

Running head: SATISFACTION EQUINE THERAPY

Perceived Satisfaction with Equine-Assisted Therapy: A Qualitative Study of Family  
Narratives

Morgan Carriker

A Senior Thesis submitted in partial fulfillment  
of the requirements for graduation  
in the Honors Program  
Liberty University  
Fall 2013

Acceptance of Senior Honors Thesis

This Senior Honors Thesis is accepted in partial fulfillment of the requirements for graduation from the Honors Program of Liberty University.

---

Brianne Friberg, Ph.D.  
Thesis Chair

---

Deanna Keith, Ed.D.  
Committee Member

---

Elizabeth Sites, Ph.D.  
Committee Member

---

Brenda Ayres, Ph.D.  
Honors Director

---

Date

### Abstract

The present research represents the satisfaction that parents feel with equine-assisted therapy. Equine-assisted therapy is, according to Funk and Smith (2000), the use of horses as a therapy technique that improves the well-being of individuals in all of the following areas: social, cognitive, psychosocial, and physical (2000). Themes were coded from publicized material that contained accounts of parents whose children participated in a specific equine-assisted therapy program in North Carolina. Each testimony was coded for themes that were similar in nature to those that were represented in other accounts as well. Themes that were found were organized into categories and related to satisfaction and equine-assisted therapy. There were four main categories that were represented in the data that were, Connection, Developmental Gains, Socioemotional Gains, and Personal Gains. There were also 22 specific themes that were represented in the data that were collected. Satisfaction was represented by the current research with each theme that was found in the testimonies.

## **Perceived Satisfaction with Equine-Assisted Therapy: A Qualitative Study of Family Narratives**

Hippotherapy and equine-assisted therapy is not considered a new topic in history, but has been rapidly increasing since the 1960s. Granados and Agis (2011) conducted research in order to determine the areas of improvement that make children with special needs feel better with the use of hippotherapy. Part of their research included discovering the history and origins of using horses as a means of therapy. Granados and Agis found that therapy with horses could be dated back to the time of Hippocrates, who was the first to call riding horses therapeutic. He called riding the “healing rhythm.” Chassaignac was the first to recognize that using horses for physical therapy was valuable because of the noted improvement of the rider’s balance, strength, supple joints, and morale. The more common hippotherapy and equine-assisted therapy have been growing across Europe, Canada, and the United States since the 1960s. Modern treatment has a wide range of goals that include physical, psychological, cognitive, social, behavioral, and educational goals. The goals of modern centers are to holistically improve the child’s life through each of these avenues (Granados & Agis, 2011).

All and Loving (1999) defined using horses as a means of therapy in two ways, hippotherapy and therapeutic riding. Hippotherapy is a treatment used for improving posture, mobility, and balance that is obtained by an individual riding a horse. The horse’s movement directly causes movement of the rider’s hips that simulates walking. All and Loving defined therapeutic riding as an all-around benefit to an individual, that uses the recreational aspects of horseback riding as therapy. The notable difference between hippotherapy and therapeutic riding is that hippotherapy is conducted by a

licensed physical therapist and the rider typically rides without a saddle in order for the therapy to be more physically demanding. The horse's movements more directly cause the rider to move in ways that improve posture, movement, etc. (All & Loving, 1999), whereas therapeutic riding is considered by Funk and Smith (2000) to be the use of horses and riding to improve all aspects of a person's well-being (Funk & Smith, 2000).

According to Sterba (2007), horseback-riding therapy is instructor-based and modeled after what the instructor believes to be the most fitting between the horse and rider. The instructor's job is to pair horses and riders based on both sets of abilities and then train the horse further to suit what the child or rider needs. The therapies used by the instructors are based mainly upon the instructor's knowledge of the child's impairment and then the therapies are made individually for each child to be able to improve the child's overall posture, movement, and skills. Five out of six studies showed improvement in the gross motor function of the participants through the use of hippotherapy or horseback riding therapy (Sterba, 2007). The overall lack of large populations for these studies is apparent and essential in order to conclude that both hippotherapy and therapeutic riding are beneficial.

Granados and Agis (2011) also concluded that children with special needs benefit from hippotherapy physically, psychologically, socially, and educationally. Some basic physical benefits are balance, increased muscle control, strength, stability, posture, gross motor functions and increased energy. Psychologically, hippotherapy was beneficial in growing self-efficacy, self-esteem, growing trust, security, respect, and self-control. From the social aspect, children with special needs seemed to improve in their ability to create and foster relationships and were able to gain reporting skills in the eagerness of telling

about their riding experience. In some of the activities that are involved with hippotherapy, games are played and instructions are given that involve reading, math, and recalling information in order to complete the activity. Through practicing this type of therapy, children were able to grow in the educational aspect of their lives (2011).

### **Benefitting Disabilities**

Therapeutic Riding or equine-assisted therapy is used to treat a wide range of disabilities. Elliot, Funderburk, and Holland (2008) stated that some of these disabilities include autism, spina bifida, learning disabilities and Down syndrome (Elliot, Funderburk, & Holland, 2008). Cerebral palsy (CP) is a disability where equine-assisted therapy is used for a great amount of treatment, physically, socially, and cognitively. Stranger and Oresic (2003) claim that CP is a disability that affects the social, cognitive, and physical functioning of an individual who has been diagnosed with the disability. The abilities of these individuals to provide for themselves, be socially acceptable, and be easily mobile are impaired in an individual with CP (Stranger & Oresic, 2003). Many different styles of treatment can be used to try to improve all three areas that are affected by CP in individuals, and equine-assisted therapy is one of them. Stranger and Oresic (2003) also suggested that equine-assisted therapy be used as a treatment for individuals diagnosed with CP because of its benefits to posture, mobility, and balance, along with the emotional support that the therapy provides (2003). Bertoti (1988) specifically did research regarding the postural changes in children diagnosed with CP using equine-assisted therapeutic riding as treatment. Her study resulted in the support that individuals with CP showed improvement in weight shifting, balance, rotational skills, and posture control, as well as decreased spasticity. Specifically, 8 out of 11 children had improved

posture at the end of the equine-assisted therapy treatments and numerous improvements were shown on the posture assessment scale that was used in this study (Bertoti, 1988).

In 2011, Zadnikar and Kastrin wrote about the effects of hippotherapy and therapeutic horseback riding on children with CP. The main focus of this article was to overview the data collected from various sources that have tested in some way the functioning improvements or lack thereof of individuals with CP. Zadnikar and Kastrin found that the populations were too small and too diverse for each study to make a prevalent difference in what the study was focused on achieving through either hippotherapy or therapeutic horseback riding. Both were able to improve the daily living of the participants, but the measurement was hard to obtain and compare because of the wide range of participants (Zadnikar & Kastrin, 2011).

There are many other areas of need that can be met through the use of equine assisted therapy and some include the elderly population, at-risk teenagers, substance abuse, speech impediments, violence, and specifically women. Equine-assisted therapy is not limited to treating individuals with mental or physical disorders and that are considered to have a handicap of some kind. Macauley and Gutierrez (2004) investigated the effects of hippotherapy on children with language learning disabilities. After a questionnaire was administered to the parents of the children that participated in the therapy, all concluded that there was an improvement toward the therapeutic goals in speech and language after the use of hippotherapy. The observation was made through the questionnaire that having willing participants did make a difference in the outcome (2004). At-risk teenagers can also benefit from therapy using horses as tools to reach these individuals that are struggling socially and psychosocially in their environments.

Studies done by Bachi, Terkel, and Teichman (2011) and Burgon (2011) emphasized the therapeutic environment that allows these adolescents to get away from their usual surroundings and be treated holistically through the horses, riding, and surroundings. According to Chalmers and Dell (2011) and Schultz, Remick-Barlow, and Robbins (2007), the psychosocial benefits of equine-assisted therapy can be beneficial as well to children who have been exposed to violent backgrounds and adolescents who are participating in substance abuse. Specifically, two types of individuals that can also be positively affected by equine-assisted therapy are the elderly and women. Araujo, Silva, Costa, Pereira, and Safons (2011) did a study that involved the elderly and the postural control that was gained through the use of equine-assisted therapy. In 2009, Froeschle conducted research that studied women and how they were empowered by the use of horses as a career therapy. There are many ways in which people can benefit from equine-assisted therapy and hippotherapy that are not limited to the physical benefits that which most studies dealing with equine-assisted therapy are focused.

### **Gross Motor Functioning**

For most individuals who benefit from equine-assisted therapy, their gross motor function has been compromised in some way to prevent them from carrying out normal lives physically. The individuals are impaired in the main movements of the body such as legs, arms, torso, and head. Sterba, Rogers, France, and Vokes (2002) conducted a study on individuals with CP, using a standardized scale that measured gross motor function in a way that was reliable to compare subjects to and under the scale. The Gross Motor Function Classification System has been widely used to compare gross motor function. The participants were measured by the use of 88 items that were organized into five



Dimensions of gross motor function including, (A) lying and rolling, (B) sitting, (C) crawling and kneeling, (D) standing, and (E) walking. In their study, the professionals that did the measuring were kept blinded to the treatment plan dealing with the horses so that they were not able to predict what would happen and therefore bias the answers (Sterba, et. al, 2002). Although this study did not come to a definite conclusion that the gross motor function of the individuals involved was improved, it does support the overall view that therapeutic horseback riding is beneficial in more than just one area of treatment. Maturra et al. (2008) conducted research that tested the general stature of the horse for rider capability and they hoped to use their research to further the process of selecting and using horses for therapy that would be suited best for the physical needs of the rider (Maturra, et al., 2008).

### **Relationship Between Horse and Rider**

There also seems to be a relationship formed between the rider and the horse that leads to things such as a boost in confidence and self-esteem that creates additional benefit for the individual with special needs (Elliot, Funderburk, & Holland, 2008). The physical aspect of these disabilities seems to be largely affected by equine assisted therapy rather than the mental aspect, although the physical aspect of equine assisted therapy does not limit the capability for individuals with mental disabilities to be positively effected as well. Autism is an example of a disability where the child is more affected cognitively than physically. Research suggests that people with autism have been affected by horses and their nature.

Chardonnens (2009) wrote an article about the therapeutic aspects of a farm and how it affected a child that was diagnosed with a mental illness. The goal of this type of

therapy is to help the individual of child or adolescent age overcome his or her difficulties in all aspects of his or her disability. The main parts of the therapy include the individual taking care of all of the specific animals' needs, especially working with the horses. These needs include anything from grooming and medical care, to stall cleaning and feeding the animals. Chardonnens mentioned in her explanation of the relationship between humans and animals that the relationship between children and animals is unique and they have a special bond that most adults do not have with animals. Children who had experienced abuse either physically, socially, or emotionally, demonstrated a particular relationship with animals that creates hope, self-esteem, and trust that the children were not able to find in the adults that they once knew. The child who participated in the case study came from an extreme family environment with no stability, and he was diagnosed with serious mental illness with the co-morbid intellectual disability. When he was first placed on the farm, he had no respect for any rule and did not follow any instruction. Throughout his yearlong stay on the farm he eventually was able to gather himself and understand that he was not being judged. He was eventually able to see that the animals did not reject him after a failure, but returned to him like nothing had happened. This return provided the child with support and comfort. He was able to gather self-esteem in helping others during the last part of his stay on the farm and was even able to learn how to mount the horses. Chardonnens stated that the reason that horses work so well with humans in therapy is because of the similar emotions and social aspects that you need for both horse-human interaction and human-human interaction. A great deal of respect is needed from both parties when dealing with horses in therapy and just the sheer nature of the horse being able to sense the person's emotions. There is not a

way to hide one's feelings when working with horses because they reflect what the human is feeling (Chardonnens, 2009).

### **PATH Intl.**

The Professional Association of Therapeutic Horsemanship International (PATH Intl., 2013) is an organization that supports, certifies, and enables therapeutic riding centers throughout the world to treat individuals with some kind of disability or handicap. The organization was founded by the North American Riding for the Handicapped Association (NARHA) in 1969 in order to promote horsemanship and riding as a source of therapy for people with special needs. PATH has been able to reach over 54,000 children around the world and is still growing. The program also reaches out to wounded soldiers as well as children and adults with special needs. In order to be a certified instructor for a therapy program, a series of educational tests, workshops, and physical tests have to be completed over a period of time (PATH Intl., 2013).

### **Satisfaction**

Research is scant in the area of satisfaction of therapy, especially in the realm of equine-assisted therapy. There is also a difference between looking at general life-satisfaction and the satisfaction felt about a specific therapy that an individual has been involved. Bachi, Terkel, and Teichman (2011) mentioned the general life-satisfaction of the individuals who participated in their study of equine-facilitated psychotherapy and how the non-participation in the therapy may have been a part of the lack of life-satisfaction in those that did not participate, or were in the control group. One year after the study, Bachi, Terkel, and Teichman conducted follow-ups on the participants from both the experimental and control groups of their study. The general life-satisfaction of

the experimental group increased and decreased in the control group. There was not enough evidence to fully support the findings, but it can be said that equine-facilitated psychotherapy may have an effect upon the general-life satisfaction of individuals (2011). Although general life-satisfaction has been researched, the satisfaction that individuals and families receive because of their involvement or participation in equine-assisted therapy has yet to be touched.

There seems to be much research testing the physical effects of therapeutic riding on individuals with special needs, but there is a gap in showing the satisfaction of the individuals and their families as the effects mentally, from every vantage point, of the therapeutic riding program emerge. The overall satisfaction of equine-assisted therapy could help to grow the knowledge and use of horses for treatment, no matter the disorder or area of need. The current research will attempt to connect the physical with the emotional and social effects of therapeutic riding, looking at these specific questions: what themes are prevalent in testimonials given by client parents? How are these connected to the social, emotional and physical aspects of the life of the individual receiving therapy?

## **Method**

### **Participants**

The center that was involved in the current research is located in central North Carolina and has been participating in and providing equine assisted therapy services for 20 years. The program consists of about 65 individuals who participate in therapy each week, through group riding classes. There are five hired staff members that continually work at the center and ten consistent volunteers that work every week to help out with all

of the classes. Around four classes are held per day, for four days each week in order to serve as many individuals as possible with the amount of resources and horses that are available to the program. The program uses about 100 volunteers every week in order to successfully run efficiently and each volunteer comes once per week on average, but the volunteers are constantly changing and growing as the knowledge of the program spreads through the community. The program takes time every year to publish material about equine-assisted therapy and the benefits of it. The booklet contains information that helps to promote the program and show the community what goes on during the training season. Also included in the book are sponsor information and other donation opportunities. Twelve testimonials from 12 different families, which were included in the yearbook, were utilized as data for this study.

### **Materials**

After receiving Institutional Review Board approval, the current research looked at the common themes represented by the use of equine-assisted therapy. Every year the program publishes a book that contains information about the past year in the program, information about the next year for the program, written information about client experience and more. The testimonials that were used are parent-written testimonials that were submitted as part of the book that was published. A qualitative analysis of the data presented by the parents of clients in the program was done to look specifically at themes that are represented by the use of equine-assisted therapy. No other information was gathered that is specific to the clients or parents, and the data retrieved from the published book was anonymous. This study was considered low-risk due to the nature of the material being used and the lack of human interaction.

A qualitative analysis was chosen for this research in order to begin the research in an area that is vastly unresearched, and as well to search for specific areas of interest inside equine-assisted therapy. Using Strauss and Corbin's (1990) guide to theoretical sampling, qualitative research was done to discover what themes are present and frequent in the parent testimonials of individuals that participated in equine-assisted therapy. In this research, parent testimonies were chosen to collect data from because they would contain the necessary information and qualitative information that pertained to satisfaction and equine-assisted therapy. Open, purposeful sampling was used to gather data from a specific type of therapy center. According to Strauss and Corbin (1990), open sampling has the goal of discovering as many relevant ideas as possible from a set of data. This sampling can be done purposefully or systematically. Open sampling can be used for gaining the most relevant data from a specific source and the greatest amount of information as well. Discovery is the main idea behind this style of research (Strauss & Corbin, 1990). After open sampling and coding were used to gather as many themes and discoveries from the data set that was available, axial coding was used to then combine and consolidate the data into categories that were related. Strauss and Corbin (1990) stated that axial coding is used to discover the relationships between data that are labeled in categories and subcategories while out in the field or collecting the data (1990).

### **Results**

A total of six books were collected and then searched for testimonial material that ranged from the years 2007 to 2013 (2008 was not available). The 2013 issue of the books contained testimonials that could be coded for themes represented through equine-assisted therapy, therefore all other books were not included in the research. Twelve out

of the 13 testimonials, inside the 2013 book, were viable for use in the research; one was not included in the study because of so few words that were said. The frequencies of each theme were noted and there were four categories that represented all of the results.

Overall, relevant themes that pertained to the satisfaction that the parents felt or the satisfaction that the parents testified for their child in the program were noted and came forth from within the data that were collected. There were eight occurrences where parents specifically exclaimed that their child “loved” a certain aspect, if not all, of their experience with equine-assisted therapy, at the specific riding center. This expression of love was prevalent since there were only 12 testimonials total. The testimony that these children “loved” either one aspect or all of their experience with equine-assisted therapy says that the individuals are satisfied with the therapy and what it is doing for them, and for the parents as well.

### **Research Question One**

In response to the data collection and analysis, there were 22 themes that emerged from the data that were then categorized into four areas. The four categories are Connection, Developmental Gains, Socioemotional Gains, and Personal Gains.

Connection includes themes that pertain to how each individual participant in the equine-assisted therapy program is able to connect with and relate to other individuals or their assigned horses. Within Connection, the themes that emerged were Encouragement, Friendships, Support, and Attachment. Developmental Gains are themes in which the individual develops in some way through physical, social, or cognitive ways. Within Developmental Gains includes Socialization, Learning, Physical Gain, Cognitive Gain, and Speech as themes that were brought from the data set. Socioemotional Gains are

areas in which the participants in the program were able to feel and were able to gain emotionally, that affects them outwardly. Socioemotional Gains included Comfort, Therapeutic, Acceptance, Fulfillment, Compassion, Happiness, and Relaxation. Finally, Personal Gains were areas in which directly benefitted the individual. Personal Gains themes that were apparent were Independence, Confidence, Personal Expression, Ownership, Anticipation, and Participation. These results answer the first research question that asked what themes were present in the parent testimonials of the equine-assisted therapy program. The themes organized according to their categories are noted in Table 1, and each theme that was extracted from the data is defined in Table 2.

Table 1  
*Themes and categories from parent testimonies*

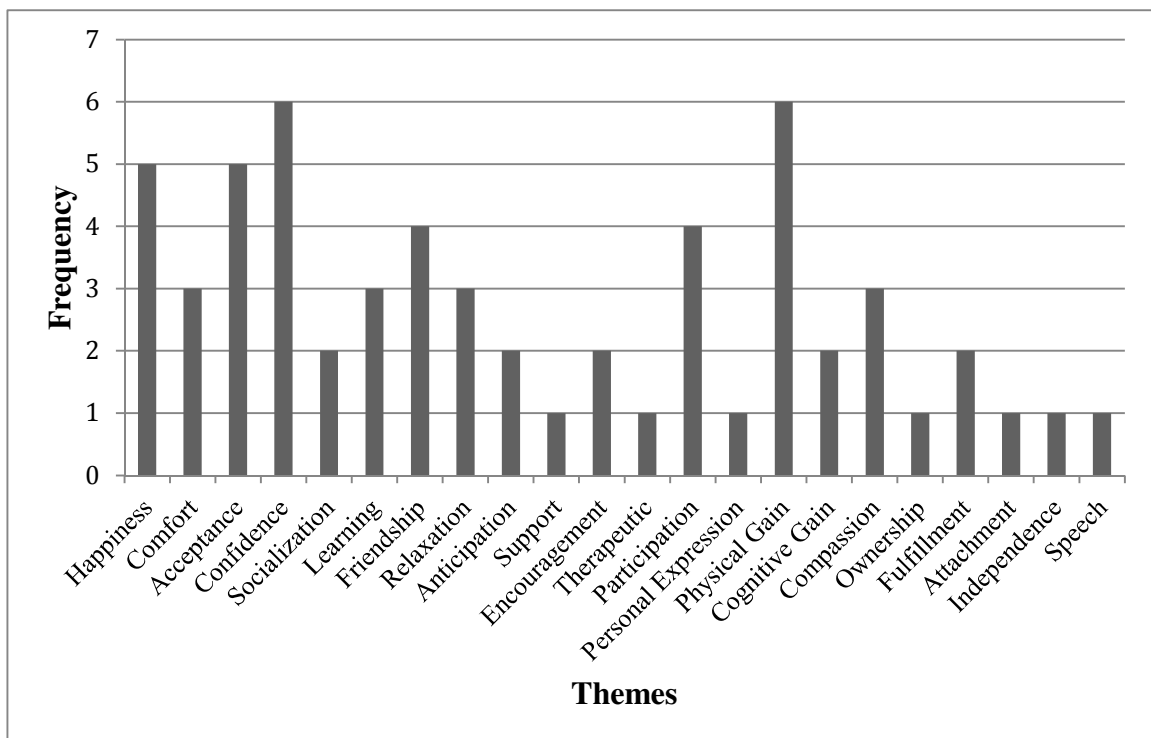
<b>Category</b>	<b>Theme</b>
Connection	Encouragement Friendships Support Attachment
Developmental Gains	Socialization Learning Physical Gain Cognitive Gain Speech
Socioemotional Gains	Comfort Therapeutic Acceptance Fulfillment Compassion Happiness Relaxation
Personal Gains	Independence Confidence Personal Expression Ownership Anticipation Participation



Table 2  
*Definitions of themes.*

Acceptance	Individuals are included, and that they are not excluded because of their disability or what they are not capable of doing.
Anticipation	Excitement to be involved and to come to therapy
Attachment	Bonds are created between individuals and between individuals and their horses
Cognitive Gain	Gain in the individual's ability to use cognitive aspects of their own selves(e.g., thinking clearly, actively seeking to understand)
Comfort	Safeness, ability to be open because the individual is not worried
Compassion	Individual feels love from the volunteers and staff members of the center
Confidence	Lessened amount of fear when doing new activities, or even habitual ones
Encouragement	Individual is pursued and persuaded that he or she is capable of doing what they fear they are not able to
Friendship	Developing of friends and adding more individuals to their pool of friends
Fulfillment	Enjoying so much that the individual cannot get enough, bettering of lives
Happiness	Being happy, containing joy
Independence	Ability of the individual to work on his or her own and do things without the help of every person around them
Learning	Growing in knowledge
Ownership	Having possession over aspects of the therapy
Participation	Increase in team skills, follow directions, taking turns
Personal Expression	Personality coming forth, acting out on who he or she is
Physical Gain	Any gain physically from where the individual was when he or she began
Relaxation	No worries, letting go, feeling like nothing else is going on
Socialization	Communication with one another, having complete conversations
Speech	Gain the ability to speak more clearly or speak at all, language
Support	Have a place to rest on, supportive environment
Therapeutic	Overall gaining throughout areas of life

Happiness, Acceptance, Confidence, Friendship, Participation, and Physical Gain were the themes that occurred most frequently throughout all of the parent testimonials. Physical Gain and Confidence occurred each six times and appear to be the most prevalent theme that emerged from the texts. This prevalence would provide that these themes are representative of some of the main reasons in which parents and clients want to participate in equine-assisted therapy and why they are satisfied with what equine-assisted therapy at the specific center has provided for them. Each testimonial testifies that the parents and clients are benefitting from the therapy in some way (see Figure 1).

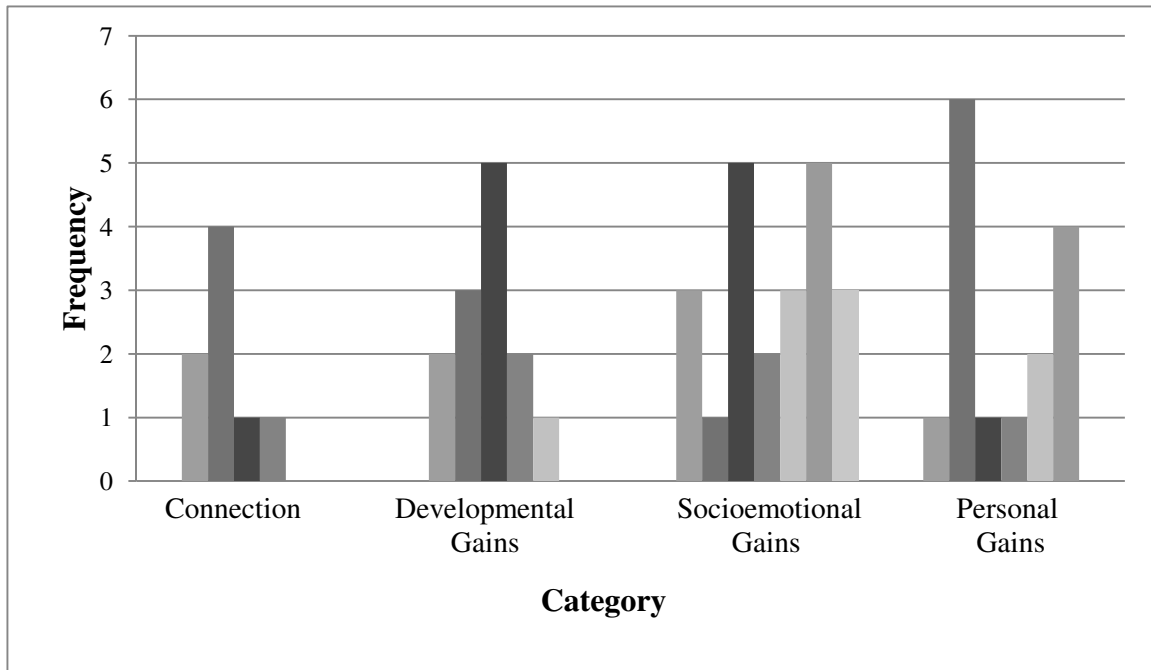


*Figure 1.* Frequencies of each theme that were found in the parent testimonials.

### **Research Question Two**

When the themes were compressed into four categories that most closely represented aspects of the therapy participants' lives, the four categories that emerged were: Connection, Developmental Gain, Socioemotional Gains, and Personal Gains (see

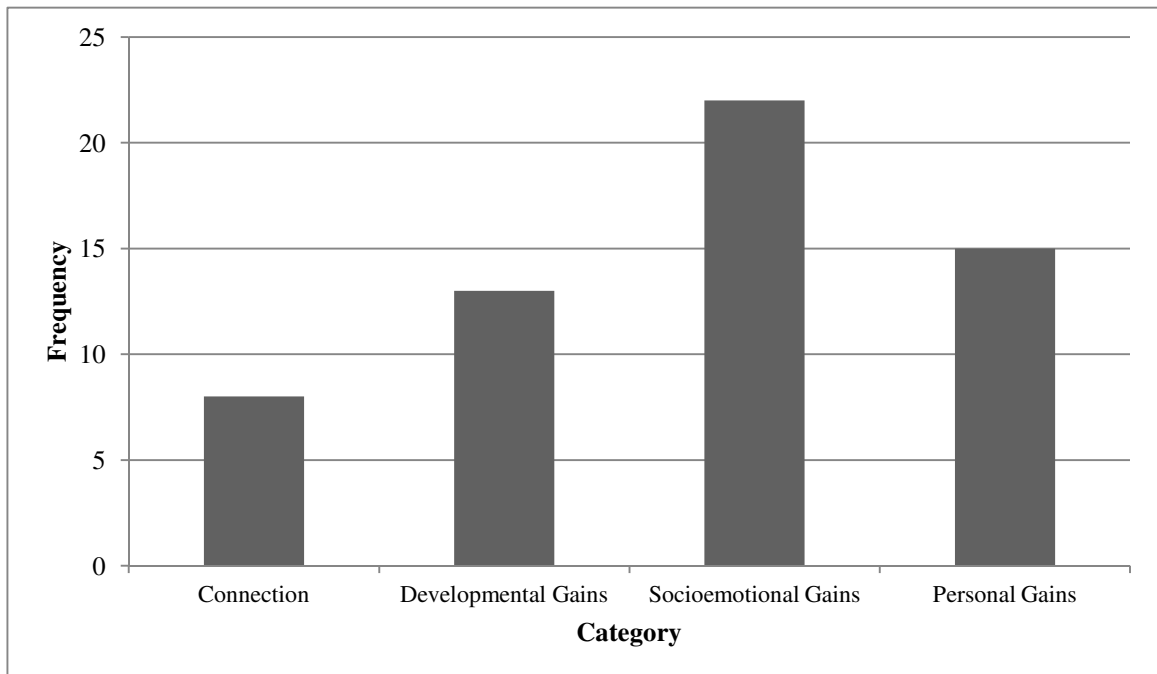
Figure 2). Each of these categories relate to the participants' lives socially, emotionally, and physically. Connection relates to the social aspect of the individuals' lives, Developmental Gains relates directly to the physical aspect of their lives, and Personal Gains relates to the emotional aspect of their lives, by means of each theme represented within each category.



*Figure 2.* Frequencies of themes according to each category.

Socioemotional Gains contained the highest frequency of codes. There seem to be more benefits that fall under this category than any other category that was organized from the data. Comfort, Acceptance, and Happiness were only three of the themes that were included, but they represented a vast amount of data that was collected. This category shows that a large part of the benefits of equine-assisted therapy, at least at this center, were based around what affects the individual directly through emotions and their overall experience. Developmental Gains and Personal Gains were not too far behind

Socioemotional Gains, but both of the others represent different aspects of the individual's satisfaction of equine-assisted therapy (see Figure 3).



*Figure 3.* Overall frequencies of each category.

### **Discussion**

The overall results of the current study showed that there are many aspects of an individual's life that are affected by this specific equine-assisted therapy program. The gains, developmentally, socioemotionally, and personally, along with the connection that comes from the program are apparent and are dually noted in prior research. The current research's main results that showed a prevalence of socioemotional gains, that include comfort, therapeutic, acceptance, fulfillment, compassion, happiness, and relaxation, was also noted by various researchers including Stranger and Oresic (2003) in their research with Cerebral Palsy and hippotherapy, Bachi, Terkel, and Teichman (2011) in their research with at-risk teenagers, and in 2009 with Froeschle's study on women and empowerment. The listed areas of research have included various aspects of

Socioemotional gains that pertain to the use of hippotherapy or equine-assisted therapy as a form of treatment. Developmental gains were also dually noted in some of the previous literature listed above, but also specifically in Sterba, Rogers, France, and Vokes (2002) research with Cerebral Palsy and gross motor function with the use of hippotherapy. The current research shows that there were physical gains noted throughout the testimonies of the participants in the equine-assisted therapy program. Connection and Personal gains seem to be connected in prior research with the relationships built through the equine-assisted therapy program and specifically between the horse and rider. Elliot, Funderburk, and Holland (2008) concluded through their research that the relationship between horse and rider could lead to a boost in confidence and self-esteem (2008).

Overall satisfaction, specifically related to equine-assisted therapy, has not yet been reached in the research field. The current research uses client testimonials, which were not restricted, to collect themes that were represented throughout. Satisfaction could be represented by the different themes and how they benefit the individuals participating in the equine-assisted therapy. Along with overall satisfaction being represented by four of the 12 testimonials some form of the word “love” was used to describe the riders’ feelings toward either the whole experience of equine-assisted therapy or a certain aspect of it. Bachi, Terkel, and Teichman (2011) talked about the general life-satisfaction that was a result of using equine assisted therapy or not. In the current research, we looked at what overall satisfaction comes out of equine-assisted therapy, rather than having participants both in and out of equine-assisted therapy programs and the outcome of using it.

The current research has enabled a new area of research to be accessed that has not yet been done by looking at overall satisfaction that is a direct result of an equine-assisted therapy program. Future research can benefit from this research by expanding on the themes that were represented in the testimonials and also by expanding on the satisfaction of the parents, families, clients, and volunteers of equine-assisted therapy.

Limitations to the research include the inability to gain access to prior years' data and books, the inability to obtain any data that are not published, and not knowing the disability range that is prevalent. All three of these situations could limit the amount of research that can be conducted on the topic. The inability to access past years' data could reduce significance by not having enough material to compare. Only one year's worth of material could be considered biased due to uncontrollable circumstances, therefore a wider range of material would improve the reliability of data. There may be additional anonymous data that are already public knowledge or published in the annual book, which may differ from the data parents allowed to be published. The range of ages that is presently active in the program, and the range of disabilities that is represented are two sets of data that are an integral part of making the overall satisfaction, effects, and future implications of the research comparable and relevant.

As mentioned previously, the external validity of this research is limited because the ability to generalize the results is not likely. Specifically since this research only contains data from one equine-assisted therapy facility and only has one year's worth of parent testimonials leads to the inability to support that more than just this specific equine-assisted therapy program has satisfied individuals. Also, the opinions and testimonies of the parents that chose not to give enter their information into the

publicized book may differ systematically from those who did submit a testimony to be published. There is no way of knowing rather or not the other parents involved in the program are as satisfied or satisfied at all with what equine-assisted therapy does for their children. Finally, there are variables that have not been measured in this research (e.g., severity of disorder), which might impact the results of the current study. It would be of interest to look at the varying disabilities and how each one is affected from a satisfaction standpoint in further research.

This research will benefit future researchers, in giving them a basis and foundation for why equine assisted therapy or therapeutic riding is important and why it has lasting effects on individuals and their families. There are a limited number of sources that relate equine assisted therapy to the emotional and social aspects of the clients' behavior. The current research could bridge the gap between the physical and the emotional/social effects that equine assisted therapy has on an individual. As noted above, future research could expand upon each theme that emerged from the testimonials, and by expanding on the satisfaction of the different individuals that are impacted by equine-assisted therapy (parents, family, clients, riders, volunteers, and staff). Equine-assisted therapy is growing and is also becoming a very prevalent form of therapy for all kinds of disabilities and individuals. The area is expanding and this research could help to further the importance of equine-assisted therapy. It could help to create an emphasis and a need for equine-assisted therapy to become an option for more individuals to receive treatment. Currently, equine-assisted therapy is not covered by insurance and is not being funded by the medical field as a form of therapy. Although there are many benefits and more research is being done to uncover these benefits, the hope is to have equine-assisted

therapy become a mainstream therapy that is available for more individuals in need of this type of therapy. The current research could help identify possible benefits to equine-assisted therapy in order to make it more available to all individuals in need.



## References

- All, A. C. & Loving, G. L. (1999). Animals, horseback riding, and implications for rehabilitation therapy. *Journal of Rehabilitation*, 49-57.
- Araujo, T. B., Silva, N. A., Costa, J. N., Pereira, M. M., & Safons, M. P. (2011). Effect of equine-assisted therapy on the postural balance of the elderly. *Brazilian Journal of Physical Therapy*, 15(5), 414-419.
- Bachi, K., Terkel, J., & Teichman, M. (2011). Equine facilitated psychotherapy for at-risk adolescents: The influence on self-image, self-control, and trust. *Clinical Child Psychology and Psychiatry*, 17(2). 298-312.
- Bertoti, D. B. (1988). Effect of therapeutic horseback riding on posture in children with cerebral palsy. *Journal of the American Physical Therapy Association*, 68(10), 1505-1512. Retrieved from: <http://ptjournal.apta.org/content/68/10/1505>
- Burgon, H. L. (2011). "Queen of the world": Experience of "at-risk" young people participating in equine-assisted learning/therapy. *Journal of Social Work Practice*, 25(2). 165-183. doi: 10.1080/02650533.2011.561304
- Chalmers, D. & Dell, C. A. (2011). Equine assisted therapy with first nations youth in residential treatment for volatile substance misuse: Building an empirical knowledge base. *Native Studies Review*, 20(1). 59-87.
- Chardonnens, Evelyne. (2009). The use of animals as co-therapists on a farm: The child-horse bond in person-centered equine-assisted psychotherapy. *Person-Centered and Experimental Psychotherapies*, 8(4), 319-332.

- Elliot, S., Funderburk, J. A., & Holland J. M. (2008). The impact of the “stirrup some fun” therapeutic horseback riding program: A qualitative investigation. *American Journal of Recreation Therapy, 7*(2), 19-28.
- Froeschle, J. (2009). Empowering women through equine assisted career therapy. *Journal of Creativity in Mental Health, 4*(2). 180-190. doi: 10.1080/15401380902945228
- Funk, M. S. M. & Smith, B. A. (2000). Occupational therapists and therapeutic riding. *Anthrozoos, 13*(3), 174-181.
- Granados, A. C. & Agis, I. F. (2011). Why children with special needs feel better with hippotherapy sessions: A conceptual review. *Journal of Alternative and Complementary medicine, 17*(3), 191-197. doi: 10.1089/acm.2009.0229
- Macauley, B. L. & Gutierrez, K. M. (2004). The effectiveness of hippotherapy for children with language-learning disabilities. *Communication Disorders Quarterly, 25*(4), 205-217.
- Matsuura, A., Ohta, E., Ueda, K., Nakatsuji, H., & Kondo, S. (2008). *Journal of Equine Science, 19*(1), 9-18.
- PATH Intl. (2013). Professional association of therapeutic horsemanship international. Retrieved from <http://www.pathintl.org/>
- Schultz, P. N., Remick-Barlow, G. A., & Robbins, L. (2007). Equine-assisted psychotherapy: A mental health promotion/intervention modality for children who have experienced intra-family violence. *Health and Social Care in the Community, 15*(3), 265-271. doi: 10.1111/j.1365-2524.2006.00684.x

- Sterba, J. A. (2007). Does horseback riding therapy or therapist-directed hippotherapy rehabilitate children with cerebral palsy? *Development Medicine & Child Neurology*, *49*, 68-73. doi: 10.1017/S0012162207000175
- Sterba, J. A., Rogers, B. T., France, A. P., & Vokes, D. A. (2002). Horseback riding in children with cerebral palsy: Effect on gross motor function. *Developmental Medicine & Child Neurology*, *44*, 301-308.
- Stranger, M. & Oresic, S. (2003). Rehabilitation approaches for children with cerebral palsy: Overview. *Journal of Child Neurology*, *18*(1), 79-88.  
doi:10.1177/08830738030180010201
- Strauss, A., & Corbin, J. (1990). Theoretical sampling. In A. Strauss & J. Corbin (Eds.), *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage, 176-193.
- Zadnikar, M. & Kastrin, A. (2011). Effects of hippotherapy and therapeutic horseback riding on postural control or balance in children with cerebral palsy: A meta-analysis. *Developmental Medicine & Child Neurology*, *53*(8), 684-691.  
doi:10.1111/j.1469-8749.2011.03951.x