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# Therapeutic Factors in Equine-Facilitated Group Psychotherapy for Women Survivors of Interpersonal Violence

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*This study entailed a qualitative content analysis of therapeutic factors in equine-facilitated group psychotherapy (EFGP) for women trauma survivors (n = 9). Our findings indicated that instillation of hope, self-understanding, learning from interpersonal action, guidance, and acceptance frequently appeared in group members' narratives about their most important session events. These, as well as other group therapeutic factors, manifested in unique ways specific to the EFGP format. Clinical practice implications and new directions for future research investigations are discussed within the context of designing and delivering equine-facilitated therapy groups.*

**Keywords:** *equine-assisted mental health; qualitative content analysis; therapeutic factors; trauma*

Interpersonal violence (IPV) against women continues to be a significant public health concern in the United States (Iverson et al., 2013). The negative psychological sequelae associated with gender-based interpersonal trauma is complex and has wide ranging effects on women IPV survivors (Briere & Jordan, 2004). Furthermore, the absence of strong social ties, and negative post-assault reactions from peers or family members, have been associated with poorer

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health outcomes for women IPV survivors (Davis, Brickman, & Baker, 1991; Ullman & Filipas, 2001). Women's experiences of stigmatization (e.g., victim blaming) can be particularly damaging and have been linked to greater posttraumatic stress (PTS) symptom severity (Ullman & Filipas, 2001). Accordingly, social support and acceptance are key aspects of IPV recovery (Sippel, Pietrzak, Charney, & Southwick, 2015; Stenius & Veysey, 2005; Ullman & Filipas, 2001).

Group work has long been considered a transformative mental health treatment approach (DeLucia-Waack, Kalodner, & Riva, 2014) and effective way to reconnect women IPV survivors with supportive peer networks (DiNunno, 2000; McWhirter, 2006). There also is increasing knowledge regarding the benefits of including animal-assisted activities in group therapy (Chandler, 2017; Hamama et al., 2011; Lange, Cox, Bernert, & Jenkins, 2007; Perry, Rubinstein, & Austin, 2012). Researchers in the field of equine-assisted mental health (EAMH) suggest that equine activities may enhance group treatment for women IPV survivors (Shambo, Seely, & Vonderfecht, 2010; Whittlesey-Jermone, 2014). However, less is known regarding the actual mechanisms of change present in equine-assisted group therapy. Exploring session-level events is one way to elucidate change processes in therapy (Timulak, 2010). Therefore, the purpose of conducting this exploratory study was to investigate, session-by-session, therapeutic factors in equine-facilitated psychotherapy groups for women survivors of interpersonal violence. For the purposes of this article, our references to trauma, abuse, and interpersonal violence are specific to events in which women experienced physical, sexual, psychological, or emotional harm within the context of interpersonal relationships, as opposed to traumatic experiences involving disasters or accidents.

## **GROUP WORK FOR WOMEN SURVIVORS OF INTERPERSONAL VIOLENCE**

A variety of group work approaches are well suited for addressing post-trauma recovery by offering women IPV survivors pathways to reparative relational experiences and strategies for managing symptoms of posttraumatic stress (DiNunno, 2000; Kelly & Garland, 2016; McWhirter, 2006; Parker, Fourt, Langmuir, Dalton, & Classen, 2007). Women IPV survivors' participation in trauma-informed group work has been associated with decreases in symptoms of posttraumatic stress, as well as anxiety, depression, and disassociation (Kelly & Garland, 2016; Sayin, Candansayar, & Welkin, 2013; Zlotnick et al.,

1997). Qualitative findings also affirm the benefits of group work for women IPV survivors. For instance, participants in a women-only trauma group reported that the format provided more psychological safety, and this was an important factor in their willingness to explore distressing material within a group environment (Stenius & Veysey, 2005). Women in a multimodal trauma group program for childhood maltreatment found the group treatment environment to be helpful for rebuilding a positive self-image and learning new tools to cope with trauma reminders (Parker et al., 2007). Relatedly, group therapy researchers have identified therapeutic factors that appear to be particularly relevant in groups for women IPV survivors (Bonney, Randall, & Cleveland, 1986; Randall, 1995; Sayin et al., 2013; Wheeler, O'Malley, Waldo, Murphey, & Blank, 1992).

In one of the earliest investigations on therapeutic factors in women's groups, Bonney et al. (1986) used Yalom's Q-sort method to explore the helpful aspects of an open-ended, long-term therapy group for female incest survivors. In this study, participants ranked self-understanding, cohesiveness, and family re-enactment as the most helpful therapeutic factors. Wheeler et al. (1992) also used the Q-sort method to determine that catharsis, self-understanding, and existential factors were most important to women in an incest survivor group. More recently, results from a study conducted by Sayin et al. (2013), indicated that women in a psychotherapy group for sexual abuse survivors ranked existential factors, cohesiveness, and universality as the most helpful therapeutic factors in their group experiences. Collectively, these studies' findings converge on the importance of social support and mutual acceptance in women's trauma recovery processes.

## **WOMEN, HORSES, AND GROUP WORK**

According to Stenius and Veysey (2005), women IPV survivors have found outdoor activities, exercise, and spending time with their companion animals to be helpful during the healing process. Such information is especially useful in conceptualizing the potential therapeutic mechanisms associated with equine-assisted mental health (EAMH) interventions. Specifically, EAMH services take place in an outdoor setting (i.e., ranch), involve physical activity, provide relational experiences with a social animal, and are guided by a qualified mental healthcare practitioner (Hallberg, 2018). In regards to recovery from adverse experiences, people have described the horse-human bond as a partnership of nonjudgmental acceptance

and nurturance, which restored their sense of identity and life purpose (Yorke, Adams, & Coady, 2008).

Proponents of EAMH believe horses' sociability and interactive nature draw women out of isolation, strengthen the counselor-client therapeutic alliance, and facilitate interpersonal connection (DePrekel, 2012; Meinersmann, Bradberry, & Roberts, 2008; Porter-Wenzlaff, 2007; Schroeder & Stroud, 2015). Women have reported that therapeutic interactions with horses are emotionally grounding, instill feelings of courage and hope, and help them navigate interpersonal boundaries problems (Shambo, Young, & Madera, 2013). Several investigators independently concluded that EAMH group interventions could successfully address women survivors' trauma-related symptoms such as anxiety and depression (Shambo et al., 2010; Signal, Taylor, Botros, Prentice, & Lazarus, 2013; Whittlesey-Jermone, 2014).

Though researchers are understandably keen to determine the significance of the horse's unique contribution, it also is important to investigate how member-to-member interactive processes could contribute to client improvements in EAMH groups. Relatedly, there is a lack of empirically supported research on active treatment components in EAMH interventions (Anestis, Anestis, Zawilinski, Hopkins, & Lilienfeld, 2014), and even less research on how group dynamics and developmental processes differ when horses are present. This type of information is necessary to ensure practitioners understand how to facilitate interactive processes in EAMH groups. Furthermore, given the broader surge of public interest in animal-assisted therapies, and the American Counseling Association's recent adoption of the Animal-Assisted Therapy in Counseling Competencies (Stewart, Chang, Parker, & Grubbs, 2016), it is imperative researchers begin to take a closer look at therapeutic processes in animal-assisted group work. Consequently, the purpose of the current study was to contribute new knowledge regarding therapeutic factors in equine-facilitated group psychotherapy (EFGP) for women IPV survivors. We developed the following research questions for this study: Which group therapeutic factors are present in women IPV survivors' meaningful experiences participating in equine-facilitated group psychotherapy? How do these factors present over time?

## METHOD

This study entailed a directed approach (Hsieh & Shannon, 2005) to qualitative content analysis, which involved applying a theoretically

derived categorization system to the interpretation and coding of raw data (Mayring, 2000; Schreier, 2012). This is a useful method for analyzing large amounts of qualitative data by narrowing the focus of inquiry down to select features of the material (Schreier, 2012). Critical realism (Bhaskar, 1975) grounded our methodological stance and research process. Critical realists suggest that although we cannot directly observe the underlying mechanisms driving social processes, theoretical knowledge about these mechanisms can be constructed through observation of social events (Cruickshank, 2012). As this paradigm relates to the present study, women participants' most important session events were explored through the theoretical underpinnings of group interactive processes (Bloch & Crouch, 1985; Kline, 2003; Yalom & Leszcz, 2005). It is important to note that from a critical realist lens, we could not make truth claims about the associations between therapeutic factors and what participants' believed was most important about their experiences in EFGP, but rather offer up one possible way to understand mechanisms (i.e., group therapeutic factors) that might be occurring in this group setting.

### **Researchers' Disclosure Statement**

The investigative team was composed of counseling practitioner-researchers and animal scientists who brought in multiple perspectives regarding human-animal interactions and group work. The first author is a Caucasian female in her late 30s, who is a lifelong equestrian and previously led equine-facilitated psychotherapy groups for women trauma survivors. She was a counseling doctoral student during study activities and directly involved in intervention delivery. The second author is a Caucasian male in his mid-40s, who is a counselor educator with previous experiences providing supervision for equine-facilitated psychotherapy groups. He was the first author's doctoral advisor during the study. The first and second authors were responsible for data coding and analyses and brought the following assumptions into the research process: (a) therapeutic interactions with horses are emotionally safe, comforting, and empowering experiences for women trauma survivors; and (b) unique interactive processes in group work appear to increase the benefits equine activities have for women trauma survivors. These assumptions led to a methodological decision to focus on group therapeutic factors in participants' reports of their most important group session events. The third and fourth authors identify as Caucasian females in their mid-40s (third author) and mid-30s (fourth author). The third author is a lifelong equestrian

and an expert in equine behavior, health, and management. The fourth author is an expert in animal behavior, learning, and human-animal interactions. The third and fourth authors played instrumental roles in intervention implementation, debriefing, manuscript development, and were sources for neutral consultation throughout the study.

## Study Background

This study was part of a broader, grant funded, mixed methods investigation of Equine-Facilitated Group Psychotherapy (EFGP) for women trauma survivors. Measures that were part of the larger study, but not relevant to the sub-study described here, are not included in this report. After Institutional Review Board and Animal Care and Use Committee approvals, volunteer participants were recruited for the broader study via referrals from organizations and practitioners who worked with IPV survivors. Women interested in study participation took part in an interview process that included eligibility screening and pre-group preparation. Informed consent was also obtained during this meeting. In order to be eligible for the study, women needed to report having experienced at least one incident of interpersonal abuse during their lifetimes. Women were excluded from study participation if they were pregnant, actively dangerous to self or others, experienced severe allergic reactions to animals or the ranch environment, could not walk unassisted, or were actively misusing alcohol or substances. Women currently seeing an individual therapist were not required to stop or otherwise delay their treatments.

In alignment with the Association of Specialist in Group Work (ASGW) *Best Practice Guidelines* (ASGW, 2008), participants received information about the goals, purpose, and format of the group, roles and responsibilities of members, leaders, and equine handlers, and special considerations related to working with horses in a counseling setting. We also asked women to describe their horse experience, goals for group participation, and any previous experiences they had with group therapy or trauma treatment. Finally, we asked women if they had any questions or concerns about participating in the EFGP group.

Data used in this sub-study came from nine participants who completed the 8-session group intervention. Sessions occurred once per week and were 3 hours in duration. There were three closed EFGP groups. Group 1 was composed of three research participants and one group member not enrolled in the study. Group 2 was composed of four research participants. Group 3 was composed of three research participants; however, due to personal circumstances, one group member

elected to end study participation and stopped attending the group after the second week.

### **Participant Characteristics**

The mean age of participants was 44 years ( $SD = 13.27$ ), and all identified as Caucasian. Most of the women reported having a college education ( $n = 6$ ). All participants identified as survivors of childhood abuse. Two women indicated intimate partner violence, and a majority of participants reported past experiences of sexual abuse ( $n = 6$ ). Six participants had been in counseling for more than 1 year. Four women reported having had past experiences with group therapy, and six women continued to receive individual counseling while participating in the EFGP intervention. There was no treatment coordination with participants' individual therapists. Participants' prior experiences with horses varied, ranging from none, to extensive (i.e., 5–10 years), owning, caring for, and/or riding horses.

### **EFGP Intervention**

The goals of this intervention were to assist women with (a) increasing self-awareness; (b) exploring and modifying negative beliefs; (c) expanding coping and self-regulations skills; and (d) gaining interpersonal awareness and support. The curriculum has been published (Schroeder & Stroud, 2015), and an overview of the ground-based equine activities used in this curriculum is presented in Table 1. The treatment groups generally followed this format in terms of the group purpose, goals, and trauma recovery themes addressed; however, we made several adaptations during the intervention phase of the broader investigation. Sessions were 3 hours in length instead of 2 hours. We increased the emphasis on building mindfulness skills through equine herd observation. During sessions 2 and 3, we asked participants in each group to practice observing equine behavior with a beginner's mind (Shunryu, 1977) and using "I wonder" statements to shift from a judging mindset to a curious mindset. Additional modifications were made to equine-focused activities according to the needs of each treatment group. In one group, we removed leading a horse without the aid of a rope because this group experienced a sufficient level of challenge with basic leading activities. In another group, we increased the level of challenge by adding a team leading activity in which group members worked together to lead a horse around an obstacle course without the aid of a lead rope.

The first author, a master's level counselor who is certified as a PATH, Intl. Equine Specialist in Mental Health and Learning (ESMHL), facilitated all treatment groups. A female co-leader was present for one of the treatment groups. The co-leader was a master's-level counselor with experience leading EFGP groups. The groups were conducted at two research sites. One site was an accredited equine-assisted activities and therapies center, and the other site was a university equestrian center. Both research sites were matched in terms of private indoor and outdoor areas for group activities and procedures for volunteer horse handler screening, selection, and preparation. The first and third authors screened horses at the university equestrian center for inclusion in the study. An equine expert was present to supervise equine activities at each research site. Finally, for safety and support, we paired each research participant with a trained female horse handler during the equine activities at both research sites.

### **Qualitative Assessment**

*Critical incident questionnaire.* The Critical Incident Questionnaire (CIQ; Bloch, Reibstein, Crouch, Holroyd, & Themen, 1979; Kivlighan & Goldfine, 1991) is a qualitative instrument designed to assess what group members consider to be the most important group session events. The CIQ consists of one open-ended question, with accompanying sub-prompts. Participants filled out a modified version of the CIQ after each session. The modification was our addition of "horses" to one of the prompts because we were interested in learning about their interactions with the horses, in addition to their interactions with other members and the leader(s). Women were asked to think about a particular event during each session that stood out to them as important to their trauma recovery process, and then provide written responses to the following: "Of the events which occurred in this group session, which do you consider the most important to you personally? What actually took place? (For example, were other group members, horses, facilitator/s involved)? If so, in what ways? Why was this important to you? What did you learn from this event?"

### **Data Analysis**

Sixty-three CIQs (87% return rate) were analyzed from the nine participants. First, we de-identified and transcribed participants' handwritten CIQ responses to MS Word documents. The unit of analysis was defined as an entire CIQ report. Text within each CIQ was further divided into smaller coding units, and then distinguished from

**Table 1 Overview of Equine-Focused Activities Related to Trauma Recovery and Group Purpose**

<i>Equine Activity</i>	<i>Purpose</i>	<i>Trauma Recovery Themes</i>	<i>Group Psychotherapy Purpose</i>
Introducing the herd	Gain knowledge and skills to work safely with equines	Safety/trust-building	Intra-and interpersonal awareness
Choosing equine partner	Increase awareness of relational needs/expectations by self-selecting an equine partner to work with one-on-one	Safety/trust-building; Mind/body awareness; Reconnection and intimacy	Intra-and interpersonal awareness; Exploration of relational patterns
Horse care	Develop bond/connection with equine partner	Safety/trust-building; Mind/body awareness; Creating and maintaining healthy boundaries; Reconnection and intimacy	Intra-and interpersonal awareness; Exploration of relational patterns; Restructuring negative thought/emotion processes; Interpersonal behavioral change
Handling and leading skills	Establish assertive leadership role	Mind/body awareness; Creating and maintaining healthy boundaries; Reconnection and intimacy; Emotional regulation and distress tolerance; Empowerment	Intra-and interpersonal awareness; Exploration of relational patterns; Restructuring thought/emotion processes; Interpersonal behavioral change
Leadership without rope and halter	Practice maintaining connection and leadership role with equine partner without the aid of a lead rope to guide the horse	Mind/body awareness; Reconnection and intimacy; Emotional regulation and distress tolerance; Empowerment	Intra-and interpersonal awareness; Exploration of relational patterns; Restructuring negative thought/emotion processes; Interpersonal behavioral change

*Note.* Reprinted from Schroeder & Stroud (2015). Copyright © The Association for Specialists in Group Work, [www.asgw.org](http://www.asgw.org), reprinted by permission of Taylor & Francis Group, LLC, <http://www.tandfonline.com>, on behalf of The Association for Specialists in Group Work.

“context units” (Schreier, 2012, p. 133). This process of segmentation helped to ensure consideration of all material and consistency between coders (Schreier, 2012).

To assess whether units of coding represented therapeutic factors, we utilized the original structured coding manual for categorizing therapeutic factors (Bloch et al., 1979). The manual consists of definitions and coding rules for assigning therapeutic factors to qualitative material. In this manual, therapeutic factors are grouped into three broader categories: (a) cognitive factors reflect thinking processes; (b) affective factors involve emotional experiences; and (c) behavioral factors focused on member actions. This classification system has been applied in other studies to assess critical incidents in group therapy (Kivlighan, 2011; Kivlighan & Goldfine, 1991; Pollack, 1993; Sando et al., 2014). Initial reliability testing of the manual by Bloch et al. (1979) yielded Cohen’s kappa coefficients of .62, .52, and .60, which were significant at the  $P < .001$  level, indicating moderate interrater reliability among each pairing of three raters (Bloch et al., 1979). Subsequent studies have also reported adequate interrater agreement (Kivlighan & Goldfine, 1991; Kivlighan & Mullison, 1988; Pollack, 1993).

The first and second authors pilot-tested the manual by independently coding a sample of text (i.e., 10% of the total number of CIQs), prior to applying the predetermined categories to the full data set. We discussed discrepancies in our results and noted challenges with assigning one therapeutic factor to an entire CIQ (a coding rule described in the manual). Others (Kivlighan, Multon, & Brossart, 1996; Mackenzie, 1987) have noted similar coding difficulties. Thus, we decided to code CIQ reports for the presence of more than one therapeutic factor, so long as multiple factors were not derived from the same unit of coding.

Next, we independently coded all CIQ reports line-by-line, highlighting key units of coding, abstracting meaning, and assigning therapeutic factors to these segments of text. Initial interrater reliability was calculated with Cohen’s kappa and indicated a satisfactory level of agreement between raters ( $K = .76$ ). Over the course of five analytic meetings, we utilized an iterative process to discuss meaningful text passages, assess the applicability of the categorization system, compare coding results, discuss differences, and reach consensus. Early in this process, it became apparent that interactive components occurring in these groups required a modification to the coding frame. Consequently, we included communication occurring between group members and horses, as well as members and the horse handlers when we applied Bloch et al.’s (1979) category definitions to the raw data set. The context of the

equine activity (e.g., level of challenge involved), and equine-specific characteristics (e.g., calmness) sometimes appeared to influence participants' cognitions, feelings, and behaviors in ways that did not fit the definitions of group-based therapeutic factors. These findings are beyond the scope of the current study.

### **Missing Data**

During the consent process, individuals were informed that study participation was voluntary, and they were free to withdrawal at any time without negative consequences. Additionally, participants were made aware that if they chose to withdraw from the study, or became ineligible, information collected during the course of study activities would be retained and might be included in study reports. However, similar to an ethical decision-making process described by Goodrich and Luke (2017), we felt it necessary to provide additional safeguards related to group members' privacy and confidentiality. As such, our qualitative analysis did not include data provided by the member who ended participation after the second session, and the research team carefully reviewed quotations selected for this report to ensure the statements did not breach the privacy and confidentiality of the group member not enrolled in the study.

## **TRUSTWORTHINESS**

Trustworthiness strategies helped ensure our methodological decisions, data analysis, and reporting processes captured the phenomenon under investigation (Elo et al., 2014; Lincoln & Guba, 1985). Credibility of our findings was increased through co-analysis of the data, peer debriefing, reflective commentary, discrepant case analysis, and memoing. Confirmability entailed maintaining an audit trail of research-related files (e.g., raw data, memos, coding documents, and debriefing notes), and linking participant quotations to categories. Finally, dependability and transferability are addressed through a detailed description of our research methodology.

## **FINDINGS**

There were 93 instances of therapeutic factors. The most frequently observed therapeutic factors were instillation of hope ( $n = 21$ ), and self-understanding ( $n = 20$ ), followed by learning from interpersonal

action ( $n = 12$ ), guidance ( $n = 12$ ), and acceptance ( $n = 9$ ). Least observed were catharsis ( $n = 5$ ), universality ( $n = 5$ ), vicarious learning ( $n = 5$ ), altruism ( $n = 2$ ), and self-disclosure ( $n = 2$ ).

### **Cognitive Factors**

Participants described important session events during which they gained increased insight and self-awareness, and these instances of self-understanding occurred in all but the last group session. This factor accounted for nearly 66% of all factors coded in session 2. Examples of self-understanding emerged during group-as-a-whole structured activities (e.g., facilitator-led group mindfulness exercises), equine-focused interventions (e.g., learning to approach a horse), or when participants described what they gained from sharing their personal struggles with each other. One participant described self-understanding she gained from talking with the group about her interpersonal relationships: "After talking, I realized I don't prepare for the outcome when confrontation is needed. I brace emotionally and wait for the 'explosion' to come." Another participant described how she became more self-aware of trauma-based physiological responses. She wrote, "I became more aware of cause-effect linkage between non-fear emotional states and my need to express/discharge or otherwise manage the intensity when overstimulated/overwhelmed."

Examples of guidance from group leaders, fellow group members, and horse handlers were present in participants' CIQs, and these instances appeared most frequently during session 4. Some group members reported receiving educative content from group leaders that pertained to managing trauma-based somatic experiences. We also found instances of guidance when participants described working with their equine partners, under the supervision of horse handlers or group leaders. A participant wrote: "I was having problems and getting frustrated. [The group leader] reminded me to focus on the moment and nothing else. I was able to lift the front hooves after that."

Instances of universality occurred during the 1st, 6th, and 8th sessions when participants wrote about group-as-a-whole and peer-to-peer interactions that did not occur during equine-focused activities. Specifically, participants described important session events related to finding out that other members had similar trauma histories, or experienced similar feelings and beliefs about themselves. One participant wrote about the importance of talking with other women trauma survivors: "I feel like meeting the horse was important

in sparking our conversation, but hearing other people have similar experiences was great for me.”

Instances of vicarious learning occurred during sessions 1–3 and session 6. This therapeutic factor was present when participants described group-as-a-whole equine activities (e.g., learning to approach and greet a horse for the first time) and post-equine activity group discussions. One participant expressed what she learned from bearing witness to another group member’s experience with a horse: “Particularly when another group member had soft tears in her eyes. It validated that personal crying was okay. That I can let my personal wall down and cry for myself and my healing.”

### **Affective Factors**

Instillation of hope occurred in each EFGP session, and it was the most common factor coded in session 8. Examples of hope appeared when participants described feeling accepted by their peers, or when recounting how they saw other members grow and change during the group experience. One participant wrote:

It is possible for others to care about me and for me to speak what I am feeling and it be acknowledged in a compassionate way and not leave me feeling selfish for asking for what I want and need.

Participants’ descriptions about accomplishing tasks with their equine partners also evidenced instances of hope.

The therapeutic factor of acceptance appeared most frequently in session 1. In addition, we observed acceptance was present solely during member-to-member, and group-as-a-whole interactions. That is, some participants wrote about feeling accepted by other group members as opposed to feeling accepted by the horses. One participant shared about the group’s willingness to embrace her preference to spend time with horses. She wrote: “There’s a playful acceptance of the fact that my desire for one-on-one with the horse trumps my ease with people in the group. And I am not sensing any rejection or judgement about this truth.”

There were fewer instances of catharsis, and this factor was present in sessions 1–3. Instances of catharsis occurred when participants wrote about group-as-a-whole activities and during one-on-one contact with equine partners, such as physical contact (e.g., grooming). One participant described experiencing an intense emotional release while watching another group member work with a horse: “This moved me to tears as well. For me, I think it was the acknowledgement of how much hurt there is in me still and how I want healing from it.”

## Behavioral Factors

Examples of learning from interpersonal action occurred as early as session 1, and we identified this therapeutic factor in all but the second session of the groups. This factor was most common in session 7. Examples of learning from interpersonal action included participants' expressing needs to the group, as well as asking for peers' feedback, despite concerns of how members might respond. One participant wrote, "I asked for something that would make me more comfortable and had my request granted. I learned that it is okay to ask for what you need and it can make life more pleasant if I speak up."

There were fewer instances of self-disclosure and altruism in participants' CIQs. We observed instance of self-disclosure in sessions 1 and 2. Altruism was coded in sessions 3 and 6. These instances emerged when participants wrote about group processing activities that did not involve horses. One participant described the experience of sharing private thoughts and feelings with the group: "I got the nerve to bring it up during closing group and the group responded with caring and no annoyance." In regards to altruism, we observed its occurrence in one participant's most important session events, on separate occasions. In one of these examples, the participant stated: "I feel good when another person can confide in me about their feelings. It gives me strength if I can help, or just understand what they are saying."

## DISCUSSION

The main purpose of our study was to identify occurrences of therapeutic factors in equine-facilitated psychotherapy groups for women trauma survivors. We were able to identify all 10 of Bloch et al. (1979) therapeutic factor categories, which suggested to us that EFGP might share commonalties with more traditional forms of group work for IPV survivors.

Our more frequent observations of self-understanding and acceptance aligned with findings from previous studies on therapeutic factors in groups for women IPV survivors (Bonney et al., 1986; Sayin et al., 2013; Wheeler et al., 1992). There were not as many instances of catharsis, universality, self-disclosure, vicarious learning, or altruism in participants' CIQs. This could have been a function of our coding process. Although some written passages evidenced these factors, the participants did not provide enough information in their responses to fit the criteria in the coding manual. It is possible, as suggested by

Bloch and Crouch (1985) that therapeutic factors such as universality encompass a felt experience that is less likely to be articulated.

Findings from this study support results from previous investigations in which peer support was reported as an important aspect of women's experiences in EAMH trauma recovery groups (Shambo et al., 2010; Whittlesey-Jermone, 2014). Participants often described feeling accepted by their peers, and we noticed that horses did not have to be involved in a session for group members to build interpersonal bonds amongst each other. In one of the groups, we observed instances of acceptance in each member's critical incident report for session 1, prior to the group's introduction to the horses and volunteers. This group appeared to establish facilitative norms, such as expressing vulnerabilities and needs, immediately. The CIQs from members in this group indicated participants felt safe to disclose their thoughts and feelings with each other. Indeed, group members used words and phrases such as, "compassion," "understanding," "trust," "being heard," "respected," "freedom to just be," and "needs expressed without punishment," to describe what they found most important about this session.

Our higher number of observations of guidance, instillation of hope, and learning from interpersonal action may illuminate unique facilitative elements of activity-based groups. In a previous study on therapeutic factors in an occupational group setting, Falk-Kessler, Momich, and Perel (1991) found patients reported instillation of hope and interpersonal learning-output as some of the most helpful factors in their group experiences. The authors posited that in-the-moment opportunities to learn and practice skills helped members develop feelings of competency and achievement, which would naturally lead group members to feel more hopeful.

Interestingly, in session 2, instances of self-understanding across groups far exceeded all other factors. This could be plausible considering participants were new to the groups and one another, while simultaneously engaging in novel activities with their equine partners, then debriefing these experiences with each other toward the end of the session. One member described how a mindfulness activity of observing horses in the pasture increased her self-awareness: "It was important because I learned how to observe without judging what was going on. This is important because I tend to do this and it creates judgements and anxieties that are unnecessary."

## PRACTICE IMPLICATIONS

The presence of trained therapy animals in groups may influence the development of cohesion among group members, illuminate group dynamics, and enhance group members' awareness of self and others (Chandler, 2017; Lange et al., 2007; Perry et al., 2012). Ish-Lev and Amit (2013) suggested that animal-assisted interventions (AAI) are powerful because client interactions with a therapy animal simultaneously address intrapersonal and interpersonal growth. However, in order for group therapeutic factors to be activated in animal-assisted groups, group leaders need to be intentional about how they integrate animals into the group experience.

A group too heavily focused on individualized activities with an animal versus group-as-a-whole activities, may limit members' abilities to talk about their commonalities with each other (universality), learn from observation (vicarious learning) and help one another (altruism). Indeed, researchers have found that working one-on-one with a horse may not have an impact on clients' feelings of social connection (Earles, Vernon, & Yetz, 2015). Participants in our study consistently wrote about the importance of their experiences with each other. Thus, we believe this is a critical consideration for animal-assisted practitioners to keep in mind when leading trauma groups for women IPV survivors.

One way to help women IPV survivors establish community and build group cohesion is by designing animal-assisted activities in which the group-as-a-whole can be involved in animal observations or animal interactions. We included these elements in the EFGP groups by having members observe equine herd dynamics together and watch each other work on equine handling skills. Clinicians can accomplish group-focused activities with other species of animals too. For instance, a group leader could set up an interaction in which group members watch two therapy dogs play, then discuss the relational dynamics, or ask the group to give individual members feedback after they learn a dog training skill.

The group leader's in-the-moment commentary on interactional and relational processes occurring among group members, is a leadership task known as "process illumination" (Yalom & Leszcz, 2005) and has not been given adequate attention in the animal-assisted intervention literature. As such, we recommend leaders of animal-assisted groups pay attention to these processes occurring within their groups, and allow ample time for group discussion over the course of each session. Here-and-now, member-to-member feedback exchange provides a structure for participants to make meaning of animal-assisted

activities, process emotions, develop insight about themselves, and help each other.

Along these lines, it is critical that group leaders do not rely on the animal-assisted activity as the primary vehicle for client self-awareness. In other words, group leaders need to maintain responsibility for teaching group members how to self-disclose, give and receive feedback, recognize interpersonal communication patterns during their interactions with each other and the animals, share observations, and experiment with new interpersonal behaviors (Kline, 2003). Based upon feedback from the members of our original pilot group (Schroeder & Stroud, 2015), EFGP groups in the current study were extended to 3 hours. This resulted in more time for group leaders to assist members in making meaning of their experiences with each other and the horses. It is important for us to note that the small number of participants in each group also contributed to the amount of time available for processing equine activities. Thus, clinicians should consider the impact group size might have on the amount of time it takes to carry out an animal-assisted activity with post-activity process discussions.

Lastly, IPV survivors have reported challenges with transferring interpersonal skills learned in therapy to their daily lives (Tummala-Narra, Kallivayalil, Singer, & Andreini, 2012). In this study, we found evidence that some group members reported positive behavioral changes (e.g., assertive communication and body language) from learning horse handling skills. A benefit of this type of equine-focused activity is that clients can build experiences of mastery with their equine partner in real time, in a safe and nonjudgmental environment. Clinicians can utilize these sorts of experiential activities in other types of animal-assisted groups. Lange et al. (2007) taught adolescents in an anger management group how to brush a dog, train a trick, and take the dog for walks. Much like the process of building trust with a horse, canine-assisted activities help clients build interpersonal awareness and self-regulation through communication with a canine companion.

## LIMITATIONS

Our findings were positioned within our interpretations of members' most important session events. Consequently, the methodology and results do not permit us to draw conclusions between frequency of observed factors and their importance to group members. The first author's dual role as interventionist and investigator created a power

differential and could have influenced the content of group discussions, how group members chose to respond to the qualitative assessment tool, and biased the author's own interpretations of the qualitative findings. Another limitation was the questionnaire format. Though open-ended, the prompts (e.g. "what did you learn") may have biased participant responses by directing them to focus on certain aspects of their experiences in the group. Coding stayed close to the manifest content, which limited our ability to gain a more nuanced understanding of therapeutic factors from this data set.

The small sample size and composition of groups limits generalizability of these findings to other client populations and types of animal-assisted groups. We were unable to account for the presence or contributions of the group member who was not enrolled in the study. It is possible that this could have influenced the results, and Goodrich and Luke (2017) have noted this as a challenge for researchers conducting qualitative studies on group work. Relatedly, attrition in groups can be especially problematic for qualitative investigations with small samples sizes. Therefore, researchers might consider including comprehensive group member screening and preparation procedures in study protocols, provide study participants with detailed information about the nature of qualitative research, and describe how qualitative results will inform clinical practice (Goodrich & Luke, 2017).

For experimental treatments, it is especially important to have supportive structures in place for study participants (Goodrich & Luke, 2017). As related to women IPV survivors, investigators should make every effort to empower individuals during the research process. For example, in this study women were encouraged to contact or meet in-person with the research team if they needed to discuss any concerns between group sessions. In terms of future research on animal-assisted groups for women trauma survivors, participatory action research designs could help empower women to have a voice during the process, and ensure their experiences and ideas are considered in the development and delivery of this innovative group work approach (Teram, Schachter, & Stalker, 2005).

## **DIRECTIONS FOR FUTURE RESEARCH**

This qualitative content analysis provides pathways for future studies of EAMH groups. Replicating this study in community-based EAMH programs, with the inclusion of validated measures of therapeutic factors, could serve to establish validity and reliability of our preliminary

findings. In terms of mechanisms of change, Bachi (2013) hypothesized that horses are therapeutic because they provide unconditional acceptance. This construct could be fundamental different from acceptance as it is operationalized in group therapy, which brings up an important question: is feeling accepted by an equine partner a precondition for group cohesion? This idea aligns with theoretical literature about the roles animals play in facilitating positive social interactions between humans (Hart & Yamamoto, 2015). However, we found instance in which authentic communication amongst members may have had a greater impact on the level of cohesion across groups. Therefore, we recommend researchers in the field of animal-assisted therapies utilize qualitative research designs, such as grounded theory, to uncover the underlying change processes in animal-assisted groups. Dismantling designs (Papa & Follette, 2015) also could be useful for comparing the differential effects of specific components within a treatment (e.g., group therapy without an equine component compared to group therapy with an equine component and group equine activities without a therapy component).

## CONCLUSIONS

This study adds new knowledge about therapeutic factors occurring in equine-facilitated group psychotherapy for women trauma survivors. Unique to the EFGP format was the varying types of interactions, relationships, and activities occurring across sessions. Events specific to each group provided important learning opportunities for participants. Sometimes these events involved a horse, other times it was due to members sharing personal stories and authentic feedback with one another. Future empirical investigations of group-level processes in animal-assisted group work can help further our understanding of this treatment approach.

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