

Report on the Effects of Eagala Interventions on Elementary and High School Special Needs Students in the Billings Public Schools

Prepared for **The Billings Public School Board of Education;**
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Abstract

This pilot program examined the impact of Equine Assisted Growth and Learning Association (Eagala) interventions addressing social skills and problem behaviors of eleven students between the ages of seven to seventeen in two special education programs in the Billings Public Schools (BPS). The Eagala interventions are unmounted, on the ground, and are experiential in application. It is a client solution-oriented approach with horses that incorporates objective observation and focus on the development of social thinking skills and emotional self regulation acquired through experiential learning. It is common practice for Chinook Horses to deliver 8 to 10, 1-hour sessions for individuals, depending on the therapeutic and educational goals. However, the high school group met only 4 weeks for 1 hour each time, and the elementary school group met during 8 sessions for 1 hour each time. Both groups had school personnel that participated in the pre- and post- assessments using the Social Skills Improvement System Rating Scales (SSIS-RS) and the Sensory Processing Measure (SPM) to rate their students on a spectrum of behaviors. The Chinook Horses team employed two Eagala interventions. For the elementary students, the team integrated the Social Thinking® curriculum and the Zones of Regulation® with equine assisted activities. For the high school students, the team integrated trauma-focused cognitive behavior therapy (TFCBT) with the Eagala modality to address emotional disturbance. Data was collected using the forms from both the SPM and SSIS-RS. Analysis of the data gathered from the SSIS-RS and the SPM revealed the study participants had **notable improvements in their social participation, body awareness, balance, motor planning, and communication as a result of the Eagala interventions**. Despite the short delivery timeframe of the intervention for the high school students, and an overall small sample size of students in both groups, results indicate that an **Eagala intervention can deliver positive outcomes for students in need of developing social skills and communication, resolving sensory processing issues, and building praxis skills in order to be more successful in school**.

Abbreviations

BPS: The Billings Public Schools; **Eagala:** Equine Assisted Growth and Learning Association; **SSIS-RS:** Social Skills Improvement System-Rating Scales; **SPM:** Sensory Processing Measure; **clinical horse team:** Chinook Horses clinical team; **participants:** teacher and guidance counselor; **research team:** Chinook Horses and the University of Mary's Department of Occupational Therapy.

Introduction

Chinook Horses partnered with the Billings Public Schools (BPS) in 2019 to deliver equine assisted learning and therapy programs to two groups of students with special needs. Six students from the Washington School Special Needs Program and five students from the Delta Program at Senior High School participated. BPS advised research-based data supporting the Eagala interventions so that possible future collaboration with Chinook Horses in serving BPS students would be supported by the data. This research is the result of a collaborative effort between Chinook Horses and the Department of Occupational Therapy, School of Health Sciences of the University of Mary in Billings. The University of Mary completed a similar study in 2019 that serves as a model from which this project was designed. The results of this initial study corroborate the findings of the current research. As results of this project are discussed later in the report, the clinical horse team in partnership with the University of Mary will be referred to as the “research team.”

Eagala Intervention

Eagala is a leading international non-profit organization that provides a model of professional standards for delivering equine assisted therapy and learning programs (Eagala, 2010). This intervention requires that sessions be unmounted, client solution-oriented, and provided by a clinical horse team composed of a mental health professional or special education professional, equine specialist, and horses (Eagala, 2010). The horse is the primary tool for intervention. In a qualitative report, McNamara (2017) highlighted the claim that, in Eagala, horses have distinctive therapeutic abilities. Additionally, Wilson et al. (2017) noted the non-judgmental nature of the horse, the clear link between action and reaction; and relationship building between horse and client as key mechanisms for client change in Eagala interventions. Horses provide a metaphor for children’s feelings, as well as provide a template for appropriate behaviors such as calm and quiet leadership (Burgon, 2011). During an Eagala intervention, the clinical horse team works to ensure the safety of participants and horses, as well as guide interactions and processing of outcomes (Notgrass & Pettinelli, 2015).

The Eagala intervention has been studied in children, adolescents, and adults (Schultz, Remick-Barlow, & Robbins, 2007; Trotter, Chandler, Goodwin-Bond, & Casey, 2008; Wilson, et al., 2017; Klontz, Bivens, Leinart, & Klontz, 2007). Additionally, studies have specifically looked at the impact of Eagala interventions on victims of sexual abuse, adolescents experiencing depression or anxiety, veterans, individuals presenting with post-traumatic stress disorder (PTSD) symptoms, children with autism spectrum disorder (ASD), and children who have experienced intra-family violence (Kemp, Signal, Botros, Taylor, & Prentice, 2013; Wilson et al., 2017; Earles, Vernon, & Yetz, 2015; Lanning, Wilson, Krenek, & Beaujean, 2017; Erdman, Miller, & Jacobson, 2015; Schultz et al., 2007). Studies have shown that after receiving the Eagala intervention, symptoms of anxiety and depression significantly decreased in individuals who had experienced trauma (Kemp et al., 2013; Earles et al., 2015). In studies involving children who had experienced intra-family violence, Schultz et al. (2007) found an increase in psychological, social, and school functioning after receiving the Eagala intervention over an 18-month period. Although previous research covers a wide range of ages and experiences, this report aims to address the need for additional literature regarding the specific efficacy of the

Eagala intervention on school-aged children primarily presenting with social skills deficits and problem behaviors.

The Eagala model is flexible and can integrate other interventions according to an individual's educational and therapeutic needs. For example, the clinical horse team employed an equine facilitated learning program when working with the Washington School Special Needs Program students that includes the Social Thinking® curriculum developed by Michelle Garcia Winner (2008) and the Zones of Regulation®, developed by Leah Kuypers (2011). Kelly Melius, the special education professional on the clinical horse team, is a licensed and certified PLAY (Play and Language for Autistic Youngsters) Project and Autism Specialist. She is also a certified Eagala professional who, with Abigail Hornik, the equine specialist, adapted the Social Thinking® curriculum and Zones of Regulation® to incorporate equine facilitated learning. Both interventions work congruently to address deficits in social skills, sensory processing and praxis. The students in the Delta Program at Senior High School had challenges with emotional disturbance, so the clinical horse team employed an equine facilitated therapy program that integrates trauma focused - cognitive behavioral therapy (TF-CBT) to address their emotional dysregulation. This evidence based mode of therapy has been successfully integrated with the Eagala modality in the Equipower curriculum developed by Ann O'Brien, MS, NCSC and Kendra Twitty, MA, LPC (2015). The equine specialist in this project's clinical horse team was trained in delivering this curriculum as part of a treatment team. The framework of the Eagala intervention allows the clinical horse team to integrate other modalities and interventions to address specific therapeutic and/or educational goals.

Research Methodology

Chinook Horses collected quantitative data from pre- and post- intervention forms from two standardized questionnaires: the Sensory Processing Measure (SPM) and the Social Skills Improvement System-Rating Scales (SSIS-RS). Abigail Hornik gave the forms to the participants to complete for each student before the Eagala intervention and following the intervention. As noted above, high school students received an Eagala intervention during a four week period between September 5, 2019 and December 4, 2019, while the elementary school students received an 8-week Eagala intervention between September 24, 2019 and December 10, 2019.

The Students

Six students in the Washington School Special Needs Program between the ages of seven to ten met for eight, 1-hour sessions. These students will be referred to as "elementary school students" in this report. Five students in the Delta Program at Senior High School between the ages of fifteen to eighteen met for four, 1-hour sessions. These students will be referred to as "high school students" in this report.

The Participants

The "participants" in this report are the school personnel that accompanied the students. The high school participant consisted of a school guidance counselor who completed forms for both measurement scales for each student pre- and post- intervention. The elementary school

participants included a classroom teacher and a teacher's aid. The classroom teacher completed forms for both measurement scales for each student pre- and post- intervention.

The initial selection criteria for the students was determined by BPS. Both chronological age and developmental performance were considered when selecting the student participants and the assessment measures.

The Clinical Horse Team

A special education professional, an Eagala-certified equine specialist, and a herd of four equines constituted the clinical horse team during the sessions with the elementary school students. A licensed clinical social worker, an Eagala-certified equine specialist, and a herd of four equines served as the clinical horse team during sessions with the high school students.

Data Collection and Analysis

A pretest/posttest design was utilized in this report to analyze changes in children's mean scores prior to and following intervention.

The study began by providing the participants with assent forms and obtaining assent from the children's parents/caregivers. Participants were able to obtain the assent forms from the research team. All students spoke and understood English. Pretest data were collected at the first session with participants having completed the SPM and SSIS-RS forms prior to the first sessions. These assessments provided data regarding each student's functional responses to routine sensory input as well as their social skills. Following the 8-week Eagala intervention for the elementary school students and the 4-week Eagala intervention for the high school students, the participants completed the SSIS-RS and SPM forms as post-intervention assessments.

The quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 27 to compare scores prior to and following the 8-week Eagala intervention and the 4 week intervention. A paired sample t-test was used to measure the change in mean assessment scores following intervention.

All personal information and data were protected in accordance with the Health Information Portability and Accountability Act (HIPAA) by coding, de-identification, and storage in a secure location.

Instrumentation

The research team used the Sensory Processing Measure (SPM; Parham, Ecker, Miller Kuhaneck, Henry, & Glennon, 2007), a standardized, norm-referenced rating scale assessment, to measure sensory processing, including praxis (planning and sequencing of motor actions) and to assess a student's social participation in school. Parham et al., 2007 explains the foundation of the SPM:

The SPM is anchored in sensory integration theory (Ayres, 1972, 1979, 2005). This theory proposes that the processing and integration of sensory inputs is a critical neurobehavioral process that strongly affects development. The theory holds that a child with compromised sensory processing may be unable to learn efficiently or function at an expected level in daily activities. Difficulties at the level of sensory processing often contribute to impairment in higher level integrative functions, such as social participation and praxis (p. 3).

Eight domains of sensory processing are addressed including: **social participation, vision, hearing, touch, body awareness, balance/motion, planning/ideas, and total sensory systems** (Parham et al., 2007). Each item is rated in terms of frequency of behavior on the SPM, a 75-item questionnaire that asks participants to rate the child's behavior according to the following 4-point Likert scale: *never (1), occasionally (2), frequently (3), and always (4)*. A higher score represents more problematic or dysfunctional behaviors. A lower score represents more typical or functional behavior (Parham et al., 2007). Upon completion of the assessment, raw scores are converted into a *T-Score* and percentile rank for each domain which allows for comparison with a normative sample. If the *T-Score* falls in the range of 40-59 it represents normal or typical functioning, 60-69 represents mild to moderate problems, and 70+ represents a severe problem (Parham et al., 2007).

Criterion-related validity is achieved as the SPM has the ability to distinguish between groups of typically developing children and children with deficits in sensory processing function, praxis, and social participation. This demonstrates the discriminant validity of the SPM (Parham et al., 2007). The research team chose the SPM because it targets desired areas of sensory processing related to social functioning. The SPM was designed for children between five and twelve years old (Parham et al., 2007). This was consistent with the elementary school students participating in this study. The research team also used the SPM with the high school students in order to measure individual developmental performance from pre- to post-intervention.

A study completed by Hiranaka and Parham (2018) found moderate correlations between SPM-Social Participation and Sensory Processing ranging between .504 and .600. Thus, assessing sensory processing is an appropriate measure of social functioning in children. Because the forms are standardized, each section can be interpreted separately.

The SPM supports the evaluation of children with sensory processing challenges. Although developed by occupational therapists, the results can be used to plan interventions across educational disciplines. It is designed to be used as one of many sources to gather a wider spectrum of data on a student's overall functioning.

The Social Skills Improvement System Rating Scales (SSIS-RS; Gresham, F.M., & Elliott, S. N., 2008) can be used to identify specific social behaviors that need to be addressed through skill building at home and at school, identify social skill strengths, provide a baseline for post intervention evaluation, and to track progress, among other uses.

The standardized assessment tool has three domains: Social Skills, Problem Behaviors, and Academic Competence; however, for the purposes of this project, the clinical horse team targeted Social Skills and Problem Behaviors because they aligned with the project's overall objectives to address student social functioning and their behaviors.

The Social Skills domain includes seven subdomains which encompass common social skills behaviors: **communication** (conversation, tone of voice, politeness, eye contact); **cooperation** (sharing materials, complying with directions); **assertion** (self introduction, responding to others, asking for something); **responsibility** (respect for work and property, communicating with adults); **empathy** (concern and respect for others' opinions and feelings); **engagement** (joining, initiating, interacting with others); and, **self-control** (appropriate responses to conflict and non conflict situations). Each raw score correlates with a behavior level of *Below Average*, *Average*, or *Above Average*. An *Above Average* level indicates "Social Skills Strength", a *Below Average* level indicates either a "Social Skills Acquisition Deficit" or a "Social Skills Performance Deficit" (Gresham et al., 2011).

The Problem Behaviors domain includes five subdomains of behaviors that interfere with an individual's ability to learn and use skilled social behaviors. These subdomains are: **externalizing** (argumentative, verbally or physically aggressive); **bullying** (forcing or hurting others emotionally or physically); **hyperactivity/inattention** (impulsivity, easily distracted); **internalizing** (anxious, sad, poor self-esteem); and, **autism spectrum** (poor eye contact, inability to participate in a conversation, making odd gestures, non participatory in conversations, intolerant of changes to routine).

Raters measure the frequency and importance ratings of social skills and problem behaviors. Regarding frequency (of student's behaviors observed), participants rated them on a 4-point scale of *never*, *seldom*, *often*, and *almost always*. Regarding importance (perceived value of behaviors assessed), teachers rated each behavior item with a 3-point scale of *not important*, *important*, and *critical*.

Results

A paired sample t-test was used to determine the effects of the Eagala intervention on all of the study assessment subscales and raw score totals. This statistical measure was used to determine whether there was a mean difference between the pre-test and post-test scores of the SSIS-RS and the SPM.

Table 1 displays mean pretest/posttest *T*-scores for key subscales of the SPM. Mean score improvements on these subscales indicate improvements in sensory performance, overall behavior, and increased participation. A lower score on the SPM subscale categories posttest assessment is an indication of improved performance.

Table 1				
<i>SPM Subscales Pretest and Posttest Mean T-scores</i>				
<u>SPM Subscales</u>	<u>Pretest μ</u>	<u>Posttest μ</u>	<u>μ difference</u>	<u>Std. Deviation</u> <u>Pre/Post</u>
Social Participation	65.48	63.52	1.952	8.813/8.925
Touch	59.62	59.00	0.619	11.356/11.580
Body Awareness	56.00	54.71	1.286	10.881/11.150
Balance & Motion	59.10	58.00	1.095	8.252/10.640
Planning & Ideas	65.38	61.95	3.429	8.243/10.651
Total	60.43	59.24	1.190	10.980/11.018

Table 2 displays pretest and posttest means for all subscales of the SSIS-RS. A higher score on the Social Skills subtest categories assessment is an indication of improved performance and is represented by a negative number in the table. Notable improvements were found in a number of SSIS-RS categories scores below. The subscales of Social Skills and Communication showed the most significant increase and are in bold.

Table 2

SSIS-RS Subscales Pretest and Posttest Means and Significance

<u>SSIS-RS Subscales</u>	<u>Pretest μ</u>	<u>Posttest μ</u>	<u>μ difference</u>	<u>Std. Deviation</u> <u>Pre/Post</u>
Communication	10.67	11.86	-1.190	3.483/4.175
Cooperation	9.10	9.33	-0.238	3.754/3.425
Assertion	10.05	10.10	-0.048	4.330/4.049
Responsibility	7.76	8.43	-0.667	3.300/3.776
Empathy	8.19	8.14	0.048	3.932/4.041
Engagement	9.81	10.14	-0.333	4.423/4.396
Self-Control	7.10	7.90	-0.810	4.036/3.646
Social Skills	71.57	74.52	-2.952	16.651/17.837
Externalizing	12.25	12.90	-0.650	5.812/6.423
Bullying	3.15	3.00	0.150	2.368/2.991
Hyperactivity/Inattention	10.10	10.00	0.100	3.754/4.129
Internalizing	9.60	9.80	-0.200	5.413/4.225
Total Problem Behaviors	34.30	34.80	-0.500	12.765/14.185

Discussion

Quantitative findings on improved social skills and communication skills provide powerful supportive data as to the benefits of an Eagala intervention. These supportive findings are observed within the SPM scales “Social Participation,” “Body Awareness,” “Balance & Motion,” “Planning and Ideas,” and the “Total” subscales of the SPM. A decrease in “Social Participation” scores may signify improved social interactions with peers and adults and stronger communication skills. A decrease in “Body Awareness” scores may signify improved proprioception, an essential component of coordinated movement such as grasping utensils, tools, and balls (Parham et al., 2007). A decrease in Balance and Motion scores may indicate an enhanced vestibular system which controls a child’s posture and intentional movements such as running and jumping (Parham et al., 2007). A decrease in the “Planning and Ideas” scores may signify improved abilities to “conceptualize, plan, and organize movements in order to complete unfamiliar motor tasks” which involves a “higher level cognitive function that depends on the integration of multiple sensory systems...to function efficiently.” (Parham et al., 2007). The low end of the mild to moderate SPM score in “Planning and Ideas” may also signify that students need to work on ideation and motor planning to develop consistent performance on tasks. The decrease of the Total score to the “typical functioning” range, indicates an overall improvement in behavior and social functioning.

The clinical horse team’s use of the Social Thinking® curriculum was instrumental in developing these skills further. The clinical horse team has observed anecdotal evidence of the benefits with other groups of children of this curriculum paired with the Eagala intervention over time. For example, we have seen non-verbal children grow to express their needs and wants to the clinical horse team as well as their caregivers. We have seen children with violent behaviors learn to self regulate their emotions as they build their “toolboxes” of strategies to help them communicate more appropriately with family members, teachers and peers.

Findings within the SSIS-RS indicate improvements in “Total Social Skills” indicating an overall improvement in social functioning. The subdomain of “Communication” increased significantly which may signify improved ability in conversation skills, including using appropriate tone of voice and gestures and using polite language (Gresham, F.M., & Elliott, S. N., 2008).

Importance of Evidence

Equine facilitated therapy and learning is an emerging area of intervention for many practitioners and presents a unique approach to treating social skills in children. Although co-intervention bias is a limiting factor in this research, as many of the children were may have been simultaneously receiving additional therapies, this study provides valuable quantitative evidence to strengthen the current body of qualitative findings in support of the Eagala intervention for children with social skills deficits (Rehr, 2013; McNamara, 2017). Further, the research team found the similarity of consistency in scores in “Social Participation” (1.952 ± 8.925) and “Social Skills” (-2.952 ± 17.837) between both standardized measurements demonstrates a congruency in overall data results. **Additionally, the scores are remarkable given the limited amount of time the clinical horse team had to deliver the Eagala intervention to the high school students.** These outcomes are likely the result of the

children's interactions with the horses as well as the tools such as Social Thinking® techniques, Zones of Regulation®, and TF-CBT used by the clinical horse team within the interventions.

Future quantitative research could include a standardized intervention protocol to ensure further programs are uniform (using TF-CBT, Social Thinking®, and Zones of Regulation®), with a longer treatment duration, and a larger sample size. Future research could also include a wider demographic population including children with a wider variety of diagnoses and children who have experienced significant trauma here in south central Montana. Studies have shown that after receiving the Eagala intervention, symptoms of anxiety and depression significantly decreased in individuals who had experienced trauma (Kemp et al., 2013; Earles et al., 2015). In studies involving children who had experienced intra-family violence, Schultz et al. (2007), found an increase in psychological, social, and school functioning after receiving the Eagala intervention over an 18-month period. Recent news in Montana and nationwide during the pandemic have shown that the related rise in domestic abuse (Tollefson, P. Aug. 23, 2020), substance abuse (Hoffman, M., Sept. 19, 2020), violence (Sheldahl, J. Sept. 2, 2020), and a rise in unemployment, have resulted in higher rates of mental health issues in our communities. The research team combined the statistics from this project with those of the supporting research completed by the University of Mary in 2019 to create a larger sample size using similar Eagala interventions.

Conclusion

After the 4-week and 8-week Eagala interventions, there were quantitative findings from the SPM that showed overall improvement in behavior and social functioning. The results indicate significant improvements in "Social Participation," which targets social interactions and communication with peers and adults; "Body Awareness," which targets proprioception, an essential component of coordinated movement; "Balance and Motion", which targets the vestibular system that controls a child's posture and awareness of positioning; and, "Planning and Ideas" which targets a child's ability to conceptualize, plan, and organize movements in order to complete unfamiliar motor tasks. **The quantitative results from the SSIS-RS revealed a remarkable improvement in students' communication skills which include conversation, tone of voice, politeness, and making eye contact. The results also revealed significant improvement in total social skills.** Finally, the quantitative analysis of "Social Skills" in the SSIS-RS and "Social Participation" in the SPM demonstrates congruency in the results from both assessment measures. Overall, the research from this study supports Eagala as a beneficial intervention for children with social functioning deficits.

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