

# PLAY TIME WITH HORSES



## Equine-Partnered Play Therapy

*By Hallie Sheade and Lindsay Box*

PHOTOGRAPHY COURTESY OF JANA VINSON

**B**andy, a tried and true, well socialized and desensitized miniature horse, stood in the middle of the play area, head low and back foot cocked. She watched as five-year-old Ally moved around from one toy to another. Ally's therapist saw the child move toward Bandy with a toy reflex hammer and stethoscope, muttering about a sick horse. Ally gathered more medical tools and her wheelbarrow, which she had deemed her ambulance. She fussed over Bandy for several minutes, bandaging her "sick" hoof and applying one to her "sick" leg. She patted Bandy and told her she would be better soon. Then Ally breathed a sigh of relief as she pushed the ambulance and medical equipment away.

Bandy's role in Ally's session was a crucial part in Ally's healing from grief and illustrates how equine-partnered play therapy (EPPT) can facilitate growth and help children become emotionally healthy. Ally's parents

had initiated psychotherapy to help their daughter process feelings related to the loss of her older sister from medical complications four years earlier. The parents reported that Ally had frequent nightmares, behavior problems and inappropriately shared stories of her sister with strangers. As Ally and Bandy played out the medical scenes she had witnessed with her sister, Ally was able to make sense of and find meaning in her experiences. Over time, Ally's parents reported that she had become less anxious, stopped having nightmares and no longer shared stories with strangers.

EPPT is based on equine-facilitated psychotherapy (EFP), which is facilitated at PATH Intl. Centers by a licensed mental health therapist, a PATH Intl. Certified Equine Specialist in Mental Health and Learning and program horses, and is rooted in child-centered play therapy (CCPT). This nondirective form of therapy is best suited for children between the ages of three and nine. Not simply a set of techniques, CCPT is a philosophy for a way of interacting with children based on the belief in children's inherent ability to move toward growth (Landreth, 2002).

◀ AS PICTURED FROM LEFT TO RIGHT:  
(1) Equine-partnered play therapy (EPPT) enables children to provide and receive emotional support. (2) EPPT can help facilitate emotional regulation and growth. (3) Equines can respond to a child in ways that convey acceptance and understanding. (4) Equines may be able to perceive a child's internal experience and way of being on a level that most humans cannot perceive.



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## PLAY THERAPY

Play is a child's most natural form of expression. In play, toys are a child's words for communicating experiences, reactions, feelings, wishes, wants, needs and self-perception (Landreth, 2002). Play is universally observed in children and does not need to be taught (Axline, 1974). Through play, children learn about and explore the world, making sense of their experiences.

Growth is dynamic and continually influenced by an individual's environment. All individuals have an innate tendency to move toward positive growth. This tendency is evident in infants' progression from crawling to standing to walking. Individuals also form beliefs about themselves, their environment and their place in the environment. When an individual's sense of self matches his or her experiences in the environment, the individual is healthy and adjusted. When this sense of self does not match experiences in the environment, maladjustment may occur. In children, this maladjustment may appear as misbehavior, low self-confidence and difficulty with self-regulation. Through play therapy, a child can gain self-awareness, self-direction, self-control, freedom of self-expression, self-respect, self-acceptance, improved decision-making and awareness of personal responsibility (Landreth, 2002).

The therapist must embody three qualities in order to foster growth: being real, conveying warmth and caring

acceptance and demonstrating sensitive understanding. To be real, a therapist must be aware of his or her own feelings and attitudes and must refrain from directing the child's play. To convey warmth and caring acceptance, the therapist must attempt to understand the child's world from the child's point of view. Finally, to demonstrate sensitive understanding of the child's experiences, the therapist must not have prior expectations of the child's behavior (Landreth, 2002). The therapist must view the child as a unique person worthy of respect and not as a miniature adult. Overall, the therapist should create a safe and permissive environment to enable free expression.

## HOW EQUINES FIT INTO PLAY THERAPY

Many children have an innate affinity toward animals (Melson & Fine, 2010). Animals naturally embody the core qualities of being real, conveying acceptance and demonstrating understanding (Chandler, 2012). When given a choice, many children prefer to interact with live animals rather than animal toys (Nielsen & Delude, 1989). The presence of a therapy animal may increase a child's motivation to attend therapy sessions, facilitate trust toward the therapist and help the child feel safer in the sessions (Chandler, 2012). The presence of equines in therapy sessions also facilitates emotional regulation

and coping and enables children to provide and receive nurturing and support (Van Fleet & Faa-Thompson, 2010).

Participant Paige's experience with the equines provides an example of the animals' conveyance of the core qualities of being real, accepting and understanding. Paige's parents sought counseling so she would have a safe place to process her feelings. At home, the parents often communicated violently and aggressively with each other and believed three-year-old Paige was unable to hear these exchanges. At the beginning of her therapy session, Paige would timidly step out of the office and into the sunlight. She said nothing as she trekked down her usual path to the toys and the miniature horses she saw every week.

The play therapist and equine specialist watched intently as Bandy and Buttons, two miniature horses, made their way slowly to Paige's side. The ESMHL watched every move to protect both Paige and the minis. Standing on either side of her, the minis turned toward Paige with her toys as if watching her play, their noses just above the top of her head. Every few minutes, one of the horses would briefly nuzzle the child. Paige seemed entranced in her play. Later, Dazzle, a miniature donkey, would follow Maggie, a small mule, to the play area. The play therapist and equine specialist observed the two animals move into place just in front of Paige. Each time the play therapist moved to better see the little girl, Maggie would move too. It was as if the four animals had created a protective circle around Paige, and the little girl didn't seem to mind. She seemed at ease with the animals so close to her. The animals seemed to sense that Paige needed protection, as evidenced by how they encircled her. Using their behavioral cues, the play therapist reflected the feelings of safety and protection that Paige felt in the session. When the therapist would make these reflections, Paige would often nod and reach to pet one of the animals.

This high level of attunement to their environment and the people within their environment that equines like Dazzle and Maggie express makes them ideal animals for EFP. Equines may be able to perceive the child's internal experience and understand the child's way of being on a level that most humans cannot perceive. As a prey animal, equines are extremely sensitive to human emotions and will respond in ways that convey genuineness, acceptance and understanding (Chandler, 2012; Miller, 1999). Even children who seem disinterested in the horses during a play therapy session may perceive a meaningful relationship with the horses. Many parents of these children report that their child spent all week talking about the horses and eagerly anticipating their next appointment despite little time spent interacting in session.

Levinson (1962) believed that children can better relate to animals than toys alone. Unlike adults, children do not process their world and experiences through talking. Children may find it easier to relate to an equine,

with whom they do not need to speak, to be understood. Additionally, the equine's natural response to the child is similar to the response of a peer, thus helping to anchor the session in reality (Axline, 1974). Because equines naturally embody the core qualities mentioned above, the child is likely to feel safe, accepted and understood by the animals. As children may feel safer using toys to share feelings indirectly, a child may also choose to express feelings through the horse (Axline, 1974). From the child's interactions with the horse and the horse's response to the child, the therapist may gain meaningful insight into the child's perception of his or her world.

## **INCORPORATING EQUINES INTO PLAY THERAPY**

In EPPT, the therapist must have dual-competency in both traditional play therapy and animal-assisted therapy. Play therapy in the office can be challenging on its own, but the introduction of horses into the therapy adds complexity and ambiguity that a novice play therapist may not be adequately prepared to handle. The PATH Intl. Certified Equine Specialist in Mental Health and Learning must not only be competent in working on the ground with horses and understanding horses' social behavior—there is no riding in EPPT—but also be experienced in working with children. It is also crucial that the equine specialist embody the core qualities for growth: being real, offering warmth and caring acceptance and demonstrating sensitive understanding in order not to inhibit the therapy process. As play therapy can be stressful for the equines, one of the equine specialist's most important jobs is to monitor the animals for stress and burnout.

Miniature horses are well suited for play therapy for several reasons. As most children are smaller in stature than adults, miniature horses are safer and less threatening for children. Small ponies under 11 hands may also participate in play therapy. The equine specialist should carefully consider the size of the pony in relation to the age and size of the child. The child should be able to choose from several horses to interact with, varying in color, gender, size and personality. Children may also find it easier to play with miniature horses rather than full-size horses. The equine specialist should make sure to thoroughly desensitize the horses not only to any toys used but also to the ways in which children may play with the toys.

An appropriate play area is warm and welcoming to the child and located in a private space where the child can be free to make noise and not be seen by onlookers. The therapist and equine specialist need to consider how toys will be stored, what type of flooring will ensure comfort for child and horses, and in some cases, temperature control. As the play area will be less

controlled than an indoor playroom, the therapist and equine specialist should evaluate the space for additional hazards. Landreth (2002) recommended the inclusion of specific toys to promote real-life play, acting out and aggression-release, creative expression and emotional release. In addition, the therapist should also include additional horsey toys and props through which the child can relate to the horse such as brushes, a halter and lead rope, horse-safe paint, horse costumes and horse puppets, figures, etc.

The therapist needs to be well-versed in the use of child-centered facilitative responses such as tracking “the child’s” responses, reflection of feeling, returning responsibility and encouragement. The therapist and equine specialist should participate equally in providing these facilitative responses. In addition, as the horses are treated as group members, these responses should be expanded to include tracking of the horse’s actions, feelings and relationship with the child.

Finally, the therapist and equine specialist must be prepared to set clear, rational limits intended to further the therapeutic relationship (Landreth, 2002). The therapist may need to set limits that are not as easily foreseen as those in traditional office play therapy.

Together, the therapist and equine specialist must be able to balance the needs of the child with the needs of the equines. In order to create a safe and permissive environment to promote free expression, the therapist and equine specialist must differentiate between “poor horsemanship” and a true breach of safety requiring intervention. For example, if a child were to put the halter on the horse incorrectly, the equine specialist will intervene if the horse appears to be in any discomfort. In contrast, if the equine specialist believes the horse may act out, he or she will be prepared to intervene to ensure the child’s safety and “equine’s comfort.” Most importantly, both the therapist and equine specialist should recognize the horses’ nature as sentient beings who, like the child, are self-directed and are able to offer valuable contributions to the session.

In developing their relationships with equines in their sessions, children can not only receive support and nurturing, but they also have an opportunity to assert themselves and set boundaries. The following case of Samuel illustrates how providing children with a safe place to set limits and stand up for themselves may help them grow in gaining self-respect and self-expression in play therapy. Nine-year-old Samuel came to play therapy after experiencing sexual abuse. He was fearful of many things in the play area, but most especially of the miniature donkey. He had spent the first several weeks hiding behind his play therapist or equine specialist when Dazzle tried to approach him. At first, Samuel directed the play therapist how to move Dazzle away from him.

Over time, Samuel began to try to move Dazzle away on his own, becoming more and more confident in his ability to set his own boundaries and say “no” to things that made him uncomfortable. When Samuel arrived for his seventh play therapy session, he demonstrated how much he had internalized this behavior. During this session when Dazzle appeared around the corner of the barn, moving slowly toward Samuel, he did not immediately hide. Instead, Samuel took a step closer to his play therapist and waved a hand in Dazzle’s direction quietly saying “shoo.” When Dazzle didn’t respond, Samuel tried again. “Shoo!” he said more loudly. He smiled proudly when Dazzle changed direction and moved away from him. “I did it!” he exclaimed. Eventually, Samuel found ways in which he felt safe to play with and nurture Dazzle.

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