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Therapy Horses: An Overview of Utilizing Equines in Therapeutic Programs

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WHY ARE HORSES USED IN THERAPY PROGRAMS?

From agriculture to war, man has harnessed and utilized the horse’s power to expand his own mastery of the world around him. In recent decades, as horses were replaced on the farm by tractors and in battlefields by tanks, it was predicted that the horse’s usefulness would fade into history. However, in addition to the actual physical power horses provided, man had long come to understand that, through horses’ stalwart trust and loyalty, mankind was able to achieve far more than would otherwise have been possible. This servitude provided the foundations of an emotional connection to develop between man and horse which enabled a unique change to occur in their partnership. As the need for the horse to be used as a utilitarian working animal diminished, rather than being phased out of man’s world forever, horses moved into a new realm: luxury item. The use and ownership of horses shifted into the world of recreation, where the wealthy used the horse’s power in sport as a way to demonstrate prominence in their communities. But this was not the only transformation that took place. It became noted that those who frequently rode horses would often exhibit strong core muscles along with a high level of balance and coordination (Vezzoli, 1978). Additionally, horses demonstrated an uncanny ability to connect with people from all walks of life, ranging from those that had been around horses all their lives to those that had only seen pictures of horses in books. During the 1960s, both physical and psychological therapists began to recognize these attributes and set upon determining if the horse could play a role in assisting their patients through a variety of therapeutic support options (Spink, 1993; Trotter, 2012).

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One of the early areas of exploration toward using horses as a physical therapeutic alternative to other conventional methods was based on the actual movement of the horse at its various gaits (Engel, 2007; Spink, 1993). For example, at the walk, horses have a four-beat lateral movement, meaning the hind and then front legs on one side complete their movement before the hind and then front begin moving on the other. This movement mimics a human walk gait. It also requires the rider to be flexible at the hips to move forward and backward, as well as a little side-to-side motion in order to keep up with the horse’s movement. The trot offers a two-beat gait in which the hind and front on opposite sites move simultaneously in one beat (e.g., left hind, right fore), followed by the other hind and front. This gait has a pronounced up-and-down movement, so requires a different set of muscles and coordination to maintain balance at the diagonally constructed two-beat. It is primarily through these two natural gaits that physical therapists began to utilize the horse’s movement to develop and strengthen weak or nonexistent muscles of a patient. The three-beat rhythm of the canter is also employed in certain situations. When horses were engaged to augment the development of muscles for ambulatory movement, it quickly became apparent that the horse’s movement would also enhance the rider’s ability to balance, thus providing yet another avenue of therapeutic support. Therapists started experimenting with having their patients ride backwards, sideways, and even standing on the horse’s back and discovered that the movements of the horse could stimulate other muscles, depending on the rider’s unorthodox position (Engel, 1997b; McCowan, 1972; Spink, 1993). Certain maneuvers used in vaulting were also incorporated, providing further opportunities for integrating horses in therapeutic programs (Engel, 1997a, 1997b; McCowan, 1972; Spink, 1993).

Through centuries of companionship, humans developed an inherent attraction to the beauty and power of the horse, demonstrated today by nostalgic imagery of horses pulling plows and carts to carrying knights in armor and cowboys across the plains. Part of this idealized nostalgia stems from the horses’ innate ability to create emotional bonds with humans. These bonds can be exemplified through a variety of animal-human interactions and can be further utilized in therapy programs. For instance, those with physical ailments often gain a sense of enhanced abilities, even if it is only briefly during a 30-minute to hour-long session once a week, when on horseback as part of their physical therapy sessions (Scott, 2005; Spink, 1993). And while a number of inanimate objects may also be included as part of a patient’s therapy to develop the same set of muscles, it is the interaction between the horse and the patient that lays the groundwork for the development of an emotional tie between the patient and horse. These bonds have been noted to promote motivation: Therapists have observed that patients will often try harder to accomplish a movement when they are
on a horse than when they are in a room with just the therapist and a ball to assist with the movement (Bauer, 1972; Engel, 1997a, 1997b; McCowan, 1972; Spink, 1993). This may be due to a number of reasons, but it leaves one to wonder if it is because patients feel a sentient being beneath them, patiently encouraging them to try, yet also not judging them if they are not able to complete the task they were asked to conduct.

It is primarily through the horses’ abilities to create emotional bonds that horses have been successfully utilized in other therapy programs. Equine-assisted therapies have been developed to target and improve emotional and sensory responses such as speech and nonverbal communication skills. These programs are offered to those on the autistic spectrum, those that experience emotional or cognitive developmental delays, as well as for those who have suffered strokes or other cognitive debilitating ailments, just to name a few. Horses have also been used in therapy programs to help veterans cope with post-traumatic stress disorder (PTSD) and teenagers that have had trouble with substance abuse (Engel, 2007; Scott, 2005; Spink, 1993). From patients that have withdrawn deep into themselves due to any number of reasons to those that expressed emotional difficulties or behavioral developmental delays, horses have been implemented to reconnect these patients to the world around them. It is worthwhile to mention that this ability to connect at an emotional level is not limited to the domestic horse. Wild mustangs have been successfully used in prison rehabilitation programs to develop the empathy, awareness, and compassion that is necessary for inmates to return as socially responsible members to society (Höglund, 2006). However, as this column is focusing on the uses of domesticated horses in therapy programs, the use of wild mustangs in rehabilitation programs is a topic for another time.

DEVELOPING AN EQUINE THERAPY PROGRAM

Equine therapy programs are typically used in conjunction with other traditional or clinical therapy programs already employed by a patient (Engel, 1997b, 2007; Spink, 1993; Trotter, 2012). As the use of horses in therapeutic work has expanded considerably since its early beginnings, there are several terms that are now used to describe their incorporation into therapy programs including:

- Therapeutic riding
- Equine-assisted therapy
- Equine-facilitated psychotherapy and equine-facilitated learning (EFP, EFL, sometimes combined to EFPL)
- Equine-assisted psychotherapy (EAP) and equine-assisted learning (EAL)
• Equine-assisted activities and therapies (EAAT)
• Hippotherapy

With the large number of therapeutic options, a multitude of state and local equine therapy organizations have been created to offer further support and develop communities surrounding a particular treatment option. Furthermore, as the demand for horses to be used in therapy programs has continued to increase, in recent years, colleges and universities that have offered traditional equine science, or animal science with an equine focus, degrees have begun to include an equine-assisted therapy degree as an option for students to major in.

With such a wide range of applications where horses may be utilized as a therapeutic aid, there is a differentiation as to who will be conducting the therapy session: a specialized therapist (e.g., speech therapist, physical therapist, psychiatrist, etc.), a therapeutic riding instructor, or a combination of the two (American Hippotherapy Association, 2014; Bauer, 1972; Engel & Galloway, 1994; McCowan, 1972; Spink, 1993; Trotter, 2012). Regardless of who is conducting the therapy session, a certain standard level of training has occurred. Specialized therapists have obtained a college degree in their field of work and are often required to take additional continuing education courses for recertification. They must also possess horsemanship skills of their own to be truly successful in offering an equine-assisted therapy. Officially recognized therapeutic riding instructors have gone through a certification program through either PATH (Professional Association of Therapeutic Horsemanship) International or EAGALA (Equine Assisted Growth and Learning Association). Each of these programs requires certification (annual and biennial basis, respectively), which include requirements for some type of continued education which will vary depending upon the type of equine assisted therapy that is being administered (PATH International, 2015; EAGALA, 2010). These variances in education and training may cause confusion when determining what type of equine-assisted therapy should be employed. It is imperative that the patient and/or patient’s family have goals set up to determine which equine therapy option is going to be the most successful in addressing those goals. As there are several different titles and descriptions that could be used to describe each person’s role, for ease of reading this column, the person conducting the therapy session will be referred to as the “instructor” and the person receiving the therapy will be referred to as the “patient.”

Regardless of the type of equine therapy that is utilized, there are a plethora of movements, exercises, tools, and methods that are incorporated by the instructor to help patients achieve their goals (Bauer, 1972; Engel, 1997a; Spink, 1993; Trotter, 2012). To a casual observer who has never seen a physical therapy horse in action before, the first encounter may leave one thinking that the use of a horse is no more than simply putting a patient on the horse’s back and walking around for a designated amount of time,
with potentially some items being thrown between the rider and instructor, or the rider being asked to move in a particular way (e.g., raise an arm), and with the patient surrounded by three other people in the session. However, upon closer examination, the more astute observer will see a number of things taking place with a patient upon the horse’s back. Certain movements of the horse will be activated, depending on what muscles the instructor is attempting to manipulate or develop on the patient (Engel, 1997b, 2007; Engel & Galloway, 1994; Spink, 1993). Watching a horse walk a few steps, halt, then walk and halt again, may not seem like much, but the astute observer will see how the patient’s body is responding to the changes in movement. The observer will also notice how the handlers are responding to the position of the horse and rider and note how the instructor will call out new directions based on a change in the patient’s responses. The changes can be very minute or very drastic, depending on the level of ability of the patient and the goals of the session. For patients that have more control of their physical abilities, they may be able to steer and control the horse on their own and work solely with the instructor and the horse without additional assistants in the ring (Engel, 1997a; Spink, 1993; Trotter, 2012). Other sessions may involve the horse on a lunge line where the horse moves in a circle at various gaits, while others may be conducted solely from the ground, where the patient grooms and leads the horse around to develop other skills. It is through the blending of all these aspects, coupled with the proper training of the instructor and his or her assistants, that a successful equine-assisted therapeutic program is achieved.

No matter which type of equine assisted therapy is offered, there is a considerable amount of planning, preparation, organization, and dedication that takes place on a daily basis. When first creating a program, one aspect that may initially be overlooked by a casual observer is the actual facilities that will be used (Engel, 1997a; Engel & Galloway, 1994; Spink, 1993; Trotter, 2012). Some considerations include:

- Is the outdoor arena fenced?
  - This is a requirement for the safety of the patient.

- What is the size of the arena?
  - Depending on the type of therapy being administered, some programs can use a small area such as a 50-foot round pen, but if a therapy horse will be driving a cart, then a larger arena is a must to ensure the horse has enough room to maneuver comfortably.

- Is there an indoor arena?
  - This is not a requirement, but weather may then dictate whether or not a therapy session can take place at all.

- What kind of footing is used?
  - While the horses will often be kept to a walk or a trot, thick and heavy footing may be soft, but also cumbersome to the volunteers and staff.
who assist during the sessions to keep up with the horse’s pace. Very hard surfaces should also be avoided, as they will cause soreness and fatigue for both the horses and assistants, and increase the chances for the horse to slip and fall.

- What kind of mounting area is provided?
  - Some patients will be able to use a traditional mounting block, but many others will need to have a higher platform constructed, large enough to maneuver a wheelchair, plus have room for assistants to get the patient onto the horse’s back or into a cart.

- Will horses be accessible to patients only in the ring, or in the aisle-ways where the horses are prepared before the session?
  - Allowing the horse and patient to interact outside of the working session is often rewarding for both the horse and the patient, but safety is the top concern. Ensure that the aisles are wide enough and lit brightly enough for more than one person to walk by the horse safely. If the aisle does not pass these requirements, the area will need to be cordoned off for passing by on the side, but the horse can be made accessible to patients from the front end.

In addition to the facilities, there are several pieces of equipment that are utilized in equine therapy programs. As riders will need to have a helmet that fits them properly, providing an assortment of different sizes is a must. For the horse, there is a wide range of equipment that would be considered essential to any program (Engel, 1997a, 1997b; Engel & Galloway, 1994; Spink, 1993; Trotter, 2012). First and foremost, a halter and a lead rope will be necessary for each horse. If the patient will be able to steer the horse on his or her own while mounted, then a bridle will be required, though a halter may be kept on in case an assistant needs to step in and help. Several saddle pads must be kept on hand and, as patients may not be able to sit in a traditional English or Western saddle, both a vaulting surcingle and a bareback pad should be available. For horses that will be lunged, other important equipment to include are a lunge line, lunge whip, and lunging caveson. If patients will be driving or riding in a cart, a full set of harness will be needed in addition to the cart. While tack can be shared between horses or ponies of a similar size, it is imperative that each piece of equipment be adjusted to fit the horse or pony properly. Also, keeping spare pieces of tack on hand is beneficial in case a strap breaks just before a session, or an item needs to be sent out for repair and will be inaccessible for a couple of weeks. Then there are also a variety of items that might be used in a session—including large and small balls, cones, rings, sticks, and Frisbees—just to name a few. Each is used for a specific purpose, whether developing muscle control, hand-eye coordination, improving speech, or addressing emotional responses of the patient (Bauer, 1972; Engel, 1997b; McCowan, 1972; Spink, 1993; Trotter, 2012).
While the instructor is responsible for conducting the session, there are several other workers that are indispensable to running an equine therapy program (Bauer, 1972; Engel & Galloway, 1994; Spink, 1993; Trotter, 2012). While some workers will be paid staff conducting specific tasks related to the program, many others will be volunteers. Depending on the type and size of the therapy program, the coordination of the volunteers may be conducted by either the instructor or a designated staff member. During the therapy session the instructor works primarily with the patient, but there are often additional assistants in the arena providing support and working with the horse. One assistant is responsible for handling the horse and making sure the instructor’s instructions are performed as directed (e.g., walk straight, turn left, shoulder-in to the right, stand, backup, etc.). If the patient requires assistance to stay on, two assistants are generally needed to act as “sidewalkers,” meaning there will be one on each side of the horse to help the patient stay on the horse’s back, or walk alongside as a safety measure. Volunteers are also often asked to get each horse ready for the next patient’s session, using the tack specified by the instructor, or set up the arena with any special devices such as balls or cones that the instructor will use during the session. Additionally, while the horses may not be used 7 days a week in the therapy program, they require care each and every day, which may also fall to the volunteers to assist with. No matter how many volunteers are utilized by a program, proper training and well-defined expectations of what volunteers will be asked to do are significant components to running a successful program.

When it comes to daily care, the needs of therapy horses are very similar to any other horse. Consistent feeding schedules and access to water are a must, along with scheduled vaccination programs, deworming cycles, and hoof care. Depending on the facilities, horses may be kept in stalls with access to paddocks or turned out to a larger pasture when not in work. As many therapy horses are laid-back and docile in nature, care must be taken to address herd dynamics for those turned out in groups with other horses (Spink, 1993). A therapy horse that is constantly bullied by a more dominant horse can lead to problems during a working session, particularly if the dominant horse suddenly appears in close proximity. In terms of work schedules, there should be an absolute minimum of two therapy horses used in a program, so horses are given a periodic break throughout the day as well as during the week (Spink, 1993; Trotter, 2012). Just as people can become irritated by working long, repetitive hours, overworked horses will also display signs of displeasure and unhappiness that may turn into bad or unacceptable behavior during a therapy session. However, by properly balancing workloads and providing an environment with excellent husbandry practices, a therapy horse can live well into its 30s, providing a high level of service for many of those years.
WHAT MAKES A GOOD THERAPY HORSE?

An equine therapy program is, of course, nonexistent without the use of a horse or pony. But what makes a good therapy horse? First and foremost is temperament. Just as not every person has the patience or disposition to become a kindergarten teacher, not all horses have the disposition or patience to be employed as a therapy horse. An amiable temperament is one of the key foundations to attaining a high quality therapy horse. If the horse is high-strung or overly reactive to stimuli, then that horse will generally never be suited for use in therapeutic programs. Horses that demonstrate a sense of curiosity, willingness to learn new things, and a calm demeanor toward different stimuli are the types of horses that possess the attributes that lend to an acceptance and high level of trainability for a plethora of different tasks that may be implemented by the instructor of the therapy session (Engel, 1997a, 1997b, 2007; McCowan, 1972; Scott, 2005; Spink, 1993; Trotter, 2012). Patience, while often seen as a human trait, can be found in many equine partners as well. Just ask anyone who has worked with at least two horses for any length of time; one of those horses will demonstrate more patience than the other. And as there will be a significant amount of time where the horse will be asked to stand in place while objects are tossed on and off its back or the rider is asked to change positions and sit backwards or touch various parts of the horse’s body, the horse must respond by waiting patiently until asked to move, while all of this activity on and around them is taking place. A good therapy horse also has a lot of forgiveness, as patients will accidentally kick or hit the horse’s sides with a leg or arm, pull on its mane or mouth, drop things on its back, or unintentionally hit it with a stick that was supposed to point to a cone, just to name a few incidents that will happen on a frequent basis.

Another aspect to consider is the horse’s natural movement; some breeds are considered to be “gaited,” as they have a specific type of smooth, four-beat movement as one of their gaits, but many breeds do not possess this particular travelling style. Additionally, draft horses often demonstrate a more lumbering style of movement than the lighter breeds which generally have more animation to their steps. For therapies that rely heavily on the horse’s movement to elicit a particular response from a patient, the horse’s movement is equally important to temperament (Bauer, 1972; Engel, 2007; Spink, 1993). For if a horse does not move in the proper manner, the therapy will not be as successful in stimulating the muscles or nerves that are being targeted. While not all therapies will rely as heavily on the nuances of the horse’s movement, there will always be some connection between how the horse moves and the impact that has on the rider, no matter how the rider is positioned on the horse (facing forward, backward, sideways, laying on the belly across the horse’s back, or even standing up on the horse). This means
that transitioning a tried-and-true bomb-proof lesson horse into the role of a therapy horse may not be possible, once movement has been factored into the assessment of a horse’s suitability to serve for a particular type of therapy.

The type and amount of training a horse receives is another component that dictates whether or not a horse will be considered a good therapy horse (Adams & McCubbin, 1991; Bauer, 1972; Engel, 1997a, 1997b, 2007; Scott, 2005; Spink, 1993). At the very least, therapy horses must be trained to respond to both ground and riding cues—such as transitioning from one gait to another, halting, half-halting, and backing up on command. Horses that are used for driving, lunging, or working between two long-lines must be able to perform certain maneuvers based primarily on rein and voice commands. And depending on the therapy that is offered, horses may also need to have some level of dressage work as part of their capabilities—such as properly performing half-pass, shoulder-in, collection, or leg yield maneuvers. However, no matter what task the horse will be expected to perform, a significant investment of time and training is required prior to being included in a therapy program, as well as throughout the horse’s service in a therapeutic role.

Therapy horses must also be trained to respond to certain stimuli, yet know when to ignore other types (Bauer, 1972; Engel, 1997a; Spink, 1993). In some cases, determining which stimuli to ignore is an easy discernment for the horse. Horses must be taught to disregard distractions such as other horses, noises, dogs, other people in the area, or the wind blowing a bag in the breeze, just to name a few. For if startled, or listening to the voice commands of another person, the therapy horse could inadvertently cause harm to the patient currently on its back. Additionally, horses can be taught to accept mobility devices (such as wheelchairs or crutches) that approach the horse from any direction, along with any objects that may be thrown on or around the horse. However, more subtle distinctions of what to listen to versus ignore also need to be made. A horse needs to be taught when to respond to cues from a rider to perform a specific maneuver, such as transitioning from a halt to a walk, and when to ignore a cue, such as when a rider is turning around on the horse’s back and inadvertently bumps its side with their leg. Regardless of how long a horse has been used as a therapy horse, consistent handling and constant training are required to ensure the horse understands what is expected of it in any given situation (Adams & McCubbin, 1991; Engel & Galloway, 1994; McCowan, 1972; Spink, 1993).

The last aspect that makes a good therapy horse isn’t one that can be dictated by training or the horse’s movement. This falls under the realm of developing an emotional bond with the patient (Engel, 1997b; McCowan, 1972; Trotter, 2012). Many instructors will find that some patients will grow attached to a particular therapy horse (and vice versa) and only want to
work with that particular horse as a deep bond has been created. However, other patients will be happy working with a different horse for each of their sessions, preferring a bond with multiple horses rather than just one deeper connection. It is the ability of the horse to bond with multiple people for a reason that is specific to each individual person that makes a good therapy horse a great one.

**SHOWS AND COMPETITIONS**

Traditional horse sporting events—such as jumping, dressage, western pleasure, driving, and eventing—have always provided a level playing field between human competitors. This means that men and women, young and old, all compete against each other in the same class or event. Judging revolves around the horse's abilities and the horsemanship of the rider that is being displayed in the competition. These competitions often enrich the human-animal bond partnership and create additional goals for riders that go beyond recreational riding or driving. As the use of horses in therapeutic programs has continued to grow and expand, it is not surprising that shows and competitions have begun to emerge that are specifically geared toward patients and therapy horses. However, if the rider requires assistance, how can he or she show a horse? Simple: using the sports already in existence, create a modified version of shows and competitions that addresses the unique needs of those in therapeutic programs. The goal in these shows is for patients to be able to demonstrate what skills they have been able to accomplish, not get through a course or pattern in the fastest amount of time (Adams & McCubbin, 1991; Scott, 2005).

For those interested in competing, shows are offered at the local, regional, national, and international levels, in a wide variety of events. Classes for each event are generally organized into several divisions, based on the patient's physical and cognitive abilities. For instance, Special Olympics (2015) have offered an equestrian division since 1987, where classes are organized and run based on “ability groupings.” Those that require certain types of assistance, such as side-walkers, will be in one division, while those who are more able-bodied will be in another. As many patients do not own their own therapy horses, time is allotted for tack and other equipment changes, and several other concessions are made to ensure a supportive environment for all participants.

Just as not every horse owner is interested in showing, not every patient will be either. However, the inclusion of competitions and shows can be an additional motivation for patients, as they can set up new goals to pursue as a part of their therapy work. Showing can also boost self-esteem, as patients can now compete and demonstrate the skills and abilities they’ve achieved with their therapy horse partners (Adams & McCubbin, 1991; Scott, 2005).
FINAL THOUGHTS

Horses have been successfully utilized to develop physical, emotional, and cognitive abilities in a wide and increasing variety of therapeutic programs. Whether the patient works with a horse on the ground, gets on the horse’s back to use the horse’s movement, or drives the horse to pull a cart, horses have proven they can increase the self-confidence and physical abilities of their patients in so many different ways. Anyone who is interested in starting or volunteering for an equine-assisted therapy program should research the opportunities, starting with the recommended readings and websites listed below.

REFERENCES/RECOMMENDED READINGS AND WEBSITES


McCowan, L. (1972). *It is ability that counts: (A training manual on therapeutic riding for the handicapped)*. Olivet, MI: Olivet College Press.


