

International Journal of Clinical and Health Psychology
Asociación Española de Psicología Conductual (AEPC)
sierra@ugr.es
SN (Versión impresa): 1697-2600
ESPAÑA

2005

Eugenio Quiroz Rothe / Beatriz Jiménez Vega / Rafael Mazo Torres / Silvia María
Campos Soler / Rosa María Molina Pazos

FROM KIDS AND HORSES: EQUINE FACILITATED PSYCHOTHERAPY FOR
CHILDREN

International Journal of Clinical and Health Psychology, mayo, año/vol. 5, número 002

Asociación Española de Psicología Conductual (AEPC)

Granada, España

pp. 373-383



From kids and horses: Equine facilitated psychotherapy for children¹

Eugenio Quiroz Rothe², Beatriz Jiménez Vega, Rafael Mazo Torres,
Silvia María Campos Soler, and Rosa María Molina Pazos
(*Universidad Alfonso X, España*)

(Recibido 13 de marzo 2004 / Received March 13, 2004)
(Aceptado 30 de junio 2004 / Accepted June 30, 2004)

ABSTRACT. Equine facilitated psychotherapy is a developing form of animal assisted therapy, which primarily incorporates human interaction with horses as guides. The behavior of a sensitive horse, provides a vehicle by which the therapist can use to teach the patient coping skills. This theoretical study is present to reader our opinion, about the main considerations of equine facilitated psychotherapy for children. In this scenario, the horse could be included as a cotherapist in a team composed of psychologist, occupational therapists, veterinary doctors and horsemen. Horses, by their large, gentle presence, put children therapeutically in touch with their own vitality. Children who ordinarily shun physical and emotional closeness often can accept from a horse. Beneficial results of a child-horse relationship include care translation, socialization and conversation, self-esteem promotion, companionship and affection stimulation. We conclude that equine facilitated psychotherapy provides well being and improvement in quality of children with mental health problems.

KEYWORDS. Horses. Children. Psychotherapy. Theoretical study.

¹ To my parents Dr. Héctor Quiroz and Mrs. Bertha Rothe, who from my early childhood taught me respect, care and love for animals. To my wife and daughters Fatima, Ana Paula, and Maria Eugenia and all horse lovers. Authors want to thank Drs. Vincent and Laura Rothe for english correction of this text.

² Correspondence: Departamento de Patología General. Veterinaria. Universidad Alfonso X. Avda. de la Universidad, s/n. 28429. Villanueva de la Cañada. Madrid (España). E-mail: equirrot@uax.es

RESUMEN. La psicoterapia facilitada con caballos es una forma emergente de terapia asistida con animales que incorpora la interacción del hombre con el caballo como guía. El comportamiento de un caballo sensible proporciona al terapeuta el vehículo para enseñar distintas habilidades al paciente. El objetivo de este estudio teórico es presentar al lector nuestra opinión sobre las consideraciones más importantes de la psicoterapia facilitada con caballos para niños. En este proceso se incluye al caballo como un miembro más del equipo, en el que participan psicólogos, terapeutas, veterinarios y personas relacionadas con el medio ecuestre. Los caballos, por su presencia grande y apacible, son para los niños un medio terapéutico que les ayuda a manifestar su propia vitalidad. Los niños que se aíslan física y/o emocionalmente pueden aceptar a menudo el contacto con un caballo. Los beneficios de la relación niño-caballo incluyen la transmisión de cariño, y promueven la socialización y la conversación. Esta terapia estimula en los niños los procesos de autoestima, de compañerismo y de afecto.

PALABRAS CLAVE. Caballos. Niños. Psicoterapia. Estudio teórico.

RESUMO. A psicoterapia facilitada com cavalos é uma forma emergente de terapia assistida com animais que incorpora a interação do homem com o cavalo como guia. O comportamento de um cavalo sensível proporciona ao terapeuta o meio para ensinar diferentes competências ao paciente. O objectivo deste estudo teórico é apresentar ao leitor a nossa opinião sobre as considerações mais importantes da psicoterapia facilitada com cavalos para crianças. Neste processo inclui-se o cavalo como mais um membro da equipa, em que participam psicólogos, terapeutas, veterinários e pessoas relacionadas com o meio ecuestre. Os cavalos, pela sua grande e gentil presença são para as crianças um meio terapêutico que as ajuda a manifestar a sua própria vitalidade. As crianças que se afastam física e/ou emocionalmente podem aceitar progressivamente o contacto com um cavalo. Os benefícios da relação criança – cavalo incluem a transmissão de carinho, e promovem a socialização e a conversação. Esta terapia estimula nas crianças os processos de auto-estima, de companheirismo e de afecto.

PALABRAS CHAVE. Cavalos. Crianças. Psicoterapia. Estudo teórico.

Introduction

Animal assisted therapy (AAT) is a goal-directed intervention, in which an animal that meets specific criteria is an integral part of a treatment that facilitates the healing and rehabilitation of patients with acute or chronic diseases. In this scenario, AAT was designed to promote improvement in human physical, social, emotional, and/or cognitive function; including thinking and intellectual skills (Cole and Gawlinski, 2000; Dossey, 1997). Animals commonly used as partners in AAT are dogs, cats, rodents, horses and dolphins. Horses have been a part of the physical therapy field since the early 70s and are more recently playing a role in the field of mental health. Numerous terms are used to describe the roles that horses play in education, and in physical or psychological therapies. The following are included under the therapeutic umbrella: equine therapy, hippotherapy, equine facilitated psychotherapy and equine assisted psychotherapy (Bizub

and Davidson, 2003; Robinson, 2003). Equine facilitated psychotherapy (EFP) is a developing form of animal assisted therapy, which primarily incorporates human interaction with horses as guides. The horse acts as a mirror for the human and his/her deep inner experience. Human-horse interaction can facilitate personal exploration of feelings, powers of intuition and energy understandings of self, nature, relationships and communication. Further more, horses can develop emotional growth. Sense of self-efficacy and self-esteem, knowledge and well being, as well as and improve the quality of life for people (Bizub and Davidson, 2003). Current process of equine facilitated psychotherapy for children provides opportunities to enhance self-awareness and re-pattern maladaptive behaviors, feelings and attitudes. This therapy is addressed for a variety of mental health and developmental needs including: behavioral issues, attention deficit disorder, eating disorders, abuse issues, depression, anxiety, relationship problems, and communication needs (Carpenter, 1997; Katcher and Wilkins, 1998). The focus of EFP is not riding or horsemanship. In fact 90% of EFP takes place purely on the ground.

Equine facilitated psychotherapy draws on the power of horse-motivation. It is used change the focus from disability to ability (Robinson, 1999). Objectives of equine facilitated psychotherapy include arranging activities involving horses, which will require that children develop and apply certain skills as verbal and non-verbal communication, assertiveness creative thinking, problem-solving, leadership, responsibility, teamwork relationships, confidence, and attitude (Iannuzzi and Rowan, 1991). This theoretical study (Montero and León, 2005) presents to readers our opinion about the current process of EFP with main consideration for children, horses, therapists, the experiential session and techniques applied to childhood. Our purpose is to further the efforts of psychotherapists and health science professionals so this modality of treatment can be used in their practice.

Considerations about children

Equine facilitated psychotherapy (EFP) allows children to test and improve their self-management abilities regarding motor coordination and cognitive abilities (see discussions in Levinson, 1997). During the informal interaction with a horse a child will use a number of exploring behaviors (i.e., fine discrimination, visual examination, etc.) for examine horses responses and behaviors as social beings. Child emotional responses will also be elicited by equine facilitated psychotherapy process (i.e. sense of self-efficacy and self-esteem, etc.) (Beck and Katcher, 1996; Dyer, 2000). Children are more accustomed than adults to experiential work and tend to identify themselves with animals or anthropomorphize animals. This situation allows the projection of a child's wants, needs and behaviors through the horses (Katcher and Wilkins, 1998; Tucker, 1997). Leading a horse may demonstrate how the child feels about being led around by others. The child may portray their own feelings by either letting the horses be free or by wanting them to be more restricted. Leading also brings up issues of body placement in relation to others, noticing dangerous situations, and being able to ask for assistance from others (Dyer, 2000; Lawrence, 1984). Children with psycho-social issues

and mental health problems that result in any significant variation in cognition, communication, behavior difficulties, social skills and anxiety, as well as those with mood disorders, autism, depression or post-traumatic stress, maybe considered for equine facilitated therapy (Beck and Katcher, 1996; Tedeschi, 1992). Goals for children included in a EFP working program, are typically focused on development of social skills, group participation, speech and language enhancement organizing abilities, problem solving, resolution of inner conflicts and improvement in levels of self-esteem (Folse, Minder, Aycock, and Santana, 1994; Tyler, 1994). The child-horse bond can develop the following qualities: mutual trust, respect, affection, empathy, unconditional acceptance, confidence, personal success, responsibility, assertiveness, communication skills and self-control. This bond may also help the child unite unconditionally with another living being, and self-disclose in a safe and respectful way. Direct and immediate feedback can be provided in reaction to human action (Barker, 1999).

Considerations about the horse

Horses are among the few species on earth which have achieved domestication. The process of domestication provided the horse with protection from danger in the natural elements as well as a means of obtaining food. As horses were domesticated, humans saw them through the eyes of human experience and interpretation, not through the horse's natural ways (Miller, 1984). Horses interest and motivate children, so they can be included as co-therapists or partners who can promote projection of the child's experiences and/or the identification for a child mental health problem in schools, hospitals, nursing homes, treatment centers and private practice (Ianuzzi and Rowan, 1991). Equine facilitated psychotherapy for children may include but is not limited to, a number of activities such as handling, grooming, longing, riding, driving, and vaulting (Fredrickson, 1992; Vidrine, Owen-Smith, and Faulkner, 2002). The propensity for humans to verbally interpret the behaviors of the horse is endemic. Current research has not categorized all of the ways in which horses communicate. Both horsemen and mental health professionals involved in EFP may utilize the interpretation of the meaning of horse sounds and movements. Although interpretation is necessary order for participants to remain safe, specific training on what is actually known about ways in which horses communicate will add clarity and integrity to the work (Katcher and Wilkins, 1998). Horses differ in their temperament, ability to focus, and how the environment affects their health. An individual assessment of how the horse is responding to work would be necessary. It should be clear to the child that the work is therapy and not horsemanship training. Horses may be injured and/or misused by those who have been exposed to horses but remain inexperienced. The horse's welfare is important, and should include considerations about health care, living conditions, work schedules and equipment requirements (Bensel, 1984; Delta Society, 1996; Lawrence, 1984; North American Riding Handicapped Association, 1999). Social workers must collaborate with animal professionals, veterinarians in particular, when establishing programs to prevent and avoid overworking, mishandling and risk to the animals (Miller, 1984).

Considerations about the therapist

Children involved in treatment would be best served by having a mental health professional as the person providing the therapy. Non-conventional treatments for children's mental health problems are important options for occupational therapists and health professionals current practice (Beck and Katcher, 1996; Corson and Corson, 1979).

During EFP sessions, the therapist models thoughts and behaviors for the child. The working relationship between the therapist and horse professional is a model for children of open communication operation, respect, decision making and cooperation which promotes development of a relationship with the horse as well (Mallon, 1992). Effective communication with a horse involves patience, understanding, attention, forgiveness and consistency. The child will be in the presence of both established and developing relationships which are verbal and non-verbal (Hines and Fredickson, 1998). During treatment, the therapist and horse professional can validate the normalcy and importance of the response of fear, anger, anxiety, love and compassion as the child relates to the horse (Dyer, 2000). Assumption of appropriateness of EFP for a particular child before on-site screening is contraindicated. Therapists and referring persons need training in the screening process before suggesting equine facilitated psychotherapy for children (Dyer, 2000). An initial session to assess appropriateness would lessen the possibility of the child experiencing a sense of rejection or abandonment if the therapy does not include work with the horses. A medical doctor's opinion as to the appropriateness of EFP for each child is also indicated. Assessment for deficits in balance, allergies to the animals medications, skeletal injuries and weight control disorders are just some of the issues which need to be addressed from a medical standpoint prior to EFP (Fredickson, 1992; North American Riding Handicapped Association, 1999).

Considerations about the therapy space

The addition of a large animal to the therapeutic relationship provides the opportunity to move the therapy outside of the therapist's office. The atmosphere of a farm setting would present a myriad of situations to engage children in cognitive therapy. Equine facilitated psychotherapy is broadened to include the child's ability to interact with the horse and the environment in which the therapy is taking place (Leimer, 1997; Tucker, 1997). The farm or stall setting in which EFP is conducted brings with it some real objects which are not typical of a therapy room. This situation provides a wide range of opportunities for a child to and be reassured about boundaries. There are fences, stalls, arenas, halters, ropes, bridles and hitching areas all designed to contain horses and manage their behavior (Hines and Fredickson, 1998). The manipulation of these objects by the child in play therapy could provide rich information to the child and the therapist. In a riding school -or arena- a series of letters are used as markers, can become a first step of letter recognition and understanding towards building sounds and words. Manipulating a horse from one letter to the other makes it easier to take tip a pencil in the follow-up word power session. Riding shapes in an arena of specific measurement begins to open the door to an increasing understanding of numbers, shape and space (Miller, 1984; Robinson, 1999).

Considerations about experiential session

To establish an equine facilitated psychotherapy program one must begin by approaching the facility's administration with a well organized plan. The plan should include clearly written policies and procedures, staff education about the proposed program; and plans for recruitment of volunteers and training, testing and training of potential therapy animals and for implementation of the program (Williams, 2004). The experiential session begins when the child arrives at the farm and is greeted by the therapist. There is a short period of time for check-in to see how the child is feeling to discern what issues are being presented and to determine the experiential work or the session (Tyler, 1994). The child and therapist are then joined by the horse professional that screened the horses which are available for work that day with the child. A process of choosing the horse from the herd or from the stall provides an opportunity for the therapist and child to further identify issues for the session, and for the horse professional to formulate activities which are appropriate for the issues to be explored and understood (Bensel 1984; Miller, 1984). The issue of choosing a horse is important in equine facilitated psychotherapy. The tendency is to choose a horse that reflects one's description of self and core issues. It is overwhelming and incredible how often children are drawn to the mirror, so to speak when the time the time to break through the membrane of disease, denial and dysfunction has arrived. Repeatedly, the verbalized descriptions of the chosen horses are nearly pure projections of the participants own personalities and relevant issues (Barker, 1999; Tedeschi, 1992). After the team has been assembled, the task is chosen depending on the horse who is working in the team. The tasks could be entering the stall to halter the horse, leading the horse to an area for grooming or engaging grooming and other ground work activities. Other possibilities are observing horse activities in the herd, discussing interactions between horses and other species and doing farm chores. Riding the horse and using carts and wagons for driving horses are other activities which may be chosen based on the needs of the child and the offerings of the program. Throughout these interactions, the therapist engages the child in talk therapy (Katcher and Wilkins, 1998; Mallon, 1992). The horse professional is either present at all times or readily available for assistance depending on the needs of the horse, child and therapist. This basic outline can be varied in numerous ways and will typically be decided by the therapist's preferences, the standards under which the program is operating and the setting available for the work (Dyer, 2000; Katcher and Wilkins, 1998).

Considerations about therapy

Cognitive therapy, practice of activities, activity scheduling, play and talk therapy are easily adapted by the EFP therapist. The profile for each disorder provides the decision-making process or techniques utilized in sessions.

Consideration about cognitive therapy

Treatment of anxiety, in particular, is well suited for cognitive therapy. Through observation of herd behavior, a child can see a clear picture of equine response to

«anxiety» (Beck and Katcher, 1996). When horses sense danger, they initially respond with heightened alertness, then abandon activities in order to check the environment will flee if the situation seems too dangerous. These situations create emotional and physical arousal which results in a particular behavior followed by flee in or a return to the initial activity. Individuals with anxiety disorders may be able to «feel» these changes in the herd through observation (Lawrence, 1984; Mallon, 1992). Therapist and child can discuss anxious reactions around the horses' activities. Reality can then be tested within the framework of the therapeutic relationship. Removing the danger from self by observing the herd from a safe location reduces the individual anxious response to a point of being able to challenge automatic thoughts (Tyler, 1994). The child could then move to more complex thoughts, feelings and behaviors by working directly with the horse while engaged in activity with humans as well. The child would then be in a position of needing to take responsibility for him/her self and problem solve with the therapist in order to remain safe. Throughout this process, the therapist would assist the child in remaining aware of his/her reactions by engaging in self-monitoring (Bensel, 1984; Hines and Fredickson, 1998).

Practicing activities

The child can choose an activity which is outside of his/her skill level. Lunging a horse for example, involves attaching a long line to the horse's halter and asking the horse to move in a circle around the person who is holding the line. Lunging a horse requires coordination, planning and effective communication with the animal (Miller, 1984; Tyler, 1994). The horse professional could offer assistance as needed to the child, and the therapist could talk with the child about thoughts or feelings which arise during the activity (Folse *et al.*, 1994; Williams, 2004). Learning to wash a horse's mane has encouraged many children to become independent in their own hair washing. Feeding horses can become a matter of understanding weights and measurements, fractions and quantities. As children develop ability for such activities, they can begin to assume responsibility for such activities (Bates, 2002).

Activity scheduling

Activity scheduling can be learned by developing a plan for caring for a horse throughout the day. The child and therapist can see how these activities present material for change. Horses, through their needs for physical care, can change the schedule at a moment's notice (Ianuzzi and Rowan, 1991). The horse may escape from an enclosure and need to be caught, roll in the mud just after being groomed for an activity or develop an illness that needs to be attended to immediately (Levinson, 1997). The reality of being able to adhere to schedules is challenged, and the child can gain an understanding of what he/she can accomplish and realize the need for flexibility (Mallon, 1992).

Play therapy

Equine facilitated psychotherapy, with a focus on play therapy, may be more appropriate for a child who has resolved feelings from initial stages which took place

in the more controlled environment of the play therapy room (Levinson, 1997). Characteristics of the horse which can be conveyed to the child include instincts of play, curiosity, notion, freedom and the social drive. The process of structuring the relationship, setting limits and attention to the setting is vital to therapy (Beck and Katcher, 1996; Leimer, 1997). Play therapy allows for, and perhaps, encourages expressions of anger and hostility in a safe environment. There are stages through which the child works in therapy. Early stages typically bring up diffuse and pervasive negative attitudes. The emphasis on the space belonging to the child and the freedom of activity is altered or the play therapist. Powerful aspects of EFP which can be utilized in play therapy include communication through play and utilization of content and structure of the space (Donovan and McIntyre, 1990).

Story telling

A technique of play therapy' is to present the child with a situation which he /she will develop a story. Because children identify with animals they are mostly willing to develop stories about what the animals are experiencing or thinking. The therapist and the horse professional could design interactions which would allow for the unfolding of a story (Lawrence, 1984; Tucker, 1997). All stories would be accepted as true and there would be a limit on instruction by the therapist and horse professional during play therapy. Children will tell stories from the animal's point of view which are metaphorical or are actual details of the child's life. A wide range of emotions is experienced by children when interacting with animals. The experience of nurturing, frustration, illness, death and birth of the animals raises topics for discussion which might not present in another milieu (Lawrence, 1984; Levinson, 1997). Reichert (1998) suggests having an animal interview with small children (i.e. asking the child through the animal questions regarding age, school activities and family interactions).

Talk therapy

The model of talk therapy involves reflection, instruction, insight, cognitive, and emotional process. Talk therapy promotes changes through a process of practice and reflection. The therapist acts as a catalyst for change and designs therapy sessions based on the theoretical bias. The child takes emotional, cognitive and psychological work from the therapy session back to everyday life (Levinson, 1997; Williams, 2004).

Therapeutic benefits

Children who have been engaging in EFP and other forms of therapeutic work with horses suggest a variety of beneficial aspects, mostly the result of the relationship which developed with the horse through care (Tucker, 1997). Williams (2004) suggest that the child will translate caring for the animal into caring for self. Conversation and socialization are stimulated through interaction with the animal. Self-esteem may be increased through a new- found ability to positively influence another being, although needs for loyalty, trust and respect can be met through equine facilitated psychotherapy. In addition, being able to identify self with a powerful horse gives the child an increased

sense of his/her own self (Bates, 2002). When the horse responds to request when being led or ridden, the horse subordinates power to the child the therapist can observe, comment and instruct the child in effective development of communication skills, both verbal and non verbal (Katcher and Wilkins, 1998; Mallon, 1992). Work which depends entirely on non-verbal communication though reading the cues a horse sends via facial expression, body movement and vocalizing teaches a skill which can be utilized in human relationships. While the work is taking place between people and animals, there is a transformation in the child. The dialogue has been noted to «motherese in many aspects and characteristics of speech (Katcher and Wilkins, 1998; Miller, 1984). Companionship is the central benefit to working with horses. Empathy is developed through a special communication of cooperation and care, and «a sense of identification develops between horses and horses and people» (Fredickson, 1992; Ianuzzi and Rowan, 1991). Equine facilitated psychotherapy experience with children with autism and Down's syndrome has, in many cases, been effective particularly in the areas of speech and fine/gross motor skills improvement (Mallon, 1992). Many children are stilted in their development because of a lack of parental love or parent's inability to demonstrate love and affection. The company of a horse will extend and demonstrate love without restraint (Dyer, 2000; Williams, 2004). A horse can provide some of the opportunities for overtly giving and receiving affection which a child needs for adequate growth and personality development (Folse *et al.*, 1994).

Contraindications for EFP

Contraindications for EFP would be decided with safety of animal and children foremost. Reichert (1998) suggest careful consideration of the animal's temperament and reaction to children and to the child's history. EFP may not be beneficial for children in the following situations: children with unrealistic expectations that may think an animal is rejecting them. This situation may deepen their feelings of low self-esteem. Other side children with allergies may suffer from breath breathing problems. Equine facilitated psychotherapy may also be inappropriate for horses when injuries from rough handling may occur, or when basic animal welfare cannot be assured (Ptak, 2000; Robinson, 1999).

Conclusions

Horses, just by their large, gentle presence, put people therapeutically in touch with their own vitality. People who ordinarily shun physical and emotional closeness often can accept from a horse, and through therapy can transfer the skills to their daily lives. The behavior of a sensitive horse, provides a vehicle by which the therapist can use to teach the patient coping skills (Bates, 2002; Williams, 2004).

References

- Barker, S. B. (1999). Therapeutic aspects of the human-companion animal interaction. *Psychiatric Times*, 1, 45-46.
- Bates, A. (2002). Of patients and horses: Equine-facilitated psychotherapy. *Journal Psychosocial Nursing and Mental Health Services*, 40, 16-19.
- Beck, A. and Katcher, A. (1996). *Between pets and people: The importance of animal companionship*. West Lafayette: Purdue University Press.
- Bensel, R.W. (1984). Historical perspectives of human values for animals and vulnerable people. In R.K. Anderson, B.L. Hart, and L.A. Hart (Eds.), *The pet connection: Its influence on our health and quality of life* (pp. 2-14). Minneapolis, MN: University of Minnesota.
- Bizub, A.L. and Davidson, L. (2003). «It's like being in another world»: Demonstrating the benefits of therapeutic horseback riding for individuals with psychiatric disability. *Psychiatric Rehabilitation Journal*, 26, 377-84.
- Carpenter, S. (1997). Therapeutic roles of animals. *Journal of the American Veterinary Medical Association*, 211, 154-155.
- Cole, K.M. and Gawlinski, A. (2000). Animal-assisted therapy: The human animal bond. *AACN Clinical Issue: Advanced Practice in Acute and Critical Care*, 11, 139.
- Corson, S. and Corson, E. (1979). Pets as mediators of therapy. In J. Masserman (Ed.), *Current Psychiatric Therapies* (pp.195-205). New York: Grune & Stratton.
- Delta Society (1996). *Standards of practice for animal-assisted activities and animal-assisted therapy*. Renton, WA: Delta Society.
- Donovan, D. and McIntyre, D. (1990). *Healing the hurt child*. New York: W. W. Norton & Company.
- Dossey, L. (1997). The healing power of pets: A look at animal assisted therapy. *Alternative Therapies in Health and Medicine*, 3, 8-16.
- Dyer, D.A. (2000). *Every child's dream: Horses helping kids grow up, a parent's guide*. Blacksburg, VA: Advantage ReSource.
- Folse, E., Minder, C., Aycock, M., and Santana, R. (1994). Animal-assisted therapy and depression in adult college students. *Anthrozoos*, VII, 188-194.
- Fredickson, M. (1992). Terms and definitions in the field of human-animal interactions. In B. Engel (Ed.), *Therapeutic riding programs instruction and rehabilitation: A handbook for instructors and therapists* (pp. 30-32). Durango, Co: Barbara Engel Therapy Services.
- Hines, L. and Fredickson, M. (1998). Perspectives on animal-assisted activities and therapy. In C.C. Wilson and D.C. Turner (Eds.), *Companion animals in human health* (pp. 23-39). Thousand Oaks, CA: Sage Publications, Inc.
- Iannuzzi, D. and Rowan, A. (1991). Ethical issues in animal-assisted therapy programs. *Anthrozoos*, IV, 154-163.
- Katcher, A.H. and Wilkins, G.G. (1998). Animal-assisted therapy in the treatment of disruptive behavior disorders in children. In A. Lundberg (Ed.), *The environment and mental health: A guide for clinicians* (pp. 193-204). Mahwah, NJ: Lawrence Erlbaum Associates, Inc. Publishers.
- Lawrence, E. A. (1984). Human relationships with horses. In R. K. Anderson, B. L. Hart and L. A. Hart (Eds.), *The pet connection: Its influence on our health and quality of life* (pp. 38-43). Minneapolis, MN: University of Minnesota.
- Leimer, G. (1997). Indication of remedial vaulting for anorexia nervosa. In B.T. Engel (Ed.), *Rehabilitation with the aid of a horse: A collection of studies* (pp. 35-54). Durango, CO: Barbara Engel Therapy Services.
- Levinson, B. (1997). *Pet-oriented child psychotherapy*. Springfield, IL: Charles C. Thomas Publishers, Ltd.

- Mallon, G. P. (1992). Utilization of animals as therapeutic adjuncts with children and youth: A review of the literature. *Child & Youth Care Forum*, 21, 53-67.
- Miller, R. W. (1984). An equine practitioner's view of human-horse interrelationships. In R. K. Anderson, B. L. Hart, and L. A. Hart (Eds.), *The pet connection: Its influence on our health and quality of life* (pp. 44-49). Minneapolis, MN: University of Minnesota.
- Montero, I. and León, O.G. (2005). Sistema de clasificación del método en los informes de investigación en Psicología. *Internacional Journal of Clinical and Health Psychology*, 5, 115-127.
- North American Riding for the Handicapped Association (1999). *NARHA Guide*. Denver, CO: North American Riding for the Handicapped Association.
- Ptak, A.L. (2000). Animal-assisted therapy: A prescription for health. *Interactions*, 18, 3-6.
- Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child and Adolescent Social Work Journal*, 15, 177-185.
- Robinson, I.H. (1999). The human-horse relationship: How much do we know? *Equine Veterinary Journal Suppl*, 28, 42-45.
- Robinson, P. (2003). The equine experience: The role of horses in adventure education. *Transitions, Winter-Spring* 3, 16-19.
- Tedeschi, P. (1992). Guidelines for working with persons having psychiatric and emotional disabilities. In B. Engel (Ed.), *Therapeutic riding programs instruction and rehabilitation: A handbook for instructors and therapists* (pp. 235-242). Durango, CO: Barbara Engel Therapy.
- Tucker, S. (1997). Effects of equine facilitated therapy on self-concept, locus of control, impulsivity, and hopelessness in adolescent males. In B. T. Engel (Ed.), *Rehabilitation with the aid of a horse: A collection of studies* (pp. 207-220). Durango, CO: Barbara Engel Therapy Services.
- Tyler, J. (1994). Equine psychotherapy: Worth more than just a horse laugh. *Women and Therapy*, 15, 139-146.
- Vidrine, M., Owen-Smith, P., and Faulkner, P. (2002). Equine facilitated group psychotherapy: Applications for therapeutic vaulting. *Issues MentalHealth Nursing*, 23, 587-603.
- Williams, C. (2004). Equine-facilitated psychotherapy benefits students and children. *Holistic Nursing Practice*, 18, 32-35.