

**Equine Assisted Clinical Practice with At-Risk Youth:
Treatment Approach and Results at *Horse Sense of the Carolinas***

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According to a study by Molly Brunk (2000), 87-91% of incarcerated youth have been diagnosed with Conduct Disorder CD. That's why we at ***Horse Sense*** make Cognitive Behavior Therapy (CBT) an essential part of our equine assisted clinical practice

CBT helps clients identify how their thoughts affect their behaviors, notice patterns in their behaviors, and embrace options for changing these patterns to be more productive. Research shows that when compared to non-aggressive youth, youth who display aggressive behaviors have been found to have deficits and distortions in information processing.

Specifically, youth with CD often interpret ambiguous interpersonal cues as being hostile, and tend to zone in on only one or two cues before arriving at a conclusion. In addition to this type of *distortion*, children with CD often have *deficiencies* related to information processing and impulsivity, so that fewer options are generated when attempting to solve problems (Kendell, 1993). Such individuals are also more likely to generate solutions that involve physical action rather than verbal communication (Mpofu & Crystal, 2001). In sum, the underlying goal of CBT is to help aggressive and impulsive youth to improve their skills in the areas of assessing situations more accurately or neutrally, generating increased problem solving options, increasing awareness of ways in which one's thoughts may be tainted or distorted, and increasing the ability to evaluate choices and likely outcomes.

Additional skills that are often covered in CBT programs include increasing awareness of one's physiological state and relaxation techniques, increased use of positive self-talk and guiding self-statements, increasing willingness to test assumptions, recognition and labeling of precipitants to anger, and use of self-reinforcement for using new skills.

These skill sets can be presented using the EACP modality, offering hands-on, interactive, and interesting treatment experience. EACP consists of clear and concrete tasks that allow clients to actually practice skills. We find that CD clients who frequently resist instructions or feedback from authority figures are more than willing to accept the same communication from a horse.

Furthermore, the majority of clients do not want to "pick a fight" with a horse. (Unlike humans, horses are judgment-free.) This requires them to generate other means of task accomplishment. In EACP, court-ordered clients find themselves in unfamiliar situations that require them to constantly be aware of social cues from the horses, assess their situations based on the information available, and

generate and experiment with options. Because this process takes place in a fun modality in which the client and the “therapist” (the horse) are on an equal playing field, motivation is high. Clients are able to learn in a manner that many of them thrive in – active, tactile, and kinesthetic. Thus, the information sticks.

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Horse Sense is working to accumulate outcome data from our work with court-ordered and incarcerated youth. This article will refer to such clients as JCPC clients, meaning clients who are funded through the Juvenile Crime Prevention Council. Our research has included documenting pre-test and post-test scores from the Youth Outcome Questionnaire (YOQ), and 3-, 6-, and 12-month follow-up phone calls to parents and court counselors. Our first sets of statistics, though based off a small sample, are encouraging.

We have found the YOQ a difficult assessment to use with this population, and are in the process of switching to another assessment tool. However, data we have gathered using the YOQ is as follows. In the 2005-2006 fiscal year, 62.5% of the 2005-2006 JCPC clients completed treatment. 20% of those clients had sufficient YOQ data. Of those 20%, 100% reported positive change based on YOQ scores, and 66.6% reported significant clinical change based on YOQ scores. In the 2006-2007 fiscal year, of those JCPC clients who have been terminated, **84.6%** successfully completed the program. Of those who successfully completed the program, **54.5%** have sufficient YOQ data. Of those 54.5%, **66.6%** reported positive change based on YOQ scores. Of those 54.5%, **50%** reported significant positive clinical change based on YOQ scores.

Recidivism rates for community referrals from 2005-2006 are very encouraging. 100% of JCPC community clients had no referrals 3-months post-treatment. 80% had no referrals 6-months post-treatment. 80% had 1 or fewer new referrals 12-months post-treatment. 60% had no new referrals 12-months post-treatment. Data is not available for the 2005-2006 YDC population.

In 2006-2007, sufficient data for community referral recidivism rates will be available in November. The YDC population has been measured in terms of acquisition of new infractions, which are severe behavioral incidents such as assault, participation in a riot, or destruction of property. Last year, 100% of YDC clients who have reached their 3-month post-treatment date reduced their number of infractions by 57% or more as compared to the 6-month period prior to attending Horse Sense. 50% of YDC clients who have reached their 3-month post-treatment date reduced their number of infractions by 100% as compared to the 6-month period prior to attending Horse Sense. 100% of YDC clients were released from the YDC within 6-months of their Horse Sense treatment completion date.

Again, this research is in its infancy, but certainly leaves us hopeful and eager to serve more clients.

Brunk, M. (2000). Effective treatment of conduct disorder. Juvenile Justice Fact Sheet. Charlottesville, VA: Institute of Law, Psychiatry , & Public Policy, University of Virginia.

Kendall, P.C. (1993). Cognitive-behavioral therapies with youth: Guiding theory, current status, and emerging developments. *Journal of Consulting and Clinical Psychology*, 61, 235-247.

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