

Ponies at Work

Equine Assisted Psychotherapy

How Jane Karol Helps Children Harness the Healing Power of Ponies

by Lisa Keer Carusone

Fifteen-year-old Janine (not her real name) spent most of her days in bed, under the covers. Unable to go to school, she told her mother that she did not feel well. She said she felt extremely fatigued and her joints ached. After months of testing revealed no obvious physical cause for the way she felt, her mother brought her to the Bear Spot Foundation for the Benefit of Equine Assisted Psychotherapy (the Foundation).

The Foundation is a non-residential psychotherapeutic treatment program for children and adolescents, founded and run by Dr. Jane Karol. Dr. Karol is a child and adolescent psychologist. She is also a Grand Prix level dressage rider, and has been a professional trainer, instructor and competitor for almost fifteen years. Her offices, and the Foundation, are based at her training barn, Bear Spot Farm, in Concord, MA. The Foundation is a 501(c) 3 charitable organization.

Dr. Karol remembers that during their first meeting, Janine was so exhausted she could barely sit upright. At the end of that first session, she was introduced to Jake, Dr. Karol's co-therapist. In the brief amount of time she spent with Jake, both Dr. Karol and Janine's mother noticed a measurable increase in her energy level.

Jake is not another doctor or medical professional. He is not a peer counselor. Yet the results of his work with children and adolescents demonstrate his unique ability to help the healing process. Better yet, he is happy to let his young clients reimburse him in carrots, apples and sugar for the work he does.

Jake is a 12-year-old Paint gelding, and an integral part of the Foundation's equine assisted psychotherapy program. A former competitive dressage horse, he is trained to fourth level. With his quarter horse-type build and patient personality, Jake

is small and quiet enough for children new to horses and riding to feel comfortable with. His advanced dressage training makes him challenging enough for older, or more experienced, riders.

As Dr. Karol recalls, "After Janine met Jake, we spent the next eight or nine months discussing her life, her relationships with others, her dreams and her emotions. This is a fundamental part of most kinds of psychotherapy," she says. "Based on my professional experience, I believed that Janine was struggling with both an elusive physical problem as well as with depression. It was quite possible that her physical issues were causing her depression."

Janine's treatment included weekly therapy sessions with Dr. Karol and riding lessons with Jake. They would meet in her office, begin to talk, and subsequently, move downstairs to work with Jake. Dr. Karol took a flexible approach in her work with Janine. If it made sense to begin with riding, that was what they did. Over the course of her treatment, Janine became very attached to Jake. That seemed to give her the energy she needed to work

through issues in her life that were painful to her. Gradually, her fatigue abated, and she became more talkative and expressive. "She learned to ride," says Dr. Karol,

"and we used her immediate experiences with Jake, as well as the metaphors he engendered, to work through many of the emotions and situations she was struggling with." Janine returned to school on a part-time basis, and, that summer, held a part-time job.

"It was her relationship with Jake that helped bring her back into the world, if you will," says Dr. Karol. "With Jake as her companion, she was able to do the difficult work therapy



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requires.”

I'll Buy My Child a Pony

The breakthrough Janine experienced did not happen simply because she had a pony to ride. Rather, Janine's improvement, and the progress she made with Jake's help, is an example of the significant benefits of equine assisted psychotherapy. Put more simply, what helped Janine was traditional psychotherapy in an untraditional setting. In creating the Foundation, Dr. Karol's objective was to bring together the profound presence of the horse or pony – the trust he can engender, the joy he can bring and the sense of collaboration and accomplishment that comes from working with such a powerful animal – into a directed therapeutic program.

There is little doubt that ponies and children are as natural a combination as peanut butter and jelly. However, simply adding a pony into the life of a child like Janine is no guarantee that what troubles the child will go away or be successfully resolved.

Animals have been recognized for their ability to assist in human therapy of many kinds for well over one hundred years. In 1867, at a residential home for epileptics in Bethel, Germany, animals were an integral part of the treatment programs. This continues today at that same facility. In 1940, at the Pawling Air Force Convalescent Hospital in Pawling, New York veterans worked with animals as part of their treatment for emotional and physical war wounds.

Boris Levinson, a child psychologist, first documented the use of animal assisted therapy in traditional clinical psychology treatment in a journal article published in 1962. Levinson noted that some of his young patients progressed in their treatment more rapidly when his dog attended therapy sessions. He also found that the presence of the dog drew out children who were reticent or uncommunicative.

There are several equine assisted psychotherapy models and programs in practice today. What differentiates these programs is how psychotherapy services are delivered. Some programs are part of psychotherapeutic residential treatment programs. Others have been developed along side Hippotherapy (therapeutic riding) programs. A third category includes programs like the Foundation's that offer equine assisted



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Dr. Jane Karol

psychotherapy programs only.

In some of these models, the experience of being with a horse is considered to be healing in itself so a clinician trained in psychotherapy techniques is not always present as patients work with horses or ponies, or take semi-private or group lessons. Some programs combine the talents of two professionals with distinct areas of expertise. For example, a horse person may oversee the riding and horsemanship components, and a mental health professional provides counseling. The two may work

individually with the same patient and compare notes and experiences after treatment sessions. It is less common to find programs like the Foundation's, where the equine professional has extensive training and competition experience, and is also a trained child and adolescent psychotherapist.

Equine assisted psychotherapy programs can be short or long term in duration, and typically draw upon the body of knowledge found in traditional approaches to psychotherapy.

How Does Equine Assisted Psychotherapy Work?

In her work at the Foundation, Dr. Karol draws upon a broad range of psychological theories and methods to meet the unique needs of each child or adolescent. She works one-on-one with her patients, in sessions that are often a mixture of talking, riding and horse care. Equine assisted psychotherapy allows treating professionals like Dr. Karol to incorporate a variety of therapeutic approaches and models, each of which uses horses as co-therapists.

“A horse or pony has a very different presence than a dog or a cat,” she says. “Horses certainly, but even

ponies, can look very large to a child. While they are powerful, strong animals, they are also delicate and graceful. These factors allow the patient to share the power of the horse or pony when they ride, yet also to identify with their vulnerabilities.”

“Equines have a kind of quiet presence, which allows patients to approach them and still maintain a level of confidence over the physical contact they have with a horse or pony,” she notes.

Equine assisted psychotherapy works on many levels as

Meet Jane Karol, Pys. D.

Psychologist, dressage rider, trainer, instructor, competitor. The Foundation is the culmination of years of ongoing work and professional development Jane Karol, Psy. D. has enjoyed in each of these unique roles.

Dr. Karol earned her undergraduate degree at Washington University in St. Louis, and her master's degree at American University. Her doctorate in clinical psychology is from Antioch University.

She completed pre- and post-doctoral work as a Harvard Fellow at Cambridge Hospital in Cambridge, MA. Her training also included extensive internship experience at a number of recognized institutions in the greater Boston area, including Brandeis University and McLean Hospital, a teaching facility of the Harvard Medical School.

Dr. Karol also completed an internship year at the Jimmy Fund Clinic, a renowned treatment and

research center at Boston's Dana-Farber Cancer Institute. There, she worked with children suffering from life-threatening illnesses, and their families.

Her approach to treating children and adolescents was formed, in part, by her work as an intern at the Community Therapeutic Day School in Lexington, MA. This school serves children with emotional and neurological challenges. The school helps its students learn how to have relationships, how to cope with their environment, how to express themselves and engage with their own families, and how to progress toward healthy development.

Dr. Karol coaches adult dressage riders and their horses at various stages of development and competitive ability at her training facility, Bear Spot Farm



located in Concord, MA. She competes throughout New England through Grand Prix. A frequent guest clinician, she is known and well regarded for her compassionate approach to the training of both horse and rider.

For more on Dr. Karol's equestrian background, visit www.bearspotfarm.com. To learn more about the Bear Spot Foundation for the Benefit of Equine Assisted Psychotherapy, or to make a charitable contribution, visit www.bearspotfoundation.org.

well.

"A child will enact the same behavior with a pony that he or she does at home or at school, although likely to a lesser degree," says Dr. Karol. For example, if a child gets frustrated while he or she is riding, the child may show that frustration as anger, and kick the pony too hard, or pull on the reins. "Clearly, the pony will not like this and will express this to the child," she adds. "The child's action, in this example, might mirror his or her impulsive behavior during frustrating moments at school or at home." As a therapist, she can use examples like these to help her patients explore their actions, and to understand if what they do helps or hinders the goal of successful communication with the pony.

Based on her experience, Dr. Karol believes that a pony is a wonderful teacher in this respect, because the pony gives immediate and unvarnished feedback to the child. The pony either responds to the child's aids as expected, or engages in behavior that shows confusion. She adds, "the child quickly learns that this behavior is not effective, and with guidance from me and from the pony, can develop techniques to help control the impulse to act out at times when his or her frustration level

escalates." As a therapist, part of her work is to help her patients practice, perfect and transfer these skills, taking them from her office and barn to their own homes and classrooms.

Sometimes, the healing power is more primal in nature. Dr. Karol points out that the simple act of grooming, saddling and riding a pony offers her patients benefits that they can feel physically. "The pony," she says "offers a tactile experience for the child as he or she grooms him. I have patients who find it tremendously beneficial simply touch or hug Jake." Some of them come from homes where there is physical abuse or neglect. Even children who have enough physical attention at home, she says, may find even greater comfort or reassurance when they throw their arms around Jake's neck.

"In dressage, we talk about rhythm and tempo," she continues. "The adults I train and coach know that a forward, regular rhythm indicates that the horses they are riding is going properly. The children I treat as patients tend to find a pony's rhythmic way of going very soothing and calming, particularly if my voice is similarly soporific while I'm teaching them. What they experience can be similar to what a very young child feels when, held by a parent, he or she can feel and hear mom or

dad's heartbeat.”

The Foundation's equine assisted psychotherapy program helps children and adolescents to manage a number of issues, including:

- ADD/ADHD
- Affective disorders including depression
- Anorexia, bulimia and related eating disorders
- Anxiety and phobias
- Autism and Asperger's Syndrome
- Grief and mourning
- Low self-esteem
- Separation and loss

The majority of the Foundation's patients are referred to the program by their physicians or school counselors, or by other area mental health professionals. Because it is a non-residential program, the Foundation's patients are from eastern Massachusetts.

The Use of Metaphor in Equine Assisted Psychotherapy

The use of metaphor plays a significant role in traditional psychotherapy. In equine assisted psychotherapy, metaphor is used in a few specific ways.

In a therapy session that preceded a riding lesson, Chloe (not her real name) one of Dr. Karol's young patients told her that she felt only resistance and judgment from her parents when she communicated with them. In return, she demonstrated her own form of resistance, engaging in oppositional behavior with them. She rarely listened to her parents, would raise her voice to them, or ignore their requests. The interactions between her and her parents often escalated into hurtful and destructive conflicts.

“In the riding lesson that followed,” Dr. Karol recalls, “it was clear that Chloe was communicating with Jake in a way that prompted him to move forward, but with some degree of tension.” Jake looked stiff and unbalanced. “Chloe had to listen to my coaching, stick with the work she was doing, and be confident that she could create harmony between Jake and herself. Her patience and trust in Jake and in her own abilities paid off, and as a pair, they moved in a lovely cadence. Jake went from resisting to accepting the work.” For Chloe, this gave her the experience of going from an uncomfortable degree of tension in her work with another being, to a feeling of release and consequent harmony because of her abilities.

Once the patient felt the transformation that came with more harmonious communication with Jake, Dr. Karol was able to use this experience as a metaphor for her relationship with her parents. “We talked about how she could apply the same level of patience and fortitude in attempting to change the pattern of communication between her and her parents.”

Another use of metaphor asks the patient to use the pony as

a conduit for responding to questions about his or her life. If a patient describes a problem, Dr. Karol might describe a similar scenario involving a pony and ask the patient how the pony might solve that problem. For example, she says, one of her patients was reluctant to eat much, so in a therapy session, Dr. Karol and the patient discussed what might make a pony stop eating and what steps could be taken to help the pony to regain his appetite. “This technique helps the patient to knowingly distance him or herself from the pain and immediacy of the given situation, but allows and helps that patient to arrive at an alternate solution.”

As Dr. Karol explains, simply having a pony as a third party in her relationship with a patient is often a significant benefit. “My relationship with a patient can develop as quickly or as slowly as the patient feels comfortable with because the patient can focus his or her thoughts and feelings on either me or the pony,” she says. “Ultimately, and if possible” she adds, “It is important for the clinician to guide the patient/therapist relationship into focus.”

What Else Do I Need to Know About Equine Assisted Psychotherapy?

Based on her experience with equine assisted psychotherapy, Dr. Karol has come up with answers to some of the most common questions she is asked. She suggests that a parent or guardian interested in an equine assisted psychotherapy program develop additional questions based on their review of a specific program.

Q: Is equine assisted psychotherapy treatment covered by insurance?

A: “Many equine assisted psychotherapy programs are not covered by insurance,” she says. “However if the clinician is a licensed mental health professional or there is a licensed mental health professional supervising the program, some insurance policies will cover the costs.”

Q: Once enrolled in an equine assisted psychotherapy program, how quickly does therapy progress?

A: Like most forms of therapy, Dr. Karol has seen breakthroughs happen early in treatment. “Typically, the therapeutic changes come over time. It has usually taken years of repetition to create the patient's psychological problem, so it takes time to work through these issues to develop a renewed sense of self in the world, and new methods of coping with old situations.” She adds that parents or guardians should see positive changes within a few months, and longer-term changes within a year or two. Any parent with concerns about the progress – or lack of it – their child is making in an equine assisted psychotherapy program is advised to consider a second opinion from another mental health professional.

Q: How are parents or guardians involved in equine assisted psychotherapy programs for children and adolescents?

A: In her practice, Dr. Karol works with her patients' parents or guardians as well. "The role of the parent or guardian in an equine assisted psychotherapy program depends on the age of the patient," she says. She is usually in contact with parents of her younger patients (ages five to eleven) on a weekly basis. "Parents can help me to understand how the child is coping at home and at school." Older patients, especially adolescents, usually need a place where they can talk that is totally separate from their parents and friends, and very much their own space. "It is important for the therapist to have as little communication as possible with parents of older patients (ages twelve to eighteen), unless circumstances require it," she says. "The idea is not to shut out the parents, but rather, to provide the adolescent patient with the kind of environment that will best help him or her."

Dr. Karol does provide family therapy, but in a different format, and separate from the Foundation's equine assisted psychotherapy program. "In treating the families of my child and adolescent patients, I work with co-therapists. This is really family therapy in the traditional sense, and it is separate from the work the Foundation does."

Conclusion

Dr. Karol has seen a significant increase in interest in equine assisted psychotherapy as a treatment approach for children and adolescents.

"Horses and ponies are very popular with a large segment of boys and girls alike. Equine assisted psychotherapy programs are ideal for children and adolescents with an interest in horses, because it makes the difficult process of going through therapy and making long-lasting life changes somewhat easier," she says.

She adds that the Foundation is accepting patients on only a limited basis. "A 12' 2" pony is at the top of our wish list so we can offer services to more children and adolescents who need them," she says. "My hope is to find a talented pony of about this size for some of the younger or smaller patients. The pony does not have to be fancy or have a competition record, she laughs, "but he or she needs to be sound, with a solid walk, trot and canter and able to work with a diverse group of children and adolescents."

Disclaimer: All photographs provided by the Bear Spot Foundation for the Benefit of Equine Assisted Psychotherapy are used with permission of the human participants and by permission of the Foundation. Due to patient confidentiality, none of these photographs depict actual psychotherapy patients, and are offered as examples of the Foundation's equine assisted psychotherapy work. ■



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