



Assessment and Evaluation Research Centre
Faculty of Education

Evaluation of the Horses for Hope Program

Prepared for Horses for Hope by the Assessment and Evaluation Research Centre

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ACKNOWLEDGEMENT OF TRADITIONAL OWNERS

The University of Melbourne acknowledges the Aboriginal and Torres Strait Islander traditional owners of the unceded land on which we work and learn. We pay respect to the Elders, past and present, and the place of Indigenous knowledge in the academy.

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Context

The University of Melbourne

The University of Melbourne has over 160-years of history of leadership in research, innovation, teaching and learning. It is the highest-ranked research university in Australia. Our researchers are at the forefront of international scholarship in a diverse range of fields.

Melbourne Disability Institute

The Melbourne Disability Institute (MDI) is an interdisciplinary research institute that was established by the University of Melbourne in 2018 to build a collaborative, interdisciplinary and translational research program to improve the lives of people with disability. Ultimately, the MDI research program aims to capitalise on national reforms and active partnerships with the disability sector to deliver evidence for transformation. The MDI research program is centred around providing much-needed evidence for the disability sector and broader community to address the complex problems facing people with disability, their families and carers.

Assessment and Evaluation Research Centre

The Assessment and Evaluation Research Centre (AERC), led by Professor Therese N. Hopfenbeck, has resulted from the merger of two long-standing research centres with outstanding reputations: The Assessment Research Centre and the Centre for Program Evaluation – centres that have been delivering high-quality evaluation, research, teaching, and consultancy for more than 40 years. AERC is situated within the Melbourne Graduate School of Education (MGSE) at The University of Melbourne.

AERC contributes to the advancement of the disciplines of assessment, measurement and evaluation and practice in Australia and internationally, reflects best practice and current knowledge of the field, and adapts that to the context in which we are practicing. AERC conducts evaluation, research and consultancy projects with a variety of stakeholders, nationally and internationally, to address the needs in the field of assessment, evaluation, and measurement across multiple sectors and disciplines. With the new leadership team, the AERC has a proven record of accomplishment of high-quality evaluation and research projects funded by research councils, organisations and donors, such as Departments of Education (VIC, Commonwealth, NSW), The Peter McCallum Cancer Centre, the Victorian Comprehensive Cancer Centre, the Murdoch Children's Research Institute, the World Health Organisation, United Nations Educational, Scientific and Cultural Organization (UNESCO), the US National Science Foundation, Queensland Urban Utilities, Department of Foreign Affairs and Trade, VicHealth Promotion Foundation, ESRC-DFID, The Norwegian Research Council, Education Endowment Foundation, State Examinations Commissions Ireland, Jacob Foundation and the International Baccalaureate.

Community Based Research Scheme

This project was conducted and funded through the Melbourne Disability Institute Community-Based Research scheme. The scheme is designed to build the evidence in the disability sector, by linking community organisations to researchers at The University of Melbourne. Projects funded through the scheme include small-medium projects suggested by community-based organisations that build social capital and improve lives of people with disability, their families or carers. The community-based research scheme is intended to support research and evaluation of innovative ideas that build social capital; to share good practice; and to replicate or scale up ideas.

Table of Contents

Context	3
Plain Language Summary	6
Recommendations	6
Report Structure	7
1. Introduction	8
1.1. Horses for Hope Program	8
1.2. Evaluation Aims and Methodology	8
1.3. Expected Outcomes.....	8
2. Methodological approach	9
2.1. Methods.....	9
2.2. Participants.....	10
2.3. Data analysis.....	10
3. Literature Review	11
4. Results	12
4.1. Staff interviews.....	12
4.2. Client interviews.....	15
5. Discussion	23
6. Recommendations	25
7. References	26
8. Appendices	27
8.1. Program Logic.....	27
8.2. Interview Schedules.....	28
8.3. Literature Review	31
8.4. Staff Interviews: Data Display.....	40

List of Tables

Table 1 Participant demographics	10
Table 2 Summary of key findings	21

List of Abbreviations

Abbreviation	Full text
AERC	Assessment and Evaluation Research Centre
COVID-19	Coronavirus Disease 2019
CPE	Centre for Program Evaluation
MDI	Melbourne Disability Institute
NDIS	National Disability Insurance Scheme

Plain Language Summary

The Evaluation

Horses for Hope uses equine-assisted narrative therapy to support people and horses who have experienced trauma or challenging life circumstances. Horses for Hope was a successful recipient of the Melbourne Disability Institute (MDI) Community Based Research Grants Program. The aim of these grants was to help community organisations conduct research or evaluation programs that are making a difference in the lives of people with disability and their families/carers. Horses for Hope were partnered with the Assessment and Evaluation Research Centre to evaluate their program. Horses for Hope were interested in knowing more about how and why the program works, and if there are any aspects of the program that they can improve.

What we did

To evaluate the program, we talked to six clients of Horses for Hope and four staff members. They told us about:

- Their experiences of the program
- Whether they thought the program had helped them
- What aspects they thought were most beneficial
- Their suggestions to improve the program

What we found

[Clients found the program beneficial.](#)

The people who participated in the evaluation explained how the program was helping clients develop confidence, autonomy, sense of worth as a person, and ability to regulate their emotions. They spoke about the benefits of interacting with the horses, with the support of the staff members. Some clients were incorporating the skills they had learned in their interactions with the horses in their everyday life.

[The program supports change and growth in a safe space.](#)

Staff members help clients feel safe and comfortable around the horses. The program allows clients to develop a better understanding of themselves. It creates a context for clients and their important others to experience and witness change and growth.

[Staff members have a shared understanding of the program.](#)

We found that it was important that all staff members understand the program, goals and values in the same way.

Recommendations

There are a few things that Horses for Hope can do so their program continues to reach and support more people:

- Promote and explain what makes their program unique, and in what ways it can be beneficial.
- Do more research and evaluations of the program.
- Ensure that all staff members have a shared understanding of the program.

Report Structure

This report presents the findings and recommendations of the evaluation of the Horses for Hope Program conducted by The Assessment and Evaluation Research Centre (AERC). The document is structured as follows:

Section 1 Introduction provides a background to the project, the purpose of the evaluation and the key evaluation questions.

Section 2 Methodology presents the rationale and design of the evaluation, data collection, and analytical methods.

Section 3 Results presents the data collected as part of the evaluation.

Section 4 Discussion provides a discussion of key findings in relation to the evaluation questions.

Section 5 Recommendations provides an overview of recommendations based on the analysis and discussion of key findings.

Section 6 Appendices includes the program logic, literature review, and interview protocols.

1. Introduction

1.1. Horses for Hope Program

Horses for Hope is located in Mooroopna in northern central Victoria. Horses for Hope uses equine-assisted narrative therapy to support people and horses who have experienced trauma or challenging life circumstances. Human participants of the program may also have additional mental health needs, autism, physical or intellectual disability. The program is facilitated by the Horses for Hope staff, including horse practitioners and therapists. They collaborate with family/carers, support workers, school staff and allied health professionals, and work towards helping humans and horses rebuild their health and sense of well-being. This therapeutic modality also assists participants to reposition themselves in their lives and (re)discover their capacities, including improved emotional self-regulation, increased decision making, and improved relationships with others. Their original client base consisted mostly of young people referred to by state social service agencies, however an increasing number of clients have been funded by the National Disability Insurance Scheme (NDIS), to the point where in 2023 approximately 70% of participants are funded through the scheme. Clients funded under the NDIS usually receive services under the “Capacity Building” and “Improved Daily Living” components of their plans.

Horses for Hope commissioned The Assessment and Evaluation Research Centre (AERC) to conduct an evaluation of their program, which had been evaluated in 2015 (Gerarghty & Blay, 2015). Horses for Hope were interested in expanding the previous evaluation to gain a better understanding of how and why the program works. Initially, the intention was that the findings of the evaluation would be used to inform an extension of the program as it was envisaged that a new facility would be established. This is no longer the case at the present time. We expect that the findings of this evaluation can support replication of best practices in future expansions of the program.

1.2. Evaluation Aims and Methodology

The overall aim of the evaluation was to understand processes and factors underpinning the success of the program through the experiences of clients and staff. In order to address the aims of this project, we conducted a qualitative evaluation of the program. This report presents qualitative findings with a focus on capturing and understanding Horses for Hope therapy processes and the experiences of program participants. The reciprocal relationship between participants and horses underpinned the design of the evaluation, development of data collection tools, and interpretation of findings.

As part of this evaluation, we conducted a program logic workshop with Horses for Hope staff to discuss the aims of the program, activities, resources and expected outcomes (see Appendix 8.1). In addition, a literature review on the effectiveness of equine-assisted therapy was completed (see Appendix 8.3).

This evaluation addresses three key questions, which were identified during the program logic exercise and in discussions with Horses for Hope:

1. What outcomes exist for those participating in the program?
2. What makes the program effective? (including factors contributing to building a safe, person-centred alliance with clients)
3. What processes could be refined or improved?

1.3. Expected Outcomes

The primary expected outcome of this evaluation is a report to be delivered to Horses for Hope Limited, detailing the evaluation findings. This report will assist Horses for Hope Limited to identify any opportunities for improvements and will provide recommendations to inform larger-scale research and

evaluation into the program.

2. Methodological approach

Horses for Hope supports a range of clients, many of whom have disabilities, neurodivergence, experience of trauma and/or other forms of marginalisation. Their clients also include significant numbers of children and young people under the age of 18. The approach used at the centre draws on narrative therapy in a context which centres client authorship over their own stories, with the scope of the program including not only clients and horses, but also their carers and support network. This complex approach is intended to embed the changes experienced through the program into the lives of clients at a deeper level, and to resist the limitations of a more individualist clinical model. The current evaluation undertaken under the Community Based Research Scheme at the Melbourne Disability Institute, provides a qualitative scoping evaluation, with a focus on adult client perspectives and a sample of centre staff. This smaller-scale qualitative evaluation approach has been adopted for its consistency with the goals of the program under evaluation. Utilising rich data from narrative-informed interviews allows this evaluation to engage with the distinctive approach undertaken at Horses for Hope in order to document and analyse how this is understood by clients and staff.

The above approach balanced client safety with the available scale of the current evaluation, though it also forms a limitation of the data available. In recognition of these potential limitations, results have been analysed with reference to the scope of the data available, and broader recommendations have been formulated with a view to informing future evaluations of a scale and scope which can more fully capture the breadth of practice at Horses for Hope.

Deeper evaluation of this multifaceted program would necessitate wide ranging engagement with past and current clients, representatives from their support networks, and with the breadth of specialist staff employed at the centre. Longitudinal studies of impact and benefit, with reference to observable outcomes as well as subjective experiences, would also provide valuable insights. In addition to broader sampling across the client base, collection of more thorough demographic data, including reference to clients' experience of intersecting forms of marginalisation, would also provide more context for findings from future evaluations.

2.1. Methods

An independent interview expert in narrative therapy was employed to undertake semi-structured interviews, using a narrative approach. Interview questions explored the rationale and goals of the program, enablers and barriers to its success, and broader themes relating to client experiences. This approach aligns with the aims of the program in order to engage with qualitative dimensions of how and to what extent the program achieves particular outcomes for its clients.

Interviews were conducted using a semi-structured approach, utilising interview schedules devised by The University of Melbourne evaluation team. Interviews were conducted in Mooroopna at premises supervised by Horses for Hope in September 2023. Interviews were audio recorded by the interviewer. Recordings were supplied to the University of Melbourne evaluation team for transcription and analysis.

This project received University of Melbourne Human Research Ethics approval (reference number 2022-24013-30698-4).

2.2. Participants

The interviewees represent a convenience sample of adult clients and staff, nominated by Horses for Hope staff and partly triaged by their availability for interview and their capacity to participate in interviews fully and safely. While adults form a smaller proportion of Horses for Hope clientele, according to the National Statement on Ethical Conduct in Research in Australia, adults are at relatively lower risk of harm from engaging in the interview and evaluation process than clients under the age of 18. As part of ensuring client safety as well as data quality, adult participants were therefore selected for interview, with the interviews administered by a researcher trained in narrative therapy. This approach to convenience sampling was therefore motivated by duties of care to potentially vulnerable client groups. This approach was approved by The University of Melbourne Human Research Ethics Committee as being appropriate for this small-scale evaluation.

2.2.1. Participant demographics

Six clients of Horses for Hope were interviewed, of whom 3 were interviewed in person and 3 were interviewed virtually via Zoom. The clients were interviewed on their own, apart from one client who had her carer with her. All of the clients have had varying amounts of time in the program, as indicated in the table below:

Table 1 Participant demographics

Participant	Time in Program	Engagement
Participant 1	7/8 years	Was once a month, now every two months
Participant 2	Almost one year	Fortnightly
Participant 3	51 sessions	No engagement time given
Participant 4	12 months	Was every 2 weeks, now every month because of funding
Participant 5	approximately 4 months	Every fortnight
Participant 6	Three years	fortnightly

In addition to clients, four staff members were interviewed in person. Several of the interviewed staff held multiple roles within Horses for Hope and were therefore able to speak to multiple aspects of the program. Staff members included: the lead horse practitioner, who had held that role for 13 years; a senior counsellor with roughly five years' experience; a counsellor who also oversaw partnership and program development; and the director and founder of Horses for Hope. Some interviewees referred to the length of time they had been involved in Horses for Hope, though this was mostly provided in general terms.

2.3. Data analysis

All interviews were audio recorded, with recordings provided to The University of Melbourne evaluation team for transcription and analysis.

The analysis of qualitative data followed a general inductive approach, where data collected through interviews was condensed and thematically analysed using the evaluation questions as focus areas (Thomas, 2006). Coding and analysis were undertaken by two members of the research team. To maintain quality, one member of the research team coded and analysed transcripts of client interviews, and one

member of the research team coded and analysed transcripts of staff interviews. Coding was completed manually in order to facilitate close hermeneutic engagement with each data set, with each transcript subject to immersive iterative coding phases using the evaluation questions as themes. After initial analysis was completed, the two analysts discussed emergent themes across the two participant groups, with reference to the evaluation questions, to ensure rigor and consistency of coding approach (Charmaz & Thornberg, 2021). After ensuring alignment in the coding approach, each analyst completed written analysis of their respective participant data set, included in the Results section below. The synthesis of this data was undertaken by all members of the evaluation team based on the full data analysis.

3. Literature Review

The literature review focused on the effectiveness of equine-assisted therapy. The objective of the review was to examine the evidence base of this approach to therapy and its outcomes for participants, providing context for the evaluation of the Horses for Hope program. Due to limitations in the extent of literature available, the scope of the review was broadened to include psychotherapeutic approaches in equine-assisted therapy.

The review found five outcome areas for those participating in equine-assisted therapy: post-traumatic stress disorder (PTSD) symptomology, depression, anxiety, self-image, and emotional regulation. The strength of evidence across these outcome areas varied, with the strongest evidence observed in the areas of emotional regulation, anxiety and PTSD symptomology. The literature review protocol, alongside a description of key findings by outcome area, can be found in Appendix 8.3.

4. Results

Results emerging from the analysis of interview are presented below. To maintain data integrity and ensure that clear distinctions were maintained between staff and client perspectives, we present results from staff and client interview data separately. These two sets of results are synthetically integrated and discussed further in section 5 (Discussion).

4.1. Staff interviews

Staff interviews primarily focused on explaining the philosophy behind the program approach, its intentions and distinctive features, and their beliefs and perceptions of its success and potential impact for clients. This formed the primary focal point for each interview, and each staff member was very consistent in their expression of the rationale and motivations of the program overall. This clear organisational perspective as expressed by interviewed staff indicates a potential for consistency in implementation and coordination of care across multiple caring roles at Horses for Hope.

The parameters or scope of the care practice are expanded beyond an individualistic approach in multiple directions:

- Clients attend sessions with horses who have experienced “trouble” (Staff 1), under the care of a horse practitioner, which focus on emotional co-regulation, facilitating trust and connection for both clients and horses;
- Clients then attend counselling sessions which reflect on and explore issues which were experienced in the ‘horse yard’ and relate these to broader issues and challenges that the clients experience;
- As the therapeutic process develops and clients acquire skills, clients then present their skills in caring and working with these horses to carers, family members, and support people, in a form of ‘witnessing’.

According to staff, this care model draws together a range of interrelated practices which view care as embodied, contextual and relational: as something which occurs between people, between people and animals, and occurring through and with the broader environment.

The interrelationships between each element of this care model were clearly of high significance to staff, with the approach to care being consistently described in terms of mutually reinforcing elements creating an enlarged supportive context for care and safety. The tone of discussion across the staff interviews consistently linked program elements and expressed them as interwoven with each other, indicating that the holistic approach was a clearly felt perspective which informed how the program successes were expressed:

“The process is built on collaboration, it means that skills can be developed, and meaning can be made and enriched and questioned from that collaborative relationship. I think that reciprocity with how we conceptualise it, is not only through the horse and the participant, but also the staff member. I believe there's a trifold reciprocity ... rather than thinking about just the participant and the horse, because when, you know, we're part of this system.” (Staff 2)

This holistic model of care was described by staff as a distinctive feature of the approach at Horses for Hope, and also as the key factor enabling success for clients. In describing this model, all staff interviewed made some level of reference to conventional or mainstream models of care, and used these descriptions to distinguish what made Horses for Hope unique, or to express how it modelled an alternative approach:

“There's the core belief that there's more to, or there are possibilities of other ways that aren't as disruptive for people and horses, is a belief I think is central to the work... there's something about and collaborating amongst peoples and species that can offer an alternative experience.”
(Staff 3)

A more detailed table illustrating these comparisons has been included as Appendix 8.4 with quotes provided to characterise each distinction. In summary, reading across the data, staff emphasised key features of Horses for Hope's approach as being:

- An embodied, applied, reciprocal care practice, in opposition to a strictly verbally-oriented model of care;
- Framing care as a relational, contextual practice which is witnessed and where the client both practices and receives care, rather than as a unidirectional practice where the client receives care from a hierarchical authority;
- Narrative reflection on horse yard work as a tool for articulating client safety and as a means of their autonomy;
- Facilitating new narratives, as opposed to care which is largely focused on retelling stories about past events.

Descriptions of these elements of Horses for Hope's practices utilised consistent comparison with mainstream or conventional care models in order to highlight distinctive features of the Horses for Hope approach, while also indicating the potential for this to address issues for clients which may remain under-addressed in other forms of care practice.

While Horses for Hope clearly aligns itself with a narrative therapeutic approach, it is significant to note that staff interviews identified an approach to narrative which is deliberately generative, rather than historical. While some forms of narrative therapy focus on reframing aspects of past experiences, the approach described by staff at Horses for Hope was explicitly described as de-emphasising the client's 'case history'. Rather, staff described deferring to clients on the level of detail which they felt was relevant about their past experiences. Interviewed staff explicitly identified a higher level of interest in the present moment for the client, especially their co-regulatory capacities, caring and relational skills:

“If we didn't have the horse yard experience and we were doing narrative therapy with these people, we would have to be searching around in their lives for alternative stories.” (Staff 1)

In opposition to “searching” for stories, one staff member described this as facilitating the “circumstances and directions or events [which] make it possible for an alternative story to start to emerge.” (Staff 2). This idea of “emergence” points to the significance for staff of (and) clients having new and supported experiences at Horses for Hope which then form the raw material for counselling sessions. The transition between new experiences in the horse yard, and then the discussion of those experiences in the counselling sessions, was described by staff as facilitating the meaningful learning of skills and the capacity for clients to name and understand those skills as such:

“Latent abilities are discovered through retelling, I think. And that's where we can make meaning, in the counselling aspect. That's where we can choose dialogues and make meaning and digging stories. And that's I think that's there that that's the real gold there, because the person's in a state where they're calm and they're excited and they've done something, and so they're open to being curious.” (Staff 2)

As clients developed those skills in neuroregulation and reciprocal care-giving, translating those skills into clients' daily lives was described by staff as partly facilitated by the act of 'witnessing'. In the Horses for Hope care model, this involved inviting carers, support people or significant individuals from a client's daily

life (where appropriate) to see demonstrations of the skills that the client had developed in working with the horses. These displays were described as a form of “insider witnessing” (Staff 1) as opposed to the more conventional narrative therapeutic principle of “outsider witnessing”. The significance of “insider” witnesses was described by staff as being linked to the need to ensure clients’ new narrative framing is not resisted by the perspectives of carers, family members, or others who continue to view or interpret the clients’ behaviour or skills in the same ways as before:

“Because most of these people are locked in with the old story... even though they may be trying hard, they don't have many options or many opportunities to step out of that, and just be able to almost revel in the joy of what they've seen with the person with us.” (Staff 1)

This form of witnessing therefore functioned as a celebration of change, which was also a practical way of engaging with a potential limitation of narrative therapy: the risk that if the repatterning and reframing of narrative is undertaken only by the individual client, that their support network may continue to adhere to older ‘stories’ which conflict with the client’s experiences of healing.

“It opens up opportunities for the family or for the carers to see that person in a different way, and it creates a shared language. ... There's no point in someone going back into an environment that reinforces the old message. That's why we collaborate with carers and parents and things like that, because the new story's gonna evolve. It needs many, many hands”. (Staff 2)

This act of witnessing in a supportive context was described as providing opportunities for carers in “seeing the participant in a different life, which then [they] react differently to” (Staff 4). The implications of this were to validate clients’ newly emerging narratives of themselves, but also to act as an impetus for change in the way that the carers or support network respond to the client.

A further benefit of this approach as described by staff was the way in which this centred clients’ capacities to develop and practice new skills, and to author and narrate their own experiences in a manner which was socially recognised and supported. This open-ended relationality encompasses both the horses who care and are cared for in this therapeutic approach, and the support network around the individual client.

Part of the rationale for ensuring that clients’ growth and skill acquisition was supported in their daily lives was linked by staff to the potential for deficit-focused narratives to be imposed on clients in limiting ways. Descriptions of this from staff tended to link this experience of limiting narratives to diagnostic labels, in particular the way in which these labels might be used to determine a client’s capacity to the point that “these problem stories are dominating life” (Staff 3). These descriptions by staff point to a sense that narrative is materially impactful for clients, in that the way in which they are seen by others has a significant impact on how they are understood and responded to, which in turn shapes the way in which the clients may behave or understand themselves.

Diagnostic labels were not described as being the problem themselves in these examples from staff, but rather, as potentially used in limiting ways by some clinical or social environments. For this reason, staff described cultivating a deliberately flexible and “curious” (Staff 2) approach where clients could engage constructively with their formal clinical diagnostic labels. Identifying labels or “problem stories” (Staff 3) as a site for narrative therapeutic engagement was described by staff as an open-ended process of inquiry, accommodating clients who saw them as providing useful context or explanation, while also facilitating clients’ expressions of agency over how their own stories were described or labelled.

Staff described in some cases that this process of inquiry, combined with the process of neuro-regulatory skills development, had led to clients challenging or transcending the use of a diagnostic label which they had found limiting. One example described by a staff member was of a client who had been able to challenge their frequently stigmatised diagnostic label, which they found limiting, and after their time at Horses for Hope, this client was able to have that label “removed” from their record. This example was

described as a success on the level of skill development but also of self-determination and exertion of autonomy. Other staff interviews described parents of younger clients viewing their child display regulatory skills that they as parents did not know that their child had capacity to practice. These examples speak to the way in which staff link the skills-focus of this therapeutic approach to embodied, felt experiences of change on the part of the client, which then translates to externally observable outcomes.

The two counsellors interviewed frequently described moments of change or transformation that the program hoped to facilitate for clients by adopting a hypothetical first-person voice, often swapping between describing their own perspective as a staff member with then describing how a client might describe a part of their experience. For example:

“Working with some people who have some suicidal ideas and that idea of taking their own life -- and antidotes to that in what I have with this horse. ‘I am a person who has purpose and with that horse and me contributing to a horse is an exception to all of the problems. And from that sense of purpose, meaning develops, and as I begin to learn new things about what’s important to me or how I can make importance from things, how I’m relating to the staff that are facilitating this process.’” (Staff 3)

Where interviewees switched between their own voice and describing the hypothetical experiences of a client, this was often done in order to express changes in clients’ confidence levels or increasing skill mastery. This indicates that while the retelling and repatterning of a story is being understood as relational and as collaborative, that the staff interviewed nonetheless were locating the central authority of that narrative reframing as being within the client themselves. One staff member described the care model as built on a “trifold” definition of reciprocity, where clients, horses and staff were all working in relationship, and the fluidity of the narrative voice in these two interviewers’ descriptions indicates that this is felt organically to be part of the care model.

The support offered by the Staff at Horses for Hope to the clients emphasised the care model described above and praised the ability of the staff to make them feel safe. In the interviews with staff, issues such as adverse outcomes for clients, horses or their networks, or issues leading to program discontinuation for particular clients, were not explored. This could be a useful area to explore from the perspective of staff as well as clients in future evaluations.

4.2. Client interviews

The following themes emerged from the analysis of interviews with clients, which reflect clients’ experiences as program participants, their views on the program and their recommendations:

- Participants’ first-time experience with the horse
- The relationship between horse and human
- What support is offered from staff to the participants
- Progress towards understanding themselves as well as the horses
- Wellbeing outcomes from interacting with the horses
- Skills and Knowledge gained from working with horses
- Responding to their own challenges in life
- Changes in participant noticed by others
- Suggested changes or recommendations
- Recommending Horses for Hope

4.2.1. Participants' first-time experience with the horse

The first topic covered in the interviews with clients was to ask each participant to think about the first time they went into the ring with the horses. The results were varied. For one participant it was the first time she had experienced joy in her life for a long time. For another, the non-verbal experience was important, and her response shows her awareness of the need to be absolutely honest with the horses:

"I knew it was gonna work for me and it's just, I just love it. The idea of it. Work perfectly and which is really good for me because I couldn't pretend everything was OK. Because the horse would know I wasn't ok. You know what I mean." (Participant 1)

The ability of the staff at Horses for Hope who tried hard to make her feel comfortable with the horses was emphasised by a client. This participant talked about the help given to her assistance dog during the sessions and how the staff accommodated her dog within her sessions.

The skill level of the staff as well as the empathy shown was one of the main factors in the program which provided clients with confidence and a level of self-belief.

That's one thing I really love about the programme, not only are they very predictable It's safe, but they're also really people centred every time they want to do something that can affect the people that work with them they can talk with them. And that's really important." (Participant 3)

A participant also acknowledged how safe she felt when she first started interacting with the horses, and how keen she was to participate:

"I think that the space was non confronting. Like the way that they set that space up, no one's kind of sitting on top of you, it was just not confronting. You got to be as open or as closed off as you wanted to be, I think that's still something I like about it now is you can learn what you want." (Participant 3)

Empathy with the horse and being aware of horses' reaction was clearly in evidence as a client related how she had to adjust her behaviour at her first meeting with the horse:

"With these horses, you can't just go up and all of that with your hand, you have to be really careful with them. So it was good it was good, but it was scary at the same time. Like would I make a mistake and scare him." (Participant 4)

4.2.2. The relationship between horse and human

Interviewees spoke about the importance of understanding the relationship between horse and human and the experience of joy when fully engaged with the horses:

"You can't lie to them and it's an honest relationship. It's pure." (Participant 5)

"It just feels so amazing when I'm in there." (Participant 3)

The strong bond with the horses and humans was highlighted by one of the clients as she referred to the importance that the relationship meant to her:

"They haven't just given me the confidence and the bright attitude and the good behaviour they have given my life back. They were there for me." (Participant 5)

It was also observed that working with the horses had an influence on how she relates to other people;

"Working with horses has changed the way that I interact with people." (Participant 2)

The program at Horses for Hope had given one client cause to reflect on her life and the changes she needed to make in her life:

"I now have goals. Just to maintain a good life. And not to go back to the past and move forward. I need to heal. That's what I want to do. I've spent enough year bloody silly and it's time to heal now." (Participant 4)

4.2.3. What support is offered from staff to the clients in the program

Each participant was asked what support was offered by staff before interacting with the horses. For one client the conversation with the staff prior to her interacting with the horse was important:

"So we always sit before and chat before we go in, and help me to understand what I need to do before I go in." (Participant 5)

The protection and safety provided by staff members was crucial:

"So you always felt protected and always felt safe. So it's just the fact that they communicated to you the whole time always talking to you, always, you know giving you positive feedback or you know, telling you to back off or relax or you know." (Participant 1)

Several clients praised the ability of the horse handlers and counsellors in the way they helped them to settle down and approach the horses in a calm manner. Another spoke about the way the staff made her feel comfortable in that environment:

"They're very good at talking you through everything when you first begin. and explaining what not to do, which is very helpful so that you don't frighten the horse." (Participant 6)

4.2.4. Progressing towards understanding themselves as well as the horses

The interviewer asked the respondees about what they loved about working with horses, and asked how they see their progress and what they have noticed about themselves.

They spoke about not only their progression but also the progression for the horses and as well, their increased understanding about the horse's behaviours and how that relates to their own behaviours. They also talked about the symbiotic nature of their relationship:

"And so I see them getting better, having a more tolerance for things as we introduce them to new things. And so that helps me understand my behaviours a lot better." (Participant 6)

Another client stressed the honesty of the relationship between the human and the fact that apart from honesty there is also the emotional connection:

"Yeah, the horses aren't faking it. Oh, I can't. They won't allow me to fake. It, and they're not taking it for a bad reason you know." (Participant 1)

The skills gained through the program at Horses for Hope were employed when she was in the dentist's chair as she used those skills to calm herself down. A participant spoke about the enjoyment of being totally in sync with the horse and their moods *"because they're a mirror image of me, so if I'm stressed they're stressed too. Or when I'm relaxed, they're relaxed"* (Participant 3). A further comment was made that managing the horse as well as managing the person is critical. Another spoke about the time at Horses for Hope as being a therapy session for the horse not for the human.

Another talked about Horses for Hope being her favourite place of the fortnight, and although the handlers and counsellors were positive when she was in a negative mindset, she was finding it hard to take praise because of the negative workplace comments which she was also processing. Another spoke of the joy she felt when in the yard and seeing the horses responding when she encouraged the horses to do certain tasks.

Another observed that she could tell when the horses blood sugar was down and could tell when they were scared, her response to those situations showed an understanding and empathy:

“Just pat her and let her know it’s OK, or just keep doing what you’re doing, or let her just be in that moment and let her process it.” (Participant 4)

It is often hard to be specific about what is good about working with horses, but this comment illustrates that trying to put a feeling into specific words is not important:

“It helps me so much with my internal struggles, and I don’t know what it is specifically it is about it, but I feel connected in some way. Just in some way that I feel at peace.” (Participant 5)

4.2.5. Wellbeing Outcomes from interacting with the horses

The interviewer asked the clients whether they had noticed different feelings growing in themselves from their interactions with the horses. For one participant the main feeling for her was trust and a growing feeling of self-worth, and self-realisation:

“It’s worth being cleaner for that. You know, you’re not horrible. So why get back on the drugs?” (Participant 4)

It was also commented that interacting with the horses decreased stress levels, and allowed the process of co- regulation of emotions to occur:

“I guess initially probably when I first started horses that was a tricky thing for me to do to allow myself to go to that place of peace.” (Participant 1)

Another participant talked about her growing confidence with the horses, and the positive feedback from the handlers/counsellors who encouraged her. Another talked about how interacting with the horses had given her confidence and a belief in herself:

“You, you get that, you’re a safe person who can show them that the world’s not all bad. I might not have been the only person that played a part in that.” (Participant 3)

4.2.6. Skills and Knowledge gained from working with horses

The interviewer asked the respondents to talk about the skills and knowledge gained from working with the horses. For one participant person her answer made it clear that she was overcoming trauma and as well developing an understanding of how to regulate emotions in the horse:

“In every session I can relate my experience to their experience. I think it’s the trauma that is the real connection in that, so I can really understand trauma and what they’re going through.” (Participant 6)

Another thanked the staff for teaching her how to smile. The realisation that not only was she helping the horses, but in the process helping herself was also commented on. It was agreed by one client that she had gained skills in managing her nervous system and had learned about regulating her behaviour:

“And I think even with the staff because I’ve been going so long, they’ve watched me come from being very, very ill and mentally unwell to working full time and being much more stable and able to live a reasonably normal life now.” (Participant 3)

Another talked about her growing confidence and strong feelings that she was helping the horses heal.

4.2.7. Responding to their own challenges in life

The interviewer asked respondents whether the things they were learning in their interactions with the horses helped them to respond to the challenges they experienced in their own lives.

For one participant it was part of a big picture that she was working on:

“As a young person. I’m still working on myself, as a young adult playing a part in building a better version of myself.” (Participant 3)

Learning to trust her instincts as well as making decisions for herself was offered as evidence of self-growth:

“And I think as I progressed in that programme, the ability to trust my instincts of what I can do with the horse that isn’t going to hurt her and what is it that horse is capable of grew.” (Participant 2)

Learning how to maintain a good life, not to reflect on the past but move forward was a goal for one client. For another, she felt that people around her knew when she had been to Horses for Hope, as the joy was reflected in her face:

“You know everybody else they can tell when I've been to the horses. Mum can tell when I have been to the horses, and I come back a little bit lighter and everybody can see it in my face.” (Participant 1)

Another talked about how the experience of being with Horses for Hope had changed the way she looked at the world. She felt that her world had expanded, and she had an improved sense of self as well as an ability to control her life. Another talked about her different perception on her life:

“I'm a different person, but of course I'm the same person so I'm just a lot more outgoing. My outlook on life is a lot more positive. I was very depressed and like I say, not getting any enjoyment out of life. So now I get more enjoyment out of life. I connect with people a little bit better, I'm more outgoing. I'm not as scared of people as I used to be.” (Participant 6)

4.2.8. Changes in clients noticed by others

The interviewer asked if family and friends would notice the changes in them (the clients).

All respondents felt that they had changed with the experience of Horses for Hope:

“Yeah, more outgoing, more positive. Look forward to things yeah, that sort of thing when previously, I didn't.” (Participant 6)

The ability of the staff to draw the important points out and help participants start to understand themselves, to make them think and develop the ability to relax around the horse, was commented on. Others found it difficult to accept positive feedback but were appreciative of it. Some talked about the understanding gained and the positive changes that has made to their lives, as well as the ability to control what happens in life:

“They showed a lot about how I'm a lot more stable than what I ever was, yeah, but I also was a non-diagnosed autistic for a long time so like it's a little part of a massive picture. Yeah, everything is a little part of a massive picture for me.” (Participant 3)

4.2.9. Suggested changes and improvements

The interviewer queried whether the participants had had particular difficulties or anything they would want to change about their program at Horses for Hope. One participant who is in a wheelchair talked about her difficulties trying to negotiate the terrain at the farm. Although as she pointed out the staff:

“They are fantastic when it comes to if I need to sit down or use the wheelchair when in the shed or in the ring. They are great with that”. (Participant 5)

A client related a time when the handlers told her to back off from a situation – which she did – but regretted doing that because she felt that the horse was ready to actually perform that particular action. Another talked about the predictability of horse therapy versus traditional human therapy and the fact that she felt safe because of its predictability. She also commented that nothing she was doing at Horses for

Hope challenged her in a negative way– her challenges came from her personal stuff and felt that her role with the horse was to be strong and capable.

The interviews with clients revealed nothing adverse about the program. One client did say that she would have liked to have done more challenging things earlier in her time at Horses for Hope and that she found the pace a bit slow for her.

4.2.10. Recommending Horses for Hope

All clients overwhelmingly said they would encourage anyone to enrol in the Horses for Hope program. The skill level of the staff was emphasised, with the added comment that:

“I would tell them to get there in a heartbeat!” (Participant 2)

A client commented that she was lucky in gaining access because NDIS has paid for every session and commented that cost would be a massive barrier for a lot of people.

A client commented that you should trust the staff and if they ask you to do something, just trust the system – and enjoy the experience. Another endorsed the program and commented on the trauma informed approach taken within the program:

I found that if people treated humans the way that we have to treat the horses in the programme, they will gain a lot better understanding of trauma behaviours of humans and therefore take a bit more of the trauma informed in approach in the interactions with humans.” (Participant 6)

Table 2 below presents a summary of key findings from each group of participants and by evaluation question.

Table 2 Summary of key findings

Evaluation Questions	Key Findings	Participant interviews	Staff interviews
<p>1. What outcomes exist for those participating in the program?</p>	<p>Staff describe client outcomes as emerging from the interrelationship of key practice elements: the benefits of horse yard work are reinforced and magnified by reflective counselling and further embedded in their lives by demonstrating those skills to ‘witnesses’.</p> <p>All participants spoke very positively about their first experiences with the horses, and demonstrated a understanding of the relationship between the horses and humans. All clients agreed that being with the horses helped them to understand themselves. This led to a growing sense of self-worth and self-realisation.</p>	<p>A growing knowledge of how to interact with the horses.</p> <p>Increased understanding of the horses’ behaviour and how that relates to the (their) client’s behaviour.</p> <p>Coping mechanisms established.</p> <p>Growing feeling of self-worth and self-realisation.</p> <p>Knowledge of self-regulation both in client and in horse.</p>	<p>Staff described the program as effective for clients who have had difficulty with more conventional care models.</p> <p>The multifaceted approach to generating and reframing supportive narratives is seen as central to creating better outcomes for clients.</p> <p>Clients’ ownership over their own narratives is emphasised at all stages and in all contexts.</p>
<p>2. What makes the program effective, (including factors contributing to building a safe, person-centred alliance with clients)?</p>	<p>Interviewed staff have a coherent understanding of the practice values, and the roles of individual elements (e.g. ‘horse yard’ work, counselling, witnessing ceremonies with support people) as contributing to a larger system of care and support.</p> <p>The skills and knowledge of the staff were praised and endorsed by all clients, including the ability of the staff to make</p>	<p>Clients feel protected and supported by staff.</p> <p>Skills displayed by staff increase confidence in the clients to cope and understand the horses.</p> <p>Client understanding that the relationship with the horse is symbiotic in nature increases with their interaction.</p>	<p>Horse practice facilitates embodied, applied development of relational skills, in settings which allow reflection and reinforcing of these skills in witness with others.</p> <p>Relational practice with a low degree of hierarchy allows for clients to care for horses, to relate across difference, and to develop new narratives about themselves and their experiences.</p>

	<p>them feel safe and comfortable around the horses.</p>	<p>Clients learn to incorporate the skills learnt with their relationship with the horses in their everyday life.</p>	<p>Safety is conceptualised as a felt, embodied experience as well as a legal requirement, and scaffolding psychological safety into processes and environments is undertaken in ways which centre client autonomy.</p> <p>Staff view the practice model as built from mutually reinforcing elements which facilitate and create a context for client growth and change; the practice is understood as supporting client agency.</p>
<p>3. What processes could be refined or improved?</p>	<p>The success of the program could be promoted within the community</p>	<p>Although a client had difficulty with navigating the terrain of the farm in her wheelchair, she only spoke about how thoughtful and considerate the staff were when she needed to use her wheelchair.</p> <p>A client commented that she would have liked to have done more challenging things earlier in her time at Horses for Hope and that the pace was a little slow for her.</p>	<p>No feedback explicitly given; however distinctive nature of program may require explanation for any liaison with 'mainstream' health and social care services to ensure benefits are communicated.</p> <p>Further research, e.g. anonymised survey of whole staff, would provide data to answer this question more fully in future.</p>

5. Discussion

The discussion section is structured around the three evaluation questions. We consider implications of the findings of this evaluation and suggest recommendations for the program that are aligned with key findings.

What outcomes exist for those participating in the program?

Horses for Hope serves clients with a range of needs, including those who have experienced trauma, social or relational harm, who experience challenges in self-regulation and co-regulation, and who have had difficulties with other clinical, educational or social care and support approaches.

In both staff and client interviews, it was clear that respondents placed value on the opportunity for clients to develop new skills and to narratively reframe their capacities. Although only a small number of clients were interviewed as part of this evaluation, it was clear from those interviewed that the sessions had been successful in increasing client's confidence levels and providing them with some hope for the future. There was evidence that the program is achieving short- and medium-term outcomes described in the program logic (Appendix 8.1), including participants progressively building self-confidence and developing their ability to self-regulate and co-regulate. All clients who participated in the interviews showed a high level of awareness of how to treat the horse as well as the realisation that they were not only healing themselves, but the horse as well. This has led to an increased feeling of confidence as well as a growing self-awareness and a sense that the future does hold some possibilities.

In their interviews, staff corroborated and expanded on the outcomes experienced by those who participated in the program. Staff members recalled examples of clients who developed ownership of their own narratives, self-determination, increased autonomy and sense of self-worth. They also described how the therapeutic approach allowed families/carers to witness those changes and outcomes; for example, the development of regulatory skills in younger clients, which the parents did not know the child had the capacity to practice. This finding is supported by the literature on equine assisted therapy, in particular, studies on the impact on participants with Autism Spectrum Disorder (ASD). In a study on the benefits of equine therapy, the authors found that interactions with horses facilitated the emergence of social behaviours in children with ASD (Malcolm, Ecks, & Pickersgill, 2018). As in the Horses for Hope program, families/carers participating in the study were able to witness and were sometimes surprised by changes in their children's expressive and receptive communication skills because of interacting with the horses.

There was also evidence of participants transferring skills learned as part of their interactions with the horses to other settings and their everyday life. The literature on equine assisted therapy supports the notion of transferability beyond the immediate therapeutic context. For example, Martin et al. (2020) found that therapeutic horse riding had a positive impact on social participation in home, school and community settings for children and young people with disability. Given the positive implications of transferability beyond therapeutic settings, these findings could be further explored in future evaluations of the program, using a longitudinal approach to follow participants' journeys after their participation in the program to understand its impact in the longer term.

What makes the program effective?

In describing the value of witnessing in narrative therapeutic practice, Leahy, O'Dwyer & Ryan (2012) note that "the basic tenet of narrative therapy is that the dominant problem-saturated narrative is challenged by externalizing the problem, in due course facilitating development of an alternative narrative" (p. 234). Horses for Hope's model not only facilitates an alternative narrative through externalising views about clients' past experiences, but actively generates new experiences to anchor alternative narratives into clients' lives. The interrelated and mutually reinforcing aspects of this approach reflect a goal of clients'

developing and then practicing an integrated sense of autonomy, within a supportive context. This provides an opportunity to address felt senses of “fragmentation” and powerlessness, such as those produced by trauma and dysregulation (Van der Kolk & Van der Hart 1991; Maté & Maté, 2022).

A key factor underpinning the effectiveness of the program was the belief from the staff that this model used in the Horses for Hope program is effective. The staff interviewed were very enthusiastic about the program, and described it positively as being distinct from aspects of mainstream clinical care. Viewing care as a contextual and generative practice was endorsed by the staff as a positive feature of the Horses for Hope model as well as a key enabler of the perceived success of the program.

Whilst the literature on equine-assisted therapy points to positive impacts for those participating in these approaches, the mechanisms that underpin effectiveness are still unclear (Malcolm, Ecks, & Pickersgill, 2018). Findings from this evaluation shed further light on what factors support effectiveness of these therapeutic approaches, with a shared understanding of program aims and therapeutic approaches by staff being a critical aspect underpinning program effectiveness. Staff emphasised the importance of a holistic model of care and ‘trifold reciprocity’ (participant, horse, staff members) in an expanded context of witnessing as distinctive features of the Horses for Hope program.

In the interviews with clients, they pointed to an increasing awareness in understanding themselves as well as referring to feelings of joy as they interacted with the horses. These interactions enabled emotional regulation in the horse as well as in themselves. The clients interviewed expressed feeling more in control of their lives and seeing themselves as progressively improving the skills and capacity to navigate the impact of trauma on their lives. All clients praised the ability of the staff to help them to feel safe and comfortable when they were around the horses in the yard.

What processes could be refined or improved?

There was little feedback on the processes which could be refined or improved, although one staff member explicitly noted that their goal was to see the model expanded through other practices: “from a partnership perspective, like we’ve got something that works, we know it works and it needs to be made more available and that’s my desire for it” (Staff 2). The rationale for this staff member was linked to the way in which the program was equipped to serve “people that have been let down by the traditional systems” (Staff 2), and the benefit to providing an alternative modality for this group.

However, only three staff members were interviewed for this evaluation, and consideration could be given to extending interviews to other staff to gain a comprehensive view of this issue. Considering adverse outcomes for clients or horses was an area which was not explored, and this could be a topic to be included in future evaluations of this program. Apart from the comment above, few of the staff interviewed identified any recommendations or improvements for the Horses for Hope program, and the fact that the program operates at a deliberate distance from mainstream clinical care was seen as a strength of the program. It was felt that it should be promoted particularly in terms of the consistency of approaches to therapy by all staff. This was clearly expressed by staff and by the founder as an intentional point of difference from mainstream ‘medical gaze’ forms of mental health and social support. This focus on viewing care as a contextual and generative practice, rather than as a forensic individualistic approach utilising a diagnostic model, was clearly expressed by staff as a positive feature of the Horses for Hope model, and as a key enabler of the success of the program.

While this was not explicitly identified by staff in the interviews, the distinctiveness of the Horses for Hope care model as compared to more conventional care models may form a barrier to the program success in some contexts. This area of strength could function in some contexts as a barrier if there were situations where there was a need to dialogue with other care models where the distinctive features and intentions behind the differing approach was not foregrounded explicitly or explained. Staff 1 noted in his interview that the Horses for Hope staff were ‘happy to’ work with clinical or diagnostic language as part of

interfacing with other services, including in report writing. The distinctive elements of Horses for Hope's care approach which deliberately do not follow a conventional clinical model may require additional explanation or context when liaising with 'mainstream' care practices, or with other care organisations which may be more familiar with a 'medical model' language of care.

For example, the relatively flatter hierarchy of the Horses for Hope care model, which focuses on centering clients' authority and expertise over their own experiences, necessarily allows more input and direction to be expressed by clients over their records:

"We consult people about what we're talking about. We check in with them constantly as it's helpful for you because what we think is helpful and what they think is helpful is two different things.... then we're also checking in that what we've written about them is true and correct. And it's up to them, you know. It's that [which] contributes to psychological safety." (Staff – 2)

The benefit for this in terms of client-focused outcomes is described by staff as significant, though this kind of record-keeping approach deliberately differs from a more static, hierarchical clinical-gaze model which can view such autonomy as posing a challenge to their own care model. The potential for this to pose a barrier may be mitigated through centering the rationale and motivations for the Horses for Hope approach when promoting or explaining it to broader audiences. The narrative therapeutic orientation of Horses for Hope, with its attention to framing and contextualisation, places the staff well to mitigate or reduce this potential barrier in communication, and ensure that the distinctiveness of the approach remains an enabler for success into the future.

It is noted that the interview questions for both staff and clients did not refer to any adverse outcomes for either horses or clients or any issues relating to program discontinuation for clients.

6. Recommendations

Horses for Hope has a staffing cohort who have a consistent approach to therapy, and their approach is considered an enabling factor in its success. Thus, it is important that Horses for Hope continues to cultivate and promote shared understandings and therapeutical approaches amongst staff members to ensure this enabling factor continues to underpin program effectiveness.

It is recommended that Horses for Hope continues to consider how to best promote and describe the distinctive features of their program in their promotional materials. Additional explanation or contextual information may also be required when liaising with 'mainstream' care practices.

It is also recommended that future evaluations consider a mixed-methods longitudinal approach to gather both quantitative and qualitative data on program effectiveness and transferability beyond the therapeutic context. It should also focus on observable outcomes which will help to explain Horses for Hope's distinctiveness, as well as contribute to the evidence-base of equine assisted therapy approaches.

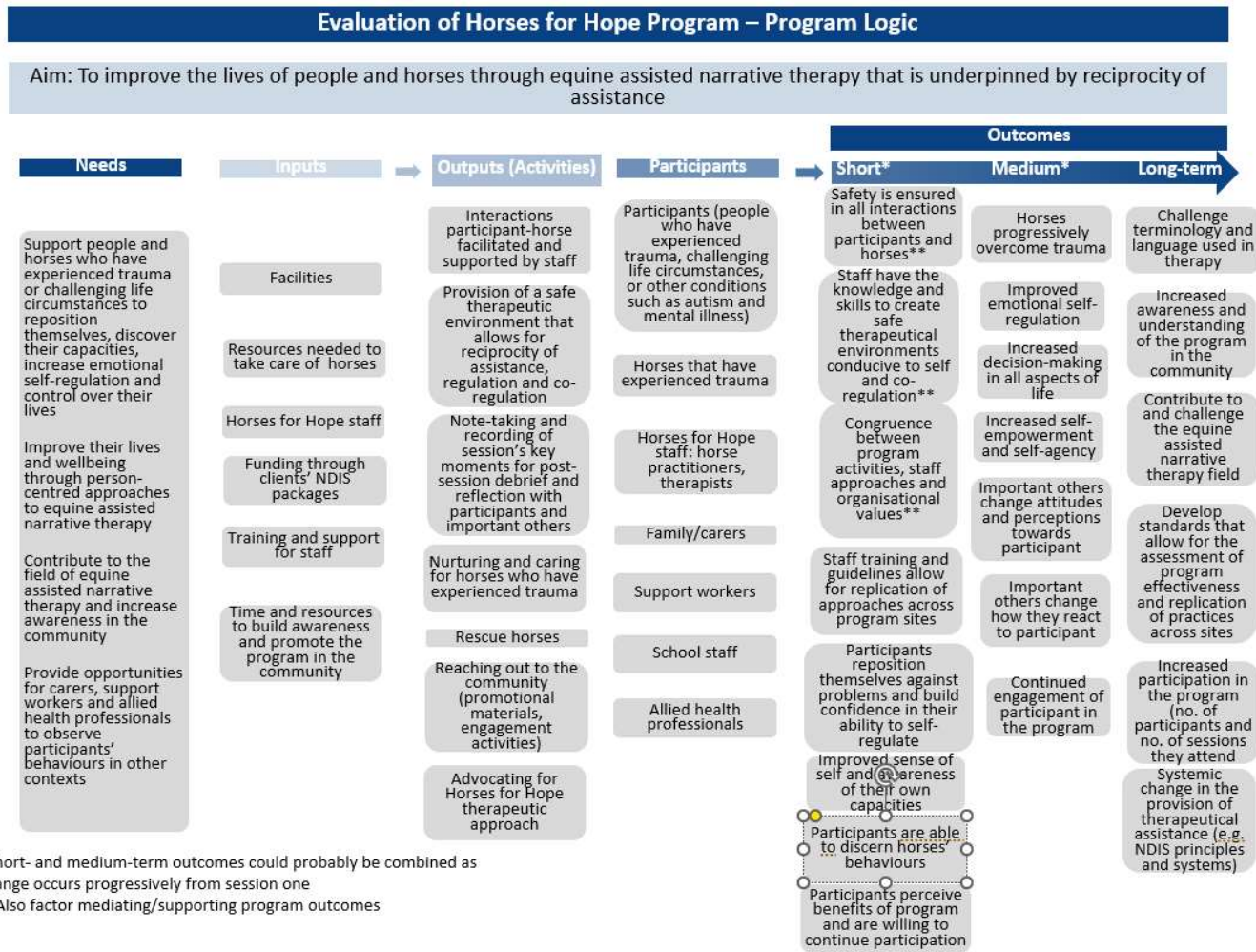
It is also suggested that a useful area to explore would be to investigate any adverse outcomes for clients, horses or their networks, or issues leading to program discontinuation for particular clients. This could be a useful area to explore from the perspective of staff as well as clients in future evaluations.

7. References

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8. Appendices

8.1. Program Logic



8.2. Interview Schedules

Participant

Participant Code _____

1. If we thought about scary feelings, was coming to HFH, and meeting the horses scary at the beginning? (yes/no)

If yes, was it a little scary, a bigger scary feeling that you noticed in your body, or a much bigger overwhelming scary feeling?

If yes, what would you call that scary feeling, out of 10, with 10 being really scary and 1 being not scary at all. (If possible, can you think of a name for this feeling?)

2. Did that scary feeling change once you started the first session? (yes/no)

Can you remember when you noticed that it had changed?

If it changed, was the scary feeling a little smaller or had it grown bigger?

By the end of the first session what number would you give the scary feeling out of 10, remembering 10 being really scary, and 1 being not scary at all.

3. If you think about coming to the sessions now or nearer the end of your time with H4H, what number would you say scary feelings is sitting at?

Do you remember when you noticed the number you gave scary feelings changing for you?

Was there something that occurred that created a change in the number you were giving scary feelings?

4. How would you describe your relationship with the horse? (Use the guiding questions below):

i. To what extent do you feel safe and comfortable when interacting with horses?

ii. To what extent do you trust the horses?

iii. What do you like most about working with the horses at HFH?

iv. Are there other feelings that grow when you are working with the horses?

v. What would you change about your interactions with the horses? Or

vi. Have you experienced any difficulties in your interactions with the horses?

If you were to describe the skills and knowledge that you have developed in your work with the horses, what might they be?

To what extent does working with the horses help you achieve your goals set with your therapist? In what ways?

5. Were there things you noticed about the horse's behaviour that changed over your sessions with H4H?

Do you remember the feelings that you had about this change in the horse's behaviour?

Does it seem reasonable to suggest that you helped the horses change their behaviour and the horses helped you change your behaviour?

What skills and knowledges that you developed do you think helped the horse change their behaviour?

If you had to give this way of doing things together a name, what might it be?

Are there other times/situations or people in your life when this way of doing things might be helpful?

6. Since coming to HFH, have you noticed some feelings that used to be around often have disappeared or are around less?

Are there other feelings that you notice are around more often?

Are there things in your life that used to feel hard that are feeling less difficult?

If we were to ask your family/carers what they have noticed about you since you have been coming to H4H what do you think they might say?

What ideas do you have about what why these changes have happened?

Staff

1. Therapist Qualifications and field of expertise:

- Psychology__
- Counselling__
- Social Work__
- Other__

From your experience:

2. Are there beliefs, principles and values that underpin the practices of Horses for Hope.

How would you describe these?

3. How would you describe the effects of these beliefs, values, and principles on the experience of participants?

4. How have participants spoken about their experiences in ways that reflect these values, beliefs in practice?

5. Are there common formal or informal beliefs/opinions that participants who come to HFH hold about themselves when they come to HFH? Formal being diagnosed, conditions or mental health issues. Informal being views of self that they have formed overtime that may differ to or be in addition to the formal.

6. As a therapeutic practitioner how dominant are these ideas in creating problem stories for the participants?

1 not at all through to 10 a problem saturated story that shapes the participants identities.

7. What events have offered participants a sequae into an alternative story they might begin to relate to about themselves that lessens the effects of their dominant stories?

8. Are there common hopes that people who come to HFH hold for themselves and how would participants describe them?

9. Are there common hopes that people who refer others to come to HFH have for participants including other services, carers and parents and how would you describe these?

8.3. Literature Review

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June 2022

8.3.1. Introduction

This literature review is part of the larger evaluation of the Horses for Hope program, being carried out by the Centre for Program Evaluation (CPE). It is intended that the literature review will inform and complement the broader evaluation plan by providing context and supporting evidence for the therapeutic approaches adopted by the program. The Horses for Hope Program uses equine-assisted narrative therapy to improve the capacity of persons significantly impacted by mental health, abuse, and trauma to better manage the effects of these problems in their lives.

The Horses for Hope program is unique in its approach in using narrative therapy as part of an equine-facilitated program. As a result of this distinct program design there is very little literature available that is able to provide the evidence-base and justification that the organisation is interested in. As narrative therapy is a type of psychotherapy, it was decided through consultation with the organisation that the review would instead focus more broadly on psychotherapeutic approaches in equine-assisted therapy, and specifically on the benefits and evidence-base of Equine-Assisted Psychotherapy (EAP) programs. The following research question was established and forms the central focus of this review:

What is the evidence of the efficacy of a psychotherapeutic approach in equine-assisted therapy?

The consultation process with the organisation also established that the type of review to be conducted will be a narrative review. A narrative literature review generally provides an overview on a particular topic and is interested in summarising and synthesising relevant information to demonstrate, and provide evidence for, a particular viewpoint (Lau & Kuziemsky, 2017). This approach was in line with the requirements of the organisation, and they were amenable to this approach.

8.3.2. Search Methodology

Search terms and databases

The search terms and databases used in the search for relevant literature for inclusion in the review are outlined in Tables 1 and 2 below.

Table 1

Search term 1	Search term 2	Search term 3
Equine OR Equus OR Horse AND Assisted OR Facilitated AND Psychotherapeutic OR Psychotherapy AND Benefit OR Outcome OR Result	Equine OR Equus OR Horse AND Assisted OR Facilitated AND Psychotherapeutic OR Psychotherapy AND Evidence OR "Evidence base"	Equine OR Equus OR Horse AND Assisted OR Facilitated AND Psychotherapeutic OR Psychotherapy AND Evaluation

Table 2

EBSCOhost	Proquest
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Academic Search Complete	ASSIA
CINAHL	Education Database
ERIC	Nursing & Allied Health Database
Family & Society Studies Worldwide	Health & Medical Collection
Medline	Psychology Database
SportDiscus with FT	

Search parameters

In order to identify articles with a particular focus on outcomes and benefits it was decided to search titles and abstracts only, as opposed to a full-text article search. Further inclusion criteria in the search were for articles to be presented in English, and a date range encompassing only the last 10 years (2012 – present). This date range was selected as EAP and equine-assisted narrative therapy are new and emerging areas. Therefore, the literature of most interest is that which is most recent; a 10 year range was expected to capture a sufficient number of articles to include in the review while also ensuring that the findings are current, relevant, and reflect the current state of these areas of study. Following this process resulted in 41 articles identified through the literature search.

8.3.3. Analysis

A title and abstract review was undertaken for the 41 articles identified in the search, particularly assessing for relevance to the research question. Of particular interest were any articles that reported the findings of a direct evaluation of an EAP program; 12 articles were identified for inclusion in the final review that met this criteria. The titles and abstracts of the remaining articles were then reviewed for any form of outcome measurement or discussion of the outcomes or benefits of an EAP approach or program, without strictly being an evaluation of a program. This resulted in an additional two articles being included in the literature review.

The 14 articles selected for the review then underwent a full-text review. Each article was read in its entirety and key information was drawn from each study. The key information extracted included the study design, outcomes measured, measurement tools employed, participants or subjects of the study, and the reported findings. The review articles include a combination of qualitative, quantitative and mixed methods designs. The articles cover a range of different key groups including children and adolescents, persons with Post-Traumatic Stress Disorder (PTSD), prisoners and veterans, and measure a range of outcomes including depression, anxiety and impulse control.

Thematic analysis

Each of the outcomes measured across the 14 studies were listed and grouped into common measures. These were then analysed and organised into five key themes, which form the structure of the literature review findings. The themes identified were as follows:

1. Post-traumatic Stress Disorder (PTSD) symptomology
2. Depression
3. Anxiety
4. Self-image
5. Emotional regulation.

These themes either represent individual outcome measures that were frequently measured across the studies in this review and justified being presented as a standalone theme (e.g. depression and anxiety) or

represent a broader theme that contains more specific outcome measures within. Careful consideration was made in organising the themes, particularly in regard to PTSD symptomology and Emotional regulation. The justifications for these are outlined below.

A common client group for EAP programs are persons who have some history or past experience of trauma. PTSD is a disorder that can develop in response to such trauma and is considered multidimensional in terms of the range of symptoms that can be experienced, including anxiety and issues with emotional regulation (McCullough, 2015). Across the evaluations in this review that involved participants who have experienced trauma the symptoms experienced were either measured separately, or otherwise using scales and checklists that are designed to provide a measure of PTSD symptomology holistically. Whilst there is some overlap between the PTSD symptomology theme and some elements of the other themes included in this review (e.g. anxiety), PTSD symptomology is included as a separate theme in order to capture these instances where PTSD is measured holistically. Where the symptoms are considered separately, they are included under the relevant individual theme. Some of the qualitative studies also represent a holistic view of PTSD and so the findings of these studies are also included under the PTSD symptomology theme.

The term 'Emotional regulation' is also often referred to as multi-dimensional and includes the ability to control impulses and manage emotional responses (Gratz & Roemer, 2004; Gross, 1998). The emotional regulation theme in this review includes a range of different individual outcome measures from across the reviewed studies including anger management, impulse control and aggression.

8.3.4. Findings

The findings from across the 14 studies included in this review are presented by the five themes previously outlined.

PTSD symptomology

There are five studies that address PTSD symptomology included in the current review. Overall, the findings provided some evidence associating an EAP approach with decreased experience of PTSD symptomology, however the evidence was often limited when comparing EAP treatment groups with a control group receiving some other form of therapy. The studies identified in this review that addressed PTSD symptomology were more quantitatively focused than qualitative, and more qualitative approaches to assessing this outcome may prove beneficial in future studies and provide a richer assessment and understanding of this measure.

Mueller & McCullough (2017) conducted a study to assess a 10-week EAP program with child and adolescent participants (aged 10 to 18 years) who had been identified as having previously experienced some form of trauma requiring mental health treatment. The level of PTSD symptomology experienced by each participant was measured using the Revised Child Impact of Events Scale-13 (CRIES-13; Perrin et al. 2005), a standardised measure for assessing PTSD symptomology. The treatment group in the study undertook the 10-week equine program, and a control group used a traditional therapeutic program with no equine element. The findings of the study indicate that there was a significant decrease in PTSD symptomology experienced by both the control and treatment groups, however the treatment group did not experience a decrease in PTSD symptomology that was significantly greater than the control group.

Burton et al. (2019) conducted an evaluation of an EAP program administered to adult war veterans who were all experiencing some form of symptomatic PTSD. There were 20 participants in the evaluation, assigned to either a treatment or control group, and PTSD symptomology for all participants was measured using the PTSD Check List-Military Version (PCL-M). In similar findings to Mueller & McCullough (2017), PTSD symptomology scores decreased significantly for both the treatment and control groups, however the treatment group did not decrease significantly more than the control group.

Forstrom (2019) provides strong evidence of the effectiveness of an EAP approach in reducing PTSD symptomology. The study involved the evaluation of an EAP program administered to children and

adolescents experiencing trauma-related mental health diagnoses and symptoms, and the 104 participants of the study were assigned to either a treatment group that undertook 10 sessions of active EAP treatment, or a control group that undertook treatment as usual over the same time period. PTSD symptomology was measured using the Trauma Screen + Child PTSD Symptom Scale (CPSS) (Foa et al., 2001), which was administered at the commencement of the program and 10 weeks following the program's completion. The evaluation findings report that there were significant decreases in PTSD symptomology for both the control and treatment groups, and that the group that underwent EAP treatment experienced a significantly greater decrease than the control group.

Further evidence of the effectiveness on an EAP approach for levels of PTSD symptomology is provided by McCullough (2015), who conducted an evaluation of an EAP program administered to 11 children or adolescents (aged 10 to 18 years) who were experiencing PTSD symptoms following a history of trauma. The evaluation was quantitative and used the CRIES-13 (Perrin et al., 2005) scale to measure the degree of PTSD symptomology of program participants. The intervention took place over an eight-week period and the CRIES-13 was administered at week zero, four and eight, representing pre, post and mid-point measurements. The evaluation findings indicated that participants' PTSD symptomology scores decreased significantly from the pre to post measurements, providing further support for the effectiveness of this approach.

Mayfield (2016) undertook a qualitative exploratory case study with three war veterans with partial or full PTSD and found evidence across each case for the benefits of an EAP approach in regard to PTSD symptomology. The evaluation involved semi-structured interviews and researcher observations of the participants. One of the research questions of the evaluation was whether an EAP program benefits the recovery of war veterans experiencing PTSD symptoms, and the researchers found evidence across each of the three case studies that the participants' involvement in the program had a positive impact regarding their ongoing recovery from PTSD.

Depression

There are four studies that report findings against levels of depression included in this review. The findings across the four studies in regard to the benefits of EAP on the level of depression of participants was varied. Whilst some evidence for the effectiveness of an EAP approach was demonstrated, particularly through comparison of pre and post measurements, other studies were limited in the conclusions they were able to draw due to no differences being found between treatment and control groups, or other factors hampering the study.

Naste et al. (2018) conducted an evaluation of an EAP program administered to youth with a history of complex trauma. The evaluation involved analysis of information and various test results stored in a client management system, including an assessment of the level of depressive symptoms using the Children's Depression Inventory Self-Report instrument (Kovacs, 2011). The results of 20 participants were analysed pre and post their involvement in the EAP program and the researchers reported a decrease in depression amongst these clients.

Solid evidence of the effectiveness of an EAP approach was also provided by Whittlesey-Jerome (2014), who conducted an evaluation on an EAP program administered to 13 adult victims of interpersonal violence. Participants were assigned to either the EAP group or a comparison group that received an established treatment approach. Depressive symptoms were measured using Beck's Depression Inventory administered as pre and post-test, prior to the first session and following the last. The results found that both the treatment and control groups showed decreased depressive symptoms, and a greater decrease was observed for the EAP treatment group.

The evaluation conducted by Forstrom (2019) of an EAP program administered to children and adolescents experiencing trauma-related mental health symptoms also measured the level of depression of participants

using the Trauma Symptom Checklist for Children-Abbreviated (TSCC-A) (Briere, 1996) This was administered at the commencement of the program and 10 weeks following the program's completion. The evaluation findings showed significant decreases in depressive symptoms for both the control and treatment groups, though no difference between the two groups (i.e. the treatment group was not found to have experienced a decrease significantly larger than the control group).

Iwachiw (2017) conducted an evaluation of an EAP program administered to at risk adolescents identified by their schools for involvement in the program. The evaluation used the Children's Depression Inventory 2nd Edition Self-Report scale and Parent scale (Kovacs, 2011) to determine the level of depressive symptoms experienced by participants, and participants were assigned to either the EAP group, a group focused on horsemanship without a therapeutic component, or a control group receiving no immediate treatment. The study encountered issues recruiting and maintaining the involvement of participants and finished with only five participants in total across the three groups, hampering the results and conclusions able to be drawn. The researcher did report that the two equine groups reported decreases in parent-rated depressive symptoms, though not in the self-reported symptoms. The equine-assisted group was not found to have decreased more than the horsemanship group.

Anxiety

There are four studies measuring levels of anxiety included in this review. Each of the four studies provides some evidence of the benefits of an EAP approach in reducing the anxiety levels of participants, though there are again some findings reporting no difference between treatment and control groups.

Harvey et al. (2020) conducted an evaluation of an EAP program administered to children and adolescents with a mental health diagnosis or significant family-home issues. The evaluation included an assessment of the level of anxiety of participants using the Behaviour Assessment System for Children (BASC-2), Second Edition (Orlich, 2013). Pre and post tests were administered, and analysis of the data indicated that there was significant improvement in the anxiety levels of the 19 participants.

The Whittlesey-Jerome (2014) evaluation also involved a measurement of anxiety using the Burns' Anxiety Scale administered as a pre and post-test assessment, prior to the first session and following the last of the EAP program. Findings showed that the level of anxiety of participants in both the treatment and control groups decreased, and a greater decrease was observed for the EAP treatment group.

The evaluation conducted by Forstrom (2019) also involved a measurement of the level of anxiety of participants using the Trauma Symptom Checklist for Children-Abbreviated (TSCC-A) (Briere, 1996), which was administered prior to the program's commencement and 10 weeks following the completion. The evaluation findings showed significant decreases in the level of anxiety experienced by both the control and treatment groups, though no difference was found between the two groups.

Robinson-Edwards et al. (2019) conducted an evaluation of an EAP program administered to prisoners with a history of drug and alcohol abuse. The evaluation was qualitative, involving in-depth and non-prescribed interviews with five program participants. The findings were reported against key themes including the effect of program involvement on levels of anxiety, with the researchers finding that participants reported that the program helped them to better deal with feelings of anxiety and that they felt better equipped for the future.

Self-image

Limited evidence was found to demonstrate the effectiveness of an EAP approach on participants' self-image. One study that specifically addressed this outcome measure was Bachi et al. (2012), who conducted an evaluation of an EAP program administered to 14 adolescents living in a residential treatment facility. The EFP program was conducted through weekly sessions held over a seven-month period, and the evaluation involved comparison to a control group of 15 residents not receiving EAP treatment. One of the evaluation measures was the participants' level of self-image which was assessed using the Offer self-image

questionnaire (OSIQ) (Offer et al., 1977), administered as a pre and post-test to both groups. The results showed an increase in the level of self-image for both the control and treatment groups, though no significant difference between the two groups.

Emotional regulation

There were five studies included in this review that addressed some form of emotional regulation in the outcomes measured. Across the studies solid evidence was provided through the evaluation findings that an EAP approach is associated with increased levels of emotional regulation.

The Harvey et al. (2020) evaluation involving children and adolescents with a mental health diagnosis or significant family-home issues included an assessment of anger control and aggression as part of the Behaviour Assessment System for Children (BASC-2), Second Edition (Orlich, 2013). Analysis of the pre and post data collected indicated that there was significant improvement in the level of both anger control and aggression following involvement in the program.

The evaluation conducted by Bachi et al.(2012) involving adolescents living in a residential treatment facility also involved a measure of self-control using an assessment tool of self-control behaviours of adolescents designed by Rosenbaum (1980). The evaluation findings indicated that there was an increased level of self-control among the treatment group compared to the control group.

The Robinson-Edwards et al. (2019) qualitative evaluation of an EAP program administered to prisoners with a history of drug and alcohol abuse included findings reported against key themes including emotional regulation. The researchers found that all participants reported an improvement in the way that they managed their emotions as a result of their involvement in the program.

Johansen et al. (2016) conducted a qualitative case-study evaluation involving in-depth interviews with a single participant of an EAP program. The researchers found that the client gained emotional awareness through their involvement in the program and an increased ability to adjust to more constructive responses in their dealings with the horses.

Flynn et al. (2020) conducted semi-structured interviews with 23 EAP clinicians based at a special education school. The findings of the study were reported by key theme, including the clinicians' perspectives on the students' ability to self-regulate their emotional responses. The findings indicate that the clinicians reported seeing evidence of increased self-regulation by students through their involvement in the program.

8.3.5. Summary

Some degree of evidence is presented regarding the effectiveness of an EAP approach related to each key theme, though the strength of the evidence presented varies across the themes. The strongest evidence was found for Emotional regulation, Anxiety and PTSD symptomology, with less conclusive evidence regarding Self-image and Depression. A common theme observed across the studies was evidence regarding the effectiveness of EAP demonstrated through a pre and post-test difference, but with no significant difference found in comparison to a control group. In terms of limitations, a greater number of qualitative studies may provide a deeper understanding and richer assessment of these themes, and studies also struggled with small participant numbers, impacting the ability to make findings of statistical significance.

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8.4. Staff Interviews: Data Display

The below table illustrates themes emerging in staff interviews comparing the Horses for Hope care model with more mainstream models of care.

Mainstream care model	Example quote	Horses for Hope model	Example quote
Verbal care model	“in traditional talk therapy, you know, these things can be spoken about in ways that are hypothetical or abstract” [Staff 3]	Embodied, applied, reciprocal focus	<p>“From all angles... their identity is totalized that they need help in all these areas, and coming to a place where they're able to then help.” [Staff 3]</p> <p>“the horse will reciprocate what you're putting out in terms of the thoughts that you're thinking, the energetic time signature of your body.” [Staff 2]</p>
Isolated care model	“People who have come to support [are] generally seen as objectively separate to the process of healing.” [Staff 3]	Contextual care	<p>“[Witnessing] allows for a thickening of this new story, that has multi layered, many voices, and it's built socially, in front of your eyes.” [Staff 2]</p> <p>“Seeing the participant in a different life, which then you react differently to.” [Staff 4]</p>
Expert-led narrative	<p>“[In conventional models] a person comes to us because they have a problem, and the problem is in this person, inherent to them, and they are the one that needs treatment.” [Staff 3]</p> <p>“Most therapy programmes the notion is ‘come and let us let our horses heal you.’” [Staff 1]</p>	Narrative reflection creates safety and autonomy	<p>“[Clients can say] ‘I will create the meaning that works for me rather than the meaning that was given to me.’” [Staff 2]</p> <p>“There's a lot of empathy to the horses, their stories ... even though they might be labelled bad, it's just people haven't listened to them correctly.” [Staff 4]</p>
History-focused	“[Some clients feel that] ‘these problem stories are dominating life so much so that traditional approaches haven't helped me, and psychologists, counsellors, caseworkers, support people.’” [Staff 3]	Facilitating new narratives	<p>“We don't have to go into history in that way, because we can go from now.” [Staff 1]</p> <p>“I just go on what's presented to me in the yard...what they come with not might not be the necessarily the thing that they present in the yard.” [Staff 4]</p>



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