

Equestrian Focal Psychodynamic Psychotherapy (EFPP/HFPP)

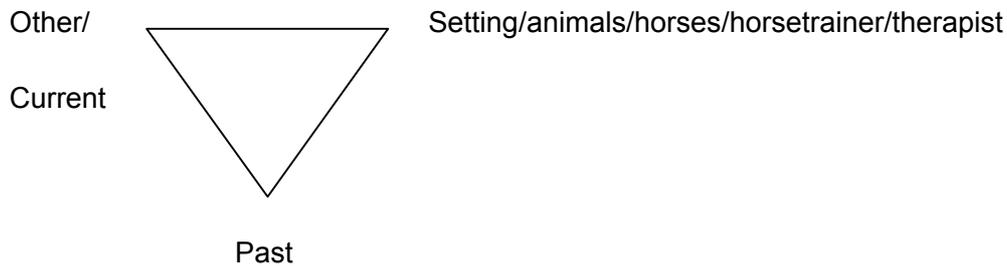
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Introduction

In our article *Het inzetten van het paard als metafoor en overdrachtsfenomeen in de psychotherapie, een paardenmiddel?* (The horse as a metaphor and transference phenomena in psychotherapy) (Kovács and Umbgrove, 2005) is described the method about which we will go into more in this paper. We have sought a low-profile, non-verbal psychological treatment method following the aftermath of the fire which took place during a New Years Eve party in a café in Volendam, in The Netherlands in 2001 where mostly teenagers were involved and developed severe psychological trauma. We wanted to develop a method where the emphasis is more on the experience rather than the cognition. Also due to feedback from our clients we have developed an experiential, non-verbal, playful method based on existing psychological theories involving natural environment, animals and especially a deployment of horses. The horse is useful because it naturally has a number of properties to be able to achieve the above. These are:

1. the horse mirrors the state of mind. Tension in the client will lead to tension in the horse; the outcome of exercising other behaviour (coping mechanism) will be visible in the interaction with the horse.
2. the horse does not accept or understand double messages and will lead to a loss of contact with the horse. Such a confrontation is easier to accept from a horse.
3. horses create an attraction to people but also a natural fear because of its size, therefore themes around setting borders can be easily edited. An other advantage is that a horse does not condemn the other.
4. balance and movement is both literally and figuratively important in relation to the movements of the horse.
5. the social interaction of horses has great similarities with those of humans, so that it obtains a modelling function.
6. The horse has the ability to carry a person, which could resemble the mother carrying the child.

Transference triangle



This treatment takes place in a rural environment, relatively far from everyday reality, where, in the therapeutic process one uses animals in general and horses in particular. This method, the Equestrian Focal Psychodynamic Psychotherapy (EFPP/HFPP), is based on elements from the short focal psychodynamic, the existential and equine assisted psychotherapy.

The goal of this method is to facilitate or accelerate an ongoing psychotherapeutic treatment by reducing the resistance of the client, promoting adaptive defence mechanism and thereby achieve editable, for the client major themes.

The emphasis is on: achieving in a rural environment (enough geographical distance from clients residential area) a corrective emotional experience, by using the (sensory) experience of events, which are linked to the preverbal developmental phase.

The interventions are determined along an expressive-supportive continuum depending on the personality and problems of the client therefore a combination of empathic validation and interpretation is used. (Gabbard, 1980)

The therapist will emphasize with the use of the setting, animals and horses more on the confrontation rather than the interpretation. Through clarifying interventions, the client is stimulated to find his own interpretations in order to understand his actions. The presented current events in the here and now in the form of presented specific exercises with the animals are edited and linked to the everyday life of the client. These experiences mean that clients understand their problems and create their own solutions. An optimal "holding environment" and offering a powerful corrective emotional experience through the relation with the setting, animals/horses and horsetrainers, provides a new attachment-representation, increased self-esteem and a foundation for further growth and development. Therefore we think that this method is not only suitable for PTSS but for a range of

psychological impairments, especially for those who lacked sufficient attachment experience in early childhood.

The treatment is executed by a qualified horsetrainer/horsespecialist and psychologist / psychotherapist. The horsetrainers are further trained by our institution. This offer can be used on a individual as well on group level, ambulant or several days consecutive (max 1 week) are offered. There are 2 locations: Veluwe (HPB, Netherlands) and Vilanardal (Rainbow Ranch, Northern Spain) depending on indication and demand.

Acknowledgement and method

In this paper we want to give knowledge of our activities with these method and show results of 3 patientgroups who went to the Rainbow Ranch in Spain in 2007 to undergo a week of additional therapy as part of their regular clinical grouptherapy at the Zaans Medisch Centrum The Netherlands. The 3 groups are a total of 27 patients, of which 13 men and 14 women, age ranged from 17 to 56 (M = 25.4). 9 Patients follow an intensive psychotherapeutic group of 4 days a week aimed at impuls control, 10 follow a programme of 2 days a week aimed at reducing neurotic personality traits and 8 patients follow a 3 daily program focused on personality development. The 27 patients were all diagnosed with a cluster B or C personality disorder. Moreover, most are diagnosed with co-morbidity of mood and anxiety disorders and drug abuse.

It's an individual aimed program (unlike the clinic) at the Rainbow Ranch. All group members follow the same program, which always adapts to individual problems. It is therefore possible that additional or specific activities will be introduced to a particular person.

The program is carried out by a female and male horsetrainer and a female and male psychotherapist.

The program consist of a diagnostic fase in which the focus is determined, a fase in which the focus is elaborated and the farewell fase.

The 3 groups have pre-and post measurement protocol, 1 week before departure, 1 week after returning, 3 month after returning, using 3 questionnaires:

BDI (depression indicator) , SCL'90 (indicator of psychological dysfunction), WHOQ (Quality of Life indicator). The regular grouptherapy is continued after returning.

Results

The analysis of the results is based on an N = 23 (11 men and 12 women), after the 2nd measurement and an N = 22 (11 men and 11 women) after the 3rd measurement. Two female group members did not go to RR, 2 male group members have not completed the questionnaires and 1 member departed abroad before the 3rd measurement.

	T1			T2			T3		
	M	SD	N	M	SD	N	M	SD	N
BDI	22,30	11,75	23	11,26*	10,01	23	13,09**	10,46	22

Paired Samples T-test, $t = 4.71$, $df = 22$, $p < 0.0005$

* Difference between average scores on pre and post is significant at $\alpha = 0.05$

Paired Samples T-test, $t = 39$, $df = 21$, $p = 0,001$

** Difference between average scores on pre and post is significant at $\alpha = 0.05$

SCL90	T1			T2			T3		
	M	SD	N	M	SD	N	M	SD	N
Anx	24,26	7,56	23	18,65*	8,31	23	19,57**	7,72	21
Ago	13,17	4,74	23	11,30*	3,75	23	10,96**	3,87	21
Dep	40,34	11,98	23	29,39*	11,39	23	30,67**	8,78	21
In	22,03	7,08	23	17,43*	5,43	23	18,19**	16,66	21
Sle	7,09	3,10	23	5,48*	1,73	23	6,00**	2,73	21
Hos	11,09	4,71	23	8,57*	2,63	23	9,47**	3,74	21
Sen	22,03	7,08	23	17,43*	5,43	23	18,19**	6,66	21
Som	23,09	7,08	23	20,43*	7,67	23	20,71	8,50	21

Anxiety, Agoraphobia, Insufficiency, Sleep disorder, Sensibility: Paired Samples T-test

Depression, Hostility, Somatization: Wilcoxon Test

* Difference between average scores on pre-and post-is significant at $\alpha = 0.05$

** Difference between average scores on pre-and post-is significant at $\alpha = 0.05$

WHQ	T1			T2			T3		
	M	SD	N	M	SD	N	M	SD	N
DomI	11,55	7,08	23	13,47*	2,71	23	13,09**	2,40	22
DomIII	12,75	2,34	23	13,39	2,80	23	12,84	3,01	22
DomIV	13,98	2,34	23	14,27	2,76	23	14,36	1,86	22
DomII	11,01	2,14	23	12,72*	2,29	23	11,79	2,23	22

DomII = Mental Health: Wilcoxon Test

DomI = Physical Health and independence, DomIII = Social relationships, DomIV = Environment and overall quality of life: Paired Samples T-test

* Difference between average scores on pre-and post-is significant at $\alpha = 0.05$

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Discussion

The results show us that there are significant improvements on several psychological domains. Verbal feedback from the patients, as well as the therapist of the psychiatric clinic, comply with the outcome of the measurements.

The results should be viewed with caution alongside the low number of respondents (N), average scores (M) are displayed and no distinction in gender, age and other demographic data. These scores indicate, however, an impression of the effect of the intervention at the Rainbow Ranch and it is to see that there is a trend in decline of psychological distress, reduce of depression and increase of the perceived quality of life. Through the formation of a homogeneous research population and control groups and systematically monitoring of the findings of the therapist in the ongoing treatment of the client, the impact of the described intervention in the future could be better explored. Specially on the development of adaptive defence mechanism and degree of mentalization.

References

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