Eating Disorders and Equine

A Nurse’s Perspective on Connecting Through the Recovery Process

ABSTRACT
Patients with eating disorders may have the most complex interdisciplinary treatment plans of any mental illness. Nurses need innovative evidence-based treatment interventions to assist their patients with eating disorders on their road to recovery. Although much has been written about equine-assisted psychotherapy (EAP) and equine-facilitated psychotherapy, the literature has not described a detailed session that can help nurses understand how this experiential treatment works and the impact it can have on the patient. A review of the literature on eating disorders and on the use of equine therapy in its treatment is presented in this article. In addition, the role of the nurse during equine therapy will be highlighted, and an individual example will provide a detailed review of an EAP session. [Journal of Psychosocial Nursing and Mental Health Services, 51(9), 24-31.]
Individuals with eating disorders may have the most complex interdisciplinary treatment plans of any mental illness. Many psychosocial treatment approaches are implemented, such as acceptance and commitment therapy, dialectical behavioral therapy, and cognitive-behavioral therapy, to address some of the body image distortions and disordered eating patterns. Art, music, and movement therapy are used for individuals who have difficulty expressing themselves verbally. Sensory regulation may be included if the individual has a coexisting self-injury diagnosis. Multiple medical problems may need to be assessed and addressed. In addition to this variety of treatment modalities, a hospital in the Chicago suburbs added equine-assisted psychotherapy (EAP) for their adolescent and adult patients in their hospital-based partial hospitalization program (PHP) and residential group home. The selection criteria, medical concerns that may arise with this patient population, and the role of the nurse in this therapy are explained. A session is also described in detail, so that practitioners can develop a fuller understanding of the potential of this experiential therapy option to help patients learn to trust and be accepted for who they are, practice assertiveness skills, work as a cohesive group, and learn how to be “in the moment” and “think outside the box” when solving problems that duplicate difficulties in their lives.

EATING DISORDERS

The American Psychiatric Association (APA, 2013) has recently revised the diagnostic criteria for several eating disorders, reflected in the new Diagnostic and Statistical Manual of Mental Disorders-5. A primary goal of the changes was to allow more individuals experiencing eating disorders to have a diagnosis that accurately describes their symptoms and behaviors. Determining an accurate diagnosis is a first step for clinicians and patients in defining a treatment plan. Eating disorders are classified as anorexia nervosa, bulimia nervosa, binge eating disorder, and eating disorders not otherwise specified. The anorexia nervosa category was recently expanded, no longer requiring amenorrhea. The criteria for bulimia nervosa now require a minimum average frequency for binge eating and inappropriate compensatory behavior of once weekly instead of twice weekly. Binge eating disorder has been added as a diagnosis for individuals who have persistent episodes, at least once per week, of overeating marked by loss of control and significant clinical distress.

Lifetime prevalence of an eating disorder in youth ages 13 to 17 is 2.7%. Females are more than two and a half times as likely to have an eating disorder as males (Merikangas et al., 2010). Anorexia is prevalent in 0.6% of the adult population. The lifetime prevalence in adult women is 0.9%; in adult men, the
prevalence rate is 0.3%. The lifetime prevalence of bulimia in the U.S. adult population is 0.6% (Hudson, Hiripi, Pope, & Kessler, 2007).

Eating disorders have the highest mortality rate of any mental disorder. The mortality rate for anorexia nervosa alone is estimated to be approximately 10% (National Association of Anorexia Nervosa and Associated Disorders, 2012). The suicide rate for individuals with anorexia nervosa is 20% (Arcelus, Mitchell, Wales, & Nielsen, 2011). Additional causes of death are heart failure, organ failure, and malnutrition (National Association of Anorexia Nervosa and Associated Disorders, 2012).

Eating disorders are a category of mental illness that are often resistant to treatment. According to Steinhausen (2009), only 46% of patients fully recover from anorexia. In addition, Walsh and Cameron (2005) reported that one third can be partially improved, and 20% remain chronically ill. The relapse rate is as high as 30% to 70%, and recovery can take years.

Depression, anxiety, personality disorder, and obsessive-compulsive disorders are often comorbid with eating disorders, as are chemical dependency and self-injury (APA, n.d.). Eating disorders are known to affect every organ system. Common medical concerns are bradycardia, orthostatic hypotension, dehydration, and electrolyte imbalances including hypokalemia. Even patients who have recovered after prolonged illness with an eating disorder can suffer lifelong medical consequences (National Association of Anorexia Nervosa and Associated Disorders, 2012).

Common characteristics of individuals with eating disorders are perfectionism accompanied by low self-esteem and a preoccupation with food, weight, and appearance. Self-evaluation is unduly influenced by body shape and weight and body image distortion. There may be a poor sense of boundaries, related to a history of abuse. Patients may have a sense of isolation, as trust is broken within the family (APA, 2000).

**EQUINE-ASSISTED PSYCHOTHERAPY**

Equine-assisted psychotherapy is a term used by the Equine Assisted Growth and Learning Association (EAGALA) to describe a type of experiential therapy conducted by a team consisting of a psychotherapist, an equine specialist, and horses. EAP is not a horsemanship or riding program, as 95% of the activities are conducted on the ground. Patients do not ride the horses in this program. The EAGALA philosophy of change is incorporated into the equine activities: “People change when uncomfortable, people grow when challenged” (EAGALA, 2004, p. 3). Through equine activities, patients are encouraged to find their own answers to the problems presented and through processing learn to apply what they have learned to their own lives. The theoretical psychological foundation for EAP includes Gestalt therapy, reality therapy, solution-oriented (brief) therapy, and rational emotive therapy (EAGALA, 2004). Masini (2010) and Meinersmann, Bradberry, and Roberts (2008) detailed the backgrounds of two credentialing organizations for equine therapy: North American Riding for the Handicapped Association (NARHA) and EAGALA. The Professional Association for Therapeutic Horsemanship International (PATH International [formerly NARHA]) describes their activities/therapy as equine facilitated psychotherapy (EFP). EAGALA describes their interventions/modalities as EAP.

**LITERATURE REVIEW**

CINAHL, MEDLINE, and Cochrane Library databases were searched to find pertinent studies of equine therapy use with eating disorders from 2006 to 2012. Using the search terms equine, horses, and eating disorders produced no results. The search terms equine assisted psychotherapy produced three results.

Masini (2010) did not mention eating disorders specifically, but shared her own observations and reviewed the benefits of and the research to support equine therapy in the treatment of children, adolescents, adults, and veterans. For the sake of simplicity, she referred to all equine therapy as EAP. EAP was used in the treatment of youth with severe emotional disorders, children who had experienced intrafamily violence, and veterans who were experiencing unrelenting grief, overwhelming emotions, and unhealthy ways of relating. EAP was found to induce a sense of well-being and feelings of acceptance by the group. Being with the horses increased the need for veterans to be in the present (as opposed to being detached and numb). It was effective with clients who had control issues and childhood trauma. Positive changes were observed in the field of alcohol and drug treatment. EAP created a safe environment where coping and problem-solving skills could be practiced. The horse provided a way to reach out to an unwilling participant. As such, Masini (2010) advocated for the use of EAP for children, adolescents, adults, and veterans in individual, family, or group settings to work through depression, grief, loss, trauma, and setting healthy boundaries.

Meinersmann et al. (2008) reviewed anecdotal reports that supported the use of EFP as an intervention for women who had survived abuse, reviewed the current research, and conducted their own study. It was concluded that EFP provided opportunities to improve self-esteem, a sense of empowerment, and an ability to trust and feel physically and emotionally safe. Self-efficacy and self-awareness, including the ability to stay in one’s body, were increased, whereas depression and anxiety were diminished. The cost of EFP was found to be comparable to traditional therapy but was more effective and less time intensive.

Schultz, Remick-Barlow, and Robbins (2007) utilized EAP with children and adolescents ages 4 to 16 with attention-deficit/hyperactivity disorder, posttraumatic stress disorder, and mood disorders who had experienced intrafamily violence. Eating disorders were not specifically mentioned; however, Schultz et al. (2007) described how EAP was designed to improve self-esteem and confidence, communication, and group cohesion and address trust and boundaries. The findings showed a statistically significant improvement in Global Assessment of Functioning scores after EAP treatment in children, but greater
improvement in younger children and those who had a history of intrafamily violence and substance abuse.

Bexson (2008) described how EAP is used to help patients with issues including lack of confidence, poor body image, and communication skills. EAP was found to be particularly useful and valid for individuals with eating disorders because “having to engage nonverbally with a horse tends to bring real emotion to the fore much faster” (p. 17). The horses allowed patients to experience nonthreatening touch and to challenge body image perceptions and beliefs.

EQUINE THERAPY AND EATING DISORDERS

This author’s own observations of the interactions between horses and patients have anecdotally shown how this unique combination works. Patients with eating disorders often have anxiety. Being with the horses and grooming them promotes calmness. Individuals with eating disorders are often “people pleasers” who put on a mask to hide their true feelings. Horses, as prey animals, are hypervigilant and read body language for their survival. Patients must learn to be congruent with their feelings to be able to approach a horse. Patients with eating disorders are often preoccupied with thinking about food, weight, or appearance (National Eating Disorder Association, 2013). To safely be around horses, which easily weigh 1,000 pounds, a patient must be “in the moment” and aware of his or her surroundings. Patients have reported not thinking at all about their usual preoccupations while interacting in the equine session. This is a welcome relief, and patients have stated that it is a glimpse into what recovery would be like.

Patients can enjoy themselves—something unusual for someone who feels he or she does not even deserve food. Individuals with an eating disorder often compare themselves to everyone and judge their worth by how much they weigh. During the equine activity, the patient is not judged; in fact, in the EAGALA model, there is no right or wrong way to accomplish any task. People with an eating disorder have difficulty saying anything positive about themselves. The consequence most often chosen by individuals with eating disorders during an equine session is to say a positive affirmation. After the completion of one of the equine tasks, such as working with a group and successfully leading a horse, or getting a horse to go over an obstacle, there is often joy, a sense of accomplishment, and recognition of the other group members.

An eating disorder is an isolating disease. The world shrinks to include only the person and his or her eating disorder. In the EAP setting, the patient works within a group to accomplish a goal. Body image distortions can be addressed by asking patients to compare one horse to another by size and function. Boundaries have been broken with some patients; they may have been taken advantage of or are the caretaker in the family, not caring for themselves. They learn how to set healthy boundaries with the horses.

ROLE OF THE NURSE DURING EQUINE THERAPY

Eating disorder patients with psychological and medical complications may benefit from having a nurse as part of their equine therapy team. The nurse ensures that a medical summary including medical history, current medications, allergies, and emergency contact phone numbers accompany the patient. Additional items such as various sizes of blood pressure cuffs, a stethoscope, Benadryl® (diphenhydramine), epinephrine pens, sports drinks, and water are also essential to bring along. An Accu-Chek® machine is brought if one of the patients is diabetic.

The nurse assesses the appropriateness of the patients to attend equine therapy, taking into consideration if the session will occur inside or outside, be in the sun or shade, and the ambient temperature. Some patients are cold intolerant, due to their low body fat; others are on medications (e.g., Abilify® [aripiprazole], Cogentin® [benztropine mesylate], Seroquel® [quetiapine fumarate], Risperdal® [risperidone], Zyprexa® [olanzapine]) that can cause heat intolerance. It is easier for a patient with an eating disorder to become dangerously overheated and dehydrated, especially during exercise (Drugs.com, 2013). Nursing measures include ensuring that patients wear sunscreen and are hydrated during activities. This can be especially challenging, as some patients with eating disorders have an aversion to drinking water. The nurse observes the patients during the equine activities and intervenes if a patient becomes dizzy or experiences an allergic reaction to hay or horses.

The nurse may also participate in processing the group after the session, sharing his or her observations of the horses, patients, or both during the activities. It is helpful if the nurse has had EAGALA training to better understand this method. If any medical concerns occurred during the session (e.g., dizziness, allergic reaction), it is the nurse’s responsibility to document and report the event and specific measures taken.

CLINICAL SETTING OVERVIEW

The eating disorder PHP is a specialty program within a 108-bed, free-standing psychiatric hospital in the Chicago suburbs. Patients attend for 6 to 9 hours per day, 6 days per week for several weeks. As part of the PHP, patients attended EAP at a facility approximately 50 minutes from the hospital for 3½ hours biweekly. Pa-
patients had an opportunity to attend EAP several times, depending on their length of stay in the program. (EAP is no longer part of the PHP, but continues to be part of the residential program). Patients were transported to the barn accompanied by their treatment team of either a therapist and nurse or two therapists.

A 50-minute check-in with the group of as many as 12 adolescent and adult patients was conducted on the way to the farm to identify any difficulties from the previous night as well as any common themes from the patients that could be explored throughout the day. An equine specialist (owner of the facility) and an additional therapist joined the treatment team at the barn. The therapy horses were of various breeds, ages, and sizes. Several of the horses had histories of abuse prior to their incorporation into the program.

A 1-hour morning session with the horses often consisted of an activity to get to know the horses and start to read their body language (e.g., observing the interactions of the herd) and grooming the horses. The staff and patients ate lunch together then returned to the arena for a second activity. The second activity lasted approximately 1½ hours and was generally more difficult, such as working as a team to move a horse over an obstacle without talking to each other or touching the horse, or building an obstacle course out of items in the arena (e.g., long poles, caution cones, hula hoops, plastic blocks, plastic balls). Patients labeled the obstacles with their current struggles with the eating disorder and led the horses through it. The ride home consisted of a 50-minute wrap-up group or written assignments based on the day’s events. The activities that occurred during the equine therapy groups were often explored further throughout the week with the therapists.

Selection Criteria

The behavioral health medical necessity criteria developed by insurance companies is used in conjunction with a comprehensive level of care assessment to determine eligibility for the eating disorder PHP. This assessment is completed on all patients in the Re-source and Referral Department of the hospital and reviewed with a psychiatrist who specializes in eating disorders. The patient is informed of the specific level of care (i.e., inpatient, PHP, residential, or outpatient) recommended by the psychiatrist, based on the criteria. The assessment includes vital signs, recent laboratory work, and an electrocardiogram to determine whether the patient is medically stable. The patient may be engaging in daily binge eating, purging, fasting, restricting, or other pathogenic weight control techniques that may affect him or her physically. The patient may be unable to function in normal social, educational, or vocational situations. The patient cannot participate in the PHP if he or she is suicidal or homicidal.

The hospital developed specific criteria to determine medical stability to participate in the PHP, including equine therapy. Because patients with eating disorders may have bradycardia due to severe restricting and overexercise, heart rate must be >45 beats per minute. Potassium level must be >3.2 mEq/L and <5.0 mEq/L, as hypokalemia, a potentially life-threatening abnormality, can occur in patients who self-induce vomiting. Sodium level, which may be abnormal due to vomiting and laxative or diuretic abuse, must be >130 mEq/L. Patients should not attend equine therapy if they are dizzy or orthostatic. There should be less than 15 points difference in blood pressure and less than 20 beats per minute difference in heart rate when the patient changes from a sitting to standing position. The patient must weigh >75% ideal body weight. Because of the medical issues that may arise with this population, it is helpful to have nursing input prior to and during the equine activities to ensure that the patient is medically stable and safe to participate.

INDIVIDUAL EXAMPLE

The author’s observations are presented to enable professionals who have never witnessed EAP to “see” a session from start to finish and begin to understand the transformation that can occur. Many of the personality traits of individuals with eating disorders are represented in the seven patients in this example. The group includes female adolescents and adults. The names of the patients have been changed, and no specific identifying information is included to maintain anonymity.

Connections

This is one example of how 7 girls and 4 horses became connected on a journey of discovery about themselves. It is how one girl changed from wanting to know in critical detail what each and every person thought of her to shouting in the middle of the arena, “I don’t care what you think. I’m so excited I want to scream!”

The 7 girls have several qualities in common. They are “people pleasers,” often caring more about making others happy or caring about what others think than trusting their own feelings or taking care of themselves. They look to others to decide whether they are doing a good job, seldom if ever acknowledging their own accomplishments. They often “stuff” their emotions rather than allowing themselves to feel. No matter how good they are it is never good enough. Those who are still in school are “A” students. They have a difficult time connecting with or communicating with those they love. They all have an eating disorder.

Brianna is the most vocal of the group. She teases the others, but also acts as the spokesperson and leader. She found out today that everyone else had an opportunity for a “peer review” yesterday and has requested one for herself. The peer review will consist of everyone in the group telling her what they see as her good qualities as well as pointing out everything that she needs to work on. Jackie has a nice sense of humor, lots of energy, and is the playful one of the group. She is the caretaker of her family, as her mother relies on her heavily for emotional support. Whitney is a mother of two small children. They are her main motivation to overcome her illness. She is apprehensive about the idea of being around horses. Kara is studious and quiet. She was adopted as a child. Linda is a teenager with a punkish look, but a
heart of gold. Diana thinks animals do not like her. She has two dogs at home that hide from her even when she tries to feed them. She has been struggling with her eating disorder lately. Her body image is distorted; she thinks she looks disgusting. Lynn is further along in her recovery. She is starting to feel good about herself, and for the first time in years, is able to eat with and talk to her parents.

We started our day at Reins of Change, in Elgin, Illinois, as we usually do, talking about the herd and checking in on them. Hawkeye, a big brown quarter horse, seemed very anxious, constantly in motion. Jackie snapped the lead rope onto his halter and he promptly led her around the paddock. Annie, a beautiful brown and white paint horse with huge blue eyes, was her usual friendly, inquisitive self. She became interested in Jackie’s scarf, sniffing and pulling at it with her nose and lips. Blue, a black and white paint horse, seemed relaxed, closed his eyes, and lowered his head nearly to the ground when Brianna pet his head. Monte, a tall grey thoroughbred, had marks on him and stood in the paddock by himself after the other horses left. Kara stayed back with him and asked if all of the marks on his body were scabs. She was told they were wounds from bites from the other horses. The staff could not explain why the other horses had been picking on him lately.

The horses were led into the arena and let go. The girls were instructed to make an obstacle course. The obstacles were to represent challenges they would face over the holidays. Brianna and Linda set up four cones approximately 4 feet apart in a line and a barrier wall of 2-foot-tall white boxes. Brianna explained that the horses would have to go all the way around each cone. Going back and around again would represent going back and then forward through the holiday challenges of family, food, and social occasions. Linda explained that the horse would have to jump over the barrier at the end. Whitney and Diana had erected two jumps, each approximately 3 feet high with a long pole across the tops. Kara was practicing jumping over each of them. She explained that the jumps represented “eating disorder thoughts.” Jackie’s challenges were also food and family, which she represented with cones.

Next, long, thin, colorful curling ribbons were tied to the sides of each horse’s halter. (Annie, the paint horse, immediately started to play with hers. She was trying to catch the ribbons in her mouth by bouncing her head up and down and side to side.) The girls were told that their goal was to walk through the obstacle course while connected to the horses and each other. They could use whatever was in their “community,” (i.e., the arena), except lead ropes. The girls started planning. Ideas were shared and tried. “Try to follow…try to connect!” was heard by many of the girls as they tried to link up to each other and to a horse. Girls stood in front of, next to, and behind the horses. They used their scarves to connect to one another. Linda was connected to Diana with one scarf and Kara with the other. Diana moved forward with Hawkeye and pulled Linda along. Linda was connected to Kara by a scarf, but Kara could not get Monte to move. Each scarf connected to Linda was getting stretched tighter and tighter; Linda’s arms were stretched in opposite directions. She held on as long as she could but suddenly fell backward into the sand. The girls tried to lead the horses by pulling on the ribbons. They learned that the ribbons were too fragile to pull a 1,000-pound horse. Diana was able to get Hawkeye to walk around the first cone but stopped when she saw that no one was able to follow her. Time and time again the connections between the horses and girls were broken.

I could see that the girls were getting frustrated. They gathered in the middle of the arena. Brianna looked at the staff and asked us, “Are we allowed to change our obstacles? Can we make it easier for ourselves and the horses?” The staff did not reply, but Brianna, Whitney, and Linda ran from each setup rearranging the obstacle course. They realized that they all had the same obstacles—family, food, social situations, and eating disorder thoughts (i.e., feeling unworthy to eat, fat, and disgusting). They spread the cones farther apart and removed some of them from the course. The white wall petition was taken down. The 3-foot jump was taken away but the 8-foot-long pole was placed on the ground. Everyone’s obstacle was represented but simplified.

However, the problem of how to keep 4 horses and 7 people connected while going through the course the size of half a football field remained. The girls had tried holding onto hands, connecting by ribbons and scarves. They had tried pulling at the horses’ halters but learned that “Monte is stubborn, he won’t move.” Seemingly out of nowhere Kara said, “The connections don’t have to be

KEYPOINTS

1. Individuals with eating disorders have the highest mortality rate of any psychiatric illness, with a relapse rate as high as 70% and a recovery rate of only 46%.

2. Equine-assisted psychotherapy (EAP) is a viable treatment option for adult and adolescent patients with eating disorders.

3. Patients with eating disorders present unique medical challenges that benefit from a nurse’s input prior to and during the EAP session.

Do you agree with this article? Disagree? Have a comment or questions? Send an e-mail to the Journal at jpn@healio.com.
physical.” It took a few minutes to sink in, but then the ideas started coming again. “What if we all say a chant while we are walking through the course?” “What about ‘ED [eating disorder] must die?” “What would people think if someone came in here and heard us all chanting ‘Ed must die?”’ There was a little chuckle. “How about the word, Recovery?” There was a pause, and then they all agreed that this was the best idea.

The girls got into position, one or two of them near each horse. A hand rested lightly on each halter. They slowly chanted together “Recovery, Recovery, Recovery,” and somehow everyone—horses and girls—started moving forward together. Diana and Jackie walked with Annie (the paint horse who had been starved in her past)—Recovery. Lynn and Kara pulled on and encouraged Monte (the misfit thoroughbred who had been judged too clumsy to ever race), and he stepped forward—Recovery. Linda and Whitney (who had been so intimidated by the horses “they are so big”), walked with Hawkeye (a horse who had been savagely beaten in the past if he took even one misstep)—Recovery. Brianna looked Blue in the eyes, told him “It’s okay,” and he started to walk with her. Brianna had earned his trust—Recovery.

The solemn, chanting group walked around first one obstacle and then another from one end of the arena to the other. Lastly, each girl and horse stepped over the 8-foot-long post on the ground, turned the corner, came back to the middle of the arena, and stood still. The chanting stopped. There was complete silence in the arena. All of the horses and girls had walked around all of the obstacles together connected only by a chant of “Recovery.” The staff was in awe. We tried not to show how we felt, as the patients had to acknowledge this transformation on their own. The silence continued. Everyone seemed to be waiting for someone to say something. Finally, Brianna could not wait another minute for someone to acknowledge that they had completed their nearly impossible goal. She looked straight at the staff and shouted “I don’t care what you think. I’m so excited I want to scream!” Everyone started talking at once. “We did it” was heard as someone jumped up and down. Kara explained, “Over the holidays we won’t be together physically, we’ll be together mentally…we’ll all be connected mentally…we’ll all be going through the same things, it doesn’t have to be physical. I won’t forget about this. I’ll be thinking of all of you.” Brianna and Jackie came to the realization together. “Our [staff] won’t be there; we’ll have to do it on our own.” Lynn reminded everyone that they had all worked toward a common goal, “to recover,” just as they had been working toward this at the hospital. To her, stepping over that final pole felt like recovery. She could not hide her smile. Kara said, “The horses guided us; somehow it just happened.”

When they were asked what the horses had represented to them, we were told “They seemed to represent people who are helping us, leading us,” along the way to recovery from eating disorders.

We would all talk about this and think about it again for some time. Connections can be fragile like curling ribbon, but as long as they are there, even mentally, they will help us in our quest for recovery. The guides and the guided—none of us are alone.

LESSONS LEARNED

The individual example illustrates how working with equines can help patients “think outside of the box” to come up with solutions that work for them. Several methods were tried and failed before the patients came up with a unique solution for the problem on their own. A processing question could be, “How does this try-and-fail-approach relate to their recovery?” It was important for the staff not to help the patients or turn the session into a horsemanship lesson. The EAGALA philosophy of “people change when uncomfortable and grow when challenged” worked because the staff allowed the process to unfold and did not interfere when it was clear that the patients were becoming uncomfortable and frustrated. The patients were allowed to work through their frustration in a safe environment and found a way to meet their goal. It was important for the staff to wait for the patients to acknowledge their own accomplishment. Increasing their own self-esteem cannot come from others but must come from within.

The lessons learned are numerous, and only began in the arena. The activities in a session are often processed for several sessions and may begin with the patients’ journaling about what occurred, answering simple questions, or drawing a picture to represent the day. Using metaphors, the patients could process what the horses, ribbons, and obstacles meant for them in their lives. What did they think when their obstacles were simplified and changed? Equine sessions are often long remembered, and lessons such as working together, communicating with each other, being assertive, and celebrating accomplishments can be carried into their lives to help them continue to overcome obstacles on their road to recovery.

The observations made during this EAP session validated the work by Meinersmann et al. (2008) with adult female survivors of abuse. The women in Meinersmann et al.’s (2008) study described that a feeling of powerlessness changed to a sense of empowerment. In the individual example presented here-in, the patients were initially unable to move the horses or stay connected, but eventually were able to move even the most stubborn horse, which gave them a sense of power. Meinersmann et al. (2008) described an increased self-awareness and self-esteem with their participants. In the connections activity, the patients ended the session shouting “We did it!” Meinersmann et al. (2008) observed that the women in their study experienced diminished depression and anxiety through their work with horses. In the connections activity, although some of the patients were apprehensive about being around horses, they were able to overcome anxiety to complete the task.

Schultz et al.’s (2007) research find-
ings were also born out in the connections activity. Schultz et al. (2007) described how EAP improved self-esteem and confidence in the children they studied. The patients with eating disorders celebrated after they made it through the obstacle course together. Schultz et al. (2007) attested that EAP improved communication and group cohesion. The group with eating disorders practiced communication and shared ideas to accomplish their goal. Group cohesion was demonstrated and observed as the group walked together chanting “Recovery.” Schultz et al. (2007) stated that EAP addressed trust and boundaries. Trust was established among the patients with eating disorders and the horses as demonstrated by the horses’ willingness to walk through an obstacle course with the patients without the benefit of lead ropes.

CONCLUSION AND IMPLICATIONS FOR NURSING

EAP is an experiential approach that can be used for individuals or groups of adolescent and adult patients with eating disorders. Even within the confines of one session, improvements can be observed in communication and cohesiveness within the group as well as improved individual sense of accomplishment and confidence. I encourage nurses and therapists working in the area of psychiatric-mental health with patients with eating disorders to consider equine therapy for their patients. Nurses can make referrals to EAP by accessing the EAGALA website and inquiring about facilities that use this approach and local therapists who are credentialed in this area. Psychiatric-mental health advanced practice RNs, within their scope of practice, are able to provide individual and group therapy (American Psychiatric Nurses Association, 2012) and may consider developing alternative interventions for their patients to include EFP through the Professional Association of Therapeutic Horsemanship International (Meinersmann et al., 2008). Nurses working in facilities that provide EAP or EFP for patients with eating disorders should consider the additional monitoring that patients may require while participating in equine therapy to ensure that this is conducted safely.

There is mounting evidence of the effectiveness of equine therapy for patients with a variety of disorders. Further quantitative and qualitative studies to determine the long-term benefits of this method specifically for eating disorders are encouraged.

It is worth the effort to do what we can to increase the “fully recovered” statistic and decrease the mortality and relapse rates for our patients with eating disorders. Following a passion to help patients with eating disorders by using two- and four-legged therapists may provide the “out of the box” answer that can help our patients change and grow in unexpected ways.

REFERENCES


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