Chapter Taken from *Walking the Way of the Horse: Exploring the Power of the Horse-Human Relationship* by Leif Hallberg, M.A.

Overview and Introduction of Psychology, Counseling, and Psychotherapy

Historical Overview

Psychology, as a way of perceiving self, owes its original roots to the masters of philosophy. Beginning with Simonedes (500 b.c.) who believed in the importance of organization and memory, thinkers like Socrates (460-399 b.c.) who commanded, "know thyself," Hippocrates (460 b.c.) known as the father of medicine but who used dream analysis to understand emotional disorders, Plato (427-437 b.c.) who believed that individuals had innate knowledge and thought that the brain was the seat of perception, and Aristotle (384-322 b.c.) the progenitor of the idea "Tabula Rasa," or the mind as a blank writing tablet ready to be scribed upon, all believed in the concept of psychology. It was Descartes (1596-1650), however, who made the distinction between the mind and the body and developed the concept of consciousness. Descartes defined psychology as a science that studied consciousness. Philosophy gave us a way to view both ourselves and the world around us, and offered us the ability to analyze and evaluate the mind and all that it entails.[1]

In more recent times Sigmund Freud and Carl Jung popularized the idea of psychology. Although they came to disagree on many aspects of the field, they both believed in the importance of making the unconscious conscious.

In the early development of psychology, those who helped patients with psychological issues were physicians, trained in medicine but who specialized in the workings of the human psyche. They engaged in the clinical practice of psychology. The word "clinical" is derived from the Greek, "kline," which means bed, (and is also found in the root of the word "recline"). Clinical practice traditionally referred to care provided at the bedside of an ill patient, or in the case of Freud, at the side of a patient reclining upon a couch.[2]

Analysis of the patient utilizing the concepts of transference and projection was considered the method for helping to bring the unconscious into the conscious. The role of the treating physician was to be a "blank screen" and offer little if any personal disclosure, therefore encouraging the patient to engage in personal reflection using the physician as a mirror onto which he/she could project and transfer feelings and thoughts. The physician rarely shared his/her personal reactions but rather analyzed and reflected the various projections offered by the patient. Through this process the patient was brought to an awareness of his/her unconscious thoughts and behaviors and given the freedom to change. Advice was rarely if ever given by the treating doctor, and issues that did not reside in the deeply psychological were not commonly addressed.[3]

Psychologists

It is from this orientation towards psychology that "psychologists" were born. In order to legally use the term psychologist an individual must have obtained a doctorate in psychology, literally becoming doctors of the psyche. An individual without a Ph.D. cannot legally be considered a psychologist in any state in the United States except for Minnesota where Masters level professionals may call themselves psychologists. Psychologists can either be research and educationally trained, or they can opt for the clinical track. A clinical psychologist is someone who has been trained and educated to provide psychological services to those in need. Classically, psychologists are educated, trained, and prepared to deal with the deep inner workings of an "ill" psyche, one that needs the expertise of a doctor.[4]

Masters Level Practitioners

At a Masters level of education every state has different definitions for the type of service that the professional can provide, and corresponding licensure requirements (although many states are moving towards reciprocity between states). "Licensed Professional Counselor" (LPC) appears to be the most widely used of all terms. Some states call the practitioners "Licensed Mental Health Counselors" (LMHC), or "Licensed Clinical Mental Health Counselor" (LCMHC), or "Licensed Professional Clinical Counselor" (LPCC). Many states offer a level system by which an individual can begin clinical practice as soon as they graduate from a Masters program with supervision, and can work towards earning (through supervision hours) decreased mandatory

supervision and increased flexibility. Individuals who wish to practice mental health care as a Masters Level professional can be licensed in every state in the United States except California and Nevada.[5]

Mental health professionals are licensed as a "counselor" in all states who currently provide licensure, however, there is an array of titles individuals providing a mental health service may call themselves including but not limited to; "therapist," "psychotherapist," or "mental health services provider." The use of the term "therapist" can be misleading or confusing to some, as there are many different types of therapists within the medical profession, the most common of those being physical therapists, occupational therapists, and massage therapists. To avoid confusion, this author will use the term, "licensed mental health professional" as an umbrella term to describe all individuals with appropriate education, training, state licensure, and national certification needed to provide a mental health service.

Each different state and different licensing title indicates either subtle or vast differences between the scope of practice permissible for that individual. However, as a general statement, the American Counseling Association suggests that licensed counselors can provide any service fitting this description:

> The application of mental health, psychological, or human development principles, through cognitive, affective, behavioral or systematic intervention strategies, that address wellness, personal growth, or career development, as well as pathology.[6]

Therefore, a Masters level licensed mental health professional, regardless of the title they use can utilize principles of psychology to address conditions as severe as pathology, or could also utilize a cognitive/behavioral approach to address issues of life skills, career skills, or personal development and wellness.

It is the ethical responsibility of the licensed mental health professional to understand the scope of practice for his/her specific education, training, and licensure. The licensed mental health professional is also responsible for ensuring that the client receives appropriate services for their issues, conditions, or diagnosis. If the licensed mental health professional is unable to provide the needed service due to a lack of training, experience, or education, or if the service falls outside of the scope of the professional, that individual is ethically bound to refer the client to a more appropriate professional.[7]

Drug and Alcohol Counselors

Individuals both with and without a Masters degree can become a Certified Substance Abuse Counselor (CSAC) as it is called in many states, or a Certified Drug and Alcohol Counselor (CDAC), or a Licensed Alcohol and Drug Counselor (LADC) as it is called by other states. Those without a Masters degree can achieve this licensure by meeting requirements such as having a GED or high school diploma, taking a training course, and acquiring a total of three (3) years of supervised experienced within the field, and sitting for and passing the national exams. These requirements may change by state, but remain similar in nature. An individual receiving such certification or licensure is allowed to treat only within their scope of practice, which generally includes any and all issues directly related to addictions and recovery.[8]

Social Workers

Individuals who graduate with their Masters degree in social work (MSW) are also eligible for state licensure (Licensed Social Worker – LSW, Licensed Masters Social Worker – LMSW, Licensed Clinical Social Worker – LCSW). Each of these categories indicate an increase in supervised practicum hours and an adjustment in regards to the scope of practice the professional may engage in. In many states a licensed social worker with appropriate supervised practicum hours may engage in the process of providing a mental health service to a wide range of clientele, similar to that of a licensed mental health professional.[9] Individuals may also obtain a Ph.D in Clinical Social Work, which provides them with the same scope of practice as a psychologist, although their theoretical orientation may differ somewhat.

"Psychotherapy" and EFMH/ES

Utilizing self-administrated questionnaires, a Likert-type scale, and personal interviews this author collected data from approximately 140 professionals within the field of EFMH/ES over a span of five years.

The information collected has been utilized in a number of ways. For the purpose of this section that information will be used to better understand the terms “Equine Facilitated Psychotherapy (EFP), and Equine Assisted Psychotherapy (EAP) which are commonly used to describe mental health oriented work with horses. From the data gathered, it appears that some within the field feel concerned by the use of the term “psychotherapy” to describe all aspects of the mental health services that can be provided in conjunction with horses.[10]

In order to explain the concerns that some EFMH/ES professionals have with the use of the term “psychotherapy” a few key points must be presented.

1. In most states any licensed mental health professional with appropriate education, training, licensure, or certification can provide psychotherapy as long as it falls within the scope of practice within their individual state.
2. Within that framework, each individual professional can define psychotherapy as he/she sees fit, based upon their own theoretical orientation.
3. Therefore, psychotherapy can include such aspects as experientially-based methods, life-skills orientation, or a wellness model of treatment.
4. Psychotherapy that is not labeled brief psychotherapy or brief intensives should include a long term approach to therapy and should not be called a “brief” intervention.[11]
5. Psychotherapy must include mutually agreed upon goals co-created at the onset of the service and revised accordingly throughout the treatment.
6. Psychotherapy should include a mutually agreed upon commitment between Licensed Mental Health Professional and client that indicates scope of practice, length of time, and other details of the service (confidentially and legal issues, relationship between client and professional, etc.).
7. Psychotherapy should be indicated as an appropriate treatment method based upon mental health diagnoses.
8. Psychotherapy can only be provided by licensed mental health professionals who are educated, trained, experienced, and are working within the scope of practice outlined by their individual licensure

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The observations gained from the data indicate that some professionals currently practicing within the field of EFMH/ES feel that the term “psychotherapy” is being misused as it relates to EFMH/ES because a number of the suggested requirements (as listed above) are not being met by all EFP and EAP professionals. These individuals report that EFP and EAP is, on occasion, being practiced without mutually agreed upon goals, without a commitment to treatment by either the professional or the client, and in some cases, is provided outside of the scope of the provider’s licensure.[12] Furthermore, those responding to the questionnaires, surveys, and interviews agree that there are professionals providing EFP and EAP without proper training, education, and supervision in the method, thereby violating ethical boundaries imposed by national certifying boards, state licensure boards, and membership organizations such as the ACA that state any licensed mental health professional providing a method or service must have prior education, training, and supervised practicum experience.[13]

Beyond the more ethically-based issues, individuals commented upon the theoretical orientation from which they view psychotherapy. It seems that many feel that psychotherapy denotes a more insight-based approach to counseling that stems from a medical model approach. This suggests that psychotherapy may deal more predominately with a disease model of diagnosis and treatment rather than a wellness model. Further distinctions have been made that suggest some individuals practicing within the mental health field believe that when providing a counseling service the counselor deals more specifically with life skills or vocational skills issues where a psychotherapist may deal exclusively with a dysfunctional psyche and the deeper issues that may arise from such conditions.

Others within the field suggest that psychotherapy is open to any interpretation the individual mental health professional uses, as long as it falls within the ethical and legal guidelines of each individual professional’s licensure.

The author has chosen to utilize the criteria suggested above to define psychotherapy.” For the purpose of clarification, the term psychotherapy will denote a more insight-based approach to mental health, and will

adhere to the concept that unless specified, psychotherapy mandates long term treatment and consent, and must adhere to ethical and legal requirements for providing such a service.

Counseling vs. Psychotherapy

Merriam-Webster's Dictionary defines "psychotherapy" as the "treatment of mental or emotional disorder or of related bodily ills by psychological means", and "counseling" as, "professional guidance of the individual by utilizing psychological methods especially in collecting case history data, using various techniques of the personal interview, and testing interests and aptitudes."[14] Utilizing this definition as well as information compiled from the surveys, questionnaires, and interviews, the author has determined that some of the Equine Facilitated Mental Health methods are more clearly "psychotherapy" while others utilize a "counseling" approach. The reader will observe these differences as the various methods are presented and defined.

Equine Facilitated Mental Health Services

After compiling the results from all questionnaires, surveys, and interviews it appears that within the field of EFMH/ES as it currently exists, a number of different approaches to providing a mental health service in conjunction with horses ***do*** exist. Therefore, the author has deemed it useful to consider all activities in which horses and humans come together for mental health purposes "Equine Facilitated Mental Health Services" (EFMHS). This broad umbrella term covers all aspects of mental health treatment in which horses are included regardless of whether they are an assisted or facilitated method.

Overview and Introduction of Education and Learning

"The traditional learning model emphasizes language and the rational thought process as the main access to learning. Indeed, language is what western education is based on. We study and we learn, we study and we learn, and eventually we might take a written or oral test to show what we learned. All this is done through the medium of language. Our emotions, may come into play in response to what we are learning and, in the traditional learning model, the most acceptable way to respond to emotions is to express them in language, usually in critiques or analysis of presented material. The other option is to suppress them. As for body involvement, most often we sit in a chair while learning in the traditional way, perhaps actively using our bodies only to take notes."

-Ann Romberg and Lynn Baskfield, Wisdom Horse Coaching, Minneapolis, Minnesota

Confusions

The words "learning" and "education" can be confusing, opaque, and lack clarity. For the purpose of this text, we must be able to differentiate between education or learning, and therapeutic services. Without such clarity, individuals who believe themselves to be providing an educational or learning service can move into territory that is traditionally considered mental health. In some cases this is natural and may even be healthful and useful within the context of the setting, the consent of the participant, and the experience of the facilitator. In other cases this occurrence ends badly for all involved, creating unethical and unhealthful situations that may wound the participants, horses, or even facilitators.

As a result, we must begin creating our own deeper sense of what that difference means within an EFMH/ES setting.

In the past there was no need to clarify the differences between education and mental health services. Education existed within the formal setting of an educational institution, such as a school, college, or university. The purpose of education was to acquire a skill or body of knowledge about certain predetermined topics. Educators taught students these skills or knowledge base. Generally it was assumed that students did not learn through experience or self-teach concepts offered in educational settings. Rather they learned pre-determined information directly from the educator. Furthermore, it was assumed that individuals within an educational setting were generally well human beings, coming to the educational institution for the purpose of gaining knowledge and skills, not for the purpose of self discovery, growth, or change.[15]

However, as our educational system has adjusted to include alternative forms of education and learning, the notion of learning through experiences and allowing education to become a form of life process has become more prevalent. With this new way of viewing education or learning, we begin to realize that in order for our education to become useful we must personalize and internalize it. In order to do this, we must activate or open components of our psyche that within more traditional education would not need to be exposed. We must be willing to take in the information we are presented, and find a way of connecting that experience to our past, present, and our future. Through this process memories, feelings, and thoughts may become exposed. The outcome of this process is that the student may experience a deeper level of self-awareness and thus may internalize and personalize each piece of knowledge more aptly. Furthermore, behaviors, attitudes, self concepts, and even maladaptive patterns may be adjusted or may fundamentally change during this process.

To further confuse matters, the process of internalizing and personalizing information tends to look very much like group or even individual counseling or psychotherapy. Therefore, individuals who engage in a non-traditional or alternative learning process may find themselves undergoing a form of counseling or psychotherapy without consent or even knowledge.[16]

Dr. Perkins presents a concept that was once commonly found when defining the differences between education and mental health, "If there is a problem with thoughts or with behavior then therapy attempts to 'change' the bad behavior and replace it with a more constructive or helpful behavior. It also implies that a 'client' has a 'disorder or a disordered behavior' that needs to be fixed. Therapy attempts to utilize 'learning' for a specific purpose. So, it could be considered a 'subset of learning'".[17]

In the past psychotherapy or counseling was considered part of a possible treatment model for disease, not a path followed by well people desiring to expand their human potential and engage in conscious awareness pursuits.[18] Dr. Perkins reflects, "Using the term 'learning' or 'education' removes the 'disorder stigma' which is attached to the term 'therapy'. In that way, healthy people are allowed to experience 'improvements in thoughts or behaviors' as a result of experience but are not considered disordered in doing so."[19]

The interesting piece of this dilemma is that many licensed mental health professionals utilize wellness models that remove disorder or disease stigma.[20] These licensed mental health professionals do not view their clients through the lens of DSM-IV diagnosis codes, but rather see them based upon their strength as individuals, and their interest in pursuing self-learning, growth and change.[21] Therefore, the commonly held belief that psychotherapy or counseling can be defined by its orientation towards disease or disorder is no longer a valid definition that can clear the confusion between education and learning or mental health services.

Dr. Stan Maliszewski, Ph.D, past board president of the National Board for Certified Counselors, and professor at the University of Arizona in the Department of Educational Psychology, suggests that because of the confusion caused by the interface between education and counseling or psychotherapy, the work of EFMH/ES should only be provided if there is a trained and educated licensed mental health professional on site. Dr. Maliszewski states in reference to an interview question, "You have done an excellent job of pointing out the dangers associated with those who say they are practicing EAL (Equine Assisted Learning) and it inevitably can easily cross over to EAP (Equine Assisted Psychotherapy). This is why I generally recommend that a licensed therapist always be present. It just appears too potentially risky without one."[22] He does go on to suggest that there can be a difference between education or learning and mental health services, "Education/learning is information giving. Counseling is helping others to help themselves." However, the line generally becomes so blurred in the facilitation of an educational or learning service that he feels concerned with the notion of non-therapeutically-trained and educated individuals providing an EFMH/ES service.[23]

It seems that we may be approaching a time where we must re-define both mental health services and education.[24] Clients appear to be benefiting from a non-disease and diagnosis form of mental health services that include aspects of experiential education or learning-based practices and in many cases students participating in experiential learning or educational programs may get needs met that might go unsuccessfully addressed in traditional psychotherapy.[25] Cross-training for professionals who work within either an educational or learning realm, or a therapeutic realm may be necessary in the future. Certainly within the field of EFMH/ES cross-training should be mandatory, as any EFMH/ES method will invariably include aspects of both mental health and education/learning.

Why it Matters

People may be confused as to why differentiating the two experiences actually matters, especially considering the possible benefits of interface. It seems that the manner in which this question can be answered is by addressing the two most prevalent ethical violations possible if professionals are unable or unwilling to distinguish through practical application, the differences between the two services.

Scope of Practice

Ethically it is the responsibility of the licensed mental health professional or educator to provide a service that is within their scope of practice. This mandates that the professional must only provide a service that they are educated, trained, experienced, and licensed or credentialed to provide.[26] In traditional education, an educator is not usually specifically trained to deal with issues of the psyche and a licensed mental health professional is generally not trained to provide an educational experience for clients. If the lines are blurred between mental health and education/learning, either professional may find themselves acting outside of their scope of practice, and thus potentially engage in an unethical use of authority or power, misuse an intervention, or trigger a client into an emotional state that the facilitator is not trained to handle.

Consent to Treatment or Permission to Treat

The second way in which misuse of an educational or therapeutic approach can become an ethical violation is due to "informed consent" or permission to treat. When a client arrives at a mental health service, he/she is asked to sign a waiver giving the professional "permission to treat."[27] This indicates that the client understands the role of the mental health professional, understands the method(s) that will be utilized within treatment, comprehends the type of topics that may be addressed, and is willing to participate in a process of deep psychological reflection, growth, and change.[28] Within an educational or learning service, the student or participant generally does not expect to experience deep personal revelations, nor do they give permission for the educator or facilitator to probe into their psychological functioning. They do not consent to a process of deep psychological reflection, growth, and change. Therefore, if an educator or facilitator pushes the boundaries between mental health services and education or learning, he or she is doing so without the student's or participant's willing or consensual comprehension of the process.

The Importance of Knowing the Difference

For both of these reasons it is ethically important that providers of an EFMH/ES service are able to recognize the difference between mental health services and education or learning services. If a professional chooses to use a method that includes within its title education or learning, it is their responsibility to understand how that method is distinctly different from one that uses any term that denotes a mental health service. The professional is ethically responsible for ensuring that their facilitation does not cross lines they have not been given permission to cross, or that merges into territory that they are not trained, educated, or licensed/certified to provide.[29]

If a licensed mental health professional is trained in educational or learning models, he/she can ethically state that he/she provides an educational or learning-based experience for his/her clients.[30] If the licensed mental health professional desires to utilize principles of learning or education service interfaced with a mental health service, this information regarding his/her unique therapeutic approach should be clearly stated within the Consent to Treatment form. If, on the other hand, the licensed mental health professional wishes to differentiate between an educational or learning service and a therapeutic one, either based upon the needs of specific populations or if he/she is providing training or educational workshops for other professionals, then the licensed mental health professional must ensure that his/her explanation of the service and facilitation style makes the difference clear and tangible for those participating. The client should be educated, knowledgeable, and consensual in regards to participating in either type of service. However, if the licensed mental health professional is not trained in educational or learning methods, he/she should not state that he/she provides such a service.

Currently EFMH/ES services are commonly distinguished from one another by suggesting that an educational or learning service indicates that life skills, relational skills, or communication skills are the focus of the service and that the service is based upon a wellness model rather than a disease model. Although this may be accurate and not a misrepresentation of an educational or learning service, to suggest that the only

difference between a mental health service and educational one resides within content or philosophy is inadequate. Today's growing focus on a wellness model of treatment rather than on a disease or diagnosis model of care has shifted our definitions for what counseling or psychotherapy can include. Individuals desiring to provide an EFMH/ES method are recommended to utilize the ethical guidelines to determine which type of service they provide, rather than utilizing a philosophical orientation to make that decision.

This leaves us with the complex, albeit extremely important job of defining what is meant by the terms educational or learning in regard to the work of EFMH/ES. For our purposes, I am going to suggest the following definitions.[31]

Education and Learning Services Defined for the Purpose of EFMH/ES

Educational Services

These services take place within institutions of education, as in traditional or alternative learning environments such as schools, colleges, or universities. The purpose and goal of these services is to teach students new skills, or new ways of viewing and integrating old skills. They are based on the premise of the educator giving or imparting information to the student(s), or creating educational scenarios from which the student can derive information regarding a topic which the student may then choose to use this in any manner he or she deems appropriate. The desired outcome is that the student finishes the program with an increased knowledge base that is demonstrated through the tangible application of information (i.e. written or practical exams, or other forms of competency testing). Within an educational setting, evaluations are not based upon a value judgment of how the information is utilized, or even if it is utilized outside of the educational institution. Rather evaluations are based upon the student's ability to demonstrate competency within a subject. These institutions do not provide tangible life skills, and are not responsible for the functionality of the students during his/her educational experience.

Learning Services

These services take place at alternative learning centers such as therapeutic boarding schools, wilderness programs, retreat centers, institutes designed to provide learning-based experiences, and training or educational centers. The purpose and goal of these services is to facilitate the process of learning new concepts, thoughts, ideas, or notions that lead to enhanced personal success and functionality. The content of the material taught is skills-based and has immediate practical applications. The primary goal of these services is to provide information that promotes, encourages, or embraces behavioral change. These services have a higher degree of internal support and an increased attachment to the outcome. The desired outcome of these services is that the individual or group leaves not only having accomplished the process of learning a new skill or task, but also demonstrating a tangible improvement in functioning life skills. Competency testing is self-evaluated based upon the student's perception of success.

Mental Health and Experiential Education – An Intermingling

Due to the complexities of EFMH/ES and the potential for possible intermingling between the educational and therapeutic methods of EFMH/ES, it seems essential that all professionals utilizing an EFMH/ES method be trained in basic counseling skills, counseling ethics, and experiential education methods, models, and facilitation skills.

Significant changes in both the mental health field and educational field have occurred over the past few decades that are extremely important to the growth of humanity, but have caused confusion between the two fields. This confusion appears clearly demonstrated within the work of EFMH/ES.

Horses do not differentiate between an educational setting and a therapeutic setting, and will engage in the reflective feedback process[32] with no regard for the goals of the individual client or the session. Furthermore, clients do not generally understand or differentiate between the two approaches either, and may be unaware of the boundaries that can be crossed during an EFMH/ES session. It seems to be solely the

responsibility of the facilitator to understand the differences and be highly trained and skilled in guiding the experience towards whichever approach is most appropriate for the client, and that is within the professional scope of the facilitator. Even with a highly trained and skilled facilitator, the potential for an educational method to merge into a therapeutic one is high, and is, in fact, commonplace within the work of EFMH/ES.[33] Even trainings designed to teach the work of EFMH/ES to mental health or educational professionals may tend to merge into the realm of the therapeutic, without the consent or prior knowledge of the participants.

Experiential Education

"Experiential learning is holistic, placing the emphasis not so much on the rational mind as on other parts of the self. As members of a culture that emphasizes language and the rational mind, we forget that much of our learning comes through our senses and emotions. Our bodies are our great allies in learning, but we forget to acknowledge the part they play as receptors and containers of our learning."
- Ann Romberg and Lynn Baskfield, Wisdom Horse Coaching, Minneapolis, Minnesota

With the introduction of experiential education, the field of education has adjusted to include factors that never before would have existed within an educational domain. The Association for Experiential Educators defines experiential education as "A philosophy and methodology in which educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills and clarify values". The use of the words "*focused reflection"* and "*clarify values"* seems to interconnect education and mental health in an unusual and potentially impactful manner. They suggest that "learners are engaged intellectually, emotionally, socially, soulfully and/or physically." And that this involvement produces a "perception that the learning task is authentic." They also state "Relationships are developed and nurtured: learner to self, learner to others and learner to the world at large." These statements are indicative of what normally would be perceived of as therapeutic concepts and goals rather than traditional educational goals.[34]

Mental Health

The field of mental health has also begun to lean towards a more psycho-educational approach. As an outcome of therapy clients are often urged to become more proactive in their lives, and learn to take initiative, make decisions, and become personally responsible for their actions.[35] The Association for Experiential Educators appears to also agree with this concept: "Experiences are structured to require the learner to take initiative, make decisions and be accountable for results. Throughout the experiential learning process, the learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative, and constructing meaning".[36]

Licensed mental health professionals are taught how to facilitate and support authentic personal reflection by creating an emotionally and physically safe space, setting clear boundaries, utilizing healthful confrontation, and being empathic, respectful supports of the process.[37] The Association for Experiential Educators defines the educator's primary roles as "setting suitable experiences, posing problems, setting boundaries, supporting learners, insuring physical and emotional safety, and facilitating the learning process".[38]

An Intermingling

It seems that experiential education as it currently exists, operates as a melding of both education and mental health. Although the positive connotations of this method are clear, the negatives are also clear. When does education end and mental health services begin? Are educators qualified and trained to provide a mental health service? What about "permission to treat?" Students do not consent to psychological treatment when they decide to engage in an educational activity or program. Therefore it is not ethical for an educator to attempt to provide a mental health service.[39] On the other side of the coin, are mental health professionals trained and educated to facilitate experiential learning activities? Are they trained and educated to understand learning styles and learning processes? Are their facilitation skills proficient? Do they understand group process within an educational setting?[40]

To add a further complication, educators who are properly trained in experiential education have been able to demonstrate that they are fully capable of providing a healthful therapeutic experience, and are able to move their students through intense emotional states safely, achieving goals that have been traditionally considered to be psycho-therapeutic.[41] Does this mean that they are acting in that moment as mental health professionals, and thus, where are the ethical lines between education and mental health drawn? It seems that some experiential educators feel that their field is being encroached upon by mental health professionals attempting to provide an experiential learning service without proper training and education, which is unethical in its own right.[42]

Foundations of EFMH/ES

Regardless of which "creation" story we believe, Barbara Rector's contributions to the field of EFMH/ES have provided a theoretical basis from which much of the work originates. Ms. Rector has influenced a great many of the people both originally in the field and those new to the field through her educational programs, philosophy, and practical application of the work. Ms. Rector strongly believes that much of EFMH/ES is based theoretically in experiential education, and thus has trained and educated many to understand and practice EFMH/ES methods using experiential education as a theoretical underpinning. She utilizes experiential education activities, facilitation styles, and learning concepts in her work with horses, and therefore even when providing "therapy," continues to use her experiential education approach. Due to this, many others in the field today utilize a similar approach to providing any of the methods of EFMH/ES, be they therapeutic or educational.[43]

Since the work of EFMH/ES is based in the theories of experiential education, but also seems provocative enough to move people into a psycho-therapeutic state, regardless of which method we use, practitioners need to be dually trained in both experiential education and mental health concepts to conduct this work from a well rounded and competent vantage point.

Summary

As professionals providing an EFMH/ES method it is imperative that we understand the differences between both the theoretical underpinnings of a method and its practical applications. We must provide the service that we say we do. We also must understand the differences between services and which service is applicable for which clientele. If we understand such nuances, we will be better able to ethically, safely, and productively serve the clients that we are trained and educated to serve. Furthermore, we will better understand when to refer and what type of service might be best suited for the clientele. It is our responsibility as professionals to delve deeply into the work that we do, fully understanding its subtle nuances and always being open to learning.

[1] Boeree, C.G., *The History of Psychology*. E-Text Source: http://www.ship.edu/%7Ecgboeree/historyofpsych.html; Fancher, R. E., *Pioneers of Psychology*. (New York: W. W. Norton & Company, 1979); "Descartes and Kant: Philosophical Origins of Psychology." Retrievable: http://www.psychology.sbc.edu/Descartes%20and%20Kant.htm.

[2] Roger, P.R., & Stone, G., "Counseling vs. Clinical: What is the difference between a clinical psychologist and a counseling psychologist?" Retrievable: http://www.div17.org/students_differences.html

[3] Corey, G., *Theory and Practice of Counseling and Psychotherapy 6th Edition.* (Brooks/Cole, 2001); Freud, S., *An Outline of Psychoanalysis.* (New York: Norton, 1949); Elliot, A., *Psychoanalytic Theory: An Introduction.* (Oxford UK & Cambridge, USA: Blackwell, 1994).

[4] American Psychology Association (APA): www.apa.org.

[5] National Board for Certified Counselors (NBCC): http://www.nbcc.org/extras/pdfs/exam/licensurechart.pdf; see Appendix for chart.

[6] American Counseling Association (ACA): www.counseling.org.

[7] American Counseling Association: www.counseling.org/Files/FD.ashx?guid=ab7c1272-71c4-46cf-848c-f98489937dda - ; National Board for Certified Counselors: www.nbcc.org/ethics2

[8] National Association of Addiction Treatment Providers (NAATP): www.naatp.org; Nation Association for Addictions Professional (NAADAC): www.naadac.org; American Mental Health Counselors Association; www.amhca.org; State Licensing Boards Contact Information: www.stopbadtherapy.com; Each state has their own licensing requirements which include training, education, and supervision requirements. If the reader is interested in the licensure requirements within his/her own state, please visit these websites for further information.

[9] Association for Social Work Boards: www.aswb.org.

[10] The information used in the creation of these EFMHS methods came from the following sources and is subject to the interpretation of this author. This information does not necessarily represent in its entirety, the feelings, thoughts, or ideals of any of the individuals mentioned hereafter; Hallberg, L., "Emergence of Equine Facilitated Psychotherapy programs in therapeutic riding facilities across the United States: Efficacy and Program Design. *Animal Therapy Association of Arizona,* 1997; Hallberg, L. & Brinkerhoff, L., "Defining the Theory and Practice of Equine Facilitated or Assisted Psychotherapy." (Unpublished, 2001); Hallberg, L., "Horses as Healers." *EFMHA News*, Vol. 7, Issue 2, Summer, 2003; Hallberg, L., "Horses as Healers: Exploring the psychological implications of the horse/human relationship." (Self Published Thesis, 2003); Hallberg, L., "Project Textbook: Defining our past, present, and future." (Unpublished, 2006); Hallberg, L., "Terminology Survey: Facilitated vs. Assisted?" (Unpublished, 2006); Hallberg, L., "Terminology Survey: Horse as 'tool' vs. Horse as

'facilitator'?" (Unpublished, 2006); interviews with Linda Kohanov, Temple Grandin, Barbara Rector, Laura Brinkerhoff, Ann Alden, Marilyn Sokolof, Molly DePrekel, Tanya Walsh, Ellen Gekrhe; personal correspondence with Adele von Rust McCormick and Marlena D. McCormick, Chris Irwin, Dr. Ann Perkins, Dr. Stan Maliszewski, Maureen Vidrine, Nancy O'Brian, Dr. Suz Brooks; personal observations and experience within the field of EFMH/ES since 1996.

[11] A "brief" *intervention* is defined by this author as a one to three day workshop commonly seen within the field of EFMH/ES. This intervention does not include assessment, initial interviews, goal setting, treatment planning, or follow up. Rather, individuals within the field utilizing this technique see their "clients" for only the period of the workshop. This term does not relate to methods of "brief psychotherapy" as defined by Garfield, S.L, *The Practice of Brief Psychotherapy, Second Edition*. (Wiley, 1998). Pietro Castelnuovo-Tedesco's article, Brief Psychotherapy: Current Status" helps clarify the differences between a brief approach and a long term treatment, "*Brief psychotherapy aims at relief of the patient's major current conflicts rather than at change of his personality structure, which generally requires long-term treatment."* See chapter ** for a definition of "equine facilitated brief intensives."

[12] Observations of EFMH/ES professionals opinions regarding the use or mis-use of the term "psychotherapy" as applied to EFMH/ES come from surveys, questionnaires, and interviews conducted by this author. Due to the apparently heated nature of this topic, the majority of individuals commenting asked for their names not to be specifically utilized in this section.

[13] American Counseling Association: www.counseling.org/Files/FD.ashx?guid=ab7c1272-71c4-46cf-848c-f98489937dda - ; National Board for Certified Counselors: www.nbcc.org/ethics2

[14] Merriam-Webster's On-Line Dictionary is used for the following definitions, "psychotherapy" and "counseling": www.merriam-webster.com.

[15] Pulliam, J.D., & Patten, J.J., *History of Education in America, Ninth Edition*. (Prentice Hall, 2006).

[16] Beard, C., & Wilson, J.P., *Experiential Learning: A Handbook of Best Practices for Educators and Trainers*. (Kogan Page Ltd., 2006); Schoel, J.,& Maizell, R., *Exploring Islands of Healing: New Perspectives on Adventure Based Counseling*. (Kendall Hunt Publishing Company, 2002); Personal observation of this author who attended both an "alternative" high school and college.

[17] Dr. Anne Perkins, personal communication, February, 2007

[18] Freud, S., *An Outline of Psychoanalysis.* (New York: Norton, 1949); Jung, C.G., *The Undiscovered Self*. (Signet; Reissue edition, 2006); Adler, A., *What Life Should Mean to You.* (New York: Capricorn, 1958).

[19] Dr. Anne Perkins, personal communication, February, 2007.

[20] Van de Creek, L., & Allen, J.B., *Innovations in Clinical Practice: Focus on Health & Wellness*. (Professional Resource Press, 2005); Dacher, E.S., *Integral Health: The Path to Human Flourishing*. (Basic Health Publications, 2006).

[21] Utesch, W.E., "From a glass half empty to a glass half full: A review of the Transition from Deficit to Strength-Based approaches." Retrievable: www.foellinger.org/ResourcesLinks/UteschArticle.pdf.

[22] Dr. Stan Maliszewski, personal communication, February, 2007.

[23] Dr. Stan Maliszewski, personal communication, February, 2007.

[24] Utesch, W.E., "From a glass half empty to a glass half full: A review of the Transition from Deficit to Strength-Based approaches." Retrievable: www.foellinger.org/ResourcesLinks/UteschArticle.pdf.

[25] Davis, J., & Berman, D.S., "The wilderness therapy program: An empirical study of its effects with adolescents in an outpatient setting," *Journal of Contemporary Psychotherapy,* Volume 19, Number 4, (December, 1989). Pg. 271-281; Russell, K.C., "Exploring How the Wilderness Therapy Process Relates to Outcomes," *Journal of Experiential Education,* Vol. 23, No. 3 (Winter, 2000). Pg. 170-76; McKenzie, M.D., "How are Adventure Education Program Outcomes Achieved?: A review of the literature." Retrievable: wilderdom.com/pdf/McKenzie2000AJOEVol5No1.pdf.

[26] Association for Adventure Educators, *Standards:* 2.02. Retrievable:

www.aee.org/skin1/pages/US/pdf/Accreditation_PDF_Forms/Standards_Sample.pdf; National Board for Certified Counselors, *Code of Ethics*: 7. Retrievable: www.nbcc.org/extras/pdfs/ethics/nbcc-codeofethics.pdf; American Psychological Association, *Ethical Principles for Psychologists and Code of Conduct*, 2.01. Retrievable: www.apa.org/ethics/code2002.html#2_01; American Counseling Association, *Code of Ethics,* C.2.,a, C.2.b. Retrievable: www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx; Equine Facilitated Mental Health Association, *Code of Ethics,* 2.2. Retrievable: www.narha.org/PDFfiles/EFMHACodeofethicsapproved.pdf.

[27] See sample forms in the Appendix of this text.

[28] "Informed Consent" American Psychological Association, *Ethical Principles for Psychologists and Code of Conduct*, 10.01. Retrievable: www.apa.org/ethics/code2002.html#10_01; American Counseling Association, *Code of Ethics,* A.2. Retrievable: www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx.

[29] See ethics information provided above

[30] See 26.

[31] These definitions are created solely by this author and are intended to be of use for readers during the upcoming section of this text. They are written with the support of Merriam-Webster's On-Line Dictionary, American Heritage On-Line Dictionary, information from Dr. Stan Maliszewski and Dr. Anne Perkins, and information from Pulliam, J.D., & Patten, J.J., *History of Education in America, Ninth Edition*. (Prentice Hall, 2006).

[32] See **Chapter Nine: Relational Skills, *Mirroring or Reflective Feedback.***

[33] Hallberg, L., "Emergence of Equine Facilitated Psychotherapy programs in therapeutic riding facilities across the United States: Efficacy and Program Design. *Animal Therapy Association of Arizona,* 1997; Hallberg, L., "Project Textbook: Defining our past, present, and future." (Unpublished, 2006); personal observation of this author.

[34] All references to The Association for Experiential Education (AEE) or quotes from the AEE come directly from their web page: www.aee.org; www.aee.org/skin1/pages/US/pdf/Accreditation_PDF_Forms/Standards_Sample.pdf

[35] Greenberg, L.S., Watson, G.C., & Lietaer, G.O., *Handbook of Experiential Psychotherapy*. (The Guilford Press, 1998); Schoel, J.,& Maizell, R., *Exploring Islands of Healing: New Perspectives on Adventure Based Counseling*. (Kendall Hunt Publishing Company, 2002).

[36] The Association for Experiential Education (AEE): www.aee.org.

[37] Corey, G., *Theory and Practice of Counseling and Psychotherapy 6th Edition.* (Brooks/Cole, 2001).

[38] The Association for Experiential Education (AEE): www.aee.org

[39] See **Overview and Introduction of Education and Learning**

[40] Luckner, J.L., & Nadler, R.S., *Processing the Experience: Enhancing and Generalizing Learning Second Edition*. (Kendall/Hunt Publishing Company, 1997); Beard, C., & Wilson, J.P., *Experiential Learning: A Handbook of Best Practices for Educators and Trainers*. (Kogan Page Ltd., 2006).

[41] The majority of "wilderness therapy" programs across the United States are currently being facilitated on a daily basis by those with undergraduate degrees in fields like experiential education. The clients of these programs are generally seen by a licensed mental health professional once or twice a week when that individual hikes in to meet the group. The rest of the time (24 hours a day) the group process is facilitated by unlicensed individuals who generally appear savvy in the art of group facilitation and process. (Ascent: www.Ascent4Teens.com; SageWalk: www.sagewalk.com; Adirondack Leadership Expeditions: www.AdirondackLeadership.com; Aspen Achievement Academy: www.AspenAcademy.com;

Passages to Recovery: www.PassagesToRecovery.com; Catherine Freer: www.CFreer.com; Second Nature: www.SNWP.com; for more information see: www.wilderness-programs.org/Programs.html) References to the success of such programs comes from the following sources; Davis-Berman, J., & Berman, D.S., "The wilderness therapy program: An empirical study of its effects with adolescents in an outpatient setting," *Journal of Contemporary Psychotherapy*, Volume 19, Number 4, (December, 1989). Pg. 271-281; Davis-Berman, J., & Berman, D.S., "Research Update: Two-Year Follow-up Report for the Wilderness Therapy Program," *Journal of Experiential Education*, Vol. 17 No. 1, (May, 1994). Pg. 48-50; Bandoroff, S., & Scherer, D.G., "Wilderness family therapy: An innovative treatment approach for problem youth," Journal of Child and Family Studies, Volume 3, Number 2, (June, 1994). Pg. 175-191.

[42] This information was gained from the personal observation of the author and conversations had with professionals providing an EFE/L service.

[43] All references to Barbara Rector's role in the development of the field come directly from personal correspondence and interviews.

Handouts

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Definitions

Education: *a* **:** the action or process of educating or of being educated; *also* **:** a stage of such a process *b* **:** the knowledge and development resulting from an educational process <a person of little *education*> **:** the field of study that deals mainly with methods of teaching and learning in schools. (Merriam-Webster Dictionary)

Learning: the act or experience of one that learns**:** knowledge or skill acquired by instruction or study**:** modification of a behavioral tendency by experience (as exposure to conditioning). (Merriam-Webster Dictionary)

Psychotherapy: treatment of mental or emotional disorder or of related bodily ills by psychological means. (Merriam-Webster Dictionary)

Counseling: professional guidance of the individual by utilizing psychological methods especially in collecting case history data, using various techniques of the personal interview, and testing interests and aptitudes. (Merriam-Webster Dictionary)

Equine Facilitated Psychotherapy: EFP is defined as an interactive process in which a licensed mental health professional working with or as an appropriately credentialed equine professional, partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client.

Equine Facilitated Learning: EFL is defined as an educational approach to equine-assisted activities. EFL content is developed and organized by credentialed practitioners with the primary intent to facilitate personal growth and development of life skills through equine interactions.

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The Difference between EFP and EFL

EFP is psychotherapy and must be provided by a mental health professional who is appropriately licensed or credentialed in his/her state of practice. The goals range from making the unconscious conscious to treating maladaptive patterns and behaviors caused by mental illness, trauma, or abuse. A consent for treatment must be utilized.

EFL is a form of either experiential education or experiential learning which focuses on skills-building for a range of clientele. The service can be provided by either an educator or someone with appropriate training in experiential learning. The goals revolve around enhancing functioning through experience and teaching. Deep questioning that reveals unconscious parts of the psyche should not be utilized without a consent for treatment and the appropriate licensure/training/education/etc.

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Professional Competencies

Equine Assisted Activities	Qualifications	Equine Assisted Therapies	Qualifications
Therapeutic Riding	PATH Intl. or CHA Certified Therapeutic Riding Instructor	Hippotherapy	MD Physical Therapist Occupational Therapist Speech/Language Pathologist PATH Intl. Therapeutic Riding Instructor AHA Certified
Interactive Vaulting	PATH Intl. Certified Instructor: Interactive Vaulting Specialty	Equine Facilitated Psychotherapy	Masters or Ph.D Licensed Mental Health Professional PATH Intl. TRI Certification PATH Intl. ES Certification
Therapeutic Driving	PATH Intl. Certified Instructor: Therapeutic Driving Specialty	Equine Assisted Psychotherapy	Masters or Ph.D Licensed Mental Health Professional EAGALA Certification

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Equine Assisted/Facilitated Learning	PATH Intl. Certified Instructor Bachelor's or Masters in Education or Related Field Professional Development Coach Life Coach Experiential Educator		

Resources

Books that inform us about equine behavior…..

Ainslie, T., & Ledbetter, B., *The Body Language of Horses.* (New York: William Morrow and Company, 1980)
Budiansky, S., *The Nature of Horses*. (New York: The Free Press, 1997)
Hill, C., *How to Think Like a Horse*. (Story Publishing, 2006)
Irwin, C., *Horses Don't Lie.* (New York: Marlowe and Company, 1998)
Rashid, M., *Horses Never Lie*. (Boulder, CO.: Johnson Publishing Company, 2000)
Sheldrake, R., *Dogs That Know When Their Owners Are Coming Home: And Other Unexplained Powers of Animals.* (New York: Three Rivers Press, 1999)
Watson, L., *Jacobson's Organ*. (New York: Penguin Books, 1999)

Books that inform us about the field of EAAT…..

Broersma, P., & Houston, J., *Riding into Your Mythic Life: Transformational Adventures with the Horse* (New World Library, 2008)
Fine, A.H., *Handbook on Animal-Assisted Therapy, Second Edition: Theoretical Foundations and Guidelines for Practice. (*Academic Press, 2006)
Hallberg, L., *Walking the Way of the Horse: Exploring the power of the horse-human relationship*. (IUniverse, 2008)
Irwin, C., *Horses Don't Lie.* (New York: Marlowe and Company, 1998)
Irwin, C., *Dancing With Your Dark Horse.* (New York: Marlowe and Company, 2005)
Kohonov, L., *The Tao of Equus.* (Novato, CA: New World Library, 2001)
Kohonov, L., *Riding Between the Worlds*. (Novato, CA: New World Library, 2003)
McCormick, A., & McCormick, M., *Horse Sense and the Human Heart.* (Deerfield Beach, FL.: Health Communications, 1997)
McCormick, A.R., McCormick, M.D., & McCormick, T.E., *Horses and the Mystical Path.* (Novato, CA.: New World Library, 2000)
Midkiff, M., *She Flies Without Wings.* (New York: Dell Publishing, 2001)
Rector, B., *Adventures in Awareness.* (Bloomington, IN.: Authorhouse, 2005)

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Roberts, M., *The Man Who Listens to Horses.* (New York: Ballantine Publishing Group, 1996)
Roberts, M., *Horse Sense for People*. (New York: Penguin Books, 2002)
Soren, I., *The Zen of Horses.* (Little, Brown, and Company, 2002); Witter, R.F., *Living with HorsePower.* (Vermont: Trafalgar Square Publishing, 1998)

Books that inform us about Experiential Learning, Education, or Psychotherapy ……

Beard, C., & Wilson, J.P., *Experiential Learning: A Handbook of Best Practices for Educators and Trainers.* (Kogan Page Ltd., 2006)
Greenberg, L.S., Watson, G.C., & Lietaer, G.O., *Handbook of Experiential Psychotherapy.* (The Guilford Press, 1998)
Luckner, J.L., & Nadler, R.S., *Processing the Experience: Enhancing and Generalizing Learning Second Edition.* (Kendall/Hunt Publishing Company, 1997)
Schoel, J.,& Maizell, R., *Exploring Islands of Healing: New Perspectives on Adventure Based Counseling*. (Kendall Hunt Publishing Company, 2002).

Books that inform us about Ecopsychology or Biophilia…..

Cohen, M., *Reconnecting With Nature: Finding Wellness Through Restoring Your Bond With the Earth*. (Ecopress, 1997)
Glendinning, C., *My Name is Chellis and I'm in Recovery from Western Civilization*. (Boston, MA.: Shambhala Publications, 1994)
Kanner, A.D., Roszak, T., & Gomes, M.E., *Ecopsychology: Restoring the earth, healing the mind*. (New York: Random House, 1995)
Metzner, R., *Green Psychology: Transforming our Relationship to the Earth* (Vermont: Park Street Press, 1999)
Sheldrake, R., *The Presence of the Past: Morphic Resonance and the Habits of Nature*. (Vermont: Park Stress Press, 1995)
Wilson, E.O., & Kellert, S.R., *The Biophilia Hypothesis*. (Washington, D.C: Island Press, 1993)

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