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***Triggering Transformations:
An Equine Assisted Approach to the Treatment of Substance Abuse***

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Introduction

Equine Assisted Psychotherapy (EAP) approaches have been applied to many different clinical concerns, including substance abuse, eating disorders, domestic violence, trauma, PTSD, and physical or sexual abuse (DePrekel, 2012; Karol, 2007; Masini, 2010; Selby & Smith-Osborne, 2013). Clients struggling with the effects of substance abuse, specifically, can benefit from this approach (Kern-Godal, Arvenik, Walderhaug, & Ravndal, 2015), both individually and in group settings. This chapter describes a relational, solution-focused approach to EAP that incorporates attention to mindfulness, allowing clients struggling with substance abuse to work on their individual goals alongside other group participants. The interpersonal exchange that occurs among participants throughout sessions helps them to engage in their own treatment while simultaneously collaborating in the treatment of their peers (Mandrell, 2014). Clinically, the combination of the equine assisted experiential model and a solution-focused emphasis offers opportunities for heightened awareness and transformation.

Description of the Problem

Conventional approaches to treating substance abuse are based on an understanding of addiction as a disease, and typically focus on the clients' presumed deficits, assuming the clients need to be confronted on their "denial" or that they lack the skill or ability to remain sober (McCollum, Trepper, & Smock, 2003). As noted by Dell (2008), "Substance abuse programming has generally *not* been holistic in its approach to and understanding of healing, but rather, predominantly disease based. From a health promotion perspective, health is understood to be a state of unity or balance across the physical, mental, social, and spiritual components of an individual's wellbeing, rather than merely the presence or absence of disease" (p. 89). Clinical approaches that address the addiction without considering the clients' strengths, resources, and resilience miss critical opportunities to engage clients in a collaborative process that can anchor their decision to remain sober.

In contrast, a solution-focused approach to working with substance abuse (Berg & Miller, 1992) highlights clients' strengths and resources, and assumes that clients can build on existing competencies in order to achieve and maintain a commitment to avoid abusing substances (McCollum et al. 2003). As an evidenced-based practice, solution-focused therapy offers an effective, respectful, and collaborative approach to working with clients struggling with addiction (Franklin, Trepper, Gingerich, & McCollum, 2012). Additionally, this model lends itself well to delivery in a group format, making it an ideal choice for this population. Addiction treatment facilities frequently utilize group formats and thus are familiar with and committed to the approach, making collaboration with such facilities more likely to be successful (McCollum et al., 2003).

Rationale for a Solution-Focused, Equine-Assisted Group Model

EAP sessions invite clients to learn about themselves through their reactions to the horse in the context of a therapy group (Masini, 2010). Typical EAP activities elicit discussions regarding the experiences that the participants have in the present moment, as they often require collaboration, communication, and personal reflection. Using more than “a list of interventions,” this approach usefully parallels a solution-focused clinical approach—one that adapts to what works for clients, privileging their worldviews, and assuming that they are capable of coming up with their own solutions (Berg & Miller, 1992). Interaction with horses allows the clients to have an array of experiences within the group setting, often through observations and interpretation, which creates the opportunity for vulnerable conversations to emerge (Karol, 2007). Metaphors naturally develop out of these conversations and experiences with the horse, which clients can in turn relate back to their current life situation.

Theoretical Approach

The clinical work described here has been developed and implemented as a part of a collaboration between the Nova Southeastern University (NSU) Family Therapy Programs and Stable Place, a non-profit organization providing EAP. The work conducted by Stable Place staff—all trained in the NSU model—is consistently informed by a brief systemic approach to therapy (Cade & O’Hanlon, 1993; Flemons, 2002; Flemons & Green, 2007; Flemons & Green, 2018; Green, 2014, 2013; Watzlawick, Weakland & Fisch, 1974) that privileges our clients’ ways of viewing the world and honors their solutions. This non-pathologizing, strength-based approach serves substance abuse clients well by allowing the therapist to meet the clients where they are, and by making sense of their behavior in context (Watzlawick et al., 1974). Without focusing on dysfunction or disorder, the therapist guides the sessions toward strength-based

themes and client-led solutions. The horses assist the therapists in shining light on the clients' abilities and strengths in relation to their problem.

The solution oriented position is informed primarily by curiosity, conveyed through a “nonjudgmental and nonconfrontational stance” (Lipchik, 2002). Without minimizing the severity of the problem, “treatment” is based on the understanding that the group process—including observations, meanings, interpretations—is co-created in collaboration with the client. Within this theoretical framework, therapists assume that clients want to change; in fact, change is assumed to be occurring at all times, and thus, belief in the clients' ability to change is “built into the model” (McCollum et al., 2003). This offers a particularly optimistic, client-centered context for dealing with the struggles associated with substance abuse.

Incorporating mindfulness practices within this solution-focused approach can be particularly beneficial because of the ability of such practices to promote awareness, present-centeredness, and acceptance for the client in relation to their problem (Germer, 2004). In the treatment of substance abuse, mindfulness practices may help clients avoid relapse by increasing their awareness of negative patterns of thoughts and emotions that could increase the likelihood of relapse triggers (Breslin, Zack, & Mainman, 2002).

EAP can also play a key role in the development of mindfulness within clients (DePrekel, 2012). Horses, who are masters of being in the moment, are helpful in demonstrating how to remain calm, cope with triggers, and recover from and let go of anxiety-provoking experiences. In his book, *Riding Home*, Tim Hayes (2015) discusses how horses' behaviors can relate to the behaviors of those recovering from addiction:

For horses, the emotional pain from stress is usually expressed physically. Examples would be head shaking, body weaving, pacing, wood chewing, and cribbing, or sucking

in air. These are all coping behaviors horses engage in to reduce their anxiety and stress. And just as with addictive behaviors in humans, some of these habitual neurotic patterns can stimulate the horse's brain to release endorphins, the same chemical that provides us emotional soothing. This is identical to the way some humans "self-medicate" their emotional stress and anxiety with compulsive behaviors like exercise, work, sex, or eating, any of which also serve to alter their brain chemistry. (p. 28)

Hayes goes on to explain that for a prey animal, such as the horse, adjusting to a world created and designed for humans requires the ability to accept, tolerate, forgive, and trust. With this in mind, horses become the ultimate teachers in how to cope with the everyday stresses that could trigger relapse.

Description of Technique: Triggers

Through our NSU family therapy partnership with Stable Place, we have worked with a variety of residential treatment centers over the years. Each center we have partnered with brings an array of clients of different ages, genders, ethnicities, and backgrounds that all share a common problem—the struggle to create a life free from their addictions. Despite the differences among the clients, we have found a theme that often brings these individuals together and gives them a common language: the notion of triggers. We began to ask ourselves how we could develop an exercise that could allow our clients to explore how they understand and respond to their own triggers. Through the activity we created, we invite the client to find new ways of responding to triggers constructively and to see their relationship with them in a different light.

This activity begins by having the horses at liberty in the arena while the clients and therapist observe from the outside. The equine specialist enters the arena with a dressage or lunge whip and with as little effort as possible, demonstrates what happens to the herd when a

whip is introduced. When the equine specialist creates movement among the herd in this way, the results can be dramatic, offering clients a clear picture of what triggers the horses' behavior. During the demonstration, the clients are asked to focus on what they notice about the horses' reaction to the whip. This demonstration acts as a catalyst for a conversation about the clients' triggers by exploring what the whip represents (for the horses, and, by extension, how it may metaphorically represent a trigger in the clients' lives).

Following the demonstration, the equine specialist takes the horses in hand and monitors them closely as the clients are invited to go into the arena and meet the horses. The clients are then presented with a crop, a dressage whip, and a lunge whip and are asked to select one. Although our horses are regularly schooled and familiar with training aids, our clients typically are not. Therefore, the clients' selection can provide the therapist with helpful information that can be utilized in a conversation about what trigger the equipment represents for them.

Once the clients have selected their "trigger," they are invited to approach the horse with it in a way that feels comfortable. They are also asked to introduce the crop in a way that might elicit a more positive response rather than a reaction that comes out of fear or anxiety, such as the behavior the horse demonstrated at the beginning of the activity. This exercise is intended as a metaphor that can inform and potentially transform the clients' struggles with their own triggers.

As previously mentioned, we believe that holding a non-pathologizing stance serves as a means for the therapist to meet the client where they are at by allowing the client to make sense of their behavior in context. This stance, as well as the use of metaphors, client language, and client-driven solutions, allows the therapist to honor the client's perspective and understanding. The metaphors, solutions, and language that clients generate often relate back to their own

personal cultural and life experiences. These elements are incorporated into the sessions by the therapist holding a stance that there are no right or wrong answers in the clients' understanding of what is unfolding with the horses; instead, there are answers that fit and make sense for the clients in their own unique lives.

Case Study—Lauren

Lauren (a pseudonym), age 25, has been in and out of treatment the last few years to address her addiction to alcohol. Lauren began her most recent treatment hoping something would be different this time and yet found it difficult to believe she could avoid relapse. The following excerpt highlights Lauren's experience as well as our team's analysis:

Transcript	Analysis
<p><i>During the equine specialist demonstration</i> Therapist: "What are you noticing about the horse's reaction to the crop?" Lauren: "The horse looks scared." Therapist: "What do you think he's afraid of?" Lauren: "He's afraid of how to deal with that whip."</p>	<p>The therapist is beginning to establish the metaphor of the crop being a trigger. She is curious how Lauren relates to her own triggers, which is informed by what she is noticing in the horse's behavior.</p>
<p><i>After explaining the activity, the therapist asks Lauren to select the equipment she will use to approach the horse. She selects the smallest crop offered.</i> Therapist: "How did you choose your crop?" Lauren: "I thought that since the horse was so afraid of the big crop that if he got used to the smallest one first, he wouldn't be as afraid of the bigger ones." Therapist: "When thinking about your own triggers, how might this relate to your experience?" Lauren: "I guess for me, I always want to tackle my biggest triggers first. But doing so has landed me back here each time. I'm starting to think that I should try something different."</p>	<p>The therapist is continuing to contextualize the metaphor of the crop with Lauren. Lauren appeared anxious when selecting a crop and hesitated before selecting the smallest one. The therapist is curious about how this relates to Lauren's experience of coping with her own triggers.</p>
<p><i>The therapist invites Lauren to think about her triggers while she approaches the horse with the crop. The horse initially responds by walking away from Lauren each time she approaches. The equine specialist points out to the therapist that Lauren keeps approaching the horse in the same manner, with her arm stretched out and the crop held high. Lauren appears to become increasingly frustrated with each attempt.</i> Therapist: "Lauren, it seems as though the horse keeps moving each time you approach. What's going on for you?" Lauren: "I don't know, this happens every time I try to face my triggers. I end up feeling like I'm spinning in circles."</p>	<p>As previously mentioned, the goal is for the clients to introduce the crop to the horses in a way that feels comfortable and allows them to respond constructively rather than reacting out of fear. The therapist notices that each time Lauren approaches, she is becoming increasingly frustrated. The therapist encourages Lauren to reflect on how she is approaching the horse and how this approach relates to her own recovery process.</p>

<p>Therapist: “What do you think you would need to do in order to stop spinning?” Lauren: “That’s what I’m trying to figure out.”</p>	
<p><i>Lauren is invited to try different ways of approaching the horse as a way of exploring what might help her “stop spinning.” The therapist observes Lauren take a deep breath prior to showing the horse the crop and moving slowly as she inches closer to the horse. The horse initially takes a few steps away from Lauren, who continues to move slowly in her approach. She eventually gets the crop to touch the horse and moves it along the horse’s back. The equine specialist notices that Lauren’s intentionality was visibly different during this last attempt.</i></p> <p>Therapist: “Lauren, it looks like you have stopped spinning. What did you do differently this time around?” Lauren: “I did! I thought to myself that if I was ever going to get out of recovery, I needed to find a way to face my triggers. Whenever I’m faced with my triggers, I become anxious and want to get over them as quickly as possible. I thought that maybe the horse could sense that I couldn’t stand being around them so they didn’t want to be around it either.” Therapist: “How were you able to get the horse to be around them this time?” Lauren: “I let the horse see the trigger first, then I slowly approached the horse. I think that by going slow and letting the horse adjust to the trigger as I approached helped with making them feel comfortable.” Therapist: “How do you think moving slowly and letting yourself adjust to your triggers might help you?” Lauren: “I think that I would be able to learn how to cope and be around them, like the horse did. If I know what’s comfortable and allow myself to adjust, I’ll be able to face them. I don’t have to move fast; recovery is a process. As long as I remain calm, patient, and keep being persistent, I think this time could be different.”</p>	<p>The therapist wanted to invite Lauren to try different behaviors as a way of figuring out what she could alter when facing her triggers. When Lauren expressed uncertainty, the therapist encouraged her to use this time as an experiment in order to discover what could work. Lauren’s approach was visibly different from her first attempts. The therapist wanted to reinforce this by exploring what Lauren believed to be the difference in her behavior and how this could be helpful to her in the future.</p>

Case Study—Mark

Mark (pseudonym), age 42, was in treatment for the third time, and attending his fourth equine session at Stable Place. For this activity, Mark chose a lunge whip; he initially expressed a great deal of fear and stood well away for several minutes while he considered how he should approach the horse. Below we describe the unfolding of the session, along with our analysis:

Transcript:	Analysis
<p><i>After some hesitation, Mark eventually held the whip away from his body, at arm’s length, and walked straight at Star. The</i></p>	<p>As mentioned above, we utilize the group process as a supportive, and at times challenging, context in which to promote</p>

<p><i>horse lifted his head and Mark beat a hasty retreat. After a few tentative tries that were met by Star with a raised head and a snort, Mark slumped his shoulders and walked back to the group, defeated.</i></p> <p>Mark: I give up. I can't do this.</p> <p>Group Members (collectively): Mark, you can do this; why don't you try something different? Maybe there's another way to approach Star. Maybe you can come from a different angle, or hold the whip a different way?</p> <p>Mark: Nope; not happening.</p>	<p>change. Mark was well-connected with his group members and felt that they knew him well. However, his anxiety about approaching Star was shutting down his ability to conceive of doing something different.</p>
<p>Therapist: Mark, it seems that Star's reaction to this "trigger" is pretty strong, and that doesn't make this feel safe for you. I'm wondering about the triggers you experience in your life, and how you respond to those.</p> <p>Mark: It's just all of them—I can't deal with them. My wife, her kids, my in-laws, my sisters . . . they make me crazy. They are always all over me and I can't take it. I have to escape. It's just too much.</p>	<p>Rather than continue to push Mark to do something different with Star, the therapist chose to begin making connections between Star's powerful response and Mark's reactions to ongoing life difficulties, including the family challenges that he believed created the climate for his relapse.</p>
<p><i>As Mark opened up about the stresses that triggered his relapse, he kept looking over at Star, who stood quietly with his head down.</i></p> <p>Mark: Is it okay if I try again now?</p> <p>Therapist: Of course.</p> <p><i>This time he walked to Star's shoulder and stood without moving, the whip at his side. The horse stood motionless. Mark gently moved the whip alongside Star, checking to make sure the horse wasn't bothered, then slowly took the end of the string from the lunge whip and touched the horse's wither. Star remained still as Mark gently rubbed the string of the whip into his wither and neck. The horse dropped his head and blew. Mark carried on rubbing Star with the string, gradually using more and more until he had it bunched in his hand.</i></p>	<p>The therapist silently observed, alongside the ES, as Mark experimented with ways to connect with Star and to allow Star to experience the whip in a different way. Allowing the client to experience a quiet, mindful opportunity to try out new behaviors is central to our commitment to honor the clients' own solutions.</p>
<p><i>As Mark continued experimenting with the horse and the whip, he began talking with the therapist:</i></p> <p>Mark: It gets so much easier to control the situation with Star when I just take a little piece of the string at a time. He's cool with it. He hated it before.</p> <p>Therapist: Yeah, he seems totally fine now; and you?</p> <p>Mark: I'm good. I like this.</p> <p>Therapist: I wonder what might happen in your family if you were to think about managing one person at a time. Seems like they are pretty overwhelming all together.</p> <p>Mark: For sure, they are (laughs quietly)</p> <p>Therapist: Who do you think you might be able to start with?</p> <p>Mark: I think my sister—she actually does listen . . . sometimes.</p>	<p>The therapist offered Mark all the time he needed to explore Star's reactions to his new attempts; only when Mark initiated did the conversation begin again. As the therapist observed Mark <i>doing something different in the moment</i> and getting a significantly different reaction from Star, she gently began connecting Mark's experience with the horse to his challenges with his family and with relapse. The conversation generated a much more manageable understanding of how Mark could proceed, and how he could create a different relationship with the triggers he had experienced in his family.</p>

Reflections

These cases reflect our deep commitment to engaging with clients in ways that honor their both struggles and their solutions. We believe interacting with the horses offers powerful opportunities for our clients to try something different, to take risks, to experience change in the moment, and to relate that change back to the struggles of their daily lives. Both Lauren and Mark experienced moments of mindfulness—as Lauren found ways to stop “spinning in circles,” and as Mark found ways, bit by bit, to imagine being less overwhelmed by fear, anxiety, and family. We believe that these moments of self-reflection, of experiencing change in the moment, and of imagining the impact of such change in their daily lives, can set the stage for transforming triggers in positive and lasting ways.



Stable Place, Inc.

SESSION CASE NOTES

CLIENT: Group – Substance Abuse

DATE: 07/01/17

TIME: 2:30pm – 4:00pm

DURATION: 1.5 hrs

THEME OF THE SESSION: Responding to Triggers Constructively/ Not Reacting out of Fear

SESSION PARTICIPANTS:

Stable Place Team: Monica Schroeder M.S., Cynthia Penalva, M.S., Abby & Sheila (ES)

Horses: Casper and Paris

SESSION SUMMARY:

Lauren: Lauren participated fully throughout the activity this week. During the demonstration from the ES, Lauren mentioned that the horses appeared scared and that this seemed similar to how she deals with her own triggers. When asked to select a crop, Lauren had chosen the smallest offered. She mentioned that she thought it would be easier for the horse to become comfortable with the smaller trigger first. When asked if this is how she approaches her own triggers, Lauren said she usually goes for the biggest first and that in doing so, it's caused her to relapse. When asked to approach the horse with her selected trigger, the horse kept walking away from Lauren. Lauren said that this reminded her of her own triggers because she often feels like she's spinning in circles. Lauren was invited to try a new way of approaching the horse, and she was observed to move slowly, remain calm, and eventually made contact with the horse. Lauren said that practicing these behaviors could be helpful for her because it would help her learn to cope and slowly become comfortable with the triggers in her life.

THERAPIST SIGNATURE: Monica Schroeder, M.S. and Cynthia Penalva, M.S.

[Your Logo Here]

SAMPLE SESSION CASE NOTES

CLIENT:

DATE:

TIME:

DURATION:

THEME OF THE SESSION:

SESSION PARTICIPANTS:

[Therapist/Equine Specialist]:

[Horses]:

SESSION SUMMARY:

[Client Name]:

THERAPIST SIGNATURE:

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