



Equine-Assisted Therapy as Complementary Practices in the Treatment of Operational Stress Injuries of Canadian Armed Forces Veterans

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Abstract

Background: This research project focuses on the value and usefulness of an equine-assisted therapy program for Canadian Armed Forces (CAF) veterans suffering from an operational stress injuries. The main objective of this study is to provide a summative evaluation of the program and to enrich the research as well as the scientific documentation in equine-assisted therapy.

Methods: A 14 veterans have completed all stages of the project, including the ten sessions of the program, and they are the sample. These 14 CAF veterans speak French at home, live in the province of Quebec (Canada) and are diagnosed with a post-traumatic disorder and/or depression disorder. A qualitative methodology was developed. The participants had to complete a short sociodemographic questionnaire and to meet the team of researchers in a semi-directed individual interview. The analysis of the results was carried out by SPSS 22 and NVivo 11.

Results: Participants identified three differences between equine-assisted therapy and the clinical care that they received in the past. The first difference, for half of the participants, between equine-assisted therapy and psychotherapy is the experiential/practical nature of equine-assisted therapy. The second difference, for half of the participants, is that the equine-assisted therapy represents another way of approaching the problem and the presence of the horse in the intervention play a key role. A finding is also made by the majority of participants: equine-assisted therapy is a type of treatment complementary to psychotherapy and pharmacotherapy. Finally, the majority of participants has the firm intention to continue equine-assisted therapy sessions and recommend it to their brothers in arms.

Conclusion: In the end, this study highlighted the point of views and experiences of CAF veterans following their participation in an equine-assisted therapy program. This project has enriched knowledge in the field of equine-assisted therapy, operational stress injuries and veterans.

Keywords: Therapeutic riding; Equine-assisted therapy; Veteran; Post-traumatic stress disorder; Operational stress injuries; Mental health; Complementary approach

Introduction

In their quest for well-being and a better quality of life in the face of post-traumatic stress disorder (PTSD) or depressive disorder, several Canadian Armed Forces (CAF) veterans and veterans' organizations have, in recent years, been interested in alternative or complementary methods of intervention to clinical care (mainly psychotherapy and pharmacotherapy) [1]. Thus, equine-assisted therapies have become very popular to help people such

as veterans suffering from a variety of mental health problems [2]. They are considered to be an emerging and innovative approach [3]. Scientific literature generally provides a positive assessment of the use of horses in the treatment of physical health problems; however, to our knowledge, there are very few studies on the benefits of equine-assisted therapies on mental health problems [4,5]. This deficiency is even more staggering when it comes to the effects of equine-assisted therapies on CAF veterans

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suffering from mental health problems [6]. It is therefore essential to further study the contribution of horse-assisted therapies for mental health problems [7]. Recognized best practices for the treatment of post-traumatic stress disorder are currently based primarily on cognitive-behavioural therapy combined with medication [8]. Could integrating equine-assisted therapy into a comprehensive treatment plan that includes psychotherapy and pharmacotherapy improve the general condition, symptom management or adherence to treatment for veterans with PTSD or depressive disorder? This article looks at the experience and perspective of veterans who have completed an equine-assisted therapy program. It also provides their assessment of this type of treatment. This article helps mental health professionals better understand the contributions of equine-assisted therapy comprehensive perspective in the treatment of veterans with PTSD or depressive disorder.

The Equine-Assisted Therapy Veterans Assistance Program (EAT-VAP)

This program, developed in 2015 by the team of the Therapeutic equestrian centre, Équi-Sens in Terrebonne (Quebec), would be the first Francophone therapeutic equine-assisted therapy program in Canada for veterans living with PTSD [9]. Built on the American model of Equine-Assisted Psychotherapy (EAP) and Equine-Assisted Learning (EAL), it is based on the expertise of the Equine-Assisted Growth and Learning Association (EAGALA) in equine-assisted therapy for military personnel, veterans and their families [10,11]. Equine-assisted therapy sessions last 60 minutes, on average, and take place on the ground so that participants do not have to ride the horses. Sessions are supervised by a trained and certified equine specialist, as well as by a mental health professional who is a member of a professional association. The approach promoted by EAT-VAP is one where the team, which includes the horse(s) in certain activities, the mental health professional and the equine specialist, works together with clients during sessions [12]. The horse plays a crucial role in the therapeutic activities [13]. For the Equi-Sens centre: "The horse, through its authenticity, sensitivity and availability, is the support that allows the frail person to find a place of relaxation, an open environment that allows self-expression. It is because of the horse's ability to relate, and with the support of the facilitators, that the person will become aware of the following" [9]. Role-playing situations or games involving the horse are organized depending on the needs identified. Hoops, wooden boards and cones are used to represent difficulties, significant people or traumatic events on which the veteran will work with the horse [14]. The participant is invited to identify a metaphor through the horse's behaviours and to interpret it while establishing links between his personal life and his interactions

with the horse [15]. During the sessions, the management of emotions stressors and anxiety-provoking stimuli, self-esteem and self-confidence are discussed.

Materials and Methods

A total of 25 veterans was recruited to participate in the research project. Of these, 14 veterans formed the sample. These CAF veterans speak French at home, live in the province of Quebec (Canada) and are diagnosed with PTSD or depressive disorder. Eleven participants were unable to start or complete the EAT-VAP for personal, medical or administrative reasons. A qualitative methodology was used. Participants completed a short sociodemographic questionnaire and participated in a semi-directed individual interview after attending ten equine-assisted therapy sessions as part of the EAT-VAP. The semi-structured interview covered the pre-equine-assisted therapy period, the experience during the 10 sessions and the post-equine-assisted therapy period. All interviews were conducted by the main investigator. The results were analysed using SPSS 22 (description of sociodemographic data) and NVivo 11 (qualitative analysis of change). An ethics certificate from the University du Québec en Outaouais was obtained on November 20, 2015.

Results

Participant information

In terms of personal and family data, the sample consisted of 13 men and one woman. The mean age of the participants was 50.14 years [32 to 69 years old; standard deviation (SD) 11.12]. Of these participants, 85.7% were married and 78.6% had between one and three children. In terms of military career, only one officer-ranked participant participated in the project. The other 13 were non-commissioned officers (NCO). The average years of service in the CAF were 20.79 years [12-37 years; SD: 6.96]. Over the course of their military career, the participants had an average of 4.36 postings [1-10 postings; SD: 2.59] and 2.64 operational deployments of more than three months [0-7 deployments; SD: 1.78]; however, 78.6% of participants left the CAF for health reasons, 14.3% were released voluntarily, and 7.1% for misconduct. Of the participants, 57.1% left the CAF between 2011 and 2016. All participants have a formal diagnosis of a mental health problem by a mental health professional. The participants' diagnoses are: PTSD (10); PTSD and Anxiety Disorders (1); PTSD and Substance Use Disorder (1); and Depressive and Anxiety Disorder (2). At the time of the study, all participants were still in treatment with a psychologist (12) and/or psychiatrist.

Evaluation of equine-assisted therapy experience following the 10 sessions



The main differences with clinical treatments received in the past

The first difference, for half of the participants, between equine-assisted therapy and psychotherapy is the experiential/practical nature of the first one. The participant has to interact with the horse, with the facilitators, and has to think and react. He must also be attentive to his emotions and behaviours in order to understand the nuances in the horse's reactions. Some participants stated that the horse's feelings and the "mirror effect" of the horse's behaviours are added values of equine-assisted therapy. Equine-assisted therapy involves being constantly in action, as opposed to the static nature of a psychotherapy session. Interacting with an animal, working with an animal as if it were the psychologist. It's special, an animal, a horse, it doesn't have a "poker face", and it will react a lot to our emotions, even if we try to hide them. You may want to control your frustration, but it's going to know. I find that you can't hide or diminish what you're feeling. Even if you say, "Ah, I'm in a good mood," but it's going to know if you're not, more than someone (another person) who just listens to you. The interaction is very different." The second difference, for half of the participants (7), is that equine-assisted therapy represents another way of approaching the problem or part of the problem, due to the presence of the horse in the intervention. One participant explained that psychotherapy "digs" into wounds with the help of speech, and that this is very demanding and tiring, all in an unwelcoming environment. In equine-assisted therapy sessions, the place seems more neutral, and the horse, by its presence, plays a mediating role in the intervention on emotions and behaviours. This participant believes that the presence of the horse is soothing, as is being outdoors in nature, that it is a privileged moment between man and animal, and that these interactions help to make the link with the present moment. According to him, equine-assisted therapy would be less exhausting than psychotherapy. "The first notable difference is the environment. In psychotherapy, you're in an office. White walls, then almost nothing on the walls, with two chairs, and you're sitting with a box of Kleenex, there. Then, a clock that you don't see, but he sees it, and then he says it's time to end the session. Whereas over there, it's not like that. You arrive, there are boxes and horses. There's a lot going on. There's activity. There are horses being cleaned, being walked. It's as if you arrive in one environment, while the other is not a living environment. It's a place that I personally more or less like to go to (psychologist's office). Before, during my military service, I didn't want to go there at all, so the physical difference is noticeable."

"Not the same context at all. Then, when I left, yes, I was a little tired, but not as tired as I can be with Ste Anne's Hospital So, it's a good therapy that tires me less than an office therapy, and then I

work just as hard." The majority of participants (10) also noted that equine-assisted therapy is a complementary type of treatment to psychotherapy. Therefore, they do not consider equine-assisted therapy as an alternative treatment to psychotherapy. A few participants believe that the optimal treatment, depending on the nature of the mental health problems, is a combination of psychotherapy offered by a psychologist, pharmacotherapy offered by a psychiatrist and equine-assisted therapy taught by an equine specialist and a mental health professional. In addition, according to some participants, repeating some of the experiences of equine-assisted therapy during psychotherapy sessions helps to progress and link theory to experiences, while putting what has been learned into perspective in an overall treatment plan. According to one participant, the psychologist supervising the psychotherapy should obtain the member's permission to communicate with the mental health professional and with the equine specialist introducing equine-assisted therapy. He believes that collaboration between these different types of care (psychotherapy, pharmacotherapy and equine-assisted therapy) would contribute to significant positive outcomes for PTSD treatment. "One could very well complement the other by working, by preparing. Psychotherapy could prepare for equine-assisted therapy. Equine-assisted therapy could be a complement, like a kind of clinical team that talks to each other. They can complement each other, and it would be up to me to make the connection, and perhaps with my psychologist. I talk about all my frustrations of the day, whereas in equine-assisted therapy, I will work more on the symptoms, the injury, and play with the images. But I think a good link between the two could be something quite interesting!"

"It's a plus in my case, it's very complementary to the work I do with my psychologist in the office. I bring things that come from equine-assisted therapy, and then she puts them in her own words, so that I can understand them and then there's that, I have a report, and I put it into practice, because I don't understand everything they want to do in equine-assisted therapy, so it's good to put it into context. The context in equine-assisted therapy is completely different." That said, one participant felt that a treatment sequence prior to integration into equine-assisted therapy should be proposed. He considers that psychotherapy should be preparatory to equine-assisted therapy because it allows the participant to grasp the theoretical and clinical elements related to his condition. Over the course of the sessions, the person is better able to understand his condition and symptoms. According to this participant, it is only once the person has recognized his condition and managed to stabilize his condition and medication that equine-assisted therapy should be added to his treatment plan for equine-assisted therapy, you have to have gone through a fairly long therapeutic process before you can do that. Because I find it hard to conceive that I, when I had just been diagnosed, would



embark on therapy as well. I think I would have been far too fearful or too stressed. I feel like it takes a little bit of therapy, at least to know your symptoms and then how you feel. I don't think it would work if you're not all there. Because I don't think you can

get there with the full symptom to do equine therapy. Because I couldn't imagine myself doing that in the first place. You also have to have good control. Then after that, in my opinion, it can become super beneficial.”

Table 1: Information on participants.

Name of participant *	Biographical information	Academic level	Family income (in \$)	Reason of release	Rank in CAF	Years in CAF	# of postings	# of deployments
Denis	Between 50 and 60 years old, male, married with between 0 and 2 children	Professional	Less than 59 999	Medical	NCO	22	4	2
Steven	Between 40 and 50 years old, male, separated with between 0 and 2 children	High School	60 000 to 99 999	Medical	NCO	17	4	4
Omer	Between 40 and 50 years old, male, divorced with between 0 and 2 children	Professional	Less than 59 999	Medical	NCO	26	4	3
Julien	Between 50 and 60 years old, male, married with more than 3 children	High School	60 000 to 99 999	Medical	NCO	37	4	3
Ghislain	Between 50 and 60 years old, male, married with between 0 and 2 children	University	Less than 59 999	Medical	NCO	21	8	2
Gilbert	Between 40 and 50 years old, male, married with between 0 and 2 children	High School	Less than 59 999	Medical	NCO	21	3	4
Jean	Between 60 and 70 years old, male, married with between 0 and 2 children	High School	Less than 59 999	Medical	NCO	31	10	3
Camil	Between 60 and 70 years old, male, married with more than 3 children	Professional	Less than 59 999	Voluntary	NCO	20	7	3
Jocelyn	Between 40 and 50 years old, male, married with between 0 and 2 children	University	60 000 to 99 999	Medical	Officer	22	4	2
Ludovic	Between 30 and 40 years old, male, married with between 0 and 2 children	Professional	More than 100,000	Medical	NCO	20	6	7
Jerome	Between 50 and 60 years old male, married with between 0 and 2 children	High School	60 000 to 99 999	Voluntary	NCO	15	1	0
Jasmin	Between 30 and 40 years old, male, married with between 0 and 2 children	High School	Less than 59 999	Medical	NCO	14	2	3



Mylene	Between 60 and 70 years old, female marroed with between 0 and 2 children	High School	Moins de 59 999	Misconduct	NCO	12	3	0
Tony	Between 40 and 50 years old, male, married with between 0 and 2 children	High School	60 000 to 99 999	Medical	NCO	13	1	1

The continuation of equine-assisted therapy

Most participants (12) are committed to continuing equine-assisted therapy sessions. There appears to be as many reasons to continue with EAT-VAP as there are participants in the study. Some participants spoke of the need for more sessions in order to continue their progress and consolidate their gains. Other participants simply appreciate the environment and the relationship with the horses. "Ah, that's for sure I'm going to continue, because that's what has done me the most good so far! So, it's like my time of the week when I take care of myself and then my head! It puts things back in place, and then you also do a little bit of thinking when you finish the session."

Equine-assisted therapy recommendations to their brothers and sisters in arms

The 14 participants in this research project would recommend EAT-VAP to their brothers and sisters in arms who have a mental health condition. "Well, I would recommend it to anyone. It takes you completely out of your zone. So, especially the military, it takes you completely out of your comfort zone, because you can't control the situation. So, yes, I would recommend it, because it teaches you, especially people who are very Cartesian, who are very white/black, well, it teaches you, okay, we're going to work in the grey zone."

"I would say that you should try it, because it's done me a lot of good, and you can be surprised at what the horses bring you. I would say, 'At least try a session to see, and it doesn't commit you too much. I would reorder it at 100 miles per hour.'"

Discussion

Based on the results, it appears that the veterans positively assessed their participation in the EAT-VAP and also noted significant differences from clinical care. Some participants also recognized the complementarity of equine-assisted therapy to their treatment plan. None of the veterans questioned the need for clinical care to understand their psychopathology, stabilize related symptoms and develop strategies to enable them to function on a daily basis. On the other hand, the comments made about more traditional therapies, when used in conjunction with equine therapy, suggest that equine therapy can facilitate compliance with treatment by allowing participants to gradually open up to

the idea of receiving help. Studies have shown that veterans have a high drop-out rate when they participate in so-called "traditional" psychotherapy [16]. This finding was highlighted in this study because for the veterans who participated, psychotherapy, which relies on verbal exchanges and takes place in an office, seems to have limits and generate a saturation effect after a few years of treatment. In this regard, it is recognized that existing clinical treatments have certain limitations and need to be improved [17]. In addition, many questions have been raised regarding the clinical treatment of veterans suffering from PTSD in terms of the solutions to provide and the methods of intervention adapted to meet the real needs of this specific population [18,19]. The experiential and practical nature of equine-assisted therapy, i.e., being outside and interacting with the horse, the equine specialist and the mental health professional from the very first session, seems to allow veterans to continue on the path begun in psychotherapy, and to re-experience important life situations and interpersonal relationships [20]. In this way, veterans can address what Corey identifies as "unfinished business" that is, exploring unexpressed emotions in relation to past situations that impact current functioning [19]. As equine-assisted therapy is integrated after psychotherapy and medication, it is necessary to consider its contribution to the overall treatment plan and the way in which it influences veterans' functioning [21]. Although equine-assisted therapy seems to be a promising complementary treatment [22], some issues need to be raised. First, a recent literature review does not support the conclusion that equine-assisted therapy is effective [23]. Secondly, the field of equine-assisted therapy in Quebec needs to be better supervised [24]. In fact, Freyd states that: "Here, in Quebec, it is a bit like the Wild West. Sometimes, there is not even training, neither in equine-assisted therapy nor in mental health. This can be dangerous" [24]. Clearly, the variable quality of equine-assisted therapy programs tarnishes this type of treatment [25]. Similarly, well-designed research is needed to assess, standardize and document the effects of equine-assisted therapy programs [25].

Limitations

This study has some limitations. With a sample size of 14 participants, the results presented cannot be generalized to all veterans with PTSD and/or depressive disorder. The participation of only one woman in the project also limits the scope of the



results for female veterans. Finally, the fact that participants all spoke french at home, lived in the province of Quebec and that the time period since their release from the CAF was highly variable diminishes the external validity of the study.

Conclusion

The results presented in this article help mental health professional better understand the appreciation that veterans with mental health problems have for equine-assisted therapy from a global treatment perspective. Given the worrisome drop-out rates in certain more "traditional" forms of therapy, the criticisms raised by participants with regard to these forms of therapy, but also the comments regarding the contribution of equine-assisted therapy in their therapeutic process, it would be interesting to further investigate the effects of equine-assisted therapy in terms of concomitant treatment and to evaluate whether equine-assisted therapy impacts veterans' commitment toward and retention in the therapeutic process.

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