

Suggested APA style reference:

Strom, L., & Wilson, J. (2009, March). *Horses as healers: Equine facilitated therapy for grieving children*. Paper based on a program presented at the American Counseling Association Annual Conference and Exposition, Charlotte, NC.

Horses as Healers: Equine Facilitated Therapy for Grieving Children

Paper based on a program presented at the 2009 American Counseling Association Annual Conference and Exposition, March 19-23, Charlotte, North Carolina.

Laura Strom and Jennifer Wilson

Laura C. Strom, MS, is a graduate of the Counseling Program at San Francisco State University where she won the prestigious SFSU Graduate Distinguished Achievement Award in recognition of outstanding work within academics, research and field placements. She currently works as an elder care manager for Masonic Outreach Services and volunteers at Sutter VNA & Hospice.

Jennifer M. Wilson, LMFT, is a Bereavement Coordinator at Sutter VNA & Hospice in San Mateo, California. She has over ten years of extensive experience working with bereaved children and adults as well as over ten years in the public school system as a high school teacher and at risk counselor. She currently offers clinical supervision, and has created many unique community outreach bereavement programs.

Introduction

Hippotherapy literally means therapy with the help of a horse. Centers such as the National Center for Equine Facilitated Therapy (NCEFT) in Woodside, California, offer hippotherapy for individuals with various disorders, and returning veterans. In 2008, Sutter Visiting Nurse Association & Hospice in San Mateo, California, paired with NCEFT to provide equine facilitated therapy for children grieving losses of a close family member. There was no charge for this event.

Hippotherapy

The Greek word for horse is “hippos”. Hippotherapy typically uses the movement of the horse as a treatment strategy for clients who have difficulty with neuromuscular control. It is used to strengthen muscles in clients because the rhythmic, repetitive, yet variable gait of the horse stimulates responses in the rider that are similar to the human pelvis when walking (American Hippotherapy Association, 2007). This therapy has been recognized in treatment of autism and other pervasive developmental disorders, cerebral palsy, multiple sclerosis, spina bifida, sensory integration, speech and language disorders, traumatic brain injuries, and stroke. Therapists who make use of hippotherapy include physical, occupational, speech and language pathologists, and a growing number of psychotherapists. Heine and Benjamin, physical therapists, state that “Changes are often seen in the respiratory, cognitive, sensory processing, balance, affective, arousal and speech/language production functions” when employing hippotherapy in client treatment (Heine & Benjamin 2000, p. 11). The American Hippotherapy Association (AHA), which was founded in 1987, includes, among others, impairments in communication, and limbic

system dysfunction due to arousal and attentional skills as conditions for which hippotherapy might be indicated (AHA, 2008).

Grief in Children

The Diagnostic and Statistical Manual of Mental Disorders has a small section on bereavement (APA, 2000, p. 740). It makes no mention of bereavement in children. It does state that Separation Anxiety Disorder may arise in children after the death of a loved one (APA, 2000, p. 123).

J. W. Worden co-directed the Harvard Child Bereavement Study, which interviewed and tested 125 children. Rather than a stage theory, Worden presents the four tasks of mourning (2002, p. 27). These include: (1) accepting the reality of loss; (2) experiencing the pain or emotional aspects of loss; (3) adjusting to an environment in which the deceased is missing; and (4) relocating the person within one's life and finding ways to memorialize the person. Worden says that these tasks apply to all people, but with children they have to be understood within the cognitive, social, and developmental stage of the child (1996, p. 12). For example, a child, aged 4-5, who has magical thinking, may believe s/he caused the death, and have to deal with tremendous guilt and pain when coping with the emotional impact of the loss (task 2); a younger child whose coping skills are less well developed than an older one may find it much more difficult to adjust to the new environment without the deceased (task 3; Worden, 1996, p. 12).

Participants

Sutter Visiting Nurse Association & Hospice in San Mateo, California organized two separate day-long events hosted at NCEFT in which volunteers donated their time and expertise to help children who had lost a loved one. Participants were identified through the hospice bereavement department, but some were volunteered by their parents through ads on local web sites, including Craig's List. The day was limited to six child participants. Children ranged in age from 4 to 12 years. Each day had one group of siblings. The losses included a parent (both mothers and fathers), a close grandparent who lived with the child, a sibling, and an uncle who had committed suicide. The group was diverse and included children of various ethnic backgrounds including Asian, Hispanic, Russian, and Euro-Americans. Losses had occurred ranging from a few months and up to 2 years prior to the events, and included both unexpected and expected deaths.

The Day's Scheduled Activities

Children arrived at 10:45 am and were dropped off by their parent, after signing appropriate waivers and permission forms. Parents were encouraged to leave their child if s/he would permit the separation. Not all children were able to have their parents leave, but even those that stayed found ways to allow their child to experience parts of the day on their own with the group leaders and other children, while they remained in the background.

Lunch was immediately served picnic style under a large group of trees with chairs forming a circle. During lunch a name game was played so children and volunteers could learn each other's names.

The day was broken into four main parts thereafter. First, the children and leaders gathered in the tee-pee for a sharing activity. Second, all participants went to the barn and were introduced to the therapy horses they would be riding, and taught the safety precautions they would use. They led the horses up the hill to the arena as a group. In the third section, children were separated into pairs and participated in one of three activities: riding, grooming and playing games on the therapy horse, playing with the goats, or working on a horseshoe art project as a memorial for their loved one. At the end of this time, everyone regrouped in the original circle and shared their art project with the group. Fruit and cookies were served. NCEFT presented gold medals on ribbons to each child, congratulating them on their participation in the day. At 2:30 pm, parents returned and picked up their child.

The Venue

The National Center for Equine Facilitated Therapy (NCEFT) is located in Woodside, California, and is 37 years old. It is a non-profit corporation dedicated to providing equine assisted activities, education and research for persons with disabilities, and in addition to two arenas, it has an Outpatient Physical and Occupational Therapy Clinic which supports year round programs. Besides equine facilitated therapy, NCEFT offers social skills programs for youth with social cognitive issues, and has partnered with the Palo Alto Veteran's Affairs Polytrauma Transitional Rehab Program to provide therapy for active duty personnel and returning veterans (NCEFT, 2008). Recently a lovely Native American tee-pee for special ceremonies was erected in an arena near the trees.

Safety

Therapy horses are particularly gentle and patient, and receive special training. Rather than a saddle, the horse is suited with a blanket and a surcingle which is a fleece or foam pad with gripping handles strapped around the belly, allowing the rider to experience the warmth radiating from the animal's body (Schwartz, 2000). Riders also wear equestrian helmets, and are accompanied by experienced handlers walking with them at all times. There are stirrups adjusted for the rider.

Interventions

Sharing Group in a Tee-Pee/Talking Stick

The leader and assistant leader, along with the children departed into a Native American tee-pee at the far end of the facility after the picnic lunch. Once inside, everyone was seated, and the leader introduced a rain stick as a "talking stick," asking that participants listen while the stick was being passed, and that only the person holding the "talking stick" speak at their turn. The leader explained how this was a tradition that many Native people use when speaking.

The leader very gently talked about how each child was there for a special reason. She said that each one had a special person in their life who had died, and that this was a bond that all these children had in common; on this day they would do some sharing

about their special person, ride horses, and create a special art project as a memorial for their person and the day. She let them know that each child could share as much or as little as they liked, and that all the helpers throughout the course of the day would be willing to listen to whatever they wanted to say.

The children were asked to first share who had died in their life (Worden's first task). Then each child was asked to say something that they enjoyed doing with this person (Worden's second task). Lastly, they were asked to share what they missed about the person (Worden's third task). Research shows that bereaved children who have lost a family member greatly benefit from safe, structured group settings in which they realize that they are not alone in their experience.

Drumming Our Emotions

There were drums in the tee-pee for each child. Eventually each person was encouraged to pick up a drum. Together the group explored how to express different emotions with the drum, such as how one might play a drum to indicate they were very angry versus sad. The assistant leader led the children in a Native American song in which the group drummed together and sang to help form group cohesiveness, as the closing for the initial group activities in the tee-pee.

Creating a Horseshoe Memorial

NCEFT provided actual used horseshoes for the event. When the children first arrived and were checking in, they were asked to choose a horseshoe, and given the option to spray paint it. Most children elected to spray their horseshoe which dried quickly while the opening tee-pee circle was occurring. The horseshoes were moved up to a picnic table in the shade for the children to decorate. Beads with alphabet letters, feathers, shells, leather, lanyard material and other objects were provided, along with quick drying glue. As the children decorated their horseshoes as a memorial for their loved one, and a commemoration of the day, experienced grief counselors sat with them at the table, and listened to what they wanted to share while they worked (Worden's fourth task). Later in sharing about making the memorial the leader reminded the children that these were actual shoes worn by the therapy horses, and that provided a metaphor for thinking about the journeys that people experience in life, and what it is like to walk in the shoes of another.

"Simon Says" on Horseback

Volunteer therapists from NCEFT introduced the children to their therapy horses. The children learned to brush the horse, how the horse liked to be touched, and where to stand to be safe with the horse. A helmet was chosen for the rider, and the child was helped onto the steed. The children were taught verbal commands to use, and the volunteer led the horse and rider around the ring. The horse's gait was slower at first, and quickened upon the commands and comfort of the rider.

Eventually both riders were brought into a side-by-side position with each other, and the leader played "Simon says" with them. The commands included sitting sideways on the horse, sitting backwards, laying supine, laying forward, thanking the horse and

eventually Simon said to whisper a secret to the horse about their loved one who died, and to share something important with the horse. This was a powerful variation on a childhood game.

Discussion

To the knowledge of both NCEFT and Sutter VNA & Hospice, this is the first time that hippotherapy had ever been offered for a group of grieving children. Though hippotherapy has been used more traditionally for neuromuscular difficulties, it seemed to provide an excellent resource for a children's grief group which also included individual work in the context of the child's individual experience with the horse.

All the children who took part in these events were brought in by families who had some psycho-education about the benefits of giving their child a way to express their grief in a healthy group setting. Most parents noticed some behaviors prior to this intervention which they associated with the loss, including somatic complaints, separation anxiety, and more significant irritability since the death.

Parents were informally interviewed before the sessions. No formal measures were taken, pre- or post-session. Further research is definitely on order. Ideally, parents would have both an entry and an exit interview, and might complete an instrument both pre and a few weeks post such as the Child Behavior Checklist. It would be nice to follow up with the children several months after the intervention and at both the one and two year mark.

In an interview with Hospice Foundation of America, Dr. Worden states, "On average, we find that about 20% of children will need intervention after two years" and red flag warning signs include a child who cannot speak about the dead person, or who leaves the room when their name is mentioned, exhibiting destructive behavior—especially if this is new behavior, and persistent anxiety (HFA, 2008).

Resources for Counselors

School counselors and grief counselors alike can both benefit from finding local centers that offer hippotherapy in their area. School counselors may want to refer clients with disabilities such as autism or cerebral palsy for this treatment. Grief counselors may want to try the sorts of activities suggested herein. Here is a list of resources for counselors.

- ❖ The American Hippotherapy Association, 1-888-851-4592, to find where hippotherapy is offered across the United States. The web site is www.americanhippotherapyassociation.org.
- ❖ The National Center for Equine Facilitated Therapy, 1-650-851-2271, for information on their unique facility. The web site is www.nceft.org.

Conclusions

It was clear to all who participated that these day long events were worthwhile and important in the lives of the children, their families and the volunteers who participated to make a day of hippotherapy and grief work possible. Further research is needed to explore the efficacy of hippotherapy and these types of interventions in their use with grieving children. The approach used here worked to facilitate children's work on Worden's Four Tasks of Mourning. All the children who participated were enthusiastic about their interactions, especially with the therapy horses. Counselors are encouraged to seek out hippotherapy resources in their local areas to add this unique approach into their repertoire. Working in partnership, Sutter VNA & Hospice, and the National Center for Equine Facilitated Therapy created a wonderful healing, unique, and therapeutic intervention for bereaved children – one that holds promise for future exploration.

References

- American Hippotherapy Association. (2007). *Hippotherapy as a treatment strategy*. Retrieved October 11, 2008, from http://www.americanhippotherapyassociation.org/aha_hpot_tool.htm#
- American Psychological Association. (2000). *Diagnostic and statistical manual of mental Disorders-Text revision* (4th ed.). Arlington, VA: American Psychological Association.
- Heine, B., & Benjamin, J. (2000). An introduction to hippotherapy. *Advance for Physical Therapists and PT Assistants*. Retrieved September 9, 2008, from http://physical-herapy.advanceweb.com/Editorial/Search/AViewer.aspx?AN=PT_p11.html&AD=06-26-2000 on September 9, 2008.
- Hospice Foundation of America. (2008). Interview with Dr. J. William Worden. *Hospice and caregiving blog*. Retrieved October 13, 2008, from <http://www.hospicefoundation.org/blog/2008/03/interview-with-dr-j-william-worden.html>
- National Center for Equine Facilitated Therapy. *Programs & Services*. (2008). Retrieved October 22, 2008, from http://www.nceft.org/index_programs-services.html
- Schwartz, M. (2000, August 8). Hippotherapy explained. *Riverside Press-Enterprise*. Retrieved October 15, 2008, from <http://www.americanequestrian.com/Reference/ref.hippotherapy.htm>
- Worden, J. (1996). *Children and grief: When a parent dies*. New York: Guilford Press.
- Worden, J. (2002). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (3rd ed.). New York: Springer Publishing Co.