participants identified curiosity as a quality required of the clinical practitioner providing equine assisted psychotherapy. Curiosity means holding an inquisitive mindset about the relationship which forms between the client and the equine co-therapist, and the information which emerges from it. Said one participant, “what does this behaviour mean? What is this communicating? Is it an unmet need? Is it something else?”. A different participant offered the example, a person come up with, like, the most profound insight. And I was like, ‘you sure that's what happened?’ Like, they just looked at you!”. Another participant stated,

if we can truly show them that, hey, we're interested in what you're experiencing and we're interested in knowing what's going on, we're interested in being in that experience with you, our clients are going to know that they can speak with us, they can be candid with us.

Participants also described curiosity as the clinical practitioner expressing interest in the nature of the client’s experiences within the session, and asking insightful questions to uncover the meaning the client is making of these experiences. Of being curious, one participant remarked, “our job to acknowledge [what comes up] and then ask the questions that we can to

help the client get to maybe where this horse is trying to get them to”. Said another participant, the clinical practitioner “has to hold an openness to being wrong, to misinterpreting, and to ask for clarification without assumption”. Yet another voiced, “if we don't get it [the horses will] show us. So if I don't know, or know what to do, I just put the person in the round pen and the horse will show me. Something will happen”. Curiosity is further about stepping out of pre-existing learning regarding horsemanship, with correct versus incorrect procedures and interpretations, and allowing the dyadic relationship between the client and the equine co-therapist to evolve organically and with support.

Noticing Subtle Changes

Among the most important qualities of the clinical practitioner identified by the participants, was noticing subtle changes. This, to participants, demonstrated an active engagement and attunement within *Stable Foundations*. One participant described it as “seeing every behaviour as meaningful,” whether it was a behaviour from the client or from the equine co-therapist. Numerous participants offered examples wherein the phrase “if that horse wouldn't have done that, I would have never asked” was stated. Said another participant, “we know horses with such strong energies and emotions are like sponges. So we know that shift is happening” when the equine co-therapist responds to the client, or when a unique behaviour is observed.

Noticing subtle changes was also identified by participants as being essential in facilitating the dyadic relationship between the client and the equine co-therapist. As one participant remarked,

where I can see genuine signs of the horse showing that the client matters to them, even just, you know, the horse looking at them, the horse coming towards them, the horse relaxing in their presence, I will give that feedback.

Said another participant, “when we see changes in the client, we remark on it, and we help them process it”. This same participant added, “when we see changes in the horse, we remark on it, and we help the person process it”. Noticing subtle changes was also modelled by the clinical practitioner, to facilitate in the client’s awareness building and aid in therapeutic gains. Another participant offered that enabling the client to notice subtle changes inspired learning.

Okay, I'm observing now. Obviously, something's shifted. I'm not going to judge it. I'm going to check in on what it is. And once I'm able to sort of notice that and name it then I get to decide what do I want to do with it. And then when I do something with it, whether it's an emotion or an experience or response back or what have you, I get to observe in a non-judgmental way the difference in the behaviours that I caused.

The participants asserted that noticing subtle changes provided valuable information regarding the client’s progress in treatment. For example, “change does not occur instantly. It is a process. I want to capture each moment where shift occurs, validate it,” said one participant. Another participant acknowledged, “sometimes changes are small. Like I can see them making improvements. And I give them feedback”. As another example offered by one of the participants,

if the clients aren’t reporting change, we often observe it within the client behaviour as we in the session. Sometimes it is really subtle. And we can draw attention to the fact that the client didn’t notice. There may be another theme there to explore.

Furthermore, noticing subtle changes was also identified by the participants in this study as being therapeutically useful in detecting where clients are getting stuck, and where the equine co-therapist required additional support or bridged communication.

Modelling

The participants identified modelling as an essential quality of the clinical practitioner in *Stable Foundations*. Modelling was presented as the active demonstration of particular skills, competencies, and values. Opportunities for modelling were numerous and could occur at any point during the session. Examples of modelling supplied by the participants included emotional and self-regulation; breathing, grounding and mindfulness; noticing subtle changes; giving and receiving feedback; being human and imperfect; and for a plethora of relational skills.

One participant offered the example, “we are acknowledging and recognizing that we're human, so we are being impacted by their story, and being transparent about that too”. Another participant stated, “I can sit with you and your pain, but I have no right to your pain. And I can do this because I have done my own work and sat with my own pain”. Shared another participant,

I don't know how you can fully sit with somebody in deep pain and not get caught up in it unless you have done your own personal work. Like you're going to have to close yourself off. Whereas if you've done your personal work you can sit in that because you're, you're, you're kind of okay with it.

Multiple participants identified that doing their personal work was a core component to their continuing education into equine assisted psychotherapy.

As a final consideration, modelling was described as holding the belief that the client can heal, despite their symptom presentation. One participant specified, “can you hold the belief of being able to hold people fully capable to take care of themselves? Even though sometimes it seems like when they're here, they can't, but still being able to hold that belief for them”.

Reflexivity

For the participants, reflexivity held many meanings. Reflexivity was identified by one of the participants as being “aware of how are we reacting, what we do, what sensations do we have when we see and witness and hear what is unfolding” within the session. Another participant described reflexivity as “being aware of what’s happening in the session, and being able to adjust”. Another participant described reflexivity as self awareness, and stated, “the self awareness piece is huge. I really think needs to be in all the sessions, supervision and trainings”. Yet another defined reflexivity as the clinical practitioner’s ability to “building awareness and to help create an environment that allows building awareness for the client”. A final consideration was supplied by multiple participants, and asserted by one in particular as, “acknowledging the power differentials between humans and horses and keeping it in check”.

The participants further conceded that reflexivity was essential in moving clinical practitioners from a novice to an advanced level of practice. Shared one participant, “when as a clinician we get stuck in our own agenda, that actually interrupts to process for the client. We need to know where that comes from and what its about”. Another participant stated, allows the clinical practitioner to “be able to drop the ego, seek feedback, take or leave the feedback as it applies,” and continue to learn and grow. Shared another participant, reflexivity occurs when the clinical practitioner asks of themselves,

where do the skill sets come from and how these skill sets shift [for the client], how do you work on countertransference [in the triadic relationship], being aware of that transfer, especially when we're working with horses right.

A surprising finding was presented by one participant who transitioned into equine assisted psychotherapy following a lengthy engagement in the equine industry. “I learned that I was missing the reflexivity piece when I went back to school and got my Masters,” they shared.

Educational Approaches in Learning Equine Assisted Psychotherapy

Stable Foundations requires education, ongoing supervision, and a commitment to lifelong learning on the part of the clinical practitioner to effectively implement this intervention in the treatment of individuals affected by mental health disorders. Following the construction of the *Stable Foundations* theory of equine assisted psychotherapy, this researcher answered the second question, what are the approaches used for teaching and learning equine assisted psychotherapy as a treatment for individuals affected by mental health disorders? This research identified four categories in answer to this question: continuing education, experiential education, practice and application, and mentorship and supervision. The subcategories and codes identified from this study reflect the teaching and learning approaches employed in continuing education in to equine assisted psychotherapy. As one participant asserted, equine assisted psychotherapy is “very complex, very. You've added, like, another living creature into the whole picture, and you have to have a certain capacity for that”.

Continuing Education

Continuing education was identified by the participants as a prerequisite to incorporating equine assisted psychotherapy into clinical practice. The participants agreed that clinical practitioners seeking to expand their scope of practice or engage in professional development in the area of equine assisted psychotherapy must engage in continuing education. Unanimously the participants voiced the need for lifelong learning as both a

personal value and professional commitment for clinical practitioners. One participant offered the following,

I've seen people who've done this for a long time who don't know any more than when they started. So, you know, experience is one thing. Education, you know, going out and learning - and there's lots of programs out there. Education is a big one.

Another participant shared, “I think when we get to the advanced level, it's really important for us to ensure that we're still learning. And we still continue to grow”.

The participants acknowledged that across Canada, and internationally, educational opportunities are largely unregulated, and highly diverse. Many participants reported seeking educational opportunities in the United States, as the desired programs were unavailable within Canada. In selecting a program, the participants identified cost, length of engagement, program values, and proximity as the reasons for selecting a particular training opportunity. Said one participant, “I looked everywhere. I looked at every program. Then I found [name] and I just knew. Everything about it resonated – the lengthy timeframe, the program values, the way the horses were treated...”.

While the practice of equine assisted psychotherapy was limited to clinical practitioners working within their scope of practice, the participants identified that many of the available continuing educational programs offered the same training to students, clinical practitioners, and non-clinical professionals within the same learning group. Some participants saw this as yielding positive results within the learning environment. Stated one participant, “there is value in having multiple perspectives” when clinical practitioners and non-clinical practitioners are paired in trainings. Other participants cautioned this approach, “I’ve heard stories of trainings where some people didn’t know anything about horses and it was really, it

was really unsafe for them”. Shared another participant, “it can be a real challenge when there’s no group cohesion. Whether it’s clashing personalities, or a couple of people come with a specific agenda, or they’re just too different and you can’t accommodate everyone”.

Furthermore, the Covid-19 pandemic permanently altered teaching and learning within the area of equine assisted psychotherapy, and traditional methods of group learning were supplemented or partially replaced with online opportunities. Stated one participant, “now things have gone online, and we do some of our training online, I find that I quite like it”. Said another participant, “there are lots of things you can learn online. Everything to do with [equine] behavior or nutrition is online”. While online continuing education can introduce a wider audience to equine assisted psychotherapy, provide the background knowledge required to understand equine assisted psychotherapy, and facilitate in knowledge generation around equines, the participants accepted the limitations of online learning. Shared one participant, “no amount of online learning or watching YouTube videos is going to help you do the work. The work itself has to be hands on. You have to get in there and just do it”. Described one participant who was both a clinical practitioner and an educator in equine assisted psychotherapy, “I frequently get requests from people who want to do the whole thing online and it's like, no. No, because I have to see work. I want to see what you, what it's like when you touch the horse”.

Experiential Education

The participants concluded that clinical practitioners learning equine assisted psychotherapy are best supported through educational initiatives which are experiential in nature. “It’s all experiential” said one participant, speaking to both the intervention and the required education. Another participant volunteered, “you can’t learn [equine assisted psychotherapy] if you aren’t in the pasture, with the horses, actually doing the work”.

Experiential education was described by the participants as learning through doing. This meant participants learned through their active participation in hands-on experiences. Exemplified one participant, “if we are asking the client to do something, observe, groom, work in the round pen... we have to do the same”. Experiential education was further defined as practical, affording opportunities for applied learning. Another participant offered, “it's those experiences that help you learn and grow. And you just don't get that by reading a book and it just doesn't happen overnight. It's learning by doing, so to speak”.

For many of the participants in the study, experiential education involved hands-on practice engaging in equine assisted psychotherapy. One aspect of this was described by the participants as conducting practice sessions. In speaking of their own educational program, one participant shared,

we split into groups of three each where they rotate their roles. So one would be the client, one would be the equine professional, one would be the facilitator. And then they rotate to be able to be in each role.

Many of the participants clearly differentiated practice sessions from role play. A role play was differentiated insofar as it uses hypothetical examples. As one participant stated, “role play isn't effective. The horses know you're incongruent”. Instead, the participants reported a need to practice with real, personal, examples. The caveat, however, as supplied by one participant, “you have to make sure that you're being ethical and appropriate when you're asking people to use real examples”. This was especially relevant within experiential education into equine assisted psychotherapy as, “the horses are so powerful. They can blow you open and drop you to your knees,” as presented by one participant.

The participants further empathized that experiential education afforded the adult learners' opportunities for skill development in the emergent categories of *Stable Foundations*. When engaged in learning, "we are practicing with each other and we are just using our real skills," acknowledged one participant. They added, "that's really hard for some people. They're like, 'well, what do you want me to be doing?' And I'm like, 'Do yourself'. Where are you at and what do you want to do?". Within the learning environment, clinical practitioners are afforded a unique opportunity for giving and receiving feedback from the participating group. Acknowledged one participant, "we do a lot of boundary work, and then we keep practicing... and they get feedback from the client and, you know, then we kind of debrief that whole thing". Boundaries were essential to manage the nature of the group feedback and reduce psychological risk for the learner.

Within the experiential education, emphasis was placed on safety, recognizing the equine co-therapist's consent, of lack thereof, and facilitating relationships. One participant emphasized, "we spend a full day on safety," and another participant, "we focus on safety and ethics". Multiple participants spoke to experiential education as focusing on safety in working with horses and clients, and in learning what one participant offered, "what your boundaries are as an observer and facilitator" in the relationship which forms between the client and the equine co-therapist. Asked another participant of the adult learner, "are you ok if the horse is a little pushy, what about if it turns its butt in [for scratches]? What about when the person doesn't like your favourite horse?". Additionally, developing the qualities of the clinical practitioner was facilitated through experiential education through what one participant called "practice sessions and working through specific cases".

Supportive Environment

The participants identified that neither positive nor meaningful participation in experiential education could occur for adult learners if the environment wasn't supportive. A supportive environment was described as one in which the physical and psychological safety of the facilitator, the learners, and the equines was ensured. Said one participant, "you can't be worried about safety when you're trying to learn. It doesn't matter if it is safety from the horses, safety from judgement, or safety from the weather...It just can't happen". An additional caution addressed by one of the participants in the study was exemplified as the following,

I was doing my training and we were doing a practice session working with something that that you were fearful of or that was kind of a block for you and a person that was the equine professional that was holding a horse got triggered by what a person was talking about and what they were fearful of.

Safety was identified as requiring cognizance on the part of the educator when both equine professionals and individuals with little to no equine knowledge or experience were engaged in experiential education.

A supportive environment was also defined by the participants as being intentionally crafted to promote knowledge transfer and skill development. However, one participant cautioned,

sometimes people set up a wow experience, where they need something profound to happen to rattle some cages and get people thinking. But teaching doesn't need to be profound for learning to happen. And no one really needs to participate in learning where the objective is teaching you what not to do.

This distinction is important. Within continuing education, opportunities for experiences are generated by the facilitator, or co-constructed by the group, rather than orchestrated with the risk of causing harm or overriding consent. Knowledge transfer and skill development occurred, according to the participants, when participants has a clear expectation of the objectives, and an opportunity to practice.

As a final requirement, a supportive environment was identified by the participants as being non-judgemental and as being a collaborative. Collaborative learning occurred among the adult learners, and between the educator and the adult learners. Exemplified one participant, “we work on holding the concept that you can't really do anything wrong. You just try some things, see what the response is, and then we'll make adjustments”. Another participant agreed, “you can't learn if you don't try”. While another participant stated, “some people are slightly resistant and a little bit defensive, and we have to support them through that”.

Promoting Reflexivity

Reflexivity was addressed by the majority of the participants. Reflexivity was presented as a quality of the clinical practitioner engaged in equine assisted psychotherapy. Reflexivity was also presented as an essential quality of the adult learning engaged in continuing education into equine assisted psychotherapy. For the participants, reflexivity involved the ability to reflect on the learning experience. One participant acknowledged the importance of asking questions, “what did we do wrong? Like, what are we trying to accomplish? Okay, so what can we do next time to achieve that?”. Other participants described reflexivity in relation to self-awareness. They suggested, “sometimes it surprises me to find my own boundaries, like, the things in our practicing that I didn't even know I was uncomfortable with”. Yet another participant discussed reflexivity as necessary in increasing accountability on the part of the clinical practitioner.

Recognizing Experience

The participants unanimously acknowledged that many of the continuing educational programs into equine assisted psychotherapy welcome adult learners who are clinical practitioners, non-clinical practitioners (e.g. diploma or bachelor's graduates, students, coaches), and equine professionals. While the participants cautioned against violating scope of practice within clinical practice, many of the participants appreciated the value add of a diverse cohort. One participant felt, "it kind of depends where we're at, you know, kind of what they're able to take in and what they are ready to experience. Sometimes it's a pretty slow process".

Additionally, the participants recognized that not all previous experience was of equal benefit to their ongoing learning. Noted one participant with significant equine experience after completing their training into equine assisted psychotherapy, "I have one more skill set, but I need to be able to bridge them. I need those skills to have a go at [equine assisted psychotherapy]". Another participant observed,

the drawback of not coming from a psychology standpoint or counseling standpoint or being a social worker is I lacked the skill to be able to translate what happened in the practice settings into their lives outside of the session.

Remarked another participant, "I'm always going to do things differently because I was a horsewoman first. That makes me pretty different from everyone else". A final consideration was supplied by another participant, "sometimes learners get frustrated and they don't continue as they think it's taking too long or they think they know everything".

Recognizing previous experience meant that clinical practitioners learning equine assisted psychotherapy had to critically appraise and evaluate previously held attitudes, beliefs and behaviors. As one participant described, "it's mentally reprogramming how you're going to

approach a certain movement or situation. In therapy, we use the horses in such a different way”. Another participant shared, “I found I had to unlearn so much and that's even so much harder than learning sometimes is getting out of the habits that you had, the bad habits”. Another participant shared, “really being client centered means letting go of f control. Allowing the process to sort of unfold naturally is, I think, that's something that I learned”. Unlearning was also viewed as a positive by many of the participants. One participant shared,

There's a lot of women who are older coming into this work and they kind of figure out how to be with horses in a different way. Um, I think they do it in a way where they do the work with themselves to give themselves that ability to make choices and, you know, have more say.

Stated another participant, they

did tons of unlearning, which I was very, very thankful for that... I kind of go back to my childhood with, you know, what attracted me to horses in the first place and I was being with them in a way that was kind of pleasurable or comfortable and satisfying for me.

Practice and Application

Another category in considering the approaches to teaching and learning equine assisted psychotherapy which emerged from this study was practice and application. The participants unanimously concluded that clinical practitioners learning equine assisted psychotherapy must engage in substantial practice. “What makes a great practitioner? Years of really good practice,” stated one participant. Said another, “every time we practice we are learning. There's always something new. Even a new take on something”. Within this study, the concept of practice was conceptualized as both the practice which occurs within continuing education, and within clinical practice.

The application of both knowledge and skills specific to equine assisted psychotherapy into practice was of further importance to the teaching and learning processes within equine assisted psychotherapy. Stated one participant, “I don't believe we hold on to anything [learning] until we have clients. We have to be attached to something for it to matter to us... Otherwise it's just knowledge and we forget it. Yeah, really, unless we apply it”. The application of learning was essential in learning the roles and responsibilities of a clinical practitioner engaged in equine assisted psychotherapy, facilitating in the development of the dyadic relationship between the client and equine co-therapist, and simultaneously attending to the needs of the equine co-therapist within and between client sessions.

Developing capacity in equine assisted psychotherapy as a clinical practice used in the treatment of individuals affected by mental health disorders was identified by the participants as a process. As one participant described, “you are always learning”. The commitment to lifelong learning with regard to equine assisted psychotherapy was echoed by all of the participants. Another participant articulated, “I feel like people that take the time to go through the process [of learning equine assisted psychotherapy], they experience the work themselves, they make it into kind of a whole philosophy of what it is that we're working towards”. Numerous participants responded to the researcher that experiential education requires a commitment of time and active engagement on the part of the clinical practitioner. As one participant stated, “the more you engage in your own learning, the greater your benefits will be”.

Mentorship and Supervision

The participants encouraged novice clinical practitioners providing equine assisted psychotherapy in the treatment of individuals affected by mental health disorders to seek mentorship opportunities. A mentor was described as an experienced professional who can teach,

guide, or advise the novice in either the application of equine assisted psychotherapy or in the development and application of equine knowledge. Many of the participants acknowledged that their equestrian coaches or riding instructors were important in developing equine-related capacity. The participants further acknowledged the importance of connecting with a mentor who shares similar values, “I just love [name of mentor]! He really believes in the same things I do, that that horse is a relational partner”.

Supervision was identified by all the participants as an essential approach to learning equine assisted psychotherapy. Supervision is a formal, relationship-based approach to developing autonomous decision-making and ethical practice within clinical practice. As one participant stated, “no matter how good you think you are it is imperative that you keep up with your supervision”. Said another participant, “we actually really encourage the [clinical practitioners] to seek supervision”.

Supervision was described by participants as a way of expanding their perspectives, ensuring ethical practice, developing reflexivity, and discussing clinically challenging matters. As one participant shared, “sometimes if I need another perspective... then I can get that feedback for something that you haven't seen before in either my equine or my mental health work”. Another participant offered, “sometimes I just hit, I get blocked, and that’s when I need to talk about what’s going on for me, and what’s going on for the person in the [session]”. Additionally, supervision was encouraged for clinical practitioners seeking to expand their scope of practice. Asserted one participant, “there are no limits to what you can do. You just have to make sure that you’re talking to the right people, collaborating, whatever”.

Summary

This chapter provided the findings of this constructivist grounded theory study which answered the two guiding research questions; what is a theory which explains the nature of equine assisted psychotherapy? and what are the approaches used for teaching clinical practitioners equine assisted psychotherapy as a treatment for individuals affected by mental health disorders? This chapter began with a description of the 12 research participants who contributed to this study. The theory which emerged from this constructivist grounded theory study is the core category, called *Stable Foundations*. This study yielded six categories which outlined the roles, responsibilities, and skills of the clinical practitioners utilizing equine assisted psychotherapy in the treatment of individuals affected by mental health disorders. These categories further spoke the nature of equine assisted psychotherapy as a treatment for individuals affected by mental health disorders. The categories which emerged from this study included safety, consent, scope of practice, facilitated relationships, equine knowledge, and qualities of the clinical practitioners, all of which must be present to ensure the effectiveness of equine assisted psychotherapy. Notably, five qualities of the clinical practitioner specific to their engagement in equine assisted psychotherapy emerged from this constructivist grounded theory study. These were being present, curiosity, noticing subtle changes, modelling, and reflexivity.

Following the presentation of the constructed theory, this chapter presented the research findings which spoke to the approaches used in teaching and learning equine assisted psychotherapy. The three categories which emerged from this study were experiential learning, practice and application, and supervision and consultation. The subcategories and codes reflected the approaches to teaching clinical practitioners *Stable Foundations*, and the

learning processes for adult learners engaged in continuing education in the area of equine assisted psychotherapy. Through the findings of this study it was determined that clinical practitioners must be active participants in the learning processes and demonstrate a commitment to lifelong learning to improve the efficacy of equine assisted psychotherapy in the treatment of individuals affected by mental health disorders.

Chapter 5: Discussion of Findings

This chapter will offer a discussion on the core category, *Stable Foundations*, which emerged from this constructivist grounded theory study in answer to the question, what is the nature of equine assisted psychotherapy? Through the process of collecting data and engaging in an iterative analysis, it became clear that the emergent theory focused largely on the roles and responsibilities of the clinical practitioner providing equine assisted psychotherapy in the treatment of individuals affected by mental health disorders. Discussed, in this chapter, is the importance of this finding, and the corresponding requirement for clinical professionals to be educated and proficient in equine assisted psychotherapy as an intervention used in the treatment of individuals affected by mental health disorders. This researcher in this chapter will further elucidate the relationship between the core category, categories, and the existing literature regarding equine assisted psychotherapy, clinical practice, and adult continuing education. The implications for clinical practice and adult education will be discussed. This researcher will then offer recommendations for future research and provide a conclusion to this study.

Defining Equine Assisted Psychotherapy

The nature of equine assisted psychotherapy as presented in *Stable Foundations*, differs significantly from the descriptions of equine assisted psychotherapy presented within the existing literature. This study clearly conceptualized equine assisted psychotherapy as a psychosocial intervention used in the treatment of individuals affected by mental health disorders. As such, *Stable Foundations* excluded all non-clinical practitioners from engaging in equine assisted psychotherapy as it extends beyond their target population, scope of practice, and education.

The importance of differentiating the clinical practice of equine assisted psychotherapy from non-clinical equine assisted activities was evident throughout this study. Also evident was

that participants valued the full spectrum of work done by equine professionals, including those who offered non-clinical interventions, especially when those professionals were transparent about their strengths, limitations, education, and scope of practice. Differentiating clinical practice from non-clinical equine activities was said to inform the client as to the nature of the interventions in which they were engaging and to protect the public from harmful interventions. While regulatory bodies protect the public by ensuring clinical practitioners are “competent to practice and will interact with clients in an ethical and safe manner,” (Association of Social Work Boards, 2022) the multitude of non-clinical equine assisted activities are not regulated, and consequently offer no such assurances. “We have to protect the clients,” stated one participant. Another added, “clients don’t know the nuances or variations across the different approaches, or even have the ability to evaluate the quality of the work being offered. It’s our job to give them that information”.

While the participants called their practices by a variety of names, they all clearly articulated the importance of language and labels in differentiating their clinical practice from non-clinical equine activities. As one participant summarized,

If anything should be regulated, it should be the titles people choose. Get the programs right. Because I've seen programs do, you know, equine facilitated whatever, and then I look at it and they do it with a bachelor's degree, and wait a second, that's not therapy. And I'm okay with that if that's what they're doing, but then call it equine assisted learning, and charge, you know, 50 bucks an hour instead of 150.

This was echoed by Hallberg (2018),

If an individual providing a non-therapy service uses language that mis-leads the consumer or referent into thinking the service will reduce serious medical or mental

health symptoms, or provide a type of “treatment” for a complicated condition or diagnosis, the provider could unintentionally cause harm due to a lack of education, training, and experience. In some cases, the harm may go unnoticed or may not be understood by the provider. This is especially relevant for those offering services that address psychological conditions (p.46).

The use of clear and consistent terminology in describing practice was also exemplified when clinical practitioners engaged with multiple equine assisted interventions. As offered by one participant, “not everything I do is therapy... and I am very transparent about that”.

Another differentiation which emerged between this constructivist grounded theory study and the extant literature was in the description and understanding of the therapeutic relationships within equine assisted psychotherapy. Within the literature, equine assisted psychotherapy has been termed a dyadic relationship between the client and the equine co-therapist (Kern-Godal et al., 2016; Phenow, 2016; Tuuvas et al., 2017) or as a triadic relationship between the clinical practitioner, client, and equine co-therapist (Bachi, 2013; Carlsson, 2017; Ewing et al., 2007; Kirby, 2016; Kovács et al., 2020; Trotter, 2012). Alternatively, some models of practice identify a triadic relationship between the client, clinical practitioner, and an equine specialist (Harvey et al., 2020; Notgrass & Pettinelli, 2015). This study’s participants, however, defined the therapeutic relationship within equine assisted psychotherapy as a triadic relationship between the clinical practitioner, client, and equine co-therapist which encompasses the dyadic relationship which forms between the client and the equine co-therapist.

This differentiation is important because it captures all of the therapeutic relationships which occur within equine assisted psychotherapy. This differentiation recognizes that within equine assisted psychotherapy, not all of the relationships are therapeutic in nature, for instance

those which occur between the clinical practitioners and their equine co-therapists. This highlights the complexity of this treatment approach for individuals affected by mental health disorders, as the presence of therapeutically integrated relationships requires careful attention on the part of the clinical practitioner to capture all of the relevant information which the client presents.

Another deviation between the findings from this study and the existing literature, discovered by this researcher, related to the practice orientations of the clinical practitioners. Within this study, equine assisted psychotherapy was presented by the participants as the primary practice orientation, into which additional or complimentary modalities were incorporated. Within the literature however, multiple authors spoke of equine assisted psychotherapy as a complimentary intervention, or one which existed under the umbrella of the clinical practitioners' pre-existing theoretical orientation (Esbjorn, 2006; Holtcamp, 2021; Kern-Godal, 2016; Lac, 2017; Rambo, 2016; Selby & Smith-Osborne, 2013; Sheade, 2021). This was likely an unintended consequence of the lack of guiding theory for equine assisted psychotherapy, coupled with the relative newness of this treatment approach within clinical practice which informed the early literature.

Said one participant, "the focus in on [equine assisted psychotherapy] and I may add in other tools depending on the client's needs and client goals". Tools employed by the participants, were derived from Eye Movement Desensitizing and Reprocessing (EMDR), Gestalt therapy, play therapy, or somatic processing, primarily. Mindfulness strategies were referenced by many of the participants. Additionally, the Polyvagal Theory, which relates the functioning of the autonomic nervous system to behaviour (Porges, 1995, 1997, 2001, 2003, 2003, 2017; Dana & Porges, 2018) was articulated with significance in this study, as was the concept of the Window

of Tolerance, which addresses optimal levels of arousal in personal functioning (Ogden et al., 2006; Siegel, 1999, 2010). The latter is unsurprising given the relational focus of equine assisted psychotherapy and the parallels between humans and equines in terms of the neurobiology of attachment, the depths of which far exceed the scope of this present study.

Additionally, the concept of “mirroring”, which was prevalent within early publications in the literature, was addressed by only a single participant. Mirroring had been described within the literature as a form of positive transference wherein the horse “mirrors” the client’s internal emotional and mental state, through corresponding changes in the horse’s observable behaviour (Bachi, 2013a; Lee & Makela, 2015; Matamonasa-Bennett, 2015; McConnell, 2010; Schultz et al., 2007; Weiss, 2009). Within this study however, rather than acting as a mirror and reflecting back information to the client, the equine co-therapist was seen as an autonomous, sentient, relational, being, responding to the emotions and behaviours and energy of the client and altering their communication and behaviour in response to their own physical or relational needs. This highlights the fact that equine assisted psychotherapy has greatly evolved from its conception and is continuing to develop to better meet the needs of the clients and the equine co-therapists as individuals and as relational beings.

Professional Practice and Professional Identity

From the core category of *Stable Foundations*, categories emerged which addressed the roles, responsibilities, and qualities of the clinical practitioner providing equine assisted psychotherapy in the treatment of individuals affected by mental health disorders. These categories captured the participants’ professional experiences with equine assisted psychotherapy and / or facilitating in human-horse relationships. The findings from this study paralleled Hallberg (2018) who suggested clinical practitioners offering equine assisted psychotherapy

must demonstrate clinical intentionality, animal advocacy, self-awareness and authenticity, and social intelligence. Similarities were also found between *Stable Foundations* and the work of Notgrass and Pettinelli (2015) insofar as noticing changes in the equine co-therapist, noticing client discrepancies, and in the need for self-reflection on the part of the clinical practitioner.

These findings speak to the importance of the clinical practitioner in providing the intervention of equine assisted psychotherapy, as this is a complicated and dynamic psychosocial intervention. Indeed, *Stable Foundations*, uncovered multiple therapeutic and relational processes which occur simultaneously, while both influencing and being influenced by all members of the triadic relationship, the clinical practitioner, the equine co-therapist, and the client. *Stable Foundations* is not an uncomplicated, or simple, psychotherapy to provide. A single participant suggested that equine assisted psychotherapy is not for new or novice clinical practitioners, especially without quality mentorship and supervision. Hallberg (2018) affirmed that “it is very important that individuals interested in adding equine-assisted therapy to their clinical practices are already competent, comfortable, and experienced providing whatever conventional healthcare service they are licensed to provide” (p. 55).

From the categories which emerged through this constructivist grounded theory study, it was made known that the capacity of the clinical practitioner providing equine assisted psychotherapy was of equal importance to the quality of the relationship with the equine co-therapist. Multiple professional examples were provided by the participants wherein the client’s distorted thinking or maladaptive beliefs, patterns, or behaviours, would have gone unchecked, or worse, accidentally validated through the client’s interpretation of the equine co-therapist. Offered one participant,

every time the horse stamped its foot [the client] thought [the horse] was angry at her. And this was, it was very activating for her. The horse was stamping to get rid of the flies. It likely had nothing to do with her. So, we, explored that.

Offered by another participant, “the horse isn’t ignoring someone just because it doesn’t lift its head and gallop across the field to see you. I mean, sure, we’d all love that. But they’re not dogs”. Within the literature into clinical practice and clinical education, considerable attention has been paid to the impact of the clinical practitioner on client outcomes (Caspar, 2017; Cuijpers et al., 2019; DePue et al., 2022; Frank et al., 2020; Wampold et al., 2017). Furthermore, given the importance of equine consent and equal partnership within both the dyadic relationship between the client and the equine co-therapist, and the triadic relationship between the clinical practitioner, the client, and the equine co-therapist, it would be unethical and potentially damaging to the nature of this work, for the sole responsibility for promoting client awareness or facilitating in symptom reduction to rest on the equine co-therapist.

With only one exception, all of the clinical practitioner participants within this study worked independently, or one-on-one with their clients. This is a significant deviation from both the literature into equine assisted psychotherapy and many of the current educational programs, which maintain a two-person model. The two-person model employs one professional who is a clinical practitioner and another who is an equine specialist to work two-on-one with the client (Bachi, 2013; Carlsson, 2017; Ewing et al., 2007; Fournier et al., 2018; Frederick, 2018; Kirby, 2016; Kovács et al., 2020; Notgrass & Pettinelli, 2015). However, within *Stable Foundations*, the equine assisted psychotherapist demonstrated capacity throughout all categories of this treatment approach, coupled with knowledge and skill integration. This finding merits further investigation into what may be a significant education-practice gap, with far-reaching

implications. It is unlikely that the combined skillsets of two professionals can replicate itself as skillfully as a single, advanced-level, equine assisted psychotherapist. It would be of interest to know whether professionals who begin their practice in a two-person model evolve into utilizing a single practitioner approach, on account of their engagement in continuing education and lifelong learning. This was the case for two of the participants.

The emergent theory, *Stable Foundations*, was accompanied by the clinical practitioner professionally identifying as an equine assisted psychotherapist. This was a significant deviation from the available literature into equine assisted psychotherapy. Within the literature, equine assisted psychotherapy is incorporated into the clinical practitioners' pre-existing clinical practice, or at minimum, into their pre-existing theoretical framework (Bachi, 2013; Brandt, 2013; Hallberg, 2018; Kovács, van Dijke & Enders-Slegers, 2020; Lac, 2016, 2017; Schlote, 2020; Trotter, 2012). Moreover, the participants recognized a personal and professional shift in their identity through their engagement with this work wherein equine assisted psychotherapy was the focus. Gibson et al. (2010) concluded that the development of a clinical practitioner's professional identity "occurs when the new professional integrates experience with theory, merges personal and professional identities, and begins to self-evaluate" (p. 33). Within the literature into clinical practice, the development of a professional identity is important to the advancement of the entire profession (Klein & Beeson, 2022; Lampropoulos 2001).

Personal-Professional Development

For some of the participants, becoming an equine assisted psychotherapist required the clinical practitioners to participate in their own personal work. Personal work was described as participating in one's own, personal, therapy. Within the literature, the value of personal work has long been established to enhance clinical practitioner wellbeing and professional

development (Bager-Charleson, 2018; Bennett-Levy, 2019; Bennett-Levy & Finlay-Jones, 2018; Bike et al., 2003; Kumari, 2011; Norcross, 2005; Sleater & Scheiner, 2020; Stevanovic & Rupert, 2004). According to Elliot and Partyka (2005), engaging in personal therapy facilitates in self-awareness, learning about blind spots and sensitivities, and improving the clinical practitioner's ability to manage conflict, inconsistency, and ambiguity. Geller and colleagues (2005) added, personal work improves mental and emotional functioning, reduces the potential for countertransference, "makes the clinician's life less neurotic and more gratifying, ... alleviates the emotional stresses and burdens inherent in the impossible profession,'...[and] establishes conviction about the effectiveness of psychotherapy" (p. 9).

As stated by Bennett-Levy (2019), the development of both the personal self and the professional self must occur, as they both contribute to the effectiveness of the clinical practitioner. One benefit presented by the participants was an enhanced ability to be congruent. Congruence according to Sutanti (2020) "refers to accurate matching of a person's experience with awareness" (p. 47). Congruence is associated with the clinical practitioner's ability to be genuine, integrated, and authentic within the therapeutic relationship. This is of significance within equine assisted psychotherapy as the ability of equines to identify incongruence was widely supported within the literature (Brandt, 2013; Kirby, 2010; Lac 2016, Lampe & Andre, 2019; McLean & Christensen, 2017; Maziere & Gunnlaugson, 2015; Porter-Wenzlaff, 2007; Trösch et al., 2019; White-Lewis, 2020; Willerson & Sandford, 2015). Exemplified one participant, "[the horse] is going to see right through them, and [the horse] is going to let me know that something's up, and then I'm going to ask [the client] about it". Equines will also respond to the clinical practitioner if they are presenting as incongruent within the session or in other areas of engagement with their equine co-therapists.

Of the participants who advocated for personal work, two specified the need to be a client in equine assisted psychotherapy. “You don’t actually know anything until you’re blown open by a horse,” one said. This same participant acknowledged that a gap occurs when you learn how to provide equine assisted psychotherapy without having participated in it as a client. Yet another participant asserted, “until you’ve been a client, you have no idea what it actually feels like to do the work. You have to feel it to understand it, to understand what the client can experience”. This was affirmed within the literature. As Elliot and Partyka (2005) concluded,

If the therapist has personally been through what is being offered to the client, he or she will also be better able to understand the client’s experience, and that will help the therapist to be more responsive to the client’s moment-to-moment experiencing. (p. 35)

Geller and colleagues (2005) added that parallels between clinical learning and personal therapy allow for modelling of interpersonal and technical skills.

The participants concluded that continuing education into equine assisted psychotherapy must encourage clinical practitioners to engage in personal work. As stated by one participant, “the beautiful and part of the [continuing educational program] is in order to graduate, you have to do your own personal work”. A number of educational programs across Canada recommend or require clinical practitioners engaging in equine assisted psychotherapy to take part in personal work. As stated by McIntosh (2018)

there is no denying that we experience personal growth within a number of contexts and environments and this certainly extends to training workshops including those with horses. However there is something different about attending a workshop or session where the defined purpose and focus is upon your own personal growth, rather than the personal growth being a by product of another training or educational experience.

The role of continuing education in promoting personal work was also noted by participants as reducing stigma associated with the need to engage in mental health services. Said one participant, “I had to get over the stigma you know. Thinking I wasn’t bad enough to need anything”.

Adult Learning in Equine Assisted Psychotherapy

Through the completion of this constructivist grounded theory study, knowledge was generated to answer questions specific to educating clinical practitioners in equine assisted psychotherapy practice: 1.) Process (i.e., best way to teach and learn); 2.) Content (i.e., what do they need to know); 3.) Suitability (i.e., previous background, future use of equine assisted psychotherapy in practice, trainer’s experience); and 4.) Logistics (i.e., who, what where, when, how). To date, these questions remain unanswered within the literature, despite the existence of numerous continuing educational programs into equine assisted psychotherapy and related equine-assisted interventions across Canada and internationally.

As the practice of equine assisted psychotherapy is not regulated, the variability among educational programs creates challenges for assessing capacity as an equine assisted psychotherapist, knowledge transfer, and in moving this practice towards an evidence-based intervention. The emergence of *Stable Foundations* from this constructivist grounded theory study generated knowledge which may influence curricular guidelines and learning objectives. According to numerous authors, including Rowell and Benshoff (2008), guidelines and objectives including those for “theoretical knowledge, technical skills, and professional attitudes can each be evaluated separately” (p.232). This will help ensure that a minimum standard of learning is achieved for clinical practitioners engaging in continuing education into equine assisted psychotherapy,

Process

The participants identified the best way to teach and learn equine assisted psychotherapy was through continuing education which is experiential in nature. Moon (2004) identified the essential qualities of experiential learning: direct experience is the material of learning, a mechanism of feedback is present within the learning environment, the adult learner engages as an active participant with an intention to learn, and reflection is involved. To learn *Stable Foundations*, the participants identified a need for continuing educating wherein opportunities to learn from direct experiences with equine assisted psychotherapy were provided. “You have to do experiential learning if you are attempting to do an experiential [psychotherapy],” shared one participant.

Among participants, examples of experiential learning included participating in equine observation to practice noticing subtle changes, observing equine assisted psychotherapy practice sessions, and doing equine assisted psychotherapy practice sessions. Within the literature direct practice, group work and observation were preferred (Andersen et al., 2020; Beard & Wilson, 2018; Moon, 2004; Parry & Allison, 2020; Waugh et al., 2020). As exemplified by numerous participants, practice sessions used small group (three members), real-world, examples wherein adult learners took turns being a clinical practitioner, a client, and an observer. The client and the facilitator would then provide feedback to the clinical practitioner, and collectively the group would reflect on the experiences. Large group observations of practice sessions also occurred. “Sometimes the facilitator guided the session, sometimes we had a volunteer. And then we talked about what we noticed, asked our questions, and kind of debriefed the experience” exemplified one participant.

In doing practice sessions, experiential learning invites the clinical practitioner into an active learning process. Stated Beard and Wilson (2013), the learner works autonomously and becomes “personally responsible for their actions and therefore must think things through and decide for themselves” (p. 262). The ability to participate in multiple roles, the clinical practitioner, the client, and an observer, was noted by the participants as instrumental to the ability to apply learning into practice and for knowledge integration. Within the literature, experiential learning was also said to increase the effectiveness of adult learning, enhance knowledge retention, link theory to practice, and advance professional competencies (Jarvis, 2004, 2010; Lindeman, 1961; Merriam & Bierema, 2014; Roach & Young, 2007; Rowell & Benschhoff, 2008; Schon, 1990). Within the literature, experiential learning was also identified as an effective way to promote clinical decision making and critical thinking (Cocker, 2010; Brown & Rutter, 2008; Gibbons & Gray, 2004; Lisko & O'dell, 2010). Numerous participants also remarked that through experiential learning, confidence was promoted. Shared one participant,

I couldn't have learned this any other way. I wouldn't have been able to learn the content and take it back to my clients and make it work. It's like I got all of my hang-ups and insecurities out of the way during the practice.

Within the literature, Usher and Soloman (1999) described experiential learning as “a key element of a discourse which constructs experience in a particular way, as something from which knowledge can be derived through abstraction and by use of methodological approaches such as observation and reflection” (p. 161). Among the participants, and reflected within the literature, it was reflection which transformed experiences into learning.

As one participant offered, a learner must leave a continuing educational program,

with more than just an idea of what [equine assisted psychotherapy] looks like. You have to get in there and try it. Try being a facilitator. Try interacting with clients. Play with some sessions. Practice. Ask yourself how it feels when you're in it. What about this did I like? What needs to change? Did I hate it? What happens if I try it, in a different way?

Reflection, referred to as reflexivity, was identified by the participants as a key component in experiential learning, and within clinical practice. Fook (2002) defined reflexivity as “the perspective of the knower, and how it influences what is known and how it is known” (p. 34) in the context of one’s professional culture. Within the literature, reflection is prevalent within adult education as a pedagogical strategy, clinical practice as a professional value, and for providing educators a framework through which reflection is embedded within lifelong learning. Thobald and colleagues (2017) stated, reflection is an approach within experiential learning which “leads to understanding and linking new to existing knowledge” (p. 302). When coupled with experiential learning, reflection enables the adult learner to build an integrated knowledge base, which reduces the theory-practice gap (Schön, 1987, 1990, 2017). Schön (1987, 1990, 2017) further distinguished reflection-on-action from reflection-in-action wherein the clinical practitioner advances in their ability to reflect while the experience is occurring.

The participants also valued the centrality of embodiment in learning, which occurs within experiential learning. Stated one participant, “being embodied is really difficult. I think, I think the value of experiential learning is that you have to be in your body. You have to notice what you’re feeling and how you’re reacting when you’re doing the work”. Another participant added, “the more embodied you are, the more you can learn from your experiences”.

Embodiment within experiential learning was central for Fenwick (2003) who concluded,

experiential learning is accepting the moment of experiential learning as occurring within action, within and among bodies. An embodied approach understands the sensual body as a site of learning itself, rather than as a raw producer of data that the mind will fashion into knowledge formations. (p. 129)

Other authors, including Jordie (2010) promoted embodied learning from the perspective of knowledge integration. This is of further importance as reflection invites the adult learner to consider not only thoughts and beliefs, but also their feelings and emotions (Herland, 2021; Moon, 2004). Therefore, experiential learning and reflection encourages the adult learner to become a professional who is self-aware, and therefore able to engage in self-monitoring, self-regulation, and ongoing self-development (Bandura 1986; Boud, 1999; Thoebald et al, 2017).

Challenges in Experiential Learning

As stated by Andersen and colleagues (2020), experiential learning holds the experience of the learner as central in all teaching and learning considerations. While this has numerous benefits for adult learners, attention must be paid to ensure that each experience is equally educative. Dewey (1963) cautioned that some experiences may be mis-educative and that “an experience may be such as to engender callousness; it may produce lack of sensitivity and of responsiveness. Then the possibilities of having richer experiences in the future are restricted” (pp. 25–26). Within the literature multiple challenges to experiential learning are presented. Moon (2004) identified that different interpretations of the same event may occur among adult learners, and added that adult learners tend to interpret experiences from the context of their own worldview, which may not be consistent with equine assisted psychotherapy. Within the literature, it was further acknowledged that the qualities of the adult learner can impact learning. Examples of these qualities included socially developed cultural norms, professional norms, and

horsemanship norms in addition to mood, motivation to engage in continuing education, and learning styles or preferences (Andersen et al., 2000, 2020).

Within continuing education into equine assisted psychotherapy, diversity among adult learners may be substantial (i.e. professional association, length in practice, participation in private practice, scope of practice, and equine knowledge and skills). While experiential learning acknowledges the adult learner's prior experiences, Dewey (1963) first contended experiences are not always educational, and may even be detrimental to the adult learner. Within this study, the participants identified that previously held knowledge and attitudes specific to equines often required unlearning, or as this study termed it, deconditioning. As one participant exemplified, "everything I knew about horses changed". The literature supported the findings generated through this study that unlearning can be about replacing learning generated through past experiences with new learning (Brew, 2005; Macdonald, 2002; Rushmer & Davies, 2004; Sapochnik, 2021). Brew (2005) stated "without of such unlearning, real knowledge does develop and grow" (p. 88) but cautioned, that unlearning can entail "accessing knowings we would prefer to ignore" (p. 96). Many of the participants offered examples of this in speaking to how the equine traditions in which they previously engaged endorsed power-over relationships between humans and equines rather than connected relationships. Additionally, two of this study's participants exemplified unlearning early teachings of equines as tools and developing new learning of the equine co-therapist as a sentient being.

Content

This research generated a theory of equine assisted psychotherapy on which to base clinical practice. Becket (2006) defines a theory as "a set of ideas or principles to guide practice" (p.33). Within clinical practice, theories are used to inform decisions about which interventions

and techniques will effect the desired change for each participant. Theories used in the treatment of individuals affected by mental health disorders also provide a bridge for the clinical practitioner between their understanding of symptom presentation and the therapeutic interventions and outcomes. As Meirer and Boivin (2010) stated, theory influences all components of the therapeutic approach, “including its underlying philosophy, focus of therapy content, encoding of experiences, formation of psychic organization, target of change, phases of change process, and the therapist-client relationship” (p.13).

It is recommended that continuing education begin with the theory of equine assisted psychotherapy, as it is the foundation for knoweldge and skill development. Through the construction of *Stable Foundations*, categories emerged which further identified relevant content areas; safety, consent, facilitating relationships, equine knowledge and skills, and clinical practitioner qualities. Content must provide an adequate balance of theoretical knowledge, practical skills, and the qualities of the clinical practioner, each of which can be evaluated separately. To date, no literature exists which speaks to the continuing educational content for clinical practitioners seeking to learn equine assisted psychotherapy. Given the variability among clinical practitioners utilizing equine assisted psychotherapy for the treatment of individuals affected by mental health disorders, consensus regarding minimum proficiencies has not occurred.

Equine Knowledge and Skills

As *Stable Foundations* is presented as a standalone treatment provided by a single professional, this study concluded that clinical practitioners must possess a foundation of equine knowledge and skills to effectively provide equine assisted psychotherapy, as the inclusion of equine co-therapists requires attention at all levels of this treatment approach. Equine knowledge

and skills specific to equine assisted psychotherapy warrants considerable attention. The importance was best articulated by Fry (2021),

a healthcare-aligned conceptualization of the horse in psychotherapy relies on the understanding that horse industry activities such as owning, riding, or simply being around horses are distinctly different from how a qualified mental health therapist incorporates elements of equine interactions into treatment in a skillful and intentional manner. (p. 97)

Equine knowledge, according to the participants, referred to the familiarity with factual or theoretical information regarding equine behavior, communication, nutrition, stable management, and welfare. Knowledge was described by the participants as encompassing ethical considerations regarding the inclusion of equines in psychotherapy. Ethical considerations for equine co-therapists are beginning to receive focused attention within the published literature (Bennett, 2022; Stuart et al., 2016; Wycoff & Gupta, 2018). This includes the development of tools to assess the welfare and emotional wellbeing of equine co-therapists as described by Lerner and Silfverberg (2019). Equine skills, referred to the clinical practitioner's ability to apply knowledge within equine assisted psychotherapy. Equine skills were also reported by the participants as essential in providing care to the equine co-therapists between sessions. As one participant reported, "I live with my horses. I'm responsible for all aspects their care. Everything".

The need for equine knowledge and skills was clearly articulated by the participants. Equine knowledge and skills are essential in ensuring the health and wellbeing of the equine co-therapists invited to participate in equine assisted psychotherapy. Equine knowledge and skills are also essential in creating an environment for psychotherapy which is physically safe for all

the human and equine participants. Within the expansive body of literature into human-horse relationships, safety has received considerable attention. This is due to the high risk of injury and inherent risk associated with the human-horse relationship (Hallberg, 2017; Liefoghe, 2020; Marchand et al., 2021; Pearson et al., 2021; Rankins & Wickens, 2020; Schrimpf et al., 2020).

Equine knowledge and skills are essential in creating an environment for psychotherapy which is psychologically safe for all the human and equine participants. For example, the ability of the clinical practitioner to recognize equine consent, assess level of engagement, and to evaluate and intervene should the equine show signs of distress (Stewart et al., 2016). A positive correlation was noted between equine knowledge and skills and the clinical practitioner's ability to recognize subtle changes in the equine co-therapist. Regarding equines, the literature identified both behavioral cues and subtle changes in facial expression, such as the position of the ears, eyelids, lips, and neck, as providing information regarding their subjective experiences (Draaisma, 2017; Lansade et al., 2019; Lundbald et al., 2020; Rashid et al., 2020). The clinical practitioner's equine knowledge and skills were also reported to translate directly into practice, and yield improvements in relationship development between the client and the equine co-therapist and the client's symptom resolution.

The participants spoke to the need for equine assisted psychotherapy to engage in continuing education. Continuing education was identified as essential to deepening clinical practice, expanding scope of practice, gaining knowledge, improving confidence, and promoting personal and professional development. The need for continuing education in equine assisted psychotherapy has implications for curriculum development. For example, the development of advanced-level learning initiates with increasing specificity in terms of target population or speciality skills within equine assisted psychotherapy. Within the literature, adaptations of

equine assisted psychotherapy have been presented for working specifically with trauma (Schults-Jobe et al., 2019; Schlote & Parent 2019), somatic processing (Schlote, 2019), and with EMDR (Schults-Jobe et al., 2019b).

Suitability

The constructed theory *Stable Foundations*, which emerged from this constructivist grounded theory study, is intended for clinical practitioners seeking to provide equine assisted psychotherapy for the treatment of individuals affected with mental health disorders. In considering continuing educational initiatives in clinical practice, it is not uncommon for the providers to require eligibility criteria be met by the adult learners. As Mudford and colleagues (2012) wrote, caution should be taken regarding the potential use of clinical practices by non-clinical practitioners, which could result in client harm. Adult learners of equine assisted psychotherapy must be members of a regulated profession, authorised to provide psychosocial interventions, and who have completed the requisite clinical education to provide psychotherapy in the treatment of individuals affected by mental health disorders. Across Canada, this is a minimum requirement of a Master's degree in a profession with a mental health scope of practice. It should be noted that two of the participants accepted practicum students at the Bachelor's level into their clinical practices. However, these students were not able to facilitate equine assisted psychotherapy sessions independently, as it was outside their scope of practice.

The motivations of adult learners for engaging in continuing education has received significant attention within the literature. Among the reasons include, career change, personal development, professional development, skill upgrading and when continuing education is mandated by a governing body (Daniels & Walter, 2002; Friedman & Phillips, 2004; Neimeyer et al., 2010; Ravitz et. al. 2013). Two of the participants acknowledged that equine assisted

psychotherapy was their sole area of interest in clinical practice. Three other participants stated their engagement in equine assisted psychotherapy occurred as a career change. Understanding the motivation of adult learners participating in continuing education into equine assisted psychotherapy can impact the learning environment and the quality of learning which occurs. Motivation has a significant influence on adult learners to enhance or facilitate learning and impacts the commitment to lifelong learning (Friedman & Phillips, 2004; Lichtenberg & Goodyear, 2012; Mudford, et al. 2012; Ross-Gordon et al., 2017).

To date one study has been located on the composition of equine assisted psychotherapists (McConnell, 2010), however, the motivations for learning this approach was not identified. The participants recognized that adult learners in continuing education for equine assisted psychotherapy often held a general passion for equines and equine assisted activities. Stated one participant, “most of our students are drawn to this work. They either have a passion for horses, or a passion for working with animals”. Another participant offered, “some students believe in [equine assisted psychotherapy] because of their own experiences with animals or they’ve heard the stories”. Motivation was addressed by yet another participant who stated, we’ve had people come to trainings just to do their continuing education credits. I’ve seen this become a real problem when, they just, they don’t get it. They don’t resonate with the work. Sometimes they are afraid of the horses. And you can see that it’s just not clicking for them.

This same participant cautioned, “this can have a really big impact on the group, especially if you get a couple of these at a time”. Providing the learners with clear learning objectives and detailing the learning process was offered by the participants as a possible solution.

Additionally, the participants recommended adult learners engage with equine assisted psychotherapy immediately following the completion of their continuing education. Shared one participant,

there's a bit of an added responsibility, you know. You have to have access to some horses to practice the work. Maybe even, ideally, horses who know the work. And you know, not everyone who comes to learn with us is going to have this. And you know, we won't exclude them from the training. But they may need a refresher when it comes time to actually do the work".

Within the area of clinical practice, many continuing education programs recommend, even mandate, a practice or practicum period wherein skill application and enhancing capacity with the new learning can occur. Practicums have received considerable attention within the literature as providing learners with opportunities to develop, integrate and reinforce their knowledge, competencies, and professional values (Baird, 2014; Jokelainen et al., 2011; Lambert & Glacken, 2005; McKinley et al., 2008; Wayne et al., 2010). However, among the programs into equine assisted psychotherapy, little consistency was found regarding the use of practicums or the expectation of direct practice using equine assisted psychotherapy.

The participants spoke also of the facilitators providing continuing education in equine assisted psychotherapy. Acknowledged one participant, "we call them facilitators. They aren't teaching per se. They are facilitating in learning". Offered another participant,

the learning in our trainings is very similar to how our clients learn. We are very thoughtful in how we structure the opportunities for learning, and we are very intentional in how meaning is constructed. But we really do want them to figure some things out for themselves.

Numerous authors, including Andersen and colleagues (2000, 2020) concurred; experiential learning is managed by facilitators rather than teachers. Facilitators connoted an equal status with the adult learners who aid in learning, rather than an authority providing materials of learning.

In one study conducted by Phillips et al. (2017), facilitators were preferred by adult learners when they possessed knowledge and respect for adult learners, were experienced in the area of practice, facilitated learning experiences with understanding, and communicated clearly. Interestingly, while one of the participants acknowledged the ability of supervisors in equine assisted psychotherapy to engage in continuing education to improve their delivery of supervision, no such opportunities were identified for improving facilitation skills in continuing education.

Logistics

To learn equine assisted psychotherapy, it was recommended that adult learners engage in experiential activities which occur at a barn / stable / farm where access to therapy horses occurs collectively and individually. One participant shared of their trainings,

I like to encourage the participants to take breaks, journal, reflect, sit with the horses.

Observe [the equine co-therapists]... They spend a lot of time in the barn and near the paddocks. Not in with the horses. Near them, and they can touch them. I would hope that they learn something from the horses on their own while they're here.

Many of the participants noted that learning the theoretical content of equine assisted psychotherapy occurred in proximity to the equine co-therapists. Offered one participant, "our arena has an observation area. We do the bulk content in there, where we can see the horses, and then we go into the arena to apply it". Another participant shared,

the horses are always present in the arena or the round pen while group discussions are occurring. Sometimes we are writing on the whiteboard and the horses, are, you know, watching us, and just, kind of waiting for us to figure it out so we can get to it.

All of the participants agreed that the application of knowledge and skills occurred directly through experiential learning involving the equine co-therapists. Two of the participants spoke to the didactic approach which can occur in equine assisted psychotherapy. One participant supplied, “so much of the background information can be done online. I’m talking about this history of [equine assisted psychotherapy] and how it evolved, the different schools of thought, the values we use to orient our particular approach...”. Another participant concurred, you don’t need to be in the arena to talk about nutrition or standards of care. There’s a million books you can read or courses you can take to get all that information. Sure we want people to know it, but they don’t have to learn that from us”.

Within the published literature and online, substantial information exists pertaining to human-horse relationships and the care of equines. It is noted that a critical review of online information was not conducted but would be a useful endeavour in equine psychotherapy related research. Numerous organizations, including the Canadian Equestrian Federation (2022) have created a plethora of teaching and learning resources to develop capacity in caring for and working with equine partners. Multiple resources are further provided by the equestrian associations and clubs provincially and in the territories, which may further connect adult learners to coaches and mentors to develop their equine knowledge and skills.

One interesting finding presented with regard to the relationships between the facilitators of equine assisted psychotherapy and the equine co-therapists. While most of the participants necessitated working with equine co-therapists wherein a connected relationship was present, the

same was not true of the relationships in continuing education initiatives. Said one participant, ‘I train all over the world. I meet the horses the same time the participants do’. One participant acknowledged, “I live with my horses and, well, we’re just not set up for training”. To date, the literature has not addressed differences in either clinical or educational settings in which equine assisted psychotherapy occurs. It is likely that training requires the presence of an equine facility, rather than the home of the providing facilitator. In conjunction with this finding, one participant offered, “if my training is being hosted, I don’t usually know their horses. I mean, I get to know them pretty quick...”. Shared another,

if I can speak the horse, they have, a universal language, all horses share it, then I can connect with any horse. Even horses I have never met before, and we can [invite them into the work] equally effectively with clients or in trainings.

It was proposed by the participants that equine knowledge and skills are transferable, and that they contribute to the rapid development of connected relationships between the facilitators and the equine co-therapists.

Psychologically Safe Learning Environments

The need for psychological safety within the learning environment was raised by most of the participants. They described psychological safety as the ability to engage in the learning process without criticism, judgement, or shame. Within the literature, psychological safety described the ability of adult learners can express themselves and share personal beliefs, experiences, and thoughts without fear of negative consequences (Lateef, 2020; Lyman et al., 2017; Moon, 2004; Turner & Harder, 2018). Psychological distress, according to Lateef (2020), “refers to the unpleasant feelings or emotions that impair one's level of function and performance. The symptoms can include physical manifestations, cognitive impairment,

depression or low mood, anxiety, and even hostility, as a form of retaliation” (p. 11). It widely recognized that a psychologically unsafe learning environment decreases clinical performance, impacts willingness to participate in experiential opportunities, and reduces knowledge retention (Andersen et al., 2020; Harvey et al., 2012; Lateef, 2020; Turner & Harder, 2018).

In consideration of experiential learning practice sessions, psychological safety was required for the role of the client during the practice sessions when real and participant-specific examples were being used. One participant said, “we are using real-world examples. There is a certain degree of vulnerability that comes with that”. Within clinical practice, confidentiality was another dimension of psychological safety. This same need for psychological safety was also required when practicing as the facilitator. Acknowledged one participant,

people have to be able to experiment, and try different things, and that can be scary. I don't think anybody is going to put themselves out there if the group is divided, or clique. Most of the time the group is great, and people can still get in their own way.

Appelbaum and colleagues (2020) provided another example. They asserted, challenges facing collaboration within interprofessional education may be influenced by the perception of role hierarchy. While this was not identified by the participants, the potential exists as mental health interventions invite a plethora of clinical practitioners. Moreover, the role of the facilitator in creating a learning environment in which participants can gain an understanding of each other's perspectives is a key theme in reflection (Ewing, 2022).

The value of the facilitator in ensuring psychological safety was emphasised within the literature (Andersen et al., 2020; Appelbaum et al., 2020; Harvey et al., 2012; Lateef, 2020; Turner & Harder, 2018). Three of the participants who facilitated equine assisted psychotherapy continuing education spoke to this directly. One supplied,

there are lots of opinions out there. Some of them are better explored through journaling, or in supervision, not in a group setting. As a facilitator, I have to redirect those opinions.

And, and, I try to do that in the most helpful way I can

It was noted that the presence of foundational activities (i.e. orientation, preparation, learning objectives, expectations) supported the development of a psychologically safe environment (Baird, 2014; Turner & Harder 2018). As concluded by one participant, “we always ground the group into the learning process, and we make sure the group develops their own goals and values”.

Implications for Clinical Practice and Adult Education

The implications of this research for clinical practice and adult education are numerous. The generated theory, *Stable Foundations*, provides a theoretical foundation on which to base equine assisted psychotherapy for the treatment of individuals affected by mental health disorders. As evidenced throughout this study, theoretically informed practice promotes clinical decision making and contributes to improvements in client care (Goldfried, 2013; Gonczi, 2013; Hersen & Sturmey, 2012; Margison et al., 2000; Oktay, 2012; Payne, 2014). A theoretically informed practice would promote the development of a professional identity consistent with an equine assisted psychotherapist (Collingwood, 2005; Gibson et al., 2010). This further contributes to the development of equine assisted psychotherapy as a standalone intervention, rather than a complimentary one.

In co-constructing a theory of equine assisted psychotherapy with my research participants, this intervention can be standardized for replication among interprofessional clinicians and ensure that a minimum standard is provided for the clients. This further helps to ensure that stakeholder groups recognize the capacities and limitations of the clinical practitioners

providing these services. This ultimately benefits the client in receiving a clinically appropriate and effective mental health treatment. In providing informed care, the physical and psychological risks associated with participation in equine assisted psychotherapy can be understood and mitigated. This research also contributed to the development of an experiential treatment intervention for those unwilling or unable to participate in traditional talk therapy interventions.

The findings of this study highlighted the need for clear and accurate terminology when defining and describing equine assisted psychotherapy, coupled with a clear delineation of equine assisted psychotherapy from non-clinical equine assisted activities. This was asserted by all of the participants and presented in the literature by authors such as Hallberg (2018) and White-Lewis (2019). These findings also contribute to the literature on equine assisted psychotherapy and specifically to the argument that equine assisted psychotherapy is a clinically relevant psychosocial intervention used to treat individuals affected by mental health disorders. The findings further impact the equine co-therapists specific to their welfare and ethical treatment.

The implications of this research contribute to the literature on adult education and specifically experiential learning. The findings of this study identified the approaches to teaching and learning equine assisted psychotherapy. The findings of this study deviated from many of the established practices in continuing education, in that equine assisted psychotherapy emerged as a treatment approach provided by a single clinical practitioner with equine knowledge and skills. This will directly impact adult continuing education as the prerequisites, content, suitability, and logistics are impacted. These findings may contribute to the argued need for accredited continuing education into equine assisted psychotherapy to ensure that a minimum standard of learning is achieved.

Recommendations for Future Research

Future research may build on the findings of the present study and rectify the noted limitations. Even though constructivist grounded theory focused more on data saturation rather than representativeness, the lack of diversity among participants (e.g. educational background and geographical location of practice) encourages future research to demonstrate generalizability among clinical practitioners. Future research which captures an international audience may be of merit. This research utilized exclusion criteria which limited participants to those who are currently engaged in equine assisted psychotherapy. Including the voices of students, within continuing educational programs, may influence the teaching and learning considerations. Additionally, clients who received equine assisted psychotherapy for the treatment of a mental health disorder may offer valuable information to inform both theory and practice.

There are several areas associated with equine assisted psychotherapy that are rich for future research. Building upon these findings could promote equine assisted psychotherapy as an evidence-based practice intervention. This researcher did not ask participants about whether their applied knowledge in providing equine assisted psychotherapy paralleled or differed from their initial professional education. Nor did this researcher evaluate the merit of the educational programs which exist across Canada. Further research could also expand on this theory to craft an educational model specific to equine assisted psychotherapy. Conducting research into the educational processes and requirements of equine assisted psychotherapy in an experiential learning environment is needed. This could address questions pertaining to learner motivation, methods to foster specific skill development, and facilitator qualifications.

As equine assisted psychotherapy continues to evolve, limitless possibilities for future research are available to address theoretical processes and clinical outcomes. Future research

may also include evaluation criteria as to the effectiveness of equine assisted psychotherapy towards symptom resolution. Evaluating learning for clinical practitioners engaged in continuing education into equine assisted psychotherapy also merits future research.

Conclusion

This constructivist grounded theory study answered the questions, what is a theory which explains the nature of equine assisted psychotherapy? and what are the approaches used for teaching and learning equine assisted psychotherapy? To complete the study, snowball and theoretical sampling were used to recruit 12 participants with experience in equine assisted psychotherapy and in developing human horse-relationships. Of these participants, nine were clinical practitioners, five of which were also educators in equine assisted psychotherapy, and three were equine professionals. The constructed theory was derived from an iterative analysis of the data from the participant interviews and a thorough review of relevant literature.

The constructed theory, *Stable Foundations*, emerged as a collaborative, relationship-focused psychotherapy that focuses on the individual's experience within the human-equine relationship. *Stable Foundations* is not a linear theory. Rather, it is based on a series of meaningful interactions which occur within the context of therapeutic relationships. Within equine assisted psychotherapy, a dyadic relationship between the client and the equine co-therapist exists within a triadic relationship between the clinical practitioner, the client, and the equine co-therapist. The categories which emerged from the core category of *Stable Foundations*, safety, consent, scope of practice, facilitated relationships, equine knowledge, and qualities of the clinical practitioners, speak to the roles and responsibilities in providing this treatment approach for individuals affected by mental health disorders. Four categories emerged from the data speaking to the teaching and learning of clinical practitioners seeking to utilize

equine assisted psychotherapy. These were continuing education, experiential learning, practice and application, and supervision and consultation.

Through this study, *Stable Foundations* emerged as a treatment approach provided by a single clinical practitioner who is a member of a legislated profession, authorised to perform psychosocial interventions, and educated in equine assisted psychotherapy specifically. Deviating significantly from the published literature in which a two-person model was described, *Stable Foundations* requires the clinical practitioner to possess the requisite equine knowledge and skills to effectively, ethically, and safely, include equine co-therapists within the psychotherapy. In developing a theory of equine assisted psychotherapy and speaking to the educational needs of clinical practitioners, equine assisted psychotherapy can be standardized for replication among interprofessional clinicians and potentially ensure that a minimum standard of learning is achieved.

The findings from this study have significant implications for clinical practice, adult education, and future research. It is the hope of this researcher that the findings from this study contribute to the development of equine assisted psychotherapy provided in the treatment of individuals affected by mental health disorders. In so doing, clients will receive an ~~clinically~~ appropriate and effective mental health intervention from clinical practitioners possessing a minimum proficiency in equine assisted psychotherapy.

References

- Acri, M., Morrissey, M., Peth-Pierce, R., Seibel, L., Seag, D., Hamovitch, E. K., ... Hoagwood, K. E. (2021). An equine-assisted therapy for youth with mild to moderate anxiety: Manual development and fidelity. *Journal of Child and Family Studies*, 30(10), 2461–2467. <https://doi.org/10.1007/s10826-021-02011-4>
- Adams, C., Arratoon, C., Boucher, J., Cartier, G., Chalmers, D., Dell, C. A., Dell, D., Dryka, D., Duncan, R., Dunn, K., Hopkins, C., Longclaws, L., MacKinnon, T., Sauve, E., Spence, S., & Wuttunee, M. (2015). The helping horse: How equine assisted learning contributes to the wellbeing of First Nations youth in treatment for volatile substance misuse. *Human Animal Interaction Bulletin*, 1(1), 52–75. <https://pubmed.ncbi.nlm.nih.gov/26793794/>
- American Hippotherapy Association. (2019). *What is Hippotherapy?* <https://americanhippotherapyassociation.org/what-is-hippotherapy/>
- American Psychological Association. (2002). Criteria for evaluating treatment guidelines. *American Psychologist*, 57(12), 1052–1059. <https://doi.org/10.1037/0003-066X.57.12.1052>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed.). Author.
- American Psychological Association. (2013). Recognition of psychotherapy effectiveness. *Psychotherapy (Chic)*, 50(1), 102–109. [doi:10.1037/a0030276](https://doi.org/10.1037/a0030276)
- American Veterinary Medical Association. (2020). *Animal assisted interventions*. <https://www.avma.org/resources-tools/avma-policies/animal-assisted-interventions-definitions>.
- AVMA Committee on the Human-Animal Bond. 1995. AVMA guidelines for responding

- to clients with special needs. *Journal of the American Veterinary Medical Association* 206, 961-976
- American Veterinary Medical Association Committee on the Human-Animal Bond. (1995). AVMA guidelines for responding to clients with special needs. *Journal of American Veterinary Medical Association*, 206, 961–976.
- Anestis, M. D., Anestis, J. C., Zawilinski, L. L., Hopkins, T. A., & Lilienfeld, S. O. (2014). Equine-related treatments for mental disorders lack empirical support: A systematic review of empirical investigations. *Journal of Clinical Psychology*, 70(12), 1115–1132. [doi:10.1002/jclp.22113](https://doi.org/10.1002/jclp.22113)
- Arnon, S., Fisher, P. W., Pickover, A., Lowell, A., Turner, J. B., Hilburn, A., ... Neria, Y. (2020). Equine-assisted therapy for veterans with PTSD: Manual development and preliminary findings. *Military Medicine*, 185(5-6), e557–e564. <https://doi.org/10.1093/milmed/usz444>
- Ashcroft, R., Kourgiantakis, T., Fearing, G., Robertson, T., & Brown, J. B. (2019). Social work's scope of practice in primary mental health care: A scoping review. *British Journal of Social Work*, 49(11), 318–334. [doi:10.1093/bjsw/bcy051](https://doi.org/10.1093/bjsw/bcy051)
- Bachi, K. (2013). Application of attachment theory to equine-facilitated psychotherapy. *Journal of Contemporary Psychotherapy*, 43, 187–196. [doi:10.1007/s10879-013-9232-1](https://doi.org/10.1007/s10879-013-9232-1)
- Baird, B. N. (2014). *The internship, practicum, and field placement handbook* (7th ed.). Routledge.
- Baldwin, M. (2016). *Social work, critical reflection and the learning organization*. Routledge.
- Baldwin, C., Persing, J., & Magnuson, D. (2004). The role of theory, research, and evaluation in

- adventure education. *Journal of Experiential Education*, 26(3), 167–183.
<https://doi.org/10.1177%2F105382590402600307>
- Bauducco, S. (2012). Equine assisted psychotherapy with suicidal girls: Understanding the changes over time. <https://www.diva-portal.org/smash/get/diva2:538796/FULLTEXT02.pdf>
- Beard, C., & Wilson, J. P. (2013). *Experiential learning: A handbook for education, training and coaching* (3rd ed.). Kogan Page.
- Beardmore, C., Clark, J., Radford, M., & Rastrick, S. (2017). *Multi-professional framework for advanced clinical practice in England*. National Health Service.
- Belzer, A. (2004). “It’s not like normal school”: The role of prior learning contexts in adult learning. *Adult Education Quarterly*, 55(1), 41–59. [doi:10.1177/0741713604268893](https://doi.org/10.1177/0741713604268893)
- Bennett, A. M. (2022). Horses as healers: Shifting paradigms and ethics in equine assisted therapies. In G. Argent, & J. Vaught, (Eds.), *The Relational Horse: How Frameworks of Communication, Care, Politics and Power Reveal and Conceal Equine Selves*. (pp. 197-212). Brill.
- Bennett, B., & Woodman, E. (2019). The potential of equine-assisted psychotherapy for treating trauma in Australian Aboriginal peoples. *The British Journal of Social Work*, 49(4), 1041–1058. <https://doi.org/10.1093/bjsw/bcz053>
- Bennett-Levy, J. (2019). Why therapists should walk the talk: The theoretical and empirical case for personal practice in therapist training and professional development. *Journal of Behavior Therapy and Experimental Psychiatry*, 62, 133–145.
<https://doi.org/10.1016/j.jbtep.2018.08.004>
- Bernard, H., Burlingame, M. G., Flores, P., Greene, L., Joyce, A., Kobos, J. C., Leszc, M.,

- MacNair-Semands, R. R., Piper, W., McEneaney, A. M. S., & Feirman, D. (2008). Clinical practice guidelines for group psychotherapy. *International Journal of Group Psychotherapy*, 58, 455–542. [doi:10.1521/ijgp.2008.58.4.455](https://doi.org/10.1521/ijgp.2008.58.4.455)
- Biesta, G. J. J., & Burbules, N. C. (2003). *Pragmatism in educational research*. Rowman and Littlefield.
- Bonde, J. P. E. (2008). Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. *Occupational and Environmental Medicine*, 65(7), 438–445. <http://dx.doi.org/10.1136/oem.2007.038430>
- Borgi, M., Loliva, D., Cerino, S., Chiarotti, F., Venerosi, A., Bramini, M., Nonnis, E., Marcelli, M., Vinti, C., De Santis, C., Bisacco, F., Fagerlie, M., Frascarelli, M., & Cirulli, F. (2016). Effectiveness of a standardized equine-assisted therapy program for children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 46(1), 1–9. <https://doi.org/10.1007/s10803-015-2530-6>
- Boshoff, C., Grobler, H., & Nienaber, A. (2015). The evaluation of an equine-assisted therapy programme with a group of boys in a youth care facility. *Journal of Psychology in Africa*, 25(1), 86–90. <https://doi.org/10.1080/14330237.2015.1007611>
- Brandt, C. (2013). Equine-facilitated psychotherapy as a complementary treatment intervention. *Journal of Counseling and Professional Psychology*, 2(1), 23-44.
- Breckenridge, J. (2009). Demystifying theoretical sampling in grounded theory research. *The Grounded Theory Review*, 8(2), 113–126. <https://eresearch.qmu.ac.uk/handle/20.500.12289/883>
- Brookfield, S. (1985). A critical definition of adult education. *Adult Education Quarterly*, 36(1), 44–49. [doi:10.1177/0001848185036001005](https://doi.org/10.1177/0001848185036001005)

- Brown, K., & Rutter, L. (2008). *Critical thinking for social work*. Sage.
- Buck, P. W., Bean, N., & de Marco, K. (2017). Equine-assisted psychotherapy: An emerging trauma informed intervention. *Advances in Social Work, 18*(1), 387–402.
[doi:10.18060/21310](https://doi.org/10.18060/21310)
- Burgon, H. L. (2011). ‘Queen of the world’: Experiences of ‘at-risk’ young people participating in equine-assisted learning/therapy. *Journal of Social Work Practice, 25*(02), 165-183. [doi:10.1080/02650533.2011.561304](https://doi.org/10.1080/02650533.2011.561304)
- Burton, Qeadan, F., & Burge, M. R. (2019). Efficacy of equine-assisted psychotherapy in veterans with posttraumatic stress disorder. *Journal of Integrative Medicine, 17*(1), 14–19.
<https://doi.org/10.1016/j.joim.2018.11.001>
- Buzel, A. H. (2016). *Beyond words: The healing power of horses*. AuthorHouse.
- Canadian Psychological Association. (2018). *Standards, criteria, and procedures for approval of continuing education activities for Canadian psychologists*.
https://cpa.ca/docs/File/Courses/CE_Std_Criteria-2018.pdf
- Buzel, A. (2019). Equine-assisted mental health therapy and alcoholism: Issues in early sobriety. In K. S. Trotter & N. Baggerly (Eds.), *Equine-assisted mental health interventions* (pp. 155–160). Routledge. <https://doi.org/10.4324/9781315164144-15>
- Canadian Mental Health Association (2021). <https://cmha.ca/brochure/fast-facts-about-mental-illness/>
- Carlsson, C. (2017). Triads in equine-assisted social work enhance therapeutic relationships with self-harming adolescents. *Clinical Social Work Journal, 45*(4), 320-331.
<https://doi.org/10.1007/s10615-016-0613-2>

- Carlsson, C., Nilsson Ranta, D., & Traeen, B. (2015). Mentalizing and emotional labor facilitate equine-assisted social work with self-harming adolescents. *Child and Adolescent Social Work Journal*, 32(4), 329-339. doi:10.1007/s10560-015-0376-6
- Caspar, F. (2017). Professional expertise in psychotherapy. In L. G. Castonguay, & C. E. Hill (Eds.), *How and Why Are Some Therapists Better Than Others?: Understanding Therapist Effects* (pp. 193–214). American Psychological Association.
- CASW. (2020). *Scope of practice statement*.
https://www.casw-acts.ca/files/attachements/Scope_of_Practice_Statement_2020_0.pdf
- Coker, P. (2010). Effects of an experiential learning program on the clinical reasoning and critical thinking skills of occupational therapy students. *Journal of Allied Health*, 39(4), 280-286. <https://pubmed.ncbi.nlm.nih.gov/21184024/>
- Chandler, C. K. (2012). *Animal assisted therapy in counselling* (2nd ed.). Routledge.
- Charmaz, K. (1991). Translating graduate qualitative methods into undergraduate teaching: Intensive interviewing as a case example. *Teaching Sociology*, 19(3), 384–395.
doi:10.2307/1318205
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. In N. K. Denzin, & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed.) (pp. 509-536). Sage.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.
- Charmaz, K. (2008). Grounded theory as an emergent method. In S. N. Hesse-Biber & P. Leavy (Eds.), *Handbook of emergent methods* (pp. 155-170). Guilford Press.
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.
- Charmaz, K. (2015). Teaching theory construction with initial grounded theory tools: A

- reflection on lessons and learning. *Qualitative Health Research*, 25(12), 1610–1622.
[doi:10.1177/1049732315613982](https://doi.org/10.1177/1049732315613982)
- Charmaz, K. (2017a). Special invited paper: Continuities, contradictions, and critical inquiry in grounded theory. *International Journal of Qualitative Methods*, 16: 1–8.
[doi:10.1177/1609406917719350](https://doi.org/10.1177/1609406917719350)
- Charmaz, K. (2017b). The power of constructivist grounded theory for critical inquiry. *Qualitative Inquiry*, 23(1), 34–45. [doi:10.1177/1077800416657105](https://doi.org/10.1177/1077800416657105)
- Charmaz, K., (2020). “With constructivist grounded theory you can’t hide”: Social justice research and critical inquiry in the public sphere. *Qualitative Inquiry*, 26(2), 165–176.
[doi:10.1177/1077800419879081](https://doi.org/10.1177/1077800419879081) journals.sagepub.co
- Charmaz, K., & Belgrave, L. L. (2020). Thinking about data with grounded theory. *Qualitative Inquiry*, 25(8), 743–753. [doi:10.1177/1077800418809455](https://doi.org/10.1177/1077800418809455)
- Charmaz, K., & Thornberg, R. (2020). The pursuit of quality in grounded theory. *Qualitative Research in Psychology*. [doi:10.1080/14780887.2020.1780357](https://doi.org/10.1080/14780887.2020.1780357)
- Chenail, R. J. (2011). Ten steps for conceptualizing and conducting qualitative research studies in a pragmatically curious manner. *The Qualitative Report*, 16(6), 1713–1730.
<http://www.nova.edu/ssss/QR/QR16-6/chenail.pdf>
- Christian, Y., Camilla, H., Jonathan, C. C., Clapham, K., & Williamson, A. (2017). Psychosocial factors associated with the mental health of indigenous children living in high income countries: A systematic review. *International Journal of Equity Health*, 16(1), 153–171. <https://doi.org/10.1186/s12939-017-0652-5> p1-17
- Clanton, C. (2014). Introduction to evidence-based research. In H. R. Hall & L. A. Rousell

(Eds.), *Evidence-based practice: An integrative approach to research, administration, and practice* (pp. 251-266). Jones & Bartlett Learning.

Collingwood, P. (2005). Integrating theory and practice: The three-stage theory framework.

Journal of Practice Teaching, 6(1), 6–23. <https://core.ac.uk/download/pdf/229311133.pdf>

Committee on Planning a Continuing Health Professional Education Institute. (2010).

Redesigning continuing education in the health professions. Institute of Medicine.

Conlon, C., Timonen, V., Elliot-O'Dare, C., O'Keeffe, S., & Floey, G. (2020). Confused about theoretical sampling? Engaging theoretical sampling in diverse grounded theory studies.

Qualitative Health Research, 30(6), 947–959. [doi:10.1177/1049732319899139](https://doi.org/10.1177/1049732319899139)

Corbin, J., & Strauss, A. (2015). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage.

Craig. (2020). Equine-assisted psychotherapy among adolescents with ACEs: Cultivating altercentrism, expressiveness, communication composure, and interaction management. *Child & Adolescent Social Work Journal*, 37(6), 643–656.

<https://doi.org/10.1007/s10560-020-00694-0>

Craig, E. A., Nieforth, L., & Rosenfeld, C. (2020). Communicating resilience among adolescents with adverse childhood experiences (ACEs) through equine assisted psychotherapy

(EAP). *Western Journal of Communication*, 84(4), 400-418.

<https://doi.org/10.1080/10570314.2020.1754451>

Creswell, J. W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. Sage.

Crits-Christoph, P., Baranackie, K., Kurcias, J., Beck, A., Carroll, K., Perry, K., Luborsky, L.,

- McLellan, A., Woody, G., Thompson, L., Gallagher, D., & Zitrin, C. (1991). Meta-analysis of therapist effects in psychotherapy outcome studies. *Psychotherapy Research, 1*(2), 81–91. [doi:10.1080/10503309112331335511](https://doi.org/10.1080/10503309112331335511)
- Cullen, L., Hanrahan, K., Farrington, M., DeBerg, J., Tucker, S., & Kleiber, C. (2018). *Evidence-based practice in action: Comprehensive strategies, tools, and tips from the University of Iowa hospitals and clinics*. Sigma Theta Tau International.
- Cumella, E. J., Lutter, K., Smith Osborne, A., & Kally, Z. (2014). Equine therapy in the treatment of female eating disorder. *Scientific Online, 1*(1), 13-21. [doi:10.15764/STP.2014.01002](https://doi.org/10.15764/STP.2014.01002)
- Cumella, E. J., & Simpson, S. (2007). Efficacy of equine therapy: Mounting evidence. https://www.researchgate.net/profile/Edward-Cumella-2/publication/228793576_Efficacy_of_equine_therapy_Mounting_evidence/links/0046353a096c52ab9a000000/Efficacy-of-equine-therapy-Mounting-evidence.pdf
- Cuijpers, P., Reijnders, M., & Huibers, M. J. (2019). The role of common factors in psychotherapy outcomes. *Annual review of clinical psychology, 15*(1), 207-231. [doi:10.1146/annurev-clinpsy-050718-095424](https://doi.org/10.1146/annurev-clinpsy-050718-095424)
- Daffron, S. R., & Caffarella, R. S. (2021). *Planning programs for adult learners: A practical guide*. John Wiley & Sons.
- Dampsey, E. (2017). *The effects of equine-assisted psychotherapy on emotion regulation: self-efficacy and self-awareness as potential mediators* (Doctoral dissertation, Fielding Graduate University). <https://www.keulseweg.nl/media/onderzoek20.pdf>
- Daniels, A. S., & Walter, D. A. (2002). Current issues in continuing education for contemporary

behavioral health practice. *Administration and Policy in Mental Health*, 29(4/5), 359–375.
[doi:1019653123285](https://doi.org/10.1019653123285)

Dashper, K. (2017). *Human-Animal Relationships in Equestrian Sport and Leisure* (Vol. 67).
Routledge.

Dawson, S., McCormick, B. P., Tamas, D., Stanojevic, C., Eldridge, L., McIntire, J., ...

McKissock, H. B. (2022). Equine-assisted therapy with Autism Spectrum Disorder in
Serbia and the United States: A pilot intervention. *Therapeutic Recreation Journal*, 56(1),
17–. <https://doi.org/10.18666/TRJ-2022-V56-I1-1038>

Darkenwald, G. G., & Merriam, S. B. (1982). *Adult education: Foundations of practice*.
Harper & Row.

Dattilio, F. M., Edwards, D. J.A., & Fishman, D. B. (2010). Case studies within a mixed methods
paradigm: Toward a resolution of the alienation between researcher and practitioners in
psychotherapy research. *Psychotherapy Theory Research Practice Training*, 47(4), 427–
441. [doi:10.1037/a0021181](https://doi.org/10.1037/a0021181)

Dana, D. (2018). *The Polyvagal theory in therapy: engaging the rhythm of regulation* (Norton
series on interpersonal neurobiology). WW Norton & Company.

Davidoff, F. (2019). Understanding contexts: How explanatory theories can help.

Implementation Science, 14(1), 1-9. <https://doi.org/10.1186/s13012-019-0872-8>

Dell, C. A., Chalmers, D., Bresette, N., Swain, S., Rankin, D., & Hopkins, C. (2011). A healing
space: The experiences of First Nations and Inuit youth with equine-assisted learning
(EAL). *Child and Youth Care Forum*, 40(4), 319–336. [doi:10.1007/s10566-011-9140-z](https://doi.org/10.1007/s10566-011-9140-z)

Denizen, N. K., & Lincoln, Y. S. (2011). Introduction: The discipline and practice of qualitative

- research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 1–19). Sage.
- Dewey, J. (1896). The influence of the high school on educational methods. *The School Review*, 4(1), 1–12. <http://www.jstor.com/stable/1074044>
- Dewey, J. (1900). *The school and society*. The University of Chicago Press.
- Dewey, J. (1902). *The educational situation*. The University of Chicago Press.
- Dewey, J. (1916). *Essays in experimental logic*. Dover Publications.
- Dewey, J. (1963). *Experience and education*. Collier Books.
- Draaisma. (2018). *Language Signs and Calming Signals of Horses: Recognition and Application*. CRC Press.
- Draucker, C. B., Martsolf, D. S., Ross, R., & Rusk, T. B. (2007). Theoretical sampling and category development in grounded theory. *Qualitative Health Research*, 17(8), 1137–1148. [doi:10.1177/1049732307308450](https://doi.org/10.1177/1049732307308450)
- Earles, J. L., Vernon, L. L., & Yetz, J. P. (2015). Equine-assisted therapy for anxiety and posttraumatic stress symptoms. *Journal of Traumatic Stress*, 28(2), 149–152. [doi:10.1002/jts.21990](https://doi.org/10.1002/jts.21990)
- Ecker, B., & Bridges, S. K. (2020). How the science of memory reconsolidation advances the effectiveness and unification of psychotherapy. *Clinical Social Work Journal*, 48(3), 287–300. <https://link.springer.com/article/10.1007/s10615-020-00754-z>
- El Hussein, M. T., Kennedy, A., & Oliver, B. (2017). Grounded theory and the conundrum of literature review: Framework for novice researchers. *The Qualitative Report*, 22(4), 1199–1210. <https://www.proquest.com/openview/5c253fc8deb1cc8853df4d2f7c6f6652/1?pq-origsite=gscholar&cbl=55152>

- Elliot, R., & Partyka, R., (2005). Personal therapy and growth work in experiential-humanistic therapies. In J. D. Geller, J. C. Norcross, & D. E. Orlinsky, (Eds.), *Psychotherapist's Own Psychotherapy: Patient and Clinician Perspectives*. (pp. 34-40). Oxford University Press.
- Enders - Slegers, M., Kovacs, G., & Van Dijke, A. (2020). Psychodynamic based equine-assisted psychotherapy in adults with intertwined personality problems and traumatization: A Systematic review. *International Journal of Environmental Research and Public Health*, 17(16), 5661–. <https://doi.org/10.3390/ijerph17165661>
- Erlangsen, A., Appadurai, V., Wang, Y., Turecki, G., Mors, O., Werge, T., & Agerbo, E. (2020). Genetics of suicide attempts in individuals with and without mental disorders: A population-based genome-wide association study. *Molecular Psychiatry*, 25(10), 2410-2421. <https://doi.org/10.1038/s41380-018-0218-y>
- Esbjorn, R. J. (2006). *When horses heal: A qualitative inquiry into Equine Facilitated Psychotherapy*. ProQuest Dissertations Publishing. 1198–1210. <https://nsuworks.nova.edu/tqr/vol22/iss4/16>
- Evans, E. A., Glover, D. L., Washington, D. L., & Hamilton, A.B. (2018). Psychosocial factors that shape substance abuse and related mental health of women military veterans who use community-based services. *Substance Use & Misuse*, 53(11), 1878–1892. [doi:10.1080/10826084.2018.1441309](https://doi.org/10.1080/10826084.2018.1441309)
- Evans, V. (2011). *2010 Canadian equine industry profile study: The state of the industry*. Equine Canada.
- Fine, A. H., & Eisen, C. J. (2008). *Afternoons with puppy: Inspirations from a therapist and his animals*. Perdue University Press.

- Foley, G. (2020). A framework for understanding adult learning and education. In G. Foley (Ed.), *Understanding adult education and training* (pp. 9–22). Routledge.
- Fook, J. (2011). Developing critical reflection as a research method. In J. Higgs, A. Titchen, D. Horsfall & D. Bridges (Eds.), *Creative spaces for qualitative researching: Living research*. Vol. 5. (pp. 55-64). SensePublishers.
- Fook, J., & Askeland, G. A. (2007). Challenges of critical reflection: ‘Nothing ventured, nothing gained’. *Social Work Education*, 26(5), 520-533.
- Friedman, A., & Phillips, M. (2004). Continuing professional development: Developing a vision. *Journal of Education and Work*, 17(3), 361-376. [doi:10.1080/1363908042000267432](https://doi.org/10.1080/1363908042000267432)
- Friedmann, E., Son, H., & Tsai, C. (2008). The animal/human bond: Health and wellness. In A. H. Fine (Ed.) *Handbook on animal assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed) (pp. 85–107). Elsevier.
- Gardner, A., Mccutcheon, H., & Fedoruk, M. (2012). Discovering constructivist grounded theory’s fit and relevance to researching contemporary mental health nursing practice. *The Australian Journal of Advanced Nursing*, 30(2), 66–74.
<https://www.researchgate.net/publication/289702819>
- Gatti, F., Walderhaug, E., Kern-Godal, A., Lysell, J., & Arnevik, E. A. (2020). Complementary horse-assisted therapy for substance use disorders: A randomized controlled trial. *Addiction Science & Clinical Practice*, 15(1), 7–11. <https://doi.org/10.1186/s13722-020-0183-z>
- Gibbs, L. E. (2003). *Evidence-based practice for the helping professions: A practical guide with integrated multimedia*. Brooks/Cole-Thomson Learning.

- Gili, M., Castellví, P., Vives, M., de la Torre-Luque, A., Almenara, J., Blasco, M., Cebrià, A., Gabilondo, A., Pérez-Ara, M., Miranda-Mendizábal, A., Lagares, C., Parés-Badell, O., Piqueras, J. A., Rodríguez-Jiménez, T., Rodríguez-Marín, J., Soto-Sanz, V., Alonso, J., & Roca, M. (2019). Mental disorders as risk factors for suicidal behavior in young people: A meta-analysis and systematic review of longitudinal studies, *Journal of Affective Disorders*, 245, 152-162. <https://doi.org/10.1016/j.jad.2018.10.115>
- Glaser, B. (1978). *Theoretical sensitivity: Advances in grounded theory*. The Sociology Press.
- Glaser, B. (1992). *Basics of grounded theory analysis*. Sociology Press.
- Glaser, B. (2001). *The grounded theory perspective: Conceptualization contrasted with description*. Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Aldine Transaction.
- Glass, T. A. (2000). Psychosocial interventions. In L. F. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 355–396). Oxford University Press.
- Gold, C. (2015). Qualitative psychotherapy outcome research: Methodological issues. In O. C. G., Gelo, A. Pritz & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcome* (pp. 537–588). Springer.
- Goldfried, M. R. (2013). What should we expect from psychotherapy? *Clinical Psychology Review*, 33, 862–869. <https://doi.org/10.1016/j.cpr.2013.05.003>
- Gonczi, A. (2013). Competency-based approaches: Linking theory and practice in professional education with particular reference to health education. *Educational Philosophy and Theory*, 45(12), 1290-1306. [doi:10.1080/00131857.2013.763590](https://doi.org/10.1080/00131857.2013.763590)

- González-García, A., Díez-Fernández, A., Leino-Kilpi, H., Martínez-Vizcaíno, V., & Strandell-Laine, C. (2021). The relationship between clinical placement duration and students' satisfaction with the quality of supervision and learning environment: A mediation analysis. *Nursing & Health Sciences*, 23(3), 688-697. [doi:10.1111/nhs.12855](https://doi.org/10.1111/nhs.12855)
- Fenwick, T. (2003). Reclaiming and re-embodying experiential learning through complexity science. *Studies in the Education of Adults*, 35(2), 123-141. <https://doi.org/10.1080/02660830.2003.11661478>
- Fournier, A. K., Letson, E. A., Berry, T. D., & Pasiuk, E. L. (2018). Human-animal interaction and metaphor in equine-assisted psychotherapy: Empirical support for the EAGALA model. *Human-Animal Interaction Bulletin*. [doi:10.1079/hai.2018.0005](https://doi.org/10.1079/hai.2018.0005)
- Frank, H. E., Becker-Haimes, E. M., & Kendall, P. C. (2020). Therapist training in evidence-based interventions for mental health: A systematic review of training approaches and outcomes. *Clinical Psychology: Science and Practice*, 27(3), 20. [doi:10.1111/cpsp.12330](https://doi.org/10.1111/cpsp.12330)
- Frederick, K. (2018). An Eagala model approach to using equine-assisted counseling with teens suffering from depression. In K. S. Trotter, & J. N. Baggerly (Eds.), *Equine-Assisted Mental Health Interventions: Harnessing Solutions to Common Problems* (pp. 42-47). Routledge.
- Fry, N. E. (2021). Conceptualization of psychotherapy incorporating equine interactions in the United States. *Human-Animal Interaction Bulletin*, 9(3), 94-114. <https://www.cabidigitallibrary.org/doi/pdf/10.1079/hai.2021.0036>
- Geller, J. D., Norcross, J. C., Orlinsky, D. E. (2005). Research on conducting psychotherapy with

- mental health professionals. In J. D. Geller, J. C. Norcross, & D. E. Orlinsky, (Eds.), *Psychotherapist's Own Psychotherapy: Patient and Clinician Perspectives*. (pp. 235-254). Oxford University Press.
- Gibbons, J., & Gray, M. (2004). Critical thinking as integral to social work practice. *Journal of teaching in social work*, 24(1-2), 19-38. https://doi.org/10.1300/J067v24n01_02
- Gordan, K. (2018). An advanced training in the supervision and teaching of psychotherapy. In B. V. Martindale, M. Morner, M. E. Rodriguez, & J. Vidit (Eds.). *Supervision and its vicissitudes* (pp. 135-146). Routledge.
- Government Organization Act, Revised Statutes of Alberta 2000, Chapter G-10, Schedule 7.1. (1999). <https://www.qp.alberta.ca/documents/acts/g10.pdf>
- Graham, R., Mancher, M., Wolman, D. M., Greenfield, S., & Steinberg, E. (Eds.). (2011). *Clinical practice guidelines we can trust*. The National Academic Press.
- Grandin, T. (1992). Calming effects of deep touch pressure in patients with Autistic Disorder, college students, and animals. *Journal of Child and Adolescent Psychopharmacology*, 2(1), 63–72. <https://www.liebertpub.com/doi/pdfplus/10.1089>
- Grandin, T., & Johnson, C. (2005). *Animals in translation: Using the mysteries of autism to decode animal behavior*. Scribner.
- Gray, M., Plath, D., & Webb, S. A. (2009). *Evidence-based social work: A critical stance*. Routledge.
- Grencavage, L. M., & Norcross, J. C. (1990). Where are the commonalities among the therapeutic common factors? *Professional Psychology: Research and Practice*, 21(5), 372–378. [doi:0735-7028/90/S00.75](https://doi.org/10.1037/0735-7028.90.S00.75)
- Griscti, O., & Jacono, J. (2006). Effectiveness of continuing education programmes in nursing:

Literature review. *Journal of Advanced Nursing*, 55(4), 449–456. [doi:10.1111/j.1365-2648.2006.03940.x](https://doi.org/10.1111/j.1365-2648.2006.03940.x)

Hall, H. R., & Roussel, L. A. (Eds.). (2014). *Evidence-based practice: An integrative approach to research, administration, and practice*. Jones & Bartlett Learning.

Hallberg, L. R. (2006). The “core category” of grounded theory: Making constant comparisons. *International Journal of Qualitative Studies on Health and Well-being*, 1(3), 141–148. [doi:10.1080/17482620600858399](https://doi.org/10.1080/17482620600858399)

Harris, J., & White, V. (2013). *A dictionary of social work and social care*. Oxford University Press.

Harvey, Jedlicka, H., & Martinez, S. (2020). A program evaluation: Equine-assisted psychotherapy outcomes for children and adolescents. *Child & Adolescent Social Work Journal*, 37(6), 665–675. <https://doi.org/10.1007/s10560-020-00705-0>

Hauge, H., Kvalem, I. L., Berget, B., Enders-Slegers, M. J., & Braastad, B. O. (2014). Equine-assisted activities and the impact on perceived social support, self-esteem and self-efficacy among adolescents—an intervention study. *International Journal of Adolescence and Youth*, 19(1), 1-21. <https://www.tandfonline.com/action/showCitFormats?doi=10.1080/02673843.2013.779587>

7

Henderson, P. (2009). *A different wisdom: Reflections on supervision practice*. Karnac.

Hendricks, C. O., Finch, J. B., & Franks, C. L. (2013). *Learning to teach, teaching to learn: A guide for social work field education* (2nd ed.). Council on Social Work Education.

Henry, C. L., & Crowley, S. L. (2015). The psychological and physiological effects of using a

therapy dog in mindfulness training. *Anthrozoös*, 28(3), 385–402.

[doi:10.1080/08927936.2015.1052272](https://doi.org/10.1080/08927936.2015.1052272)

Herland, M. D. (2022). Emotional intelligence as a part of critical reflection in social work practice and research. *Qualitative Social Work*, 21(4), 662-678.

[doi:10.1177/14733250211024734](https://doi.org/10.1177/14733250211024734)

Hicks, S. (2016). Theory and social work: A conceptual review of the literature. *International Journal of Social Welfare*, 25, 399–414. [doi:10.1111/ijsw.12215](https://doi.org/10.1111/ijsw.12215)

Higgs, J. (2012). Practice-based education: The practice-education-context-quality nexus. In J. Higgs, R. Barnett, S. Billett, M. Hutchings & F. Trede (Eds.), *Practice-based education: Perspectives and strategies* (pp. 3–13). Sense Publishers.

Ho, N. F., Zhou, J., Fung, D. S. S., & Kua, P. H. J. (2017). Equine-assisted learning in youths at-risk for school or social failure. *Cogent Education*, 4(1), 133–151.

[doi:10.1080/2331186X.2017.1334430](https://doi.org/10.1080/2331186X.2017.1334430)

Holliday, A. (2002). *Doing and writing qualitative research*. Sage.

Holmboe, E. S., Hawkins, R. E., & Durning, S. J. (2017) *Practical guide to the evaluation of clinical competence* (2nd ed.). Elsevier.

Holtcamp, K., Nicodemus, M., Phillips, T., Christiansen, D., Ryan, P., Rude, B., & Galarneau, K. (2021). 131 Equine assisted psychotherapy and learning as an effective complementary form of substance use disorder treatment for college-age young adults in a residential treatment program. *Journal of Equine Veterinary Science*, 100, 103594–.

<https://doi.org/10.1016/j.jevs.2021.103594>

Houghton, C. E., Casey, D., Shaw, D., & Murphy, K. (2010). Ethical challenges in qualitative

research: Examples from practice. *Nurse Researcher*, 18(1), 15–25.

[doi:10.7748/nr2010.10.18.1.15.c8044](https://doi.org/10.7748/nr2010.10.18.1.15.c8044)

Houser, J. (2011). Making the case for evidence-based practice. In J. Houser & K. S. Oman (Eds.), *Evidence-based practice: An implementation guide for healthcare organizations* (pp. 1–26). Jones & Bartlett Learning.

Hudspeth, S., & Klein, T. A. (2019). Understanding nurse practitioner scope of practice: Regulatory, practice, and employment perspectives now and for the future *Journal of the American Association of Nurse Practitioners* 31(8), 468-473.

[doi:10.1097/JXX.0000000000000268](https://doi.org/10.1097/JXX.0000000000000268)

Jang, B., Song, J., Kim, J., Kim, S., Lee, J., Shin, H. Y., Kwon, J., Kim, Y., & Joung, Y. (2015). Equine-assisted activities and therapy for treating children with attention-deficit/hyperactivity disorder. *The Journal of Alternative and Complementary Medicine*, 21(9), 546–553. [doi:10.1089/acm.2015.006](https://doi.org/10.1089/acm.2015.006)

Jarvis, P. (2004). *Adult education and lifelong learning: Theory and practice* (3rd ed.). RoutledgeFalmer.

Jarvis, P. (2010). *Adult Education and Lifelong Learning: Theory and practice* (4th ed.). Routledge.

Jarvis, P. (2014). From adult education to lifelong learning and beyond. *Comparative Education*, 50(1), 45–57. [doi:10.1080/03050068.2013.871832](https://doi.org/10.1080/03050068.2013.871832)

Johns, L., Bobat, S., & Holder, J. (2016). Therapist experiences of equine-assisted psychotherapy in South Africa: A qualitative study. *Journal of Psychology in Africa*, 26(2), 199-203.

- Jokelainen, M., Turunen, H., Tossavainen, K., Jamookeeah, D., & Coco, K. (2011). A systematic review of mentoring nursing students in clinical placements. *Journal of Clinical Nursing*, 20, 2854–2867. [doi:10.1111/j.1365-2702.2010.03571.x](https://doi.org/10.1111/j.1365-2702.2010.03571.x)
- Jordi, R. (2011). Reframing the concept of reflection: Consciousness, experiential learning, and reflective learning practices. *Adult education quarterly*, 61(2), 181-197. <https://journals.sagepub.com/doi/abs/10.1177/0741713610380439>
- Karol, J. (2007). Applying a traditional individual psychotherapy model to equine-facilitated psychotherapy (EFP): Theory and method. *Clinical Child Psychology and Psychiatry*, 12(1), 77-90. <http://ccp.sagepub.com/content/12/1/77>
- Kaufman, D. M. (2018). Teaching and learning in medical education: How theory can inform practice. In T. Swanwick, K. Forrest., & B. C. O'Brien (Eds.), *Understanding Medical education: Evidence, theory, and practice* (3rd ed.), 37-69. <https://doi.org/10.1002/9781119373780.ch4>
- Kazdin, A. E. (2009). Understanding how and why psychotherapy leads to change. *Psychotherapy Research*, 19(4-5), 418–428. [doi:10.1080/10503300802448899](https://doi.org/10.1080/10503300802448899)
- Kemp, K., Signal, T., Botros, H., Taylor, N., & Prentice, K. (2014). Equine facilitated therapy with children and adolescents who have been sexually abused: A program evaluation study. *Journal of Child and Family Studies*, 23, 558–566. <https://doi.org/10.1007/s10826-013-9718-1>
- Kendall, E., Maujean, A., Pepping, C. A., Downes, M., Lakhani, A., Byrne, J., & Macfarlane, K. (2015). A systematic review of the efficacy of equine-assisted interventions on psychological outcomes. *European Journal of Psychotherapy & Counselling*, 17(1), 57–79. [doi:10.1080/13642537.2014.996169](https://doi.org/10.1080/13642537.2014.996169)

- Kenny, M., & Fourie, R. (2015). Contrasting classic, Straussian, and constructivist grounded theory: Methodological and philosophical conflicts. *The Qualitative Report*, 20(8), 1270–1289. <http://nsuworks.nova.edu/tqr/vol20/iss8/9>
- Kern-Godal, Brenna, I. H., Kogstad, N., Arnevik, E. A., & Ravndal, E. (2016). Contribution of the patient-horse relationship to substance use disorder treatment: Patients' experiences. *International Journal of Qualitative Studies on Health and Well-Being*, 11(1), 31636–12. <https://doi.org/10.3402/qhw.v11.31636>
- King, R., Taylor, B., Talpur, A., Jackson, C., Manley, K., Ashby, N., ... & Robertson, S. (2021). Factors that optimise the impact of continuing professional development in nursing: A rapid evidence review. *Nurse Education Today*, 98, 104652. <https://doi.org/10.1016/j.nedt.2020.104652>
- Kirby, M. (2010). Gestalt equine psychotherapy. *Gestalt Journal of Australia and New Zealand*, 6(2), 60-68.
- Kirby, M. (2016). *An introduction to equine assisted psychotherapy: Principles, theory, and practice of the Equine Psychotherapy Institute model*. Balboa Press.
- Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The mental health of Aboriginal peoples: Transformations of identity and community. *The Canadian Journal of Psychiatry*, 45(7), 607–616. <https://doi.org/10.1177/070674370004500702>
- Klatte, R., Strauss, B., Flückiger, C., & Rosendahl, J. (2018). Adverse effects of psychotherapy: Protocol for a systematic review and meta-analysis. *Systematic Reviews*, 7, 135–143. <https://doi.org/10.1186/s13643-018-0802-x>
- Kline, A. C., Cooper, A. A., Rytwinski, N. K., & Feeney, N. C. (2017). Long-term efficacy of

- psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials. *Clinical Psychology Review*, 59, 30–40. <https://doi.org/10.1016/j.cpr.2017.10.009>
- Klontza, B. T., Bivensb, A., Leinartc, D., & Klontzd, T. (2007). The effectiveness of equine-assisted experiential therapy: Results of an open clinical trial. *Society and Animals*, 15, 257–267. [doi:10.1163/156853007X217195](https://doi.org/10.1163/156853007X217195)
- Knapp, S. (2013). *More than a mirror: Horses, humans & therapeutic practice*. Author.
- Kohanov, L. (2001). *The tao of equus: A woman's journey of healing & transformation through the way of the horse*. New World Library.
- Kohanov, L. (2013). *The power of the herd: A nonpredatory approach to social intelligence, leadership, and innovation*. New World Library.
- Kolb, S. M. (2012). Grounded theory and the constant comparative method: Valid research strategies for educators. *Journal of Emerging Trends in Educational Research and Policy Studies*, 3(1), 83–86. [doi:10.1.1.301.9451](https://doi.org/10.1.1.301.9451)
- Kolb, D. (2014). *Experiential Learning: Experience as the Source of Learning and Development, Second Edition* (2nd edition). PH Professional Business.
- Kovács, G., van Dijke, A., & Enders-Slegers, M. J. (2020). Psychodynamic based equine—assisted psychotherapy in adults with intertwined personality problems and traumatization: A systematic review. *International Journal of Environmental Research and Public Health*, 17(16), 5661
- Krebs, P., Norcross, J. C., Nicholson, J. M., & Prochaska, J. O. (2018). Stages of change and psychotherapy outcomes: A review and meta-analysis. *Journal of Clinical Psychology*, 74, 1964–1979. [doi:10.1002/jclp](https://doi.org/10.1002/jclp).
- Krueger, E.A. & Upchurch, D.M. (2019). Are sociodemographic, lifestyle, and psychosocial

- characteristics associated with sexual orientation group differences in mental health disparities? Results from a national population-based study. *Social Psychiatry and Psychiatric Epidemiology*, 54, 755–770. <https://doi.org/10.1007/s00127-018-1649-0>
- Lac, V. (2016). Horsing around: Gestalt equine psychotherapy as humanistic play therapy. *Journal of Humanistic Psychology*, 56, 194–209. [doi:10.1177/0022167814562424](https://doi.org/10.1177/0022167814562424)
- Lac, V. (2017). Amy’s story: An existential-integrative equine-facilitated psychotherapy approach to anorexia nervosa. *Journal of Humanistic Psychology*, 57, 301–312. [doi:10.1177/0022167815627900](https://doi.org/10.1177/0022167815627900)
- Lac. (2017). *Equine facilitated psychotherapy and learning: The human-equine relational development (HERD) approach*. Elsevier Science & Technology.
- Lac, V., Marble, E., & Boie, I. (2013). Equine-assisted psychotherapy as a relative relational approach to treating clients with eating disorders. *Journal of Creativity in Mental Health*, 8, 483-498. [doi:10.1080/15401383.2013.852451](https://doi.org/10.1080/15401383.2013.852451)
- Lambert. M. J. (2013). The efficacy and effectiveness of psychotherapy. In M. J. Lambert (Ed.), *Bergin and Garfield’s handbook of psychotherapy and behavior change* (6th ed.) (pp. 169–218). Wiley.
- Lambert, V., & Glacken, M., (2005). Clinical education facilitators: A literature review. *Journal of Clinical Nursing*, 14, 664–673. [doi:10.1111/j.1365-2702.2005.01136.x](https://doi.org/10.1111/j.1365-2702.2005.01136.x)
- Lampropoulos, G. K. (2001). Bridging technical eclecticism and theoretical integration: Assimilative integration. *Journal of Psychotherapy Integration*, 11, 5–19, [doi:1053-0479/01/0300-0005](https://doi.org/10.5300/0479/01/0300-0005)

- Lanning, B. A., Baier, M. E. M., Ivey-Hatz, J., Krenek, N., & Tubbs, J. D. (2014). Effects of equine assisted activities on autism spectrum disorder. *Journal of Autism and Developmental Disorders, 44*, 1897–1907. [doi:10.1007/s10803-014-2062-5](https://doi.org/10.1007/s10803-014-2062-5)
- Lansade, L., Bonneau, C., Parias, C., & Biau, S. (2019). Horse's emotional state and rider safety during grooming practices, a field study. *Applied Animal Behaviour Science, 217*, 43-47. <https://doi.org/10.1016/j.applanim.2019.04.017>
- Lay, K., & McGuire, L. (2010) Building a lens for critical reflection and reflexivity in social work education, *Social Work Education, 29*(5), 539-550. <https://doi.org/10.1080/0261547090315912>
- Ledbetter, E. J. (2013). *Maintaining adolescent sobriety with equine assisted psychotherapy: An experiential learning intervention guide*. [Doctoral Dissertation, Pepperdine University]. ProQuest Dissertations Publishing.
- Lee, Dabelko-Schoeny, H., Jedlicka, H., & Burns, T. (2020). Older adults' perceived benefits of equine-assisted psychotherapy: Implications for social work. *Research on Social Work Practice, 30*(4), 399–407. <https://doi.org/10.1177/1049731519890399>
- Lee, P. T., & Makela, C. (2015). Horses' roles in equine-assisted psychotherapy: Perspectives of mental health practitioners. *Journal of Psychology and Behavioral Science, 3*(1), 78-95. <http://dx.doi.org/10.15640/jpbs.v3n1a9>
- Lemke, D., Rothwell, E., Newcomb, T. M., & Swoboda, K. J. (2014). Perceptions of equine-assisted activities and therapies by parents and children with spinal muscular atrophy. *Pediatric Physical Therapy, 26*(2), 237–244. <https://doi.org/10.1097/PEP.0000000000000027>
- Lerner, H., & Silfverberg, G. (2019). Martha Nussbaum's capability approach and equine

- assisted therapy: An analysis for both humans and horses. In J. Bornemark, P. Andersson, & U. Ekström von Essen, (Eds.). *Equine Cultures in Transition*. (pp. 57-68). Routledge.
- Levinson, B. M. (1965). Pet psychotherapy: Use of household pets in the treatment of behavior disorder in childhood. *Psychological Reports*, *17*. 695–698.
- Levinson, B. M. (1978). Pets and personality development. *Psychological Reports*, *42*, 1031–1038. <https://journals.sagepub.com/doi/pdf/10.2466/pr0.1978.42.3c.1031>
- Levinson, B. M. (1982). The future of research into relationships between people and their animal companions. *International Journal for the Study of Animal Problems*, *3*(4), 283–294. <https://journals.sagepub.com/doi/pdf/10.2466/pr0.1965.17.3.695>
- Levinson, B. M. (1984). Human/companion animal therapy. *Journal of Contemporary Psychotherapy*, *14*, 131–144.
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, *4*(1), 2–22. <http://dx.doi.org/10.1037/qup0000082>
- Levitt, H. M., Pomerville, A., & Surace, F. I. (2016). A qualitative meta-analysis examining clients' experiences of psychotherapy: A new agenda. *Psychological Bulletin*, *142*(8), 801–830. <http://dx.doi.org/10.1037/bul0000057>
- Lichtenberg, J. W., & Goodyear, R. K. (2012). Informal learning, incidental learning, and deliberate continuing education: Preparing psychologists to be effective lifelong learners. In G. J. Neimeyer & J. M. Taylor (Eds.), *Continuing professional development and lifelong learning: Issues, impacts and outcomes* (pp. 71– 80). Nova Science.

- Liefooghe, A. (2019). *Equine-Assisted Psychotherapy and coaching: An evidence-based Framework* (1st ed.). Routledge.
- Lincoln, Y. S., & Guba, E. G. (2013). *The constructivist credo*. Left Coast Press.
- Lindeman, E. E. (1961). *The meaning of adult education*. Harvest House.
- Lisko, S. A., & O'dell, V. (2010). Integration of theory and practice: Experiential learning theory and nursing education. *Nursing education perspectives*, 31(2), 106-108.
<https://pubmed.ncbi.nlm.nih.gov/20455368/>
- Lopez Lever, L., (2019). A context for understanding and beginning the practice of clinical mental health counseling. In L. López Levers, & D. Hyatt-Burkhart (Eds.), *Clinical mental health counseling: Practicing in Integrated Systems of Care*. Springer.
- Lundblad, J., Rashid, M., Rhodin, M., & Andersen, P. H. (2020). Facial expressions of emotional stress in horses. *bioRxiv*. <https://doi.org/10.1101/2020.10.19.345231>
- Macdonald, G. (2002). Transformative unlearning: safety, discernment and communities of learning. *Nursing Inquiry*, 9(3), 170-178. <https://doi.org/10.1046/j.1440-1800.2002.00150.x>
- Mahar, A. L., Aiken, A. B., Cramm, H., Whitehead, M., Groome, P. & Kurdyak, P. (218). Mental health services use trends in Canadian veterans: A population-based retrospective cohort study in Ontario. *The Canadian Journal of Psychiatry*, 63(6), 378–386.
[doi:10.1177/0706743717730826](https://doi.org/10.1177/0706743717730826)
- Mann, K., Gordon, J., & MacLeod, A. (2009). Reflection and reflective practice in health professions education: A systematic review. *Advances in Health Science Education*, 14, 595–621. [doi:10.1007/s10459-007-9090-2](https://doi.org/10.1007/s10459-007-9090-2)

- Margison, F. R., McGrath, G., Barkham, M., Clark, J. M., Audin, K., Connell, J. & Evans, C. (2000). Measurement and psychotherapy: Evidence-based practice and practice-based evidence. *The British Journal of Psychiatry*, *177*, 123–130. [doi:10.1129/bjp.177.2.123](https://doi.org/10.1129/bjp.177.2.123)
- Marchand, W. R., Joubert, K., Smith, J., Nazarenko, E., Klinger, W., Sheppard, S., & Hoopes, K. H. (2022). A pilot observational study of implementing an equine-assisted services program within a VA medical center residential substance use disorder treatment program. *Military Medicine*. <https://doi.org/10.1093/milmed/usac028>
- Matamonasa-Bennett, A. (2015). Putting the horse before Descartes: Native American paradigms and ethics in equine-assisted therapies. *Business & Professional Ethics Journal*, *34*(1), 23-43. <https://www.jstor.org/stable/44074839>
- Masic, I., Miokovic, M., & Muhamedagic, B. (2008). Evidence based medicine – new approaches and challenges. *Acta Informica Medica*, *16*(4), 219–225. [doi:10.5455/aim.2008.16.219-225](https://doi.org/10.5455/aim.2008.16.219-225)
- Masini, A. (2010). Equine-assisted psychotherapy in clinical practice. *Journal of Psychosocial Nursing and Mental Health Services*, *48*(10), 30–34. <https://doi.org/10.3928/02793695-20100831-08>
- Maxwell, J. A. (2004). Causal explanation, qualitative research, and scientific inquiry in education. *Educational Researcher*, *33*(2), 3–11. [doi:10.3102/0013189X033002003](https://doi.org/10.3102/0013189X033002003)
- Maxwell, J. A. (Ed.). (2005). *Qualitative research design: An interactive approach* (2nd ed.). Sage.
- Maxwell, J. A. (2012). The importance of qualitative research for causal explanation in education. *Qualitative Inquiry*, *18*(8), 655–661. [doi:10.1177/1077800412452856](https://doi.org/10.1177/1077800412452856)

- Maziere, C., & Gunnlaugson, O. (2015). A case for developing spiritual intelligence in leaders through equine facilitated learning. *The Journal of Values-Based Leadership*, 8(1), 10. <https://scholar.valpo.edu/jvbl/vol8/iss1/10/>
- McConnell, P. J. (2010). "National survey on equine assisted therapy: An exploratory study of current practitioners and programs". *Walden Dissertations and Doctoral Studies*. 796. <https://scholarworks.waldenu.edu/dissertations/796>
- McKinley, R. K., Strand, J., Ward, L., Gray, T., Alun-Jones, T., & Miller, H. (2008). Checklists for assessment and certification of clinical procedural skills omit essential competencies: A systematic review. *Medical Education*, 42, 338–349. doi:10.1111/j.1365-2923.2007.02970.x
- McIntosh, S. (2018, August 28). Clarifying the experiential requirements for equine therapy Certification in Canada. *Healing Hooves*. <https://healinghooves.ca/where-do-my-hours-count-for-efw-canada-certification/>
- Mektziff, J., & Kornreich, M. (2017). *Research in psychotherapy*. Routledge.
- Melnyk, B. M., & Fineout-Overholt, E. (2015). *Evidence-based practice in nursing & healthcare: A guide to best practice*. Wolters Kluwer Health.
- Mendonça, T., Bienboire-Frosini, C., Menuge, F., Leclercq, J., Lafont-Lecuelle, C., Arroub, S., & Pageat, P. (2019). The impact of equine-assisted therapy on equine behavioral and physiological responses. *Animals*, 9(7), 409. <http://dx.doi.org/10.3390/ani9070409>
- Mental Health Commission of Canada. (2014). *Overview of mental health data in Canada: Background, needs, and gaps*. Author.
- Merikangas, K. R., & Kalaydjian, A. (2007). Magnitude and impact of comorbidity of mental

- disorders from epidemiologic surveys. *Current Opinion in Psychiatry*, 20(4), 353–358.
[doi:10.1097/YCO.0b013e3281c61dc5](https://doi.org/10.1097/YCO.0b013e3281c61dc5)
- Merriam, S. B., & Bierema, L., L. (2014). *Adult learning: Linking theory and practice*.
Jossey–Bass.
- Merriam, S. B., & Brockett, R. G. (2007). *The profession and practice of adult education: An introduction*. Jossey-Bass.
- Mezirow, J. (1985). Concept and action in adult education. *Adult Education Quarterly*, 5(3),
142–151. [doi:10.1177/0001848185035003003](https://doi.org/10.1177/0001848185035003003)
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded source book*
(2nd ed.). Sage.
- Mills, J., Bonner, A., & Francis, K. (2006). The development of constructivist grounded theory.
International Journal of Qualitative Methods, 5(1), 25–35.
[doi:10.1177/160940690600500103](https://doi.org/10.1177/160940690600500103)
- Moitra, M., Santomauro, D., Degenhardt, L., Collins, P. Y., Whiteford, H., Vos, T., & Ferrari, A.
(2021). Estimating the risk of suicide associated with mental disorders: A systematic
review and meta-regression analysis. *Journal of Psychiatric Research*, 137, 242-249.
- Montgomery, P., & Bailey, P.H. (2007). Field notes and theoretical memos in grounded
theory. *Western Journal of Nursing Research*, 29(1), 65–79.
[doi:10.1177/0193945906292557](https://doi.org/10.1177/0193945906292557)
- Moon, J. A. (2004). *A handbook of reflective and experiential learning: Theory and practice*.
RoutledgeFalmer
- Mudford, O. C., McNeill, R., Walton, L., & Phillips, K. J. (2012). Rationale and standards of

- evidence in evidence-based practice. In P. Sturmey & M. Hersen (Eds.), *Handbook of evidence-based practice in clinical psychology volume 1: Child and adolescent disorders* (pp 3–26). John Wiley & Sons.
- Naste, T. M., Price, M., Karol, J., Martin, L., Murphy, K., Miguel, J., & Spinazzola, J. (2018). Equine facilitated therapy for complex trauma (EFT-CT). *Journal of Child & Adolescent Trauma, 11*(3), 289-303.
- Naste, T. M., Price, M., Karol, J., Martin, L., Murphy, K., Miguel, J., & Spinazzola, J. (2018). Equine facilitated therapy for complex trauma (EFT-CT). *Journal of Child & Adolescent Trauma, 11*(3), 289-303. <https://doi.org/10.1007/s40653-017-0187-3>
- National Association of Social Workers. (2013). *NASW Standards for Continuing Professional Education*. Author.
- Nelson, S., Turnbull, J., Bainbridge, L., Caulfield, T., Hudon, G., Kendel, D., Mowat, D., Nasmith, L., Postl, B., Shamian, J., & Sketris, I. (2014). *Optimizing scopes of practice: New models of care for a new health care system*. Canadian Academy of Health Sciences.
- Neimeyer, G. J., Taylor, J. M., & Philip, D. (2010). Continuing education in psychology: Patterns of participation and perceived outcomes among mandated and nonmandated psychologists. *Professional Psychology: Research and Practice, 41*(5), 435–441. <https://doi.org/10.1037/a0021120>
- Newcomb, M.E., Hill, R., Buehler, K., Ryan, D. T., Whitton, S. W., & Mustanski, B. (2020). High burden of mental health problems, substance use, violence, and related psychosocial factors in transgender, non-binary, and gender diverse youth and young adults. *Archives of Sexual Behavior, 49*(2), 645–659. <https://doi.org/10.1007/s10508-019-01533-9>
- Norcross, J. C. (1990). An eclectic definition of psychotherapy. In J. K. Zeig & W. M. Munion

- (Eds.), *What is psychotherapy: Contemporary perspectives* (pp. 218–220).
Jossey-Bass.
- Norcross, J. C. (2011). *Psychotherapy relationships that work: Evidence-based responsiveness*.
Oxford University Press.
- Norcross J. C., & Wampold, B. E. (2011) Evidence-based therapy relationships: research
conclusions and clinical practices. *Psychotherapy*, 48, 98–102. [doi:10.1037/a0022161](https://doi.org/10.1037/a0022161)
- Notgrass, C. G., & Pettinelli, J. D. (2015). Equine assisted psychotherapy: The Equine Assisted
Growth and Learning Association’s model overview of equine-based modalities. *Journal
of Experiential Education*, 38(2), 162–174. [https://doi-
org.ezproxy.lib.ucalgary.ca/10.1177/1053825914528472](https://doi-org.ezproxy.lib.ucalgary.ca/10.1177/1053825914528472)
- Nurenberg, J. R., Schleifer, S. J., Shaffer, T. M., Yellin, M., Desai, P. J., Amin, R., Bouchard, A.,
& Montalvo, C. (2014). Animal-assisted therapy with chronic psychiatric inpatients:
equine-assisted psychotherapy and aggressive behavior. *Psychiatric Services*, 66(1), 80–
86. [doi:10.1176/appi.ps.201300524](https://doi.org/10.1176/appi.ps.201300524)
- O’Donohue, W. T., & Fisher, J. E. (2006). Introduction: Clinician’s handbook of evidence-
based practice guidelines: The role of practice guidelines in systematic quality
improvement. In J. E. Fisher & W. T. O’Donohue (Eds.), *Practitioner’s guide to
evidence-based psychotherapy*. (pp. 1–23). Springer.
- Ogden, P., Minton, K., & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to
psychotherapy*. Norton.
- Oktay, J. S. (2012). *Grounded theory*. Oxford University Press.
- Ontario College of Social Workers and Social Service Workers. (2008). *Position paper on scope
of practice*. Author.

- Orlinsky, D. E. (2017). Unity and diversity among psychotherapies. In A. J. Consoli, L. E. Beutler, & B. Bongar, (Eds.), *Contemporary textbook of psychotherapy theory and practice*, (2nd ed.) (pp 11–30). Oxford University Press.
- Owen, J., Drinane, J. M., Kivlighan, M., Miller, S., Kopta, M., & Imel, Z. (2019). Are high-performing therapists both effective and consistent? A test of therapist expertise. *Journal of Consulting and Clinical Psychology*, 87(12), 1149-1156. [doi:10.1037/ccp0000437](https://doi.org/10.1037/ccp0000437)
- Page, C., Beck, A. J., Buche, J., Singer, P., Vazquez, C., & Perron, B. (2017). *National assessment of scopes of practice for the behavioral health workforce*. https://www.behavioralhealthworkforce.org/wp-content/uploads/2017/11/FA3_SOP_Full-Report_1.pdf
- Park, S., Lee, Y., Youn, T., Kim, B. S., Park, J. I., Kim, H., ... & Hong, J. P. (2018). Association between level of suicide risk, characteristics of suicide attempts, and mental disorders among suicide attempters. *BMC Public Health*, 18(1), 1-7. <https://doi.org/10.1186/s12889-018-5387-8>
- Parsell, G., & Bligh, J. (1998). Interprofessional learning. *Postgraduate Medical Journal*, 74(868), 89–95. <https://doi.org/10.1136/pgmj.74.868.89>
- Payne, M. (2014). *Modern social work theory* (4th ed.). Palgrave Macmillan.
- Pearson, G., Connor, M., Keen, J., Reardon, R., & Waran, N. (2021). Incorporation of equine learning theory into the undergraduate curriculum. *Journal of Veterinary Medical Education*, 48(3), 351-360. <https://doi.org/10.3138/jvme-2019-0078>
- Pérez-Gómez, J., Amigo-Gamero, H., Collado-Mateo, D., Barrios-Fernandez, S., Muñoz-Bermejo, L., Garcia-Gordillo, M. Á., ... Adsuar, J. C. (2021). Equine-assisted activities and therapies in children with attention-deficit/hyperactivity disorder: A systematic

review. *Journal of Psychiatric and Mental Health Nursing*, 28(6), 1079–1091.

<https://doi.org/10.1111/jpm.12710>

Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research*, 28(3), 381–388.

[doi:10.1177/1049732317697102](https://doi.org/10.1177/1049732317697102)

Pichot, T., & Coulter, M. (2007). *Animal-assisted brief therapy: A solution-focused approach*. The Haworth Press.

Ping-Tzu, L., & Makela, C. (2018). Mental health practitioners' strategies in equine-assisted psychotherapy: Implications for social work. *Social Work Education*, 37 (1), 119-135.

Porter-Wenzlaff, L. (2007). Finding their voice: Developing emotional, cognitive, and behavioral congruence in female abuse survivors through equine facilitated therapy. *EXPLORE: the Journal of Science and Healing*, 3(5), 529-534. [doi:10.1016/j.explore.2007.07.016](https://doi.org/10.1016/j.explore.2007.07.016)

Porges, S. W., (1995). Orienting in a defensive world: Mammalian modifications of our evolutionary heritage: A polyvagal theory. *Psychophysiology*, 32, 301-318

Porges, S. W., (2003)/ Social engagement and attachment: a phylogenetic perspective. Roots of mental illness in children. *Annals of the New York Academy of Sciences*, 1008, 31-47.

Punzo, Skoglund, M., Carlsson, I.-M., & Jormfeldt, H. (2022). Experiences of an equine-Assisted therapy intervention among children and adolescents with mental illness in Sweden - A nursing perspective. *Issues in Mental Health Nursing*, 1–13.

<https://doi.org/10.1080/01612840.2022.2126571>

Quay, J., & Seaman, J. (2013). *John Dewey and education outdoors*. Sense Publishers.

Rafferty, L. A., Cawkill, P. E., Stevelink, S. A. M., Greenberg, K., & Greenberg, N. (2018).

- Dementia, post-traumatic stress disorder and major depressive disorder: A review of the mental health risk factors for dementia in the military veteran population. *Psychological Medicine*, 48(9), 1400–1409. <https://doi.org/10.1017/S0033291717001386>
- Ramalho, R., Adams, P., Huggard, P., & Hoare, K. (2015). Literature review and constructivist grounded theory methodology. *Forum: Qualitative Social Research*, 16(3), Art. 19. <http://nbn-resolving.de/urn:nbn:de:0114-fqs1503199>
- Rambo, A. (2016). About equine-assisted family therapy. In A. Rambo, T. Boyd, T., & M. Gonzalez Marquez (Eds.). *The marriage and family therapy career guide* (pp. 125–127). Routledge. <https://doi.org/10.4324/9781315723044-15>
- Rankins, E. M., & Wickens, C. L. (2020). A systematic review of equine personality. *Applied Animal Behaviour Science*, 231, 105076. <https://doi.org/10.1016/j.applanim.2020.105076>
- Rapp, C. A., Etzel-Wise, D., Marty, D., Coffman, M., Carlson, L., Asher, D., Callaghan, J., & Holter, M. (2010). Barriers to evidence-based practice implementation: Results of a qualitative study. *Community Mental Health Journal*, 46, 112–118. <https://doi.org/10.1007/s10597-009-9238-z>
- Rashid, M., Silventoinen, A., Gleerup, K. B., & Andersen, P. H. (2020). Equine Facial Action Coding System for determination of pain-related facial responses in videos of horses. *Plos one*, 15(11). <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0231608>
- Ravitch, S. M., & Carl, N. M. (2016). *Qualitative research: Bridging the conceptual, theoretical and methodological*. Sage.
- Ravitz, P., Cooke, R. G., Mitchell, S., Reeves, S., Tehima, J., Lokuge, B., Lawson, A.,

- McNaughton, N., Skinner, W., Cooper, C., Fefergrad, M., & Zaretsky, A. (2013). Capacity building in psychotherapies for front-line mental health workers in underserved communities. *Canadian Journal of Psychiatry, 58*(6), 335–343.
[doi:10.1177/070674371305800605](https://doi.org/10.1177/070674371305800605)
- Rebibo, S. T. (2020). *Healing with hooves: Equine-facilitated psychotherapy and adolescents with Borderline Personality Disorder* (Doctoral dissertation, Pacifica Graduate Institute).
<https://www.proquest.com/openview/8b200695fb67d6f7ebdd908e70699e44/1?pq-origsite=gscholar&cbl=51922&diss=y>
- Redmond, B. (2017). *Reflection in action: Developing reflective practice in health and social services*. Routledge.
- Rieken, B., & Gelo, O. C. G. (2017). The philosophy of psychotherapy science: Mainstream and alternative views. In O. C. G. Gelo, A. Pritz, & B. Rieken (Eds.), *Psychotherapy research: Foundations, process, and outcome* (pp. 67–92). Springer.
- Riley, A. W., Finney, J. W., Mellits, E. D., Starfield, B., Kidwell, S., Quaskey, S., Cataldo, M. F., Fillipp, L. & Shematek, J. P. (1993). Determinants of children's health care use: an investigation of psychosocial factors. *Medical Care, 31*(9), 767–783.
<https://www.jstor.org/stable/pdf/3766204.pdf>
- Roberts, J. W. (2011). *Beyond learning by doing: Theoretical currents in experiential education*. Routledge.
- Ross-Gordon, J., Rose, A. D., & Kasworm, C. E. (2017). *Foundations of adult and continuing education*. Jossey-Bass.

- Rothe, E. Q., Vega, B. J., Torres, R. M., Soler, S. M. C., & Molina, R. M. (2005). From kids and horses: Equine facilitated psychotherapy for children. *International Journal of Clinical and Health Psychology, 5*(2), 373-383.
- Rowe, M., Frantz, J., & Bozalek, V. (2012). The role of blended learning in the clinical education of healthcare students: A systematic review. *Medical Teacher, 34*(4), 216–221. [doi:10.3109/0142159X.2012.642831](https://doi.org/10.3109/0142159X.2012.642831)
- Rowell, P. C., & Benshoff, J. M. (2008). Using personal growth groups in multicultural counseling courses to foster students' ethnic identity development. *Counselor Education and Supervision, 48*(1), 2-15. <https://doi.org/10.1002/j.1556-6978.2008.tb00058.x>
- Rushmer, R., & Davies, H.T.O. (2004). Unlearning in health care. *Quality & Safety in Health Care, 13*, 10-15. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1765805/pdf/v013p0ii10.pdf>
- Saggers, B., & Strachan, J. (2016). Horsing around: Using equine facilitated learning to support the development of social-emotional competence of students at risk of school failure. *Child & Youth Services, 37*(3), 231-252. [https://eprints.qut.edu.au/91401/San Too, L., Spittal, M. J., Bugeja, L., Reifels, L., Butterworth, P., & Pirkis, J. \(2019\). The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies. *Journal of Affective Disorders, 259*, 302-313. <https://doi.org/10.1016/j.jad.2019.08.054>](https://eprints.qut.edu.au/91401/San%20Too,%20L.,%20Spittal,%20M.%20J.,%20Bugeja,%20L.,%20Reifels,%20L.,%20Butterworth,%20P.,%20&%20Pirkis,%20J.%20(2019).%20The%20association%20between%20mental%20disorders%20and%20suicide:%20A%20systematic%20review%20and%20meta-analysis%20of%20record%20linkage%20studies.%20Journal%20of%20Affective%20Disorders,%20259,%20302-313.%20https://doi.org/10.1016/j.jad.2019.08.054)
- Sapochnik, C. (2021). *Group relations and other meditations: Psychoanalytic explorations on the uncertainties of experiential learning*. Routledge.
- Scales, P., Pickering, J., Senior, L., Headley, K., Garner, P., & Boulton, H. (2011). *Continuing professional development in the lifelong learning sector*. McGraw Hill Education.

- Schlote, S., & Parent, I. (2018). Treating structural dissociation through equine-assisted trauma therapy: Working with the parts system. In K.S. Trotter, & J. N. Baggerly (Eds.). *Equine-assisted mental health for healing trauma* (pp. 19-43). Routledge.
- Schramm, E., Hediger, K., & Lang, U. E. (2015). From animal behavior to human health: An animal-assisted mindfulness intervention for recurrent depression. *Zeitschrift für Psychologie*, 223(3), 192–200. [doi:10.1027/2151-2604/a000220](https://doi.org/10.1027/2151-2604/a000220)
- Schrimpf, A., Single, M. S., & Nawroth, C. (2020). Social referencing in the domestic horse. *Animals*, 10(1), 164. <https://doi.org/10.3390/ani10010164>
- Schon, D.A. (1990). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. Jossey-Bass.
- Schuling, K., & Slager, J. (2000). Scope of practice: Freedom within limits. *Journal of Midwifery & Women's Health*, 45(6), 465-471. [https://doi.org/10.1016/S1526-9523\(00\)00070-2](https://doi.org/10.1016/S1526-9523(00)00070-2)
- Schultz, P. N., Remick-Barlow, G. A., & Robbins, L. (2007). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health & Social Care in the Community*, 15(3), 265-271. [doi:10.1111/j.1365-2524.2006.00684.x](https://doi.org/10.1111/j.1365-2524.2006.00684.x)
- Selby, A., & Smith-Osborne, A. (2013). A systematic review of effectiveness of complementary and adjunct therapies and interventions involving equines. *Health Psychology*, 32, 418 – 427. [doi:10.1037/a0029188](https://doi.org/10.1037/a0029188)
- Sharpe, H. (2014). Equine-facilitated counselling and women with eating disorders: Articulating bodily experience. *Canadian Journal of Counselling & Psychotherapy*, 48, 127–152. <http://dx.doi.org/10.11575/PRISM/25931>

- Shelef, A., Brafman, D., Rosing, T., Weizman, A., Stryjer, R., & Barak, Y. (2019). Equine assisted therapy for patients with post traumatic stress disorder: A case series study. *Military Medicine*, *184*(9-10), 394–399. <https://doi.org/10.1093/milmed/usz036>
- Shultz-Jobe, B., McFarland, L., & Jobe, T. (2018). Natural lifemanship’s trauma-focused equine-assisted psychotherapy and treatment of anxiety disorders. In K.S. Trotter, & J. N. Baggerly (Eds.). *Equine-assisted mental health interventions* (pp. 58-69). Routledge.
- Sheade, H. E. (2021). *Equine-assisted counseling and psychotherapy: Healing through horses*. Routledge.
- Shultz, P. N., Remick-Barlow, G. A., & Robbins, L. (2007). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health and Social Care in the Community*, *15*(3), 265–271. <https://doi.org/10.1111/j.1365-2524.2006.00684.x>
- Siegel, D. J. (1999). *The developing mind: How relationships and the brain interact to shape who we are*. Guilford Press.
- Siegel, D. J. (2010). *The mindful therapist: A clinician's guide to mindsight and neural integration*. W. W. Norton & Company.
- Sicora, A. (2017). *Reflective practice and learning from mistakes in social work*. Policy Press.
- Sirey, J. (2008). The impact of psychosocial factors on experience of illness and mental health service use. *American Journal of Geriatric Psychiatry*, *129*(9), 703–705. [doi:10.1097/JGP.0b013e318182550b](https://doi.org/10.1097/JGP.0b013e318182550b)
- Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. & Khan, M. (2011). *The life and*

- economic impact of major mental illnesses in Canada: 2011 to 2041*. Mental Health Commission of Canada.
- Smith, M., & Glass, G. (1977). Meta-analysis of psychotherapy outcome studies. *American Psychologist*, 32(9), 752–760. [doi:10.1037//0003-066X.32.9.752](https://doi.org/10.1037//0003-066X.32.9.752)
- Srinivasan, S. M., Cavagnino, D. T., & Bhat, A. N. (2018). Effects of equine therapy on individuals with autism spectrum disorder: A systematic review. *Review Journal of Autism and Developmental Disorders*, 5, 156–175. <https://doi.org/10.1007/s40489-018-0130-z>
- Stapleton, P., & Grimmett, K. T. (2021). Australian community and health professionals perceptions of equine-assisted psychotherapy. *Evidence-Based Complementary and Alternative Medicine*, 2217761–16. <https://doi.org/10.1155/2021/2217761>
- Statistics Canada. (2019). *Mental health care needs, 2018*. Author.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Sage.
- Stewart, L. A., Chang, C. Y., Parker, L. K., & Grubbs, N. (2016). *Animal-assisted therapy in counseling competencies*. American Counseling Association.
- Strom-Gottfried, K. (2000). Ensuring ethical practice: An examination of NASW code violations, 1986–97. *Social Work*, 45(3), 251–261. [doi:10.1093/sw/45.3.251](https://doi.org/10.1093/sw/45.3.251)
- Sutani, N. (2020). Understanding congruence in person-centred counselling practice: A trainee counsellor’s perspective. *Journal of Professionals in Guidance and Counseling*, 1(2), 47-55. <https://doi.org/10.21831/progcouns.v1i2.34615>
- Theobald, J., Gardner, F., & Long, N. (2017). Teaching critical reflection in social work field education. *Journal of Social Work Education*, 53(2), 300-311. <https://doi.org/10.1080/10437797.2016.1266978>

- Timonen, V., Foley, G., & Conlon, C. (2018). Challenges when using grounded theory: A pragmatic introduction to doing GT research. *International Journal of Qualitative Methods, 17*, 1–10. <https://doi.org/10.1177/1609406918758086>
- Timulak, L., & Timulak, L. (2008). *Research in psychotherapy and counselling*. Sage.
- Thompson, N. (2011). *Theorizing social work practice*. Palgrave Macmillan.
- Traeen, B., Moan, K. A., & Rosenvinge, J. H. (2012). Therapists' experience of horse-based treatment of patients with eating disorders. *Tidsskrift for Norsk Psykologforening, 49*, 349–355. <https://habricentral.org/resources/41777>
- Trotter, K. S. (2012). *Harnessing the power of equine assisted counselling*. Routledge Taylor & Francis Group.
- Trotter, K. S., & Baggerly, J. N. (Eds.) (2018). *Equine-assisted mental health for healing trauma*. Routledge.
- Turton, W. (2015). An introduction to psychosocial interventions. In S. Walker (Ed.), *Psychosocial interventions in mental health nursing* (pp. 4-21). Sage. <http://dx.doi.org/10.4135/9781473909892.n2>
- Tuuvas, M., Carlsson, J., & Norberg, J. (2017). A healing relationship: Clients' experiences of the long-term relational significance of the horse in horse assisted psychotherapy. *European Journal of Psychotherapy & Counselling, 19*(3), 307-328.
- US Department of Health and Human Services. (2018). *Theory at a glance: A guide for health promotion practice*. Author.
- von Rust McCormick, A., & McCormick, M. D. (1997). *Horse sense and the human heart: What horses can teach us about trust, bonding, creativity and spirituality*. Health Communications.

- Walker, E. R., McGee, R. E., & Druss, B. G. (2015). Mortality in mental disorders and global disease burden implications: A systematic review and meta-analysis. *JAMA Psychiatry*, 72(4), 334–341. [doi:10.1001/jamapsychiatry.2014.2502](https://doi.org/10.1001/jamapsychiatry.2014.2502)
- Waltz, T. J. (2021). Scope of practice and standards of training across the clinical professions. In A. Maragakis, C., Drossel, & T. J., Waltz (Eds.), *Applications of behavior analysis in healthcare and beyond* (pp. 13-42). Springer. [doi:10.1007/978-3-030-57969-2_2](https://doi.org/10.1007/978-3-030-57969-2_2)
- Wampold, B. E. (2012). *The basics of psychotherapy: An introduction to theory and practice*. American Psychological Association.
- Wampold, B. E., Baldwin, S. A., Holtforth, M. G., & Imel, Z. E. (2017). What characterises effective therapists? In L. G. Castonguay, & C. E. Hill (Eds.), *How and Why Are Some Therapists Better Than Others?: Understanding Therapist Effects* (pp. 37–54). American Psychological Association.
- Ward, J., Hovey, A., & Brownlee, K. (2022). Mental health benefits of mounted equine-assisted therapies: A scoping review. *Health & Social Care in the Community*. <https://doi.org/10.1111/hsc.13904>
- Watson, J. C., Greenberg, L. S., & Lietaer, G. (1998). The experiential paradigm unfolding: Relationship and experiencing in therapy. In L. S. Greenberg, L. C. Watson, & G. Lietaer, (Eds.). *Handbook on experiential psychotherapy* (pp. 3–27). Guilford Press.
- Wattchow, B., & Brown, M. (2011). *A pedagogy of place: Outdoor education for a changing world*. Monash University Publishing.
- Wayne, J., Bogo, M., & Raskin, M. (2010). Field education as the signature pedagogy of social work education. *Journal of Social Work Education*, 46(3), 327–339. [doi:10.5175/JSWE.2010.200900043](https://doi.org/10.5175/JSWE.2010.200900043)

- Weiss, D. (2009). Equine assisted therapy and theraplay. In E. Munns (Ed.). *Applications of family and group Theraplay* (pp. 225-233). Jason Aronson.
- Weitz, E., Kleiboer, A., van Straten A., & Cuijpers, P. (2018). The effects of psychotherapy for depression on anxiety symptoms: A meta-analysis. *Psychological Medicine*, 48, 2140–2152. <https://doi.org/10.1017/S0033291717003622>
- White, D., Oelke, N. D., Besner, J., Doran, D., McGillis Hall, L., & Giovannetti, P. (2008). Nursing scope of practice: Descriptions and challenges. *Nursing Leadership – Academy of Canadian Executive Nurses*, 21(1), 44–57. [doi:10.12927/cjnl.2008](https://doi.org/10.12927/cjnl.2008)
- White-Lewis, S. (2019). Equine-assisted therapies using horses as healers: A concept analysis. *Nursing Open*, 7(1), 58–67. <https://doi.org/10.1002/nop2.377>
- Whiting, D., Lichtenstein, P., & Fazel, S. (2021). Violence and mental disorders: a structured review of associations by individual diagnoses, risk factors, and risk assessment. *The Lancet Psychiatry*, 8(2), 150-161. [https://doi.org/10.1016/S2215-0366\(20\)30262-5](https://doi.org/10.1016/S2215-0366(20)30262-5)
- Whittlesey-Jerome, W. K. (2014). Adding equine-assisted psychotherapy to conventional treatments: A pilot study exploring ways to increase adult female self-efficacy among victims of interpersonal violence. *The Practitioner Scholar: Journal of Counseling and Professional Psychology*, 3(1), 82–101.
- Wiens, K., Bhattarai, A., Pedram, P., Dores, A., Williams, J., Bulloch, A., & Patten, S. (2020). A growing need for youth mental health services in Canada: Examining trends in youth mental health from 2011 to 2018. *Epidemiology and Psychiatric Sciences*, 29(115), 1–9. <https://doi.org/10.1017>

- Willerson, S. B., & Sandford, V. M. (2015). Blazing your own trail: Equine-facilitated psychotherapy groups for teens. In S. L. Brooke, & C. E. Thomas (Eds.), *The Use of the Creative Therapies in Treating Depression* (pp. 310-319). Charles C Thomas.
- Willmund, G., Zimmermann, P., Alliger-Horn, C., Varn, A., Fischer, C., Parent, I., Sobottka, A., Bering, R., Rose, C., Ströhle, A., & Köhler, K. (2021). Equine-assisted psychotherapy with traumatized couples—Improvement of relationship quality and psychological symptoms. *Journal of Marital and Family Therapy*, *47*(4), 925–944.
<https://doi.org/10.1111/jmft.12485>
- Wilson, K., Buultjens, M., Monfries, M., & Karimi, L. (2017) Equine-assisted psychotherapy for adolescents experiencing depression and/or anxiety: A therapist’s perspective. *Clinical Child Psychology and Psychiatry*, *22*(1), 16–33. [doi:10.1177/1359104515572379](https://doi.org/10.1177/1359104515572379)
- Wycoff, K., & Gupta, M. (2018). Ethical considerations in equine-assisted interventions: Meeting the needs of both human and horse. In K. S. Trotter, & J. N. Baggerly, (Eds.), *Equine-Assisted Mental Health Interventions: Harnessing Solutions to Common Problems*. (pp. 3-18). Routledge.
- Vizzotto A.D.B., de Oliveira A.M., Elkis H., Cordeiro Q., & Buchain P.C. (2013). Psychosocial characteristics. In M.D. Gellman, & J.R. Turner (Eds.), *Encyclopedia of behavioral medicine* (pp. 1578–1580). Springer.
- Yalom. (2009). *The gift of therapy: An open letter to a new generation of therapists and their patients*. Harper Perennial.

Appendix A: Informed Consent Form

TITLE: The Development of Equine Assisted Psychotherapy: A Grounded Theory Study

INVESTIGATOR: Dr. Ian Winchester 403-220-5696 winchest@ucalgary.ca

BACKGROUND:

Equine assisted psychotherapy (EAP) is an emerging practice area in the treatment of individuals affected by mental health disorders. EAP may be described as the intentional inclusion of horses and / or ponies in the counselling process to facilitate in awareness building, skill development, and symptom reduction. While EAP is gaining in popularity among clinical practitioners and clients in the treatment of individuals affected by mental health disorders, more knowledge is required to substantiate this intervention.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the study is twofold. First, this study will construct a theory of equine assisted psychotherapy. As EAP is an emerging practice area in the treatment of individuals affected by mental health disorders, there is a need to develop a theory which informs clinical practice. Second, this study will generate an educational model of EAP through which this intervention may be taught to clinical practitioners. There is a need to identify and optimize approaches to teaching and learning EAP. Through standardizing the educational processes in EAP, clinical proficiency can be ensured, and future research into EAP may contribute to the development of EAP as an empirically supported and evidence-based practice.

WHAT DO I HAVE TO DO?

For this study you will be divided into one of two groups. The first group is for clinical practitioners engaged in EAP activities for the treatment of individuals affected by mental health disorders. For this study, we will be asking to meet with you at your equine-facility, at a location of your choosing, or remotely via Skype or Zoom to complete a series of interviews. These interviews will ask you to answer questions about: 1.) the nature of EAP, 2.) therapeutic processes and mechanisms of change in EAP, 3.) teaching and learning processes in EAP, and 4.) and details about your background (i.e. date of birth, gender, ethnicity, areas of practice). Due to the in-depth nature of the interview, it is approximated to take two hours to complete, with the potential for hour long follow up interviews. These interviews will be audio-recorded.

The second group will include equine professionals with extensive knowledge of equine behavior and human-horse interactions. For this study, we will be asking to meet with you at your equine-facility, at a location of your choosing, or remotely via Skype or Zoom to complete a series of interviews. These interviews will ask you to answer questions about: 1.) horse-human relationships 2.) cultivating human-horse relationships, 3.) teaching and learning processes in equine activities, and 4.) and details about your background (i.e. date of birth, gender, ethnicity, areas of practice). Due to the in-depth nature of the interview, it is approximated to take two

hours to complete, with the potential for hour long follow up interviews. These interviews will be audio-recorded.

WHAT ARE THE RISKS?

The interviews you are being asked to complete will ask you questions about your knowledge regarding EAP, and human-horse relationships and activities. Although no one else other than the researcher will see your responses to the questions, and your name will not be known to anyone, you may feel uncomfortable providing some of this information. If at any point you are not comfortable with providing a response to a question, you have the right to refuse providing an answer to the question and / or withdrawing from the study.

WHAT ARE THE BENEFITS?

If you agree to participate in this study, there may or may not be a direct benefit to you. You may increase your knowledge of EAP.

DO I HAVE TO PARTICIPATE?

Participation in this study is voluntary and you may withdraw from this study at any time. If you wish to withdraw, please contact the researcher at the contact information provided to you.

Should new information become available that might affect your willingness to participate in the study, you will be informed as soon as possible.

WHAT ELSE DOES MY PARTICIPATION INVOLVE?

Your participation involves completion of a series of interview.

WILL I BE PAID FOR PARTICIPATING, OR DO I HAVE TO PAY FOR ANYTHING?

For your participation, if you decide to conduct the interview in-person, your travel expenses to the University of Calgary or the designated site will be covered. This includes reimbursing you for parking or transit. Please keep all parking receipts. We will be providing you with \$10.00 at the end of the study as a thank you for your time and help with the study.

WILL MY RECORDS BE KEPT PRIVATE?

All hard copies of the interview transcripts will be kept in a locked cabinet in a private office. All informed consent sheets will be also kept in a private office and stored in a different filing cabinet from the interview transcripts. This is done to protect your confidentiality and to ensure that your responses (anonymized) cannot be linked to your personal information. Interview transcripts will be identified by a number to ensure privacy of your information. All electronic data will be password protected and stored on a private server. Only the researcher will have access to the data. The data will be kept for a minimum of five years, as required by the

University of Calgary's policy on Integrity in Scholarly Research. At five year, the data will be destroyed.

SIGNATURES

Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time without jeopardizing your health care. If you have further questions concerning matters related to this research, please contact:

Rebecca Stares 587-581-6705

rebecca.stares@ucalgary.ca

<hr/>	<hr/>
Participant's Name	Signature and Date
 <hr/>	 <hr/>
Investigator/Delegate's Name	Signature and Date
 <hr/>	 <hr/>
Witness' Name	Signature and Date

Appendix B: Demographic Questionnaire for Clinical Practitioners

Sex: Male ___ Female ___ Other ___

Date of Birth: dd/mm/yyyy

Ethnicity: _____

Highest Educational Achievement: Diploma _____ Bachelor's Degree _____

Master's Degree _____ Doctorate _____ Other _____

Province or Territory of Practice: _____

Professional Designation: Social Work _____ Nursing _____ Occupational Therapist _____

Professional Counsellor _____ Psychologist _____ Other _____

Regulating Body: _____

Practice orientation(s): _____

Number of Years in Clinical Practice: _____

Number of Years offering EAP: _____

Practice populations for EAP: _____

Do You Own Horses? If yes how many? Yes ___ No ___ Lease ___ Other ___

Do you follow an EAP model? _____

Where do you practice? Home ___ Personally Owned Facility ___ Privately Owned

Facility ___ Boarding Facility ___ Other _____

Appendix C: Demographic Questionnaire for Equine Professionals

Sex: Male ___ Female ___ Other ___

Date of Birth: dd/mm/yyyy

Ethnicity: _____

Highest Educational Achievement: Diploma _____ Bachelor's Degree _____

Master's Degree _____ Doctorate _____ Other _____

Province or Territory of Practice: _____

Area of Practice: Breeding _____ Coaching _____ Competition _____ Driving _____ Equine

Assisted Activities _____ Horse Training _____ Judging _____ Racing _____ Recreation _____

Riding Lessons _____ Therapeutic Riding _____ Trail Rides _____ Other _____

Regulating Body: _____

Number of Years as an Equestrian: _____

Number of Years as an Equine Professional: _____

Do You Own Horses? Yes ___ No ___ Lease ___ Other ___ **If yes how many?** ___

Are you engaged in any equine assisted therapy activities? If so which ones? _____

Do You Own Therapy Horses? Yes ___ No ___ Lease ___ Other ___

If yes how many? ___

Where do you practice? Home ___ Personally Owned Facility ___ Privately Owned

Facility ___ Boarding Facility ___ Other _____

Appendix D: Interview Guide for Clinical Practitioners

Theory Development

1. Please tell me a little bit about yourself and your clinical practice.
2. Can you tell me about your educational background and your areas of practice?
3. What drew you to equine assisted psychotherapy?
4. How would you rate your level of expertise in working with horses?
5. How would you describe equine assisted psychotherapy?
6. What is your role within an EAP session?
7. What is the role of the equine within an EAP session, and how do you include them?
8. How do you use equine assisted therapy to assess or diagnose mental health disorders?
9. What are the essential components of equine assisted psychotherapy?
10. How does equine assisted psychotherapy facilitate in the treatment of mental health disorders?
11. What are the essential processes within this intervention which impact symptom reduction?
12. What have you observed or learned about mechanisms of change in equine assisted therapy?
13. What tools do you use to guide clients towards their optimal outcomes?
14. Has EAP ever been ineffective in your clinical practice?
15. When you are developing your case formulations, what information are you drawing on?

Educational Development

16. What learning has been essential to the development of your equine assisted psychotherapy practice?
17. What advice would you give to clinicians entering into an EAP practice?
18. What do you think are the best ways to teach and learn EAP?
19. Was there any learning or education you have engaged in which seemed counterintuitive or non-applicable to your EAP practice?
20. Was there anything you had to unlearn in order to become or enhance your EAP practice?
21. What are the minimum proficiencies of an EAP practitioner?
22. What are critical curriculum components for continuing education into EAP?
23. What are the learning processes essential to EAP?
24. Did you experience any form of personal transformation through learning EAP?

Appendix E: Interview Guide for Equine Professionals

Theory Development

1. Please tell me a little bit about yourself and your equine practice.
2. Can you tell me about your educational background?
3. What drew you to working with horses?
4. What is your role as an equine professional?
5. What is the role of the equine, and how do you include them?
6. What do you think is the nature of human-horse relationships?
7. What are the essential components of a human-horse relationship?
8. What are the benefits of human-horse relationships and engaging in activities involving equines?
9. What are some of the lessons you've learned from horses, and observed others learn?
10. How do horses help others learn and grow? Do you have any examples?
11. What are the ethical considerations you have in working with horses?
12. What are the indications that a horse is positively engaged in the human-horse relationship or equine activity?
13. What are the indications that a horse is negatively engaged in the human-horse relationship or equine activity?

Educational Development

14. What learning has been essential to the development of your equine practice?
15. What are the minimum proficiencies of an equine practice?
16. Was there any learning or education you have engaged in which seemed counterintuitive or non-applicable to your equine practice?
17. What do you think are the best ways to teach and learn equine activities?
18. What advice would you give to individuals entering into an equine-related practice?
19. What advice would you give to a clinician entering into an equine assisted therapy practice?