The Challenges And Discoveries In Using Equine Assisted Psychotherapy Approaches By Counseling Practitioners In The Southwest

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ABSTRACT

This dissertation introduces counselors to the challenges and discoveries in using varied experiential approaches, specifically Equine Assisted Psychotherapy, (EAP), in their practice. The intention of this study is to guide counselors who are interested in using experiential applications in their own clinical practices. This study explores art therapy, play therapy, and adventure therapy; however, the primary experiential application which is explored in greater detail is EAP. This study looks at the varied challenges and discoveries with which counseling practitioners using EAP in the Southwest are faced. The primary focus is EAP which is a form of experiential counseling. The purpose of the study is to further examine what the practitioners’ perceptions reveal about how effective experiential counseling is. A survey was sent out to counseling practitioners in the Southwest using EAP and experiential approaches seeking insight to how the use of EAP and other experiential counseling approaches affected their clients. The study looked at varied respondents and
what they found to be the most significant aspect in using EAP. A phenomenological approach was used to conduct this study as it focused on the shared experiences of people. Implications may be that the study is limited as it is based on perceptions of a small number of experiential counselors. This study stands as a solid starting point for future studies for counselors interested in using EAP and other experiential applications at their counseling sites.
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Chapter I

Introduction

Background

Equine Assisted Psychotherapy (EAP) as defined by Kersten and Thomas (2004) is the professional field in which horses are used as a tool for emotional growth and learning. EAP is a collaborative effort between a licensed therapist and a horse professional. Because of its intensity and effectiveness, it is considered a short-term or “brief” approach. EAP is experiential in nature. This means that participants learn about themselves and others by participating in activities with the horses, and then processing or discussing feelings. Scherer, as cited in Long’s book, *Experiential Counseling*, states, “While using experiential activities in counseling may seem like a counseling innovation; experiential counseling has an illustrious history. Experiential counseling has roots in both traditional counseling approaches using “experience” as a catalyst and in conventional experiential education philosophies” (p. 16. 2002).

Very little research exists as to the effectiveness of using EAP applications in counseling. Kersten and Thomas (2004) the premier founders of the organization EAGALA (Equine Assisted Growth and Learning Association) teach that EAP is a model. It is intended to be used as an adjunct to experiential applications. There are no blueprints to assist clinicians who may be interested in using experiential applications in their own clinical practices. The intention of this dissertation is to add clarity to the use of select experiential approaches in a mental health center and to further look into how counselors are combining experiential approaches with traditional counseling approaches. The counselor who is interested in reaching populations that might benefit from non-traditional approaches should
take into consideration the possibility of offering enticing, experiential counseling. Offering services to the surrounding community, as well as engaging children, families and individuals in this kind of treatment could help clients who do not respond to traditional forms of therapy. Subsequently, utilizing experiential applications to attend to the existing clinical issues may capture the client’s interest and attention and make prolonged cognitive engagement easier.

The varied experiential approaches that will be researched in this dissertation are art therapy, play therapy and adventure therapy, with the primary focus on exploring EAP. Although experiential therapy has a long detailed history using art, play, and adventure, the realm of EAP is a rather new approach to counseling. The Equine Assisted Growth and Learning Association (EAGALA) is one of the first international organizations under which counselors can study EAP. Research pertaining to EAP is limited because it is such a new type of therapy.

This dissertation will be a guide to identify the challenges and discoveries that clinicians face in using varied experiential approaches at their particular sites, specifically focusing on EAP. Experiential counseling should provide clients with new ways to problem-solve and come to terms with powerful feelings that can be awakened or emerge during the course of the experiential interactions. The follow-through or debriefing with the client after experiential exercises is critical to the resolution of the client’s issues and a positive outcome. The importance of the debriefing will be further discussed in the findings. This study will also include a brief review of self-esteem as the experiential applications affect the development of one’s self-esteem. Self-esteem is also addressed in one of the research questions.
**Researcher Background/Biography**

I have been in school for a very long time, as I returned to pursue my education in 1990 beginning with a G.E.D. I dropped out of high school and had my children at a very young age. I have had a rich and blessed life full of many varied experiences. I knew when I returned even at the lowest level to get my G.E.D. that I wanted to become a counselor, to help others find their way, to learn to problem solve and to learn to set goals for themselves. My clinical desire is to be able to teach people that improving one’s life is a life long quest and an endeavor of which to be proud. I have discovered that this is what I do; I teach people to re-design their lives and realities and to re-discover their potential.

From the time I graduated with my Master’s Degree in Counseling and began working in different community agencies with different populations covering the entire gamut of mental health issues, I found myself working with people of varied cultural and ethnic backgrounds and individuals of all ages. I immediately discovered it was a challenge to keep my clients engaged in the therapeutic process. Some of the environments were not aesthetically inviting nor was there much space physically or creatively to provide alternative therapies.

I longed to try different approaches, especially experiential approaches and applications, which I had studied intensely in my doctoral studies. Fortunately, a colleague, Mark Boschelli, Clinical Director of Presbyterian Medical Services in Santa Fe, New Mexico, confirmed my impressions that there are numerous mental health offices with counselors in confined and boring rooms conducting “talk therapy” (M. Boschelli, personal communication, June 10, 2005). I had yet to visit a center that could offer respite and peaceful refuge for its clients while providing powerful, creative clinical interventions.
through experiential approaches. In my vision of offering creative experiential approaches, my primary focus was to include horses and provide EAP as an approach to counseling along with the other experiential applications of art therapy, play therapy and adventure therapy. I continued to become more and more aware of the varied approaches that are included in these applications in counseling, and discovered that there was no guidance in the literature regarding the challenges and discoveries in using the experiential applications in clinical settings. After working for a decade in the mental health field in Northern New Mexico with clients of all ages and needs, I realized the need for a different type of counseling center.

Finally, during my doctoral studies, I took a leap of faith and decided to build my own counseling center. In the spring of 2003, I broke ground and began building Equest Counseling Center, but it took a full year to even begin to see clients other than cash-paying individuals because I had to procure contracts as one has to have funding sources in place to operate a counseling center. Once only a vision, Equest provides a creative environment placed in a beautiful rural setting in Santa Fe, New Mexico. At my agency, Equest Counseling Center, LLC I am the owner and Executive Director of what is now an established and successful mental health center.

Equest Counseling Center has been and continues to be considered a successful clinic as it has made a difference in the lives of hundreds of individuals each year as recounted via numerous public announcements, personal stories, and governmental letters of support. The data compiled from our own administrative office showed that as of December 2011, Equest had provided thousands of sessions over the years. Over seventy-five percent of the work with clients at Equest involves some form of experiential therapy. After nine years in operation, I oversee a very successful and productive experiential counseling center with a
staff of seven counselors and three administrative assistants. Throughout the years, the agency has provided services for clients of all ages including children, adolescents, adults and families. The agency also provides an Intensive Outpatient Program for adults working to recover from drug and/or alcohol abuse or dependence.

**Problem Statement**

Experiential counseling is an approach which is supported by the assertion that people grow and change in positive ways, while experiencing alternative, creative and supportive applications (Mitten, 1999). The need for more experiential-based counseling programs that use adventure therapy exists (Warren et al., 2001). The lack of mental health services which fully engage clients and keep them engaged until their goals are successfully met is a common complaint among consumers in this field of work (Maxwell, Perry, & Martin, 2008). The dropout rate in the counseling process is alarming when clients are not fully engaged in their growth and do not feel that they are learning. Thus, they do not accomplish the objectives and goals that were agreed upon during the creation of the treatment plan with the counselor in the early stages of the counseling relationship (Cummings, 1992). The most important component of being a successful experiential counselor is keeping clients engaged until their goals are met.

Kimball and Bacon (1993) explained experiential counseling places different demands on the experiential counselor requiring the ability to multitask at all times. With all of the experiential approaches reviewed in this study and especially in EAP, the counselor has to pay attention to much more than just the treatment goals and clinical progress being made. It takes a great deal of energy in comparison to traditional sit down talk therapy.
Gladding (2004) indicates that counseling which focuses on creativity to help individuals is very powerful. Experiential counselors using creative approaches will provide alternative and creative new ways to help clients find a therapeutic process that helps to address their issues and that invigorates clients' search for the true, authentic self. Experiential counseling helps clients who did not feel that the more traditional talk therapy was a good fit.

Experiential approaches require keen focus and skills that include awareness of what tools to use and watching the non-verbal reactions and interactions take place. Furthermore, the experiential counselor must pay attention to safety issues at all times when out in the arena with the horses (enormous animals weighing over 1200 pounds).

Safety is important when doing group work. In an EAP group clients may not be paying attention to safety issues because they may be talking among themselves and not paying attention to the activities. And as the session unfolds the experiential counselor is not only working to pay attention to safety issues, but also must be on top of his/her clinical skills as well.

Experiential counseling may seem a simple concept; however, when studied, it reveals itself to be a much more complex subject as it is multidimensional and uses more of our senses while in the learning process. It is an intriguing and highly effective means to positive ends and many people find it to be very empowering. The power of the experience is what makes this approach so exciting to many. (Beard & Wilson, 2006).

Self-Esteem

Quality mental health care helps to increase an individual’s self-esteem, the lack of which has been shown to be at the root of many mental disorders. Varied mental health
problems in people of all ages are often related to low self-esteem. According to McKay and Fanning (2000), there are numerous findings of increased levels of self-esteem related to the experiences of clients working with experiential counseling approaches:

Self-esteem is essential for psychological survival...without some measure of self-worth; life can be enormously painful, with many basic needs going unmet. One of the main factors differentiating humans from other animals is the awareness of the self: The ability to form an identity and then attach a value to it. In other words, you have the capacity to define who you are then decide if you like that identity or not. The problem of self esteem is this human capacity for judgment. It’s one thing to dislike certain colors, noises, shapes, or sensations. But when you reject parts of yourself, you greatly damage the psychological structures that literally keep you alive (p. 1).

The purpose of using effective experiential counseling techniques is to increase clients’ awareness of themselves and ultimately increase their self-esteem.

**Purpose of the Study**

There is limited research in the field of EAP as it is a fairly new therapeutic approach. It has grown in use by clinicians who want to try this specific experiential approach. There is a need in counselor education programs for more education related to art therapy, play therapy, adventure therapy and EAP. Counselors who are preparing to work as clinicians in communities should be more familiar with these creative approaches.

The primary focus of this study is about EAP which is a form of experiential counseling. The purpose of this dissertation is to explore how counseling practitioners in the Southwest use EAP in their counseling settings. The intention of this study is to examine the
discoveries and challenges experienced by the practitioner’s perceptions. In the counselor education literature, there is a lack of information to guide new clinicians specifically using EAP. Due to the fact that there is such limited research in the field of EAP and information about this approach, this study will offer significant guidance to any interested professional counselors who desire to work in the counseling field using EAP applications. Counselors may discover it is very challenging to decide what specific experiential applications they want to use at their sites. Counselors with interest in this field can move on to learn how to effectively use EAP in their own counseling practices.

Significance of the Study

The study will provide more exposure to EAP approaches in counselor education so that counselors in training will have more variety of theoretical applications to choose from in their clinical practice. Using EAP applications in training new counselors will increase their confidence to guide their clients through the counseling experience. Counselors will be more knowledgeable in creating healthy, supportive and challenging environments in which their clients can explore their own issues, gain new strengths, and improve their self-esteem. Counselors will be more knowledgeable about understanding EAP treatment modalities.

Having explicitly-trained experiential counselors can benefit any community. In exploring the new paradigm of positive psychology and tying it into experiential counseling, Seligman (1990) found it is through clients’ feelings of attaining success through varied therapeutic experiences that they gain and further enhance a positive sense of self and being in the community. He further explains that circumstances and challenges that arise in experiential exercises support the idea of positive change. Armstrong and Jenkins, (2003) focus more on the idea that clients find themselves turning adverse, challenging and
traumatic events into life enhancing opportunities. This idea ties in with the important statement this paper theorizes, the assertion that people change for positive reasons within the context of supportive communities. Canter and Canter (1994) write that it is apparent that in the helping industry encouraging clients to experience higher levels of varied emotions does work towards promoting positive change. Employing strategies in experiential counseling increases the clients’ empowerment and pushes them in the process to push themselves even harder (Trull, 2005). Helping members of our communities to live more productive and positive lives will promote the well being for all of the community. It is important for counselors to be trained and knowledgeable concerning the use of experiential applications in the clinical context.

**Survey Questions**

The following research questions are addressed in this study:

1. What percentage of your counseling is done with horses? How are the horses used? Please give three examples.

2. What do you find to be your greatest challenge in doing EAP work?

3. What do you find to be the most rewarding part of doing EAP work?

4. What are some examples of positive feedback you receive from doing EAP work?

5. What are some of your most profound discoveries in doing EAP?

6. What other experiential approaches do you use at your program?

7. Describe any significant changes in client’s self-esteem through the use of EAP.

**Definition of Terms**

There are two sources which provide very important key terms that are used in experiential counseling programs. Long (2002) identifies different types of experiential
therapy while Kersten and Thomas (2004) focus on EAP. The following are taken from Long (2002):

- Experiential Counseling: Using experience as a catalyst for growth.
- Goal Setting: Activities used with an open format increasing client’s awareness.
- Process Focus: The focus is on the process rather than the outcome.
- The Activity is a Means: The activity is a means for the process, not an end.
- Experiential Activity: The problem solving initiative is an activity designed to facilitate growth.
- Group Stages: Initial stage, transition stage, working stage and the final stage
- Leader Responsibility: Providing a safe environment and facilitating client growth
- Safety: The ethical bottom-line mandate for all counselors in the psychological realm is “Do No Harm”. In the physical realm the bottom-line mandate is “Do No Harm and Allow No Harm”.
- Well Preparedness: In outdoor experiential work this applies to always having the activities well-planned and organized. The counselor must be well prepared for all possible scenarios that could take place during the activity. This includes taking participants to work in an activity, teaching them at the same time to carry their discoveries into their day to day lives and apply them to their communication patterns.
• Participant Responsibility: This entails accepting the responsibility of always being safe and fully aware while they are participating in the experiential activities.

Kersten and Thomas in the EAGALA Training Manual (2004) provide equally important terms for counselors interested in using EAP:

• EAP: Equine Assisted Psychotherapy.

• Non-verbal Communication: Communicating without the use of words. Includes body language and physical gestures.

• Individual Reflection: Time set aside in between exercises to reflect on the experience.

• Group Processing: Sharing reactions and insights within the group counseling process.

• Communication Skills: Includes listening, centering, empathizing, focusing, directional support.

• EAP Equipment: This includes but is not limited to halters, lead ropes and varied props used in experiential activity.

Limitations of the Study

One of the potential limitations of this study was the reduced return rate of responses by the people who participated in the study. There was no guarantee in sending out the survey that respondents would be available or take time to complete the questionnaire and have it returned it to me. The participants may not have had interest in completing the questionnaire or they might have been consumed by running their own practice. Secondly, the participants may not have fully disclosed in-depth responses to the questions on the
survey. Thirdly, the validity of interpreting the qualitative data provided by the respondents might have been skewed by my own personal interpretation; therefore, a follow-up phone call to the participants helped to ensure the integrity of the respondent’s intended conveyance of meaning.

In summary, I hope this dissertation will be a beneficial guide to counselors who have interest in using EAP applications to better serve the clients who come through their doors. There is a need in counselor education programs for more education related to experiential counseling and the varied techniques used. There is a lack of information to guide new clinicians in regards to specifically using EAP and the effectiveness of using EAP in the counseling process. The study provides more exposure to EAP approaches in counselor education so counselors-in-training will have a greater variety of theoretical applications to choose from in their clinical practice. From my personal experience, clients do not always respond well to traditional therapeutic approaches and this is repeated throughout the literature. In offering EAP clinical services, it is important to always keep in mind the foremost goal as a counselor is to provide a safe, nurturing and effective counseling environment to help clients learn to problem solve and function as whole and healthy individuals within society.

The purpose of utilizing open-ended questioning on the surveys was to evoke personal stories hoping that the respondents would share from their own experiences. Helping clients achieve their maximum potential utilizing varied creative experiential approaches is as exciting to me as it is important.
Chapter II

Review of Literature

This review of literature covers research from 1954 to 2011. The areas discussed are varied approaches of experiential counseling including, art therapy, play therapy, adventure therapy, and equine assisted psychotherapy (EAP). Each approach has its own unique history and development for use in the modern counseling environment. The literature will point out what it is about experiential therapy that works including the use of metaphors and the increase of self-esteem resulting from the spontaneity of the experience. For the purposes of this paper, counseling is the preferred term. However, some sources repeatedly use terms such as art therapy, play therapy and adventure therapy. When these terms appear they should be understood as being interchangeable with the term counseling.

Experiential Counseling

Experiential counseling is a multi-faceted approach in counseling. It engages people physically, psychologically, socially, and educationally. The comprehensive quality of experiential counseling stems from the commitment of the counselor because there is more work involved for the counselor in this approach and in the never-ending need to be continually providing new and fresh ideas to use with experiential approaches (Long, 2002).

Kimball and Bacon (as cited in Long, 2002) state that experiential counseling entails a degree of involvement from the counselor in terms of time and energy that has no parallel in office-based therapies. The authority of an experiential counselor is derived from his or her competencies that necessarily include leadership skills and judgment, technical skills, and an acute awareness of safety factors, and the ability to teach (p. 19).
The well qualified experiential counselor must still be able to teach in the moment using his/her clinical skills and ability to proceed in spontaneity.

It is hard to imagine doing only traditional talk therapy after experiencing the power of working with varied experiential approaches with clients of all ages. Working with experiential approaches requires a committed and well-trained experiential counselor to approach the issues at hand. The counselor must proceed with keen sensitivity and awareness to assure the experiential approach chosen for the clinical work is the correct approach for the individual client. Rogers (1957) pointed out the necessary conditions of counseling which are empathy, acceptance and genuineness. He points out, “The research keeps piling up and it points strongly to the conclusion that a high degree of empathy in a relationship is possibly the most potent and certainly one of the most potent factors in bringing about change and learning” (p. 3).

The process unfolds with an emphasis on the freedom to explore. With genuine authenticity and guidance, the experiential counselor provides an intriguing clinical experience to help clients better understand themselves, their world and issues at hand. Whether the clients come to a counselor in conflict and trauma, pain and sorrow, or any prevailing issues interrupting their activities of daily living, experiential counseling promotes security, self awareness, honesty through spontaneity revealing their creative capacities and a new found pride in discovering their unknown potential (Rogers, 1951.).

The Association for Experiential Education supports and encourages the approach of experiential therapy believing that by creating a healthy, supportive and challenging environment, people can act on their positive instincts and take a chance pushing them. A study in the Journal of Experiential Education: Investigating Sense of Community in First-
Year College Students by Jacobs and Archie, SEER 2007 Abstract, looks at how colleges and universities are being held accountable for retention and graduation. They investigated student characteristics and reviewed studies and dissertations which tied in with student persistence. It was a strong empirical, quantitative study, looking at how students fared when they felt a stronger sense of community. This study used a Sense of Community Index (SCI), with 305 participants who responded to the index. A factor analysis was used to determine their overall sense of community subscales. The researchers used the general linear model to calculate betas at a 95% confidence level. Their findings showed that students with a sense of community had a significant positive influence on their intent to return to school after the first year. At the end of their discussion the authors pointed out: “If experiential education methods and programs can assist universities with their retention efforts, this may help to bring positive recognition and regard to experiential education. The learner’s active engagement, which is part of the experiential learning process, as well as the relationships developed and nurtured through experiential education are likely to positively and significantly influence a learner’s sense of community” (p. 285).

Experiential approaches are easily interchangeable, and there are no rules that bind the counselor to having to always stick to one particular approach. It is the responsibility of the counselor to be sensitive in assessing what the client would benefit most from on that day. To invite the client to the outdoors to play with the horses, or to do artwork outside, or to work on a play therapy project while out in nature is healing in itself. It is rewarding to watch grown adults realize in the midst of their session that they are playing outside. Playfulness opens the heart of all ages, and helps to reveal what issues clients need to address (Landreth, 1993).
It is important for professionals to take a good look at how to create positive learning environments. In order to encourage more involved levels of learning, it is the clinician’s job to promote thorough self reflection via the counseling process and experiential applications at hand. It is also the clinician’s responsibility to continually debrief the client involved in the task at hand. An accomplished experiential counselor understands the distinction between formal traditional learning environments and experiential counseling/learning environments (Long, 2002).

Beard and Wilson (2006) point out those experiential approaches which are effective and valuable counseling techniques should be an avenue of training in counselor education. Using experiential approaches expands the counselor’s ability to reach clients who can’t be reached by traditional therapies. When people undergo an experience, as humans all do daily in their lives, new insights and new learning do not necessarily occur. The average person is in a constant state of experience.

From people’s first breaths, their lives are one experience after another; when one stops and thinks about this, it is quite astonishing how they are able to process, function and survive thousands of experiences each day. In their hectic modern day lives, they are constantly moving from one state of experience to another state of experience. Almost effortlessly they multitask; at times they feel focused as they have learned to thrive while juggling the thoughts, distractions, emotions, expectations and worries that all humans carry. They are not always completely devoted to or involved in the task at hand; but in their stressed-out lives they have learned to maneuver through their experiences without second thought. However, in using experiential counseling approaches while working with clients,
counselors encourage them to learn to immerse themselves in the particular hands on activity and be in the moment (Warren et al. 2001).

There are great masterminds of various psychological theories throughout the evolution of philosophical and psychological development such as Maslow, Rogers and Csikszentmihalyi. They have all lent to the validity of human transformation through the phenomenological expression channeled via the powerful learning experiences of experiential counseling (Beard & Wilson, 2006).

There are so many things to remember because experiential counseling is much more work than sit down traditional talk therapy. Rogers (1980) found facilitating experiential counseling requires considerable training and experience. It is true that extensive training makes experiential counselors much more at ease, more spontaneous and creative in the moment with their clients as they invite them into the exciting world of experiential counseling. As a novice experiential counselor, there are awkward moments of uncertainty as to what to do and how to proceed. It is common in the beginning years of working in the counseling field for the experiential counselor to write out almost a script as to how to guide the session. Rogers (1977) emphasizes that people need to be assisted in learning how to cope with situations. “One of the main ways to accomplish this is by helping a client become a fully functioning person who has no need to apply defense mechanisms to everyday experiences” (p. 217).

Experiential counselors use tools and apparatus: paint brushes, art supplies, toys, puzzles, games, horses in inviting arenas, giant sand boxes or outdoor play areas all set up. Experiential counselors literally work under the canopy of nature.
Additionally, during these exchanges between the counselor and the client, a synchronicity is discovered. When the counselor witnesses clients completely immersing themselves into the activities at hand, it is truly rewarding to witness them experiencing ‘flow.’ Csikszentmihalyi (1997) teaches:

These exceptional moments are what I have called flow experiences. The metaphor of “flow” is one that many people have used to describe the sense of effortless action they feel in moments that stand out as the best in their lives…Flow tends to occur when a person faces a clear set of goals that require appropriate responses. (p. 29)

Well trained experiential counselors are rewarded by finding themselves in ‘flow’ doing the work they love and witnessing how powerful it can be for their clients to be in the ‘aha’ moments. Experiential counseling is unique, in that instead of focusing on one’s inabilitys, it helps clients to be open to the experience at hand and identify their strengths and work towards developing self competence. However, keep in mind that experiential counseling is a precise methodology which combines catalytic experiential activities with an existing counseling theory (Long, 1996).

The understanding of ethical concerns in any counseling approach is of extreme importance for any qualified and professional counselor. In the United States, the Association for Experiential Education convened a task force in 1999 of 115 global experiential practitioners and produced a document titled Definitions, Ethics and Exemplary Practices of Experiential Training and Development (DEEP, 1999). This document set out guidelines of good practice, and contained definitions for trainers and facilitators. It is a helpful guide for any counselor who works with experiential applications. Experiential counselors should know the ethical guidelines of any specific theories or approaches that they intend to
incorporate into their practice. Experiential counselors would fall under the category of therapeutic facilitators as they are responsible for assisting individuals/groups to achieve value from their counseling experience.

**Experiential Applications and Multicultural Counseling Training**

The changes in North American demographics challenge counselor educators with the dilemma of accurately preparing counseling students for working with culturally diverse clients. The importance of student learning in experiential learning should be taken into consideration. Adding experiential techniques to counselor education programs can be tied in to the important role of multicultural awareness (Sue & Sue, 1999). Northern New Mexico is known for its unique tri-cultural society coexisting and bringing such interesting components from each ethnic group: Anglo, Spanish and Native American. As such, the need for multicultural awareness has proved to be of extreme importance. The counselor can be in the midst of making great progress when unintentionally a cultural boundary is crossed, a topic is brought up that is never to be disclosed, or a seemingly harmless assumption of understanding the client’s culture can halt the therapeutic process adding new problems to an already struggling individual.

It is imperative to review periodically theoretical and empirical literature to ensure the experiential counselor is fully aware of the reality of the relationship between being a multicultural competent counselor and the expectations of having a strong, positive therapeutic outcome. Learning about the importance of having multicultural competence is the beginning of a lengthy scholarly attempt to truly becoming competent as a professional counselor. Brynes and Kiger (1990) found “Experiential learning has been widely recommended as a training method that can bridge multicultural counseling theory and
practice” (p. 344). It is apparent that clients can sense if their experiential counselor is well trained in multicultural awareness. It is greatly appreciated by them as it automatically creates a level of trust without which the clinical relationship would be less productive. Arthur and Achenback (2002) suggest that experiential learning in the multicultural context is important and has a potential impact on the training of counseling students. Few sources provide guidance for detailing ways to use experiential applications and learning in a multicultural counseling curriculum. The purpose of experiential learning in training counselors can be a creative and insightful component for implementing ethical teaching practices and for structuring experiential learning activities to enhance students’ multicultural competencies.

Using experiential applications can aid in developing multicultural counseling competencies in training new counselors. The use of experiential learning in multicultural counselor education is an interesting concept in regards to counselor training. In looking at the use of experiential learning in multicultural education Sue & Sue (1999) agree that the educator must have keen skills and knowledge in using these approaches. They point out to be careful to not only focus on the domain of knowledge and skills but to incorporate multicultural awareness exercises so that the students don’t lose focus of the importance of their own background while working to understand the cultures of other students involved. According to Rogers (1959), counselors who are well trained in multicultural awareness should still keep the aim of their counseling at self-actualization, while working towards alleviating problems or distress with their own cultural confusion.

Beard and Wilson (2006) state experiential counseling should be designed to increase multicultural competencies, guiding counseling students to acquire new ways to help clients
embrace the empowerment that may emerge from the experience at hand. In training counselors through experiential learning, counselors must proceed carefully in thinking about selecting the experiential learning exercises that will prove to be most beneficial in developing multicultural counseling competencies. One way to increase counselor awareness in training counseling students is to instill the awareness and knowledge of similarities and differences that exist in counseling relationships. Effective multicultural training should expand a counselor’s worldview. Effective training should include thorough guidance to novice counselors to assist in expanding their attitudes, perceptions, values and beliefs.

Research suggests novice counselors process their own cultural identification through the activities utilizing experiential approaches (Pederson & Ivey, 1993). Ponterotto, Fuertes, and Chen (2000) found there is evidence that novice counselors can gain multicultural counseling skills when exposed to experiential multicultural exercises while in training.

Another key factor supporting the importance of keen multicultural awareness for experiential counselors is the need to fully understand how their own personal culture and their professional socialization may impact the way they relate to clients from other cultures. Even if the counselor has good intentions, a lack of multicultural awareness could negatively impact the clinical relationship.

Metaphors

Beard and Wilson (2006) state a metaphor can provide another way of reflecting and focusing on a particular experience, allowing individuals to gain new insights. “The word itself is derived from the Greek meta (trans) and pherein (to carry)” (p. 207). An example of metaphor in EAP is a client working in an exercise and then realizing that their impatience in working with the horses is how they act in their relationship with their partner. It is truly an
awakening moment for the clients when a metaphor facilitates understanding. A metaphor is the imaginative use of allegory, myth, or fable to help convey meaning. Wonderful and meaningful metaphors unfold and help to build clients’ self-esteem allowing them to be better prepared to tackle challenging and intimidating situations in their personal lives. Metaphors are equally as important as other key components and discoveries in the therapeutic processes of art therapy, play therapy, adventure therapy and equine assisted psychotherapy (EAP).

Through the use of activity and experience in using experiential applications, the interaction taking place is itself a therapeutic metaphor. The client is confronted with the reality of his/her experience. The client is confronted with the undeniable truth of his or her experience. This opens the way for the counselor to have a more accurate assessment of the individual’s problems and also tends to provide a more intense and immediate intervention (Beard & Wilson, 2002). Metaphors that are often applicable to real life, push the individual to self assess, provide the skills needed to effectively problem solve in client’s day to day lives, and are very beneficial in experiential counseling.

In traditional office-based counseling, there is less opportunity for clients to use metaphors. According to Heron (1999), when clients are immersed in an experiential activity they discover the power of metaphors as a tool to help them access their unexplored feelings and emotions with which they may be out of touch. A metaphor only possesses value when the client is able to interpret the experience (Gass, 1995). Metaphors help to make a connection to a client’s reality through discovery and process. It can be an “aha” moment, an idea, an event, an object, an experience, task or activity. Just as a single word can have many
different interpretations, it is just as common that a picture can be worth a thousand words. It is similar in working with metaphors; they can be worth a thousand experiences.

Priest and Gass (1991) further discuss the importance of metaphor development and use in experiential applications. Horses have varied personalities, sensitivities, playfulness and intuitive natures that naturally create opportunities for metaphorical learning. Even when working with the most challenging individuals or groups, the use of metaphors in either the activity or follow-up discussion is a powerful tool and effective technique in the therapeutic process.

Metaphors work as an integral tool to access and explore feelings. Metaphors can be used to help people understand what might otherwise be misunderstood or remain unobserved. Heron (1999) as cited in Beard and Wilson’s, *The Power of Experiential Learning* (2006) defines and gives specific examples of metaphoric representation:

- metaphor – the imaginative use of myth, allegory, fable and story to convey meaning;
- instance – describing an illustrative incident, or dramatic case study, from real life;
- resonance – recounting associations and memories evoked by what is going on, in order to find meaning through resonance with the form of the other situation, which may be from some quite different field.
- presentation – presenting non-verbal analogies in the form of graphics, paintings, music, mime or movement;
- dramaturgy – combining metaphor with presentation in a creative piece of theater;
• demonstration – displayed in behavior, both verbal and non-verbal, giving meaning; modeling a skill in action, positively showing it well done, and negatively showing how it can degenerate;

• caricature – giving feedback to someone by mimicking his or her behavior and caricaturing, in a kind way, the salient features to which the client wishes to draw attention (p. 206).

Personal growth comes from a wholehearted desire to enrich one’s life by becoming one with all aspects and modes of learning. This gives the individual a sense of integration of the material into his or her life and life experiences. Thereby, through the experience at hand, the learner progresses more quickly, thus reaching his/her goals and aspirations. (Moustakas, 1974).

Beard and Wilson (2006), well known for their therapeutic work with families, used metaphors frequently during therapeutic treatment. Metaphors allow counselors to address multiple dimensions of the experiential approach, thereby increasing the chances for connection with aspirations and difficulties that are outside of the clients’ conscious awareness.

Robertson (1999) points out humor can be associated with experiential counseling, helping clients to get in touch with their emotions often through the recognition of metaphors. Metaphors often bring about laughter that in turn lightens up the problems people are facing in their daily lives. Often, the counselor’s actions will convey metaphorical messages. Counselors can transmit messages regarding how they present themselves, their offices, and the environment into which they invite their clients. Metaphors make the
learning process more graceful and interesting. They leave people more responsive in ways that feel appropriate for them, including modifying or rejecting a suggested pattern.

**Introduction of the Varied Experiential Applications**

**Art Therapy.** Rubin (1980) shares with us the thought that using art in a healing mode is as old as humanity itself. Art therapy is a popular approach that can enhance the counselor’s repertoire of therapeutic tools. Stern (2004) advises clinicians to use creative approaches to help the client to focus on the moment. To teach clients to learn to truly be in the now is of extreme importance. He writes about the importance of helping others to not miss what is taking place in the present moment. The use of art therapy targets areas of difficulty in creative ways. Using creativity to bypass subjects that are difficult to face consciously enhances the motivation of clients and increases their commitment into treatment. Clients facing difficult issues try to avoid the reality of what is happening in the present times of their lives. Art therapy benefits children, teens, adults and groups, and can be a powerful and effective means of exploration in the client’s healing process by bringing up the issues the individual has been blocking from the subconscious and evading the conscious mind. Joseph Campbell (1976) feels that art therapy helps clients to uncover repressed emotions and helps them break through other emotions that have held them back from discovering their true capacity.

Art therapy gives children, teens, adults and groups a new way to talk about old problems, in a new dialect that is developed in a nurturing and relaxed environment. Additionally, families can develop stronger and more positive interpersonal communication skills, which will lead to completing a final project together that will have lasting and important memories associated with the art therapy event.
Gladding (2004) states that art therapy has been used in counseling on both a formal and informal basis. Clients will project their unconscious and/or inexpressible issues through drawings, sculpture, painting or collages which allow them to display their inner reality to express themselves freely without the confines or confusion of finding the right words to say. Malchiodi (2003) points out in *The Handbook of Art Therapy* the importance of using art therapy with clients of all ages and in varied circumstances of mental health dilemmas. She points out that therapeutic opportunities are readily available through the use of art.

Art therapy can express a client’s complexities simultaneously because it does not follow logical thought processes or strict rules of grammar and language. The client is freed, as the process does not require linear assessment, judgment or opinion. Art therapy combines both an emotional release and a sensory experience that is translated as pleasurable and stress-free. Malchiodi as cited in the teachings of Gladding (2004) states:

Counseling at its best capitalizes on creativity to help individuals to express themselves personally and uniquely. From this belief, the creativity in counseling movement emerged, embracing the idea that all the creative arts invigorate and enliven verbal counseling and traditional talk therapy. Counseling, which includes art, music, movement, and other forms of expression, encourages playfulness, divergent thinking, flexibility, humor, risk taking, independence, and openness. These qualities are believed to be strongly associated with personal creativity and a healthy personality. (p. 40)

Terr (2007) felt it is worth mentioning that when children draw pictures, unconscious and conscious symbols are selected purposefully. Children create or choose symbols that either possess or are assigned specific traits or attributes. In doing so, children use projection
to both distance and address emotional material by distancing themselves through symbol. They buffer themselves from perceptions, cognitions, or affects that feel uncomfortable, overwhelming, or threatening.

Landgarten (1987) guides the reader through multiple case studies that are very informative for art therapy ideas and directions on how to interact appropriately using art therapy for specific age groups; and, she provides unique insight for specific clinical issues. For instance, Landgarten further explains that although the professional literature contains many articles on the treatment of children who have been victimized by relatives or persons known to them, information on therapy for a child who has been molested by a stranger on a one-time basis is extremely sparse. For such cases, a family therapy crisis intervention model is the treatment of choice since the insult of the sexual assault affects all members of the family. An effective treatment approach for molested victims and their families is the clinical art therapy model.

A regularly used technique in art therapy training which Malchiodi (2003) promotes is that of a scribble drawing which is a visual art procedure encouraging the child to draw a scribble and then to take a deeper look into it, make that scribble into another drawing and then to tell the story of that drawing. The procedure is a very simple but powerful exercise in art therapy. The counselor’s job is to pay attention to the comfort, congruence and creativity of the child as he/she relates the story to the counselor.

Children as young as two years old will naturally pick-up crayons, scribble and express their first creations as a spontaneous activity. The experiential counselor using art therapy can guide his/her client at any age using any medium. It does not just need to be crayons. The client can use markers, charcoals, pastels, or whatever the client chooses.
Counselors can assist clients to do a scribble drawing using finger paints with interesting outcomes. The technique is self-transforming and allows the individual to express his/her unconscious emotions and reveal hidden feelings.

Margaret Naumburg (1966) was well known for her work with scribble drawing or as she termed the process, spontaneous imagery. She was well known for being one of the first individuals to use the term art therapy, and the focus of her work has been spontaneous art expressions.

Malchiodi (2011) teaches that art therapy is an excellent approach to use with children and adults who suffer with PTSD by helping them to establish a sense of safety through their work. With children, art therapy helps with reestablishing attachment and is an important factor in helping the child to reframe his/her traumatic experience. When clients have endured trauma and it is too difficult to speak about for the fear of reliving the trauma, art therapy is often welcomed as a process to help them communicate through the difficult feelings associated with the trauma.

Children, adolescents and adults will open up to the experiential clinician after they have established rapport and begin the process of telling their story through art therapy. Art therapy establishes a safe place to begin the healing process through expressing themselves. Clients find solace in moving through the somatic memories and in place of a narrative story their story telling is done via finger paints, paint brushes, collages, clay, doodling, etc. The means by which a well trained experiential counselor can assist a young traumatized child is endless. The need to be extremely creative in the projects that are offered to the client can never be overlooked or underestimated.
Malchiodi (2008) reports that art therapy is extremely helpful in working with young children who have suffered sexual abuse. They do not have the skills or ability to verbalize what they have witnessed or experienced so art therapy is a calming and effective approach to use with traumatized young children. Art therapy focuses on the experience of mind, body and spirit working as one. Some “well known mind-body interventions include meditation, mental imagery, hypnosis, biofeedback, prayer, and support groups” (Malchiodi, 2007, p. 39). In teaching meditation, the counselor actually takes the client on a visualization journey. An experiential counselor must be knowledgeable in proceeding with teaching the client to visualize positive assertive behaviors of achievement and advancement on all levels: mentally, emotionally, and spiritually. The topic of self-esteem and its impact by visualization is powerful. A common approach in art therapy groups is to take time at the beginning of the group to teach individuals the power of using visualization to calm and center themselves and to also get in touch with issues at hand that tie into the group’s topic. The visualization helps the client to learn to make small positive steps toward reaching his/her goals. The truly talented experiential counselor will be able to assist the client in calming his/her anxiety and doubts by utilizing these alternative tools.

According to Natalie Rogers (1993) regarding meditation, “Equally important, I believe, is to go inward in a quiet, receptive mode. Tuning in to the universal energy source and ourselves is a powerful method of opening to our creativity. Meditation helps evoke our inner strength and wisdom” (p.90). Malchiodi realized that psychotherapy can have the same calming and centering effects as meditation. Her 2003 study found the following:

Psychotherapy is also considered a mind-body intervention in that it addresses a person’s emotional and mental health, which is connected to physical health. Any of
these therapies may help people experience and express their illness in new ways. They may also help people come to a feeling of being healed rather than cured, meaning that the person has reached a new sense of psychological or spiritual well-being even though his or her illness is still present. (p. 39)

A well-trained art counselor must have an open, permissive attitude. Clients must feel free to express themselves without judgment, to feel a genuine invitation to try out new techniques and have new experiences with art therapy. Although the creativity comes from deep within the client, an important intention of the counselor must be to provide a relaxing environment for the client to truly feel he/she can let go and be free.

Natalie Rogers, a well-known counselor, and daughter of the late Carl Rogers, founder of person-centered theory was interviewed by Sommers-Flanagan (2007). At the time of the interview, Ms. Rogers was 78 years old. She had worked professionally as a registered expressive art counselor for many years according to the interview. She developed her own mode of using person-centered theory to facilitate therapeutic growth through the use of art in counseling. Person-centered art therapy aids clients in resolving emotions while keeping them at the center of the process. Commonly, counselors conjoin person-centered theory and art therapy applications to encourage the client as he/she goes through the phenomenon of emotional cleansing, which means the discussing and exposing of profound emotions. The therapist must first provide a safe environment for the client to be able to feel secure and relaxed to begin his/her healing process. As the client proceeds with his/her art therapy project, the empathic counselor must continue offering compassion and support. There is no right or wrong drawing, only insight into what the client’s art is revealing. At times almost effortlessly the story unfolds in art therapy after years of trying to find healing
through traditional talk therapy. The conjoining of person-centered theory and art therapy applications focuses on the client’s own imaginative abilities and intuition. The experiential counselor gently guides the clients through the process. Expressive art therapy is often seen as a language of its own. Person-centered theory and art therapy applications as a combined process focuses on deep emotional expression advancing the healing process. In concluding with the interview of Natalie Rogers by Sommers-Flanagan (2007), art therapy is easier on the clients then when they are faced with having to put into words a vast history of trauma and abuse.

In *The Creative Connection* (1993), Rogers describes the use of expressive arts in healing. “Since emotional states are seldom logical, the use of imagery and non-verbal modes allows the client an alternative path for self-exploration and communication. This process is a powerful integrative force” (p. 3). The idea of using art therapy in somatic treatment is repeated in the most popular art therapy books. Art therapy can be used for a wide range of issues, such as: in counseling settings to instill hope, drawing out stories of the past to the present, emotional healing, recovery from sexual abuse and trauma, and as an aid in recovery from grief/loss. Another key component for the powerful use of art therapy is to assist clients who struggle with addiction(s) and to move through their process in recovery from substance abuse. Art therapy can be utilized both in individual and group settings which allow the hands-on process of using art in therapy to subconsciously release emotional stress and promote change without conscious effort whereby the client experiences freedom to progress without reservation resulting in the addicted individual engaging in the contemplation phase of the stages of change.
Moustakas (1997) discusses the importance of the therapist’s attitudes in *Relationship Play Therapy*:

Faith, acceptance, and respect are intimately bound together in the therapeutic relationship. Faith is expressed in the belief that a child holds the key and the resources for working out difficulties and for discovering what is best. Acceptance is conveyed when the therapist encourages children to express their feelings and explore their attitudes freely. Respect in relationship therapy means that children are received in their own style and ways, that who they are and what they say is worthwhile and worthy of positive attention and response (p.24).

In regards to a child with medical issues, art therapy brings familiar materials along with the use of the universal language of art expression. Rubin (1987) says that children can be trusted to heal themselves using the creative process. Sick children in stressful circumstances can find many avenues to emotional support when art therapy is available to them. The health care experience can be humanized and patients can be empowered through the use of art therapy.

From the *Art Therapy Sourcebook*, Malchiodi (2007) describes the use of art therapy in regards to health. The use of art therapy for psychological and somatic aspects of physical illness has grown for several reasons. First, increased interest in alternative medicine has led many people to seek out therapies that complement their medical treatment. Art counselors and medical professionals have learned that art can convey powerful messages, both conscious and unconscious, about clients’ bodies as well as their minds. Also, the creative process of making images is an effective therapy for those who are confronting serious
illness. Siegel (1986) stated, “I wish all physicians would add a box of crayons to their diagnostic and therapeutic tools” (p. 81).

**Play Therapy.** Knowledge of play therapy can expand a counselor’s ability to reach clients who don’t respond to traditional therapies. In the experiential field of play therapy clients are given the opportunity to “play out” their feelings. Sometimes these feelings are very difficult to verbally express and it is easier for individuals to express themselves through play. Play therapy is not just for the young child. It is used extensively with teens, families and adults and is especially powerful in adult groups. Getting adults to play can be quite liberating for them as adults often forget how to play. Thus, the play therapy modality becomes an effective tool. But the most popular approach is with children.

Axline (1947) explains that “play therapy is based upon the fact that play is the child’s natural medium of self-expression” (p. 9) and is a universal activity that most children view as an outlet for expression and which is perceived by the child as inviting with low stress involved. Play therapy can be directive in form, that is, the counselor may assume responsibility for guidance and interpretation, or it “may be non-directive: the counselor may leave responsibility and direction to the child” (p. 9).

Terr (2007) further discusses that when a child suffers severe trauma and anxiety his/her play takes on a monotonous and ritualized form of releasing. She further suggests that verbalization accompanied with play is more powerful and recommends directive child counseling to the point of even having prearranged play objects ready, as being prepared helps to avoid any unnecessary anxiety and can aid the child to verbalize or play out his/her trauma. Severely abused children require age appropriate opportunities to recover from highly stressful experiences and traumatic events. These playful activities allow children to
make intolerable feelings tolerable and make chaotic and disorganized thoughts more contained and therefore manageable. They can also process emotions in a removed stance that facilitates identification projection, and work through difficult or conflicted thoughts and feelings. Play therapy is a window into the child’s perception of self and the world in which he or she lives. Through the use of play therapy and authentic experience a child is led to discover his/her true identity at a particular stage of development.

Kaduson, Schaefer, and Hall (2002) express how children who come into play therapy should be given a selection of techniques to use:

The selection of techniques was guided by three main criteria: (a) to include an extensive array of variety of play approaches (e.g., sensorimotor, art, fantasy, and game play), (b) to focus on techniques appropriate for 4-12 year old children, (c) to present techniques that are enjoyable, inexpensive, and easy to implement. The goals of the chosen techniques include helping children become aware of and express their feelings; manage anger; improve self-control; reduce fear, anxiety, and depression; increase empowerment; and enhance problem solving skills (p. 515).

Play therapy is based upon a positive theory of an individual’s ability. It is not intended to be limiting to any individual’s growth. It is outgoing and reaffirming. Scherer (as cited in Long, 2002,) said, “Perhaps, the sine qua non of experiential therapy has been child play therapy. In play therapy, children’s instinctual motivation for play is used to enable them to communicate and represent or symbolize their inner conflicts through play” (p. 17). Axline (1964) adds that play therapy starts where the individual is and allows that individual to go as far as he or she is able to go. Play therapy substitutes action for words. It is goal oriented and the counselor is active and determines the course and focus of therapy.
Moustakas (1974), a leader in phenomenological research methods, believes “the young child is curious. He is fascinated with everything he sees and touches. He can dash from one new experience to another in awesome excitement. He can dawdle for hours over a single experience, seeing in it new designs and variations. Life is an adventure in learning for him” (p. xi). Likewise it is an adventure for the counselor when he/she is fully engaged in a session with a young child. Kaduson, Schaefer & Hall (2002) describe that play therapy has been a well established and very popular mode of child therapy as children often have a difficult time verbalizing their feelings so interacting in play helps the young child to express him/herself. Something as simple as block play helps to create a foundation for friendship development in kids ages 4-12 because it provides children with positive engagement and social interaction with others.

According to Moustakas (1974), a surmounting amount of emotion is experienced in connecting with the client, adult or child, when a counselor experiences an existential moment. An existential moment can be likened to having an “ah-ha” moment during a session when a counselor realizes the client’s potential as well as a direction which would be best to guide that client.

Choosing to live an existential lifestyle allows a counselor to live life authentically, which includes being at peace with the reality that a person’s existence is unique. The counselor calls upon this sense of uniqueness while connecting and assisting the client to integrate the changes and become more whole, healthy and unique. In The Child’s Discovery of Himself, Moustakas (1973) cites ten different experts including himself, on the particular topic of utilizing experiential approaches with children and their unique responses. Undoubtedly, there are a plethora of rules and regulations that serve many purposes in our
lives as adults and the upbringing of our children. For many individuals, the creative nature born within us becomes stifled, and living within the confines of convention cripples the child and prevents him/her from fully exploring life’s possibilities. The same is true of teaching our children whether ours by birth, adoption, teaching or therapy. A counselor who utilizes play therapy creatively sets a stage that supports a child to passionately embrace his/her individuality and increases transformative ability exponentially. Thus, play therapy nurtures a child to grow into adulthood curious, courageous and thriving by doing what he/she loves.

Campbell, Megan & Knoetze (2010) discuss how play therapy is an excellent approach for young children to experience congruence within themselves on their pathway to healing. Experiential centers which often involve some form of creative expression clearly help the young child by offering creative approaches that further facilitate the healing process. Landreth and Sweeney (1999) teach “the child-centered play therapy facilitates a process in which the counselor trusts the inner person to make the journey of self-exploration and self-discovery through creative expression. The child centered play therapy model emphasizes a philosophy of being as opposed to doing. The therapeutic relationship is primary and the strongest therapeutic tool for change is children’s innate drive to self actualize” (p. 222). The child’s person is made up of a physical being with thoughts, feelings, and behaviors, while the child’s perceived reality consists of both internal psychic experiences as well as the external world (Landreth, 2002). Moustakas (1995) points out that an individual training to become a play counselor needs to have complete understanding of him/herself. A person cannot really know another without knowing the self. The person training to be a play counselor must have unwavering positive expectations that the child will
utilize all resources available and rise above and beyond any perceived or real limitations. Additionally, the play counselor in training will be best served by extensively observing interactions between children with their families.

Play therapy has become a very popular way of working with children, adolescents and adults. It has been found to be offered in more and more counselor education programs, as it requires skill and training. Campbell (1992) writes that children love the natural interaction of play and when the counselor gets down on the floor and plays with a child he/she is establishing rapport and thus the healing relationship has begun.

**Adventure Therapy.** Adventure therapy is a therapeutic tool that can be adapted to almost any setting and is a mixture of experiential learning, outdoor education, group counseling and intrapersonal exploration. (Schoel, Prouty, & Radcliffe, 1988). Kraft and Sakofs agree, (as cited in Banderoff & Newes, 2004) “Adventure therapy is rooted in the tradition of ‘experiential education’ philosophies” (p. 2). Gass explained (as cited in Banderoff & Newes, 2004), “Adventure therapy is defined as ‘learning by doing, with reflection” (Gass, 1993, p. 2). According to Banderoff and Newes (2004):

Experiential education theory also postulates that active learning is often more valuable for the learner because the participant is directly responsible for and involved in the process. In addition, experiential learning theory is based on the belief that learning is enhanced when individuals are placed outside of their comfort zones and into a state of dissonance. Learning is then assumed to occur through the necessary changes required to achieve personal equilibrium. (p. 2)

Martin & Davids (1995) state participants in adventure therapy are generally removed from their comfort zone and engage in varied different activities with a group of others...
seeking to work on the primary focus of that particular group; all working with similar goals
towards completion; then given time to process the experience. Alvarez and Stauffer (2001)
offer a simple definition: “Adventure therapy is any intentional, facilitative use of adventure
tools and techniques to guide personal change towards desired therapeutic goals” (p.87).

According to Crisp (as cited in Banderoff & Newes, 2004):
Adventure therapy is a therapeutic modality combining therapeutic benefits of the
adventure experiences and activities with those of more traditional modes of therapy.
Adventure therapy utilizes a therapeutic focus and integrates group level processing
and individual psychotherapy sessions as part of an overall therapeutic milieu. While
specific types of facilitation occur directly related to the activities, this processing is
not associated with the activities alone. Rather, the activities can also be
conceptualized as a catalyst for the processing which occurs before, during, and after
the activities (p.4).

Gass (as cited in Banderoff & Newes, 2004) recognized the origin of adventure
therapy as residing in the philosophy and experiential learning espoused by Outward Bound,
which was founded in 1942 by Kurt Hahn. Outward Bound is the adventure-based program
that was developed to assist troubled youth gain greater self-esteem and self-discipline and to
gain an ability to work with others through group wilderness activities. The exercises
involved in the Outward Bound Program are designed to promote more adaptive self-
concept, locus of control, and problem solving skills. Gass concurred that many of the
principles and philosophies of adventure therapy are founded in the area of experiential
learning. Experiential learning is based on the belief that behavioral change is a function of
one’s direct experience. Kaskutas, Marsh, and Kohn (1997) confirmed, “Without the
opportunity to put new behaviors into direct practice, internalized learning is not likely to occur” (p. 51). Rather than being passive observers, participants involved in experiential learning processes need to be actively involved to facilitate change. Adventure therapy differs from Outward Bound in that “nonwilderness” activities are employed to attain the goals at hand. For example, adventure therapy involves what most people might refer to as an obstacle course. Similar to the obstacle courses used in EAP the course is intentionally designed to enable group members to achieve specific therapeutic goals. Huber (1997) points out three primary components that highlight the unique contributions of adventure therapy:

- Action orientation: The inclusion of concrete physical activity, lacking in traditional “talk” counseling, is present. Clients are expected to walk as well as talk their behaviors.

- Climate of change: The adventure environment is one in which clients engage in unfamiliar activities, they perceive risk, experience discomfort and stress; thus promoting adaptive actions to take place such as problem solving and increased communication.

- Counselor as coach: Clients typically perceive adventure therapy as “fun”. This aids in helping the client to perceive the counselor as more approachable than in more traditional and formal therapeutic settings. The focus is on skill building. (p. 51)

Fletcher and Hinkle (2002) point out that, increasingly, adventure therapy is recognized as providing a significant means to help clients. The authors describe the outdoor and indoor adventure experience as well as its relationship to counseling. A conceptual framework of adventure-based therapy has been developed to provide a better understanding
of the process and the potential benefits of this approach and to serve as a model for researchers. Counseling theories, educational theories, programming, processing, and transferring client gains to real life are explained as well as the potential psychological, educational, sociological, physical, and spiritual benefits of adventure therapy.

Adventure therapy sounds simple and fun but can challenge an adult who is used to confines, boundaries, rules, and limits within the activities of daily living. When working with an adult who has difficulty in expressing him/herself adventure therapy can be an intriguing approach to help the client open up. Fletcher and Hinkle (2002) describe the conceptual framework of adventure based counseling:

Although adventure-based counseling uses traditional psychosocial and educational theories involving individual, group, and family counseling, adventure-based counseling differs from traditional counseling. These differences include the setting, the use of real and perceived risk, additional required skills, additional ethical considerations, an emphasis on processing and metaphor, and transfer of learning to psychological, educational, sociological, physical, and spiritual benefits of adventure based counseling. (p. 277)

Adventure-based counseling can be used as a primary treatment or as an adjunct to more traditional types of counseling. Although traditional counseling usually takes place indoors or in an office setting, adventure therapy often takes place outdoors. There is also the perception of risk or real risk in adventure counseling that is not found in typical counseling settings.

Adventure therapy is derived from individual, group, and family counseling models, as well as from educational theories. Adventure therapy can be used to address individual
needs, but many adventure therapy activities emphasize work in groups. (Gazda Ginter, & Horne, 2001). The application of group counseling models is important for understanding group development and group dynamics.

According to Marx (1988), adolescents present an ongoing dilemma for the nation’s social service system. He discovered that the frequency and severity of the need for social services that are effective rise continually. One way to address this growing need is through adventure therapy. Programs that involve adventure therapy can help troubled youths develop by placing them in natural settings, which are unfamiliar and challenge them to grow.

Studies by Kimball and Bacon (1993) show that adjudicated adolescents have been positively influenced by adventure therapy and that they are afterwards less prone to recidivism. The researchers found that adventure therapy is significantly more effective than the traditional confining indoor therapy. These teens tend to mistrust authority figures including parents, an attitude which is reasonable given their history. Troubled youth gain some needed development in building trust through the use of adventure therapy.

Gillis and Gass (1993) explain an added dimension of enrichment takes place when adventure is put into the therapeutic equation and offers a seven-point rationale for how a counselor can effectively make adventure therapy work with families. The seven important key points include: action-oriented therapy, use of the unfamiliar environment, the positive use of stress, using activities to assess information, using conflict within the small group format to promote resolution, focusing on solutions and successful behaviors and the role of the counselor who becomes active in promoting the strategies of change by helping the family to have fun together.
An article by Nassar-McMillan et al. (1997) supports the use of adventure based counseling. The authors found that adventure based counseling has become increasingly popular over the last three decades. They also found that adventure based counseling is more effective than the traditional sit down talk-therapy. This is because clients must implement behavioral changes immediately in the adventure context. On the other hand in traditional sit down talk-therapy clients are encouraged to make behavioral changes outside of the office setting (their homework), but clients often fail to do this on their own.

A study by Franz, Mayer, Norton and Rock (2005) supports the importance of nature to improving clients’ psychological well-being. The study looks at how individuals have problems with their self-conception and not feeling connected to nature. The authors feel it is very important for people to have a sense of being connected to nature, as it establishes a sense of relatedness. A large proportion of the problems that people seek therapy to address arise from being disconnected from nature and having a narcissistic worldview. For this reason adventure therapy is inherently an effective approach to treat individuals’ psychological distress.

**Equine Assisted Psychotherapy.** Equine Assisted Psychotherapy (EAP) is the professional field in which horses are used, as a tool, for eliciting emotional growth and development. EAP is intense and effective for people of all ages. People will often ask, “Why horses?” One important factor is that horses are large and powerful, so they have the natural capacity to create a natural opportunity for people to develop self-confidence. The sheer size and power of the horses initially intimidate people. When they accomplish a task that involves an animal of this stature it helps to overcome their fears, often equating them to
other fears in their lives with which they are struggling and keeping them from moving forward and growing personally.

EAGALA, developed by Kersten and Thomas, began in 1999 specifically training professionals in EAP. EAP can be referred to as an approach using experiential therapeutic activities. As there is little research and information about EAP, there are no printed guides discussing the challenges and discoveries involved in using this unique experiential application. Kersten and Thomas (2004) also indicate that EAP is the professional field in which horses are used as a tool for emotional growth and learning. EAP is a collaborative effort between a licensed counselor working directly with a horse professional. The horse professional comes into play as it is very important to be keenly aware of safety issues at hand. Because of the intensity and effectiveness, it is considered a short-term approach. Insurance companies who fund experiential interactive approaches refer to this as brief therapy. Brief therapy means that participants learn about themselves and others by participating in activities with the horses, and then processing (or discussing) feelings, behaviors, and patterns.

According to Kersten and Thomas (2004), EAP addresses a variety of mental health and human development needs, including behavioral issues, confidence building and improving self-esteem, attention deficit disorder, substance abuse, eating disorders, abuse issues, depression, anxiety, relationship problems and communication deficits. EAP addresses disorders that are listed in the American Psychological Association Manual (2001). As the counselor addresses the issues coming to surface with the client(s), the horse professional pays attention to safety issues. The primary goal in EAP is to generate a positive engagement with the client utilizing an experiential and animal-based treatment.
What is a metaphor in EAP? A great deal of the lessons learned is from the discovery and use of metaphors in the process of EAP. An EAP metaphor occurs when an individual or family uses an example or circumstance to voice many other things that they are unable or unwilling to express to each other. The lack of communication could be due to fear of judgment, lack of clarity in how to fully express themselves, or complete innocent unawareness. Often one person will be the voice for everybody in the family. People lose their voices through life experiences that leave them disappointed or unheard. In working with EAP, it is common for the counselor to give metaphorical tasks to individuals and family members. From these techniques come anecdotes, parables and stories. They are used by both the counselor and the clients to teach, inform, explain, embellish, and encourage creative thinking.

Specifically, EAP clients are invited to use their natural body skills such as physical ability, awareness, sight, sound, touch, smell, agility, movements and using voice commands. Engaging an individual’s natural body skills is a very important component of breaking through blockages and getting in tune with dissociations that take place. Finally, the use of metaphor is enormous in solution-focused therapy, in person-centered therapy and in the work of equine assisted psychotherapy.

According to Kersten and Thomas (2004):

One method of helping people “see and understand” things is to use metaphors. Metaphor is often regarded as a device for embellishing discourse, but its significance is much greater than this. The use of metaphors implies a way of thinking and a way of seeing that pervade how we understand our world generally. (p. 104)
A dissertation research study authored by Trotter (2006), discusses the use of EAP groups in comparison to traditional sit down talk-therapy groups in school settings. The study examined elementary and middle school age children at risk of academic or social failure. Reports show that the counseling group in EAP showed statistically significant improvements in overall functioning and mental health. The counseling group in traditional therapy also showed some improvement but not nearly as much as the group receiving EAP counseling.

According to Trotter (2004):

The empirical results of this non-traditional approach to mental health (equine assisted counseling) linked with experiential delivery system and its expanding therapeutic roles illustrated in this research study, is an example of a counseling intervention that goes beyond the clinical treatment of disorders and harnesses the strength of the individual to facilitate the prevention or resolution of emotional and behavioral difficulties. Results of this study are particularly noteworthy because it is the first study of its kind in establishing equine assisted counseling as an empirically supported counseling treatment modality. This research supports the clinical, practical, and statistical importance of equine assisted counseling with at-risk children and adolescents (p. 143).

Being involved in EAP requires the clients to work both physically and mentally. There is not immediate gratification, and because the horses require the clients to be engaged in mental and physical work to be successful in their activity, this can be a very valuable lesson to carry over into other aspects of their day-to-day lives. Clients often discover a pattern of their behavior in the interaction with the horses and see how the patterns relate to
their human interactions. Horses are highly intuitive and very honest, making them especially powerful messengers to people who are seeking answers and guidance in their lives. The horse in the EAP application is used as a tool, a catalyst for growth. EAP tends to focus on the conscious human dimensions of feelings, focusing on thoughts and behaviors. EAP draws more on cognitive behavioral orientations and also incorporates group and family systems approaches. There is a great deal of non-verbal communication in EAP and 95% of the work is done on the ground, not on the horse (Kersten & Thomas, 2004).

In research pertaining to EAP there are numerous findings of increased levels of self-esteem related to the experience of interacting with the horses. Garrity and Stallones (1998) describe the positive physical, psychological and social behavioral effects of animals interacting with people as powerful. These interactions have recently gained recognition among researchers and practitioners in the mental health field. They also point out that animal-assisted therapy can be used in either directive or non-directive approaches. EAP is described as an adjunct to traditional therapies and has been found to be extremely rewarding when incorporating the use of horses into an experiential center as an added intriguing exchange in the creative clinical approach.

Animal-assisted therapy has proven itself to be a valuable adjunct to further promote self-esteem and motivation. As the clients enjoy working out in beautiful natural settings, they discover deep meaningfulness and a surprising intimacy with the horse as they proceed with their activities at hand in the arena (Chandler, 2005).

In an article titled, “There is no “I” in nature: The influence of self-awareness on connectedness to nature” there are some interesting insights into the relationship between nature and the individual. Franz et al. (2005) conclude:
Developing these ideas further, the present paper focuses on the modern conception of the object self, and the conditions under which this modern conception of self, with its corresponding “I” is linked with a decreased sense of connectedness to nature… Rather, problems arise when people view themselves as being separate and distinct from the world around them, or, stated differently, when the individual no longer feels a sense of “resonance” or connectedness to the natural. (p. 427)

As Long (2002) instructs, in the arena doing EAP, the experiential activity component is a specific catalytic technique used in combination with the counselor and the particular theory with which he/she has chosen to work. The goal is to have the experience serve as a catalyst for growth, psychological well-being, and moving towards the identified goals that were established in the initial session. The activities that are chosen are meant to be a catalyst for the promotion of clients’ goals. Goals relate to the individual’s skill development and always focus on self-improvement, self-actualization and increasing each client’s self-esteem. This experiential approach gives clients tangible results, which translate into satisfied and emotionally growing individuals. EAP helps to stimulate clients into asking questions that foster thinking, creativity and problem solving. It identifies pathways towards solutions as opposed to problems. While working in the arena with the horses, clients will often link equine behavior to human behavior, identifying similarities and differences. The person-centered and solution-focused theories come into play with the experiential approach of EAP emphasizing affective experience, feelings, emotions, and existential being.

The EAP approach has been compared to the ropes courses used by counselors, treatment facilities, and human development courses around the world. But EAP has the added advantage of utilizing horses, dynamic and powerful living beings. Not all programs or
individuals who use horses with clients practice EAP. At a minimum, licensed clinical professionals need to be involved for it to be considered “psychotherapy”. Kersten and Thomas (2004) teach that most practitioners do agree that one of the primary areas of improvement with clients when using EAP is the noted increase of self-esteem in the clients. The *Equine Assisted Psychotherapy and Learning UnTraining Manual* has a listing of specific therapeutic approaches to use with EAP including: behavioral, solution-focused, humanistic, gestalt, reality, psychoanalytic, transactional and psychodynamic; all theoretical viewpoints recognized by American Psychological Association (2001).

Many different types of exercises are taught to individuals at the EAGALA trainings, and the exercises vary in degrees of difficulty and age appropriateness. Three examples of exercises that provide insightful experiential exploration will be included as appendices B, C, and D. They are used in adolescent and adult group settings. The use of varied experiential approaches is extremely helpful for clients who haven’t been able to find a therapeutic approach that will work for them.

The primary components of the exercises used in EAP and taught by EAGALA, Kersten and Thomas, (2004), consist of helping the clients to identify metaphoric representations and to learn to use non-verbal communications. When a group is working together in EAP they often come together before beginning the experiential exercise at hand and set up their ground rules and consequences to which members of the group will have to adhere. The ability to guide the group and keep the exercises educational and fun is a key component of the trained EAP counselor. During the exercises the clients are always asked to keep a keen eye on their observations about non-verbal communications, safety issues, and to pay attention to how the temptations and obstacles they observe within the horses’ behaviors
tie in to their own real life experiences. The clients have to continually problem solve on their own or as a group member identifying the metaphors, utilizing resources and working to stay in control of their task at hand without becoming too overwhelmed.

It is the task of the counselor guiding the group or individual through the experience to not lose sight of goals established in the beginning and to keep focused and motivated. The EAP counselor consistently must gently keep guiding the clients when they do become overwhelmed, embarrassed or frustrated. Accordingly, the EAP practitioner works with clients to prepare to process their discoveries and challenges as they work to accomplish their task, identifying their true feelings and reactions. For example, did they know how to ask for help? Did they work together with the group as a team player? It is exciting work when the client must come up with creative ways of protecting his/her own personal vulnerable feelings, emotions and reactions (see Appendices B, C & D). The emphasis of the exercises is to focus on the process rather than the outcome. An experiential counselor should strive to fully promote choice as clients are working on developing trust within themselves and/or the group (Kersten & Thomas, 2004). Appendix E shares with the reader the researcher’s personal experiences while utilizing experiential therapies.

An interesting article by Klontz, Bivens, Leinart & Klontz (2007) shows the positive effect of EAP. The study had an N of 31. The participants received four and a half days of treatment in a residential program. They completed psychological measures prior to treatment, immediately following treatment, and six months after treatment. The participants reported improvements in their psychological well being immediately after treatment and these improvements were stable at six months after treatment. The study showed that EAP is
helpful to people of all ages (participants ranged in age from 23 – 70) and to people in a
variety of life circumstances (relationships, gender, etc).

Another study that supports the use of EAP is by Dell, Chalmers, Bresette, Swain, Rankin & Hopkins (2011). The study explored the benefits of EAP when used to treat Native American youth (ages ranged from 12 – 17). The researchers conducted 15 interviews with program participants and staff. It was found that EAP was beneficial to the youth, especially because the use of horses was culturally relevant. The authors of the study found that aboriginal understanding of the spirit is related to the physical world and the horse in particular occupies a vital role in the great circle of living creatures in the physical world.

Experience

Beard and Wilson (2006) advise that “Learning from experience is one of the most fundamental and natural means of learning available to everyone… In the majority of cases, all it requires of clinicians is to provide the opportunity to reflect and think, either alone or in the company of other people” (p. 15). Experiential counseling is experiential learning. Use of the outdoors, use of adventure, with the addition of novel experiences is intertwined in experiential counseling (Long, 2002).

Experiential therapy focuses on clients’ strengths and abilities. The approach and resolution of the adventure initiatives encourage clients to focus on solutions and personal capabilities. Clients are given the opportunity to do things in a different way, thus breaking established patterns of behavior (Bacon, 1993).

Delivering experiences through the application of experiential counseling has a magnified focus on metaphors. Metaphors are just one of the many tools at a counselor’s disposal for influencing change prior to any learning experience.
Moustakas (1974) stressed the following:

learning as a living experience, as a struggle with life full of wonder, excitement, mystery, ecstasy, joy of discovery, meaning of new awareness, love, imagination, inspiration. For real learning, the student must be embedded in the experience. He must live it, breathe it, feel it, and let it find its relevance in the reservoir of all his other vital experiences. The student must be free to remain with that which interests and provokes involvement and collaboration. He must have the freedom to follow it as long as it demands his interests…Vital learning becomes a great adventure into the unknown, uncharted, unimagined (p. x).

According to Long, there is a scarcity of actual theory for experiential learning. There are many models to follow in working under the umbrella of experiential education (2002). Experiential counseling is an educational experience for the client (Beard & Wilson, 2002). Experiential Counseling is distinguished from Experiential Education as there are over twelve different terms she uses to describe the varied approaches…. experiential counseling and experiential therapy are a few of the more common. Long (2004) states: understandably, the distinction between terms and the programs they describe with overlapping themes and descriptors can become confusing. The clarification and differentiation of terms is important because terminology communicates to the client the purpose and intent of a program, implies training, certification, and credentialing, suggests professional association, and reflects professional and ethical guidelines (p.7).
In the Journal of Experiential Education, Fox (2008) explains:

As an experiential educator for three decades, I am enthralled with experiential education’s potentiality… The interpretation of experiences is related to power relationships, especially power inherent in dominant epistemologies. Although some experiential educators have hinted at nonphysical and noncognitive elements, the dominant focus of experiential education is a linear, hands-on, bodily involvement with cognitive and verbal processing (p.37).

The Association for Experiential Education is the premier association for experiential education. They produce a very popular journal, the Journal of Experiential Education that actually teaches the model of experiential education. Furthermore, Sheldon and Arthur (2001) point out:

During experiential learning, participants are presented with situations that are unfamiliar and uncomfortable. Recognizing that it is easy to maintain established and familiar norms within one’s own comfort zone, experiential learning encourages and pushes participants to extend beyond their usual comfort zones. This leads to a sense of imbalance. Resolution results from the ability to make changes, thus supporting learning and growth. When stabilized, individuals are asked to consider how their experiences in therapy mirror their day-to-day behaviors in their lives, thus the establishment of a personally meaningful learning experience. (p. 69)

According to Long (2002), the primary focus of experiential counseling is the focus on the use of a catalyst which helps the clients to push themselves towards self-discovery. As with most other experiential supporters Long emphasizes the power of working in the moment and the importance of helping clients stay focused in the now. If a clinician is
engaged in counseling and uses structured activities and catalysts to support the client’s growth, they are using experiential counseling approaches.

Alvarez and Welsh, (1990) focused on experiential learning. The authors describe how school counselors in Michigan used a model of experiential education as a creative, cost effective intervention designed primarily to reverse the feelings of failure and alienation found among many students in school today. For the purpose of this article experiential education was defined as a structured sequence of cooperative group activities whose goal is to improve member’s interpersonal skills, capacity to trust, and self-esteem. The results showed strong improvement in interpersonal skills and self-confidence.

Bacon (1983) points out the use of the hands on interaction, accompanied with varied tools and activities which use concrete sensory experience to represent varied psychological issues that the client needs help in addressing. In using the experience, the clients can touch, see, and feel their psychological needs and face their own personal struggles. Likewise, Gross (2001) confirmed that in working with experiential applications clients are subject to an array of stimuli from the external environment, and internally due to the use of multiple stimuli creating new self awareness. External signals are received through the senses as raw material for the experience to be constructed internally through the process of perception. Keep in mind that this study is a perception study not an outcome study.

According to Alvarez and Stauffer (2001) adventure therapy ties in directly with other experiential applications using specific tools and techniques hoping for strong improvement in interpersonal skills and self-confidence. They feel strongly that experiential therapy helps clients to reach desired therapeutic goals.
Beard and Wilson (2006) explain in experiential counseling the learning environment or surroundings strongly influence the individual’s experience. It is through the use of metaphors and alternative approaches that counselors work to break out of the traditional classroom or counseling office, introducing the client to new experiences. Both indoor and outdoor experiential activities include a number of basic concepts in which the participants are involved as they become more engaged with the specific exercise they are focusing on at that moment. Aspects of intellectual and physical involvement engage them in a different manner both physically and mentally. Experiential approaches involve obstacles and problems, which offer the opportunity to problem-solve.

**Experiential Theoretical Approaches Most Commonly Used**

The experiential counseling model is based on specific theoretical frameworks within the field of counseling. All effective counselors must have a clear theoretical framework from which to operate whether they are using experiential counseling or any other counseling approach. It is very common for counselors to work from an eclectic standpoint where they combine different components of different theoretical frameworks; however, clarity and focus in the counselors’ work is added when they know and understand the theoretical framework with which they feel the most comfortable. Clients will know if a counselor does not have a solid base of knowledge of the specific theoretical approach chosen to work with during the activity.

In working from specific theoretical frameworks, the counselor will display clear purpose and goals including the process of the goals generated with the client. Having clear purpose and goals adds to the clarity of the general outcome of the counseling interaction thus promoting growth and improved psychological well-being. Two theoretical applications
commonly used at experiential counseling centers are the person-centered approach and solution-focused approach. The first theory popularly used is the person-centered approach developed by Carl Rogers in the 1950’s. Carl Rogers’ views were first formulated from his experiences in clinical work and subsequent research in clinical fields. He found that the key emphasis in the person-centered approach is people and their tremendous potential for growth and change.

The experiential counseling model naturally ties in with the key components of humanistic/person-centered theory as well as solution focused approaches. Thayer, (as cited in Horne & Passmore, 1991) confirms the primary component of the person-centered approach is the emphasis on people and the tremendous potential for growth and change that human beings carry…. The secondary component of the person-centered approach is formative tendency. Formative tendency drives an individual to recognize the phenomena of his/her emerging self and the need to change the existing self, thoughts and behaviors, to allow the re-organization of the self. The formative tendency in people is that which guides them to actualize to their fullest capacities for healthier lives. Maintenance and enhancing of the self is believed to begin as each individual possesses an innate desire to progress and does so more fluidly within the context of alternative, creative and supportive environments (p. 302). Empathy and congruence are the primary techniques of this theory and encourages clients to work towards self-actualization.

In researching person-centered counseling, Thayer (1987) found through her interview with Rogers that one of the primary conditions to create change in this approach is the importance of having a counselor who is genuine, creative and supportive in the therapeutic situation. The counselor must constantly seek to experience an empathic
understanding of the persons’ realities. The components, genuineness and supportiveness, lead to the development of a special bond within the therapeutic relationship that allows the client to feel safe to make the necessary changes to progress toward actualization. Tying together the emphasis on people and the tremendous potential for growth and change with the formative tendency concept listed above allows the positive directional process which motivates the individual towards actualizing his/her inner potential that person-centered counseling supports. (Thayer as cited in Horne & Passmore, 1991, p. 302-304).

Thayer, as cited in Horne & Passmore (1991), points out that the concepts of the person-centered approach can be linked to Oriental writings such as the Lao Tzu/Tao Tse Ching, authored by Wu & Sih (1961). “There are many passages in the Tao that describe the quiet, persistent, inward journey that a person makes who becomes at peace with human nature, living creatures, and life” (p. 303).

Rogers (1980) believed that the Taoist principles could be helpful to counselors. He pointed out that throughout the course of mankind individuals have always turned inward for the long and arduous journey of being and living as the most creative human being possible in reaching for their fullest maximum potential. Rogers valued the inner awareness and link to universal understanding and cohesion. His admiration for cultural traditions and different approaches to life and living guided him to embrace various aspects of each philosophy, which gave rise to his own singular philosophy of unification of soul, self-knowledge and systems.

Ivey, Ivey & Morgan (1997) confirm the second theory widely used with experiential applications is the solution-focused approach. Solution-focused therapy is also referred to as solution-focused brief therapy. Solution-focused therapy is conducted in a shorter amount of
time in comparison to some other therapeutic approaches, often in as little as ten sessions. Solution-focused therapy is done with the belief that when counselors fully engage clients into their sessions that the changes can occur relatively quickly. Brief therapy is a very popular term to anyone who works with managed health care companies as they seem to want clinicians to work miracles in short periods of time.

As Priest and Rohnke (2000) rationalized: What the counselor is working towards is optimizing change from the initial and ongoing experiences. This is solution-focused facilitation and requires different perspectives and techniques. A problem-focused facilitator sees the glass as half empty and then progresses to resolve the problem at hand focusing on the problem instead of coming from a positive stance. The solution-focused facilitator will see the glass as half full and will seek out how the glass became so full. This approach focuses on a positive approach reconfirming the individual client’s strength, competence and abilities.

The important milestones in the historical development of solution-focused therapy focus on the influence of Erickson (cited in Haley, 1973). This dates back to the 1950’s when his attitudes and his inventive genius were of considerable influence in the 1970’s. Additionally, two prominent pioneers of experiential theory are Virginia Satir and Carl Whitaker (cited in Whitaker & Malone 1981) who both valued unambiguous communication and imaginative interaction with clients. Satir (as cited in Horne & Passmore, 1991) proposed that when family members are under stress, they may communicate nonproductively which may impede and obstruct communication. Further, Satir (1976) explained that the solution-focused theory examined the paradoxes of abstraction in obstructed communication. Her studies emphasized the process of the exchange of
information, using creative and experiential approaches. She had an immediate and dramatic impact on the field of therapy contributing profoundly to the subsequent rapid spread of interest in solution-oriented therapy. The counselor must be acutely sensitive and responsive to the client. The activity is the means to facilitate the growth through risk taking and facing challenging situations.

Satir (1976) was seen as a seeker and a visionary among her peers. Her work reflected Rogers’ work in believing in human potential. She was a firm believer in congruence. She referred to self-actualization as personhood, becoming a fully developed person. She was one of the leaders in experiential activities when she introduced psychodrama, family map making, sculpting, role playing and creating mandalas. She also viewed chaos or challenges as an opportunity for growth which is very similar to EAP.

EAGALA (2009) believes that clients do have the innate ability to discover the best solution for themselves if they have an experienced and talented EAP provider to guide them. A key belief in EAP is that people change when uncomfortable and they tend to grow when faced with challenging situations. The EAGALA model proposes that EAP providers try to re-create challenging life situations through the activities set up by the experiential counselor. Thus the clients get to experience problem solving and thinking about new ways to face their issues and problems in their lives.

Erickson (1959) believed that a small change in one’s behavior is often all that is necessary to lead to more profound changes in regards to problems clients are facing in their lives. Daniels and Ivey (2007, as cited in Ivey et al., 1997) stated practitioners using solution-focused counseling should be very aware that resolving issues in a limited number of sessions does not necessarily re-invent the client, nor does it put an end to all of their current
problems but offers them a guide to adhere to in the course of their lives. The experiential counselor’s job is to focus on the particular issue at hand and encourage clients to become active in their own problem solving. After completing the allotted number of therapeutic sessions, the clients can be notified that they can return if they feel the need, whether it be in three months or three years. Counselors should let clients know they are always welcome to come back. Managing therapeutic resolution to short-term goals within a specific time-frame is what solution-focused counselors are taught to do in working with managed care organizations that provide a very strong source of funding for most agencies. The managed care organization expectation is for the individual to deal with the primary problem at hand and help to get the individual motivated and improved enough to function in his/her day-to-day life as quickly as possible. As a talented experiential counselor one’s job should be to give clients tools to take with them to remember to use when challenges do arise in their lives.

Ivey et al. (1997) discuss solution-focused therapy as less useful with clients who have issues concerning the deeper meaning of life as they would benefit more from a cognitive behavioral approach. Solution-focused counseling is appropriate as an immediate response to depressed clients. de Shazer (1985) points out that solution-focused therapy is a very realistic approach for the counselor to offer to the clients. All of us have problems at one time or another and solution-focused therapy deals more with the immediate issue at hand. The idea that there truly is no life long cure and one may need to return to counseling is a very realistic goal in solution-focused therapy.
Comparison of Theories and How They are Applied in Experiential Activities

The primary tenets of the person-centered model tie in directly with the tenets of the solution-focused approach. The primary focus of person-centered theory is the emphasis on people and the tremendous potential for growth and change that human beings carry. The tendency in people to actualize their fullest capacities for creating healthier lives, maintenance and enhancing of the self is inherent in people. Maslow (1971) is the premier teacher of the importance of self actualization. One of the primary conditions to create change in this approach is the importance of having a counselor who is genuine and integrated in the therapeutic situation. The counselor must hold positive, unconditional regard for the clients with whom she/he works. The counselor must constantly seek to experience an empathic understanding of the clients’ realities. The clients can begin to discover the capacities that they carry within themselves to use their own innate abilities towards promoting positive growth and change in their lives.

In doing person-centered therapy, Rogers (1977) explains an experiential counselor needs to establish a nurturing and supportive environment, a facilitative climate that tends to help people open up to the new possibilities of increased self-esteem, self-awareness and self-direction. People have an innate desire to improve themselves and look inward to work towards his/her self-actualization (Rogers, 1951).

The theories are so similar that one can take descriptive statements out of each category and it is virtually impossible to differentiate the two. Traditionally, therapies have concerned themselves with the past and with the present, with attempting to effect changes through a process of re-examination. What is exciting in working with both person-centered and solution-focused theory is that it holds the future open for examination. The focus of
experiential counseling is in the moment. Satir (2000) reminds us that the competent experiential counselor engages the client remembering that congruence is the road to change. Clients take responsibility in creating their future.

Long (2002) points out one of the most compelling features of solution-focused therapy is how the process is so compatible with other creative experiential approaches. To truly implement solution-focused therapy the counselor must put aside the traditional long-term approaches utilizing pathology oriented theories. The counselor must accept the client in an equal position with him/her. The counselor’s job is to instill in the client the ability to problem solve as life’s challenges arise.

Both of these theories rely on solutions and focus on the present moment not the past. Both theories support counselors to work from the assumption that people have many areas of competence upon which to draw in order to surmount difficulties. Both solution-focused and person-centered therapies rely on the counselor to guide their clients towards clearer and more precise realizations finding the essence of truly effective therapy. However, the primary difference between the two theories is there are no contrived time limits in the person-centered approach leaving the opportunity to work with individuals longer and possibly leading to a more successful outcome for the client. Ivey et al. (1997) believe it is not always an easy task to have to rush the therapeutic process and, if the counselors are dependent on HMO’s as a funding source, there is less room for the therapeutic process to unfold, in which individuals are empowered to discover solutions. The counselor must have clear and concise treatment plans to assist in doing short-term therapy.

In both theoretical approaches the counselor must establish a rapport with the client which means that the counselor has established trust with the client. Then an experienced
experiential counselor will use some miracle questions, which will help clients to open up and express what is troubling them at this point in their life. The clinician’s goal is to find out what has brought the client into a facility in the first place. Then one can move on to decide what experiential exercise the client would benefit from using.

Long (2002) discusses the importance of following one’s theoretical approach and to properly apply it to one’s experiential principles. The counselor might ask clients to imagine what they would like be different in their own behaviors or if it felt like there is an ongoing behavior that needs to be changed. People tend to find it much easier to describe how others should change their behaviors, their spouses or children, but this tendency only perpetuates more of focusing on others issues instead of the personal issues the client needs to focus on. It is much better that people be encouraged to describe what issues they feel that they would like to address in their own behaviors.

Counselors find that in many cases, concrete and significant changes occurred between the giving of a task, having some time to reflect on what took place and going over the experience during the week as a homework assignment. The clients can bring in their own brainstorming, ideas and discoveries to share with the counselor in the next session. One of the most prominent principles of EAP and any of the experiential approaches is focus on the process. No matter what theoretical approach one has chosen to work from remember to keep the focus on the process. Keep in mind that the whole purpose of counseling is to promote personal growth. In EAP and working with the horses clients are asked to look at the problem with which they are struggling.
Effects on Self-Esteem

Self-esteem is crucial to the quality of life experienced by the client. Without positive self-esteem, a client’s quality of life will be troublesome and agonizing; and, one of the main factors separating humans from animals is the ability to perceive an awareness of the self and attach an importance to the self-awareness.

As humans, we have a tendency to judge ourselves and in today’s egotistic society carry the burden of others’ judgments towards us. Children and adults with low self-esteem tend to achieve less socially and lack in strong communication skills. Loneliness and isolation may be a problem, with people finding themselves fearful of new situations or experiences. People of all ages who suffer low self esteem experience less effective communication in their relationships and set lower goals for themselves (McKay & Fanning, 2000).

Zilbergeld (1983) concludes that psychotherapy has only limited effectiveness for many of today’s problems. But, a review of outcome studies led him to find that psychotherapy does: 1) positively affect self-esteem and 2) improved self-esteem may be counseling’s most important outcome. Clients come to therapy wanting help with depression, anxiety, eating disorders, relationship conflicts, family relation problems, and communication problems. The list goes on and on, but most clients do get a greater sense of personal worth from therapy. Clients will begin to see themselves as more ok, more deserving and more capable. Self-esteem is often cited as a correlate of the emotional, behavioral and academic problems experienced by school aged individuals. The improvement of the child’s self-esteem is often the primary goal of counseling, psychotherapy or other creative interventions that may be implemented.
With improved self-esteem people may lead more satisfying lives. When people receive quality mental health care they function better in many aspects of their lives. Improved self-esteem in the individuals who visit these facilities can greatly benefit the individuals and families in their day-to-day activities. Increased self-esteem can provide significant positive implications for community members. (Wood & Bandura, 1989).

McKay and Fanning (2000) further point out:

That the essence of self esteem is compassion for yourself. When you have compassion for yourself, you understand and accept yourself. If you make a mistake, you forgive yourself. You have reasonable expectations of yourself. You set attainable goals. You tend to see yourself as basically good…. When you learn to feel compassion for yourself, you begin improving your sense of worth. You literally uncover the hidden jewel of your own value. (p.89)

Russell (2001), a prominent figure in adventure therapy research, states in using experiential applications there are exciting possibilities for change in the lives of clients such as improved problem solving skills, improved self-esteem, positive changes in self-worth and improved communication skills. Through the use of experiential counseling clients may be less depressed and they may be likely to make positive changes in their lives; change negative patterns to positive patterns. When people have greater self-esteem they reduce their drug and alcohol use as a result of feeling better about themselves. Clients who have benefited from positive counseling experiences will be more likely to contribute to the well being of the community and be positive and progressive members of society with increased self-worth (Berman & Berman, 2005).
Another interesting approach that McKay and Fanning (2000) promote to help build up self esteem is the use of visualization.

Visualization is a powerful, proven technique for refining your self-image and making important changes in your life. It involves relaxing your body, clearing your mind of distractions, and imagining positive scenes…Visualization raises your self-esteem in three ways: by improving your self-image, by changing the way you relate to others, and by helping you achieve specific goals. (p. 209)

In EAP work, it is imperative for clients to learn to be present, to be in the now. Tolle (2005) teaches how to be in the moment. He emphasizes making peace with the present moment in which one learns to focus on living in the moment. There is power in being in the now. All of the experiential applications referred to in this study support the importance of staying present in the moment.

From the experiential literature, it is repeated that it is apparent that the more capable individuals are in allowing themselves to be present in the moment and focus on the activity at hand their experience is greater and more meaningful, thus increasing their self-esteem. Banderoff and Newes, (2004) discuss how adventure therapy and other outdoor experiential applications expose people to the outdoors and they benefit from being out in nature. The components of experiential counseling which takes clients outdoors creates a mind-body intervention which has positive impact on the well being of people, and it strengthens their abilities to heal themselves. They point out that nature is healing in itself by getting fresh air, getting vitamins D and E, and an increase in serotonin from the sunshine. People generally feel less stressed after attending a therapeutic session outdoors.
Positive Psychology

Mitten and Warren (as cited in Berman & Berman, 2005) “in the field of outdoor education, an alternative perspective has been developed and is exemplified by the assertion that people change for positive reasons, within the context of supportive communities” (p.20). Positive psychology finds its roots in the humanistic work of Maslow (1954). The primary focus is on happiness and fulfillment. According to Berman and Berman (2005) “positive psychology has numerous implications for a wide variety of therapeutic outdoor programs” (p. 18). The traditional path of psychology focuses on treating and preventing human pathology. Counselors are trained as clinicians to identify deficits and often focus on those deficits in functioning. Generally it is the goal to reduce the deficits. A lack of self esteem is a very serious deficit and the approaches mentioned in positive psychology will definitely be helpful in helping clients to improve their feelings of self-worth.

According to Seligman and Csikszentmihalyi (as cited in Berman & Berman, 2005), this “problem and deficit-focused paradigm has been prevalent in the United States since World War II” (pg.18, 2000). Recent developments in the field of psychology have adopted a new paradigm. Positive psychology has as its goal the fostering of excellence by teaching clinicians to understand and learn to enhance factors which lead to positive growth. The factors include positive emotions, positive individual traits and prosocial attitudes. The primary goal is to foster excellence by experiential practitioners through understanding factors which lead to individuals’ growth and to work to enhance their levels of happiness. Its focus is on decreasing negative symptoms that are often focused on in counseling and when working under the umbrella of positive psychology the focus is more on enhancing clients’
strengths. This new paradigm has a striking resemblance to person centered, humanistic theories.

According to Csikszentmihalyi (1990),

What I “discovered” was that true happiness is not something that happens. It is not the result of good fortune or random chance. It is not something that money can buy or power command. It does not depend on outside events, but, rather, on how we interpret them. Happiness, in fact, is a condition that must be prepared for, cultivated, and defended privately by each person. People who learn to control inner experience will be able to determine the quality of their lives, which is as close as any of us can come to being happy (p. 2).

In the day-to-day experiential environments the well trained counselor must help the clients to find their happiness, their self-esteem and to reach their goals. They try to teach their clients how to find peace or how to make sense of their world, to find happiness.

Seligman & Csikszentmihalyi (2000) teach counselors to focus on positive human traits and facilitate enhancing the positive traits in clients; this new phenomena is so exciting to use with experiential counseling. Positive psychology is a growth-oriented more than a deficit oriented approach and it truly focuses on the importance of engagement in being present in the moment.

How the “flow” experience ties in with outdoor experiential research has been widely cited. Csikszentmihalyi & Csikszentmihalyi as cited in Berman & Berman (2005) state according to flow theory, human behavior and action are motivated by a desire to reach a state of flow. In order to experience flow, one must feel that he/she is deeply
involved in an experience, highly motivated, cognitively efficient, and truly enjoying the experience. (p. 19)

So for a shift in the approach instead of increasing risk to increase change, outdoor researchers are promoting the idea that they can increase motivation by helping their clients to create autotelic experiences. Csikszentmihalyi (1990) describes the “autotelic self as one that easily translates potential threats into enjoyable challenges, and therefore maintains its inner harmony. A person who is never bored, seldom anxious, involved with what goes on, and in flow most of the time is said to have an autotelic self” (p. 209). Positive psychology suggests outdoor education/adventure programs, whose goals are to encourage both personal growth and positive outcomes, would benefit from taking the necessary steps to try and reduce the perception of risk in any of the experiential applications.

In summation the primary focus of any experiential activity based program should be to increase motivation by helping to create autotelic experiences by providing activities that promote attention to being present in the moment, in the now, focus on defined goals and most importantly have identifiable and achievable means for reaching goals. Outdoor experiential modalities should be chosen to enhance security, safety and the participant’s ability to do well in the activities set out in the experiential environment. Offering varied experiential applications in a counseling program will provide better designed services to meet the client’s individual needs. Greenberg, Rice, and Elliot (1993) point out working in the moment with clients is extremely important. The client’s processing takes place in the present moment, in the now. The emphasis is placed on the counselor to have keen awareness and abilities to help the client during the processing phase to recognize his/her discoveries and experiences during the experiential counseling process.
Summary of Experiential Approaches

Experiential approaches, such as: art therapy, play therapy, adventure therapy and EAP are exciting to explore with clients. These approaches broaden clinical tools and enhance the client’s full range of experiences. Through a review of the literature this study supports the assertion that people grow and change in positive ways within the context of alternative, creative and supportive experiential counseling environments.

Experiential therapy leads to a shifting of paradigms by forcing clients to leave their comfort zones. However, counselors should keep in mind that most outdoor and adventure programs are involved with very vulnerable clients who are often diagnosed with mental health problems. The counselor’s goal must be to decrease anxiety and any undesirable outcomes. The clinician must pay close attention to how far out of the comfort zone to take the client to avoid creating anxiety. An important principal in experiential applications is to stay focused on the process not the outcome. For example one person may be fine to approach a horse by him/herself and halter it and proceed with the task at hand while another client may not be ready to get too close to the horse. Helping clients to face their fears may have more therapeutic importance than completing the activity. The clinicians must stay focused on the process and never push a client to a point of being uncomfortable.
Chapter III

Methodology

When I began the study I wanted to find out what are the experiences of other practitioners of EAP in their own words. Because I use multiple experiential approaches at my site I was curious to find out if other EAP counselors had found that EAP is enhanced when combined with other experiential applications. Additionally, I had noticed that an increase in self-esteem was one of the most notable effects of EAP on my clients; I wanted to find out if other EAP practitioners had experienced the same results.

Qualitative Research

I chose to do a qualitative study. This study looks at the varied challenges and discoveries with which counseling practitioners using EAP in the Southwest are faced. The primary focus is about EAP which is a form of experiential counseling. I was interested in finding out if counselors who use EAP also incorporate other experiential approaches at their clinical sites. I wanted to understand the experiences of EAP providers; to understand the phenomenon of EAP for practitioners. Phenomenology is the study of structures of conscious experience from the first-person point of view. Some human experiences are not understandable through a quantitative approach. A phenomenological approach to these experiences allows the researcher to find meaning and essences of experience rather than trying to measure the experience. A qualitative, phenomenological approach is also appropriate for topics that have had little research done in the past (Moustakas, 1994).

Flowerday and Schraw (2000) stated we used the qualitative method of phenomenology in this study because there was no existing theory of choice. Phenomenological design is appropriate when one’s goal is
to explore a phenomenon about which little has been written. The researcher collects information from knowledgeable participants who are asked to describe the phenomenon and the researcher then analyzes themes and interprets the data. (p. 635)

The best way of describing the discoveries and challenges of clinicians using experiential applications is through phenomenological interviews in the form of surveys. Phenomenological research identifies multiple realities and ties in perfectly in seeking responses from clinicians that work with experiential approaches and have multiple realities to report. In addition, this framework is appropriate because little research exists on this topic.

There are several distinctive approaches to methodology within qualitative research. Denzin and Lincoln (1994) define qualitative research:

Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of or interpret phenomena in terms of meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials-case study, personal experience, introspective, life story, interview, observational, historical and interactional- that describe routine and problematic moments and meaning in individual’s lives. (p. 15)

The exact definition of qualitative from The American Century Dictionary (1995) is “of quality or qualities” (p. 471). In the last thirty years, the acceptance of qualitative research by journal publishers, editors and university-level committees has been growing (Creswell, 1998). Prior to that time, more of the mainstream journals were prone to publish research articles based upon the natural sciences, which featured quantitative analysis. Qualitative
research has become a significant type of research in the fields of education studies, information studies, women’s studies, health studies, human service studies, counseling and psychology and communication studies (Creswell, 1994).

The term qualitative research is most often used in the social sciences and it differs from quantitative research in several ways (Denzin & Lincoln, 1994). First, the sampling is typically purposive not random. Second, the role of the researcher is of key importance as she/he must reflect on his/her role in the research process and how it is of interest to him/her. The researcher must make this clear in the analysis. Third, data analysis in qualitative research differs considerably from quantitative research (Miles & Huberman, 1994). Counseling students and researchers interested in a qualitative research approach must work diligently and carefully in coding data and discerning unique or re-occurring themes in a consistent and reliable manner. Qualitative research is exploratory and in some cases is used to generate a hypothesis. On the other hand quantitative research aims to test hypotheses.

Qualitative data are often used in evaluation research.

As Lincoln and Guba (1985) expand on ideas of naturalistic studies, they suggest: Naturalistic Inquiry is always carried out, logically enough, in a natural setting, since context is so heavily implicated in meaning. Such a contextual inquiry demands a human instrument, one fully adaptive to the indeterminate situation that will be encountered. The human instrument builds upon his or her tacit knowledge as much as if not more than upon propositional knowledge, and uses methods that are appropriate to humanly implemented inquiry: interviews, observations, document analysis, unobtrusive clues, and the like. (p.187)
Qualitative research is approached with a certain paradigm or worldview. According to Creswell (1998), “within the paradigm there are assumptions related to the nature of reality. In evaluating qualitative research there is a scarcity of studies pertaining to professionals using experiential counseling approaches which supports the need for further research in this area” (p. 178).

**Research Design**

This research study is a phenomenological study looking at experiential counselors perceptions of using EAP. “A phenomenological study describes the meaning of the lived experiences for several individuals about a concept or the phenomenon. It explores the structures of consciousness in human experiences” (Polkinghorne, 1989, p. 51). It is the study of phenomena, as things appear in people’s day-to-day experiences. It examines the meanings that are tied in to the experiences. Moustakas (1994) points out that this tradition was developed in the 20th century. It is commonly referred to as being rooted in the history of philosophy. Moustakas refers often to Edmund Husserl as a pioneer in developing phenomenological research. Moustakas (1994) reflected “He developed a philosophic system rooted in subjective openness; a radical approach to science...seeking to acquire knowledge of science through concentrated studies of experience and the reflective powers of the self” (p. 25).

Intuition is considered to be a key component of phenomenological studies. Moustakas (1994) believes “all things become clear and evident through an intuitive-reflective process, through a transformation of what is seen” (p. 32). Moustakas (1994) clarifies “all objects of knowledge must conform to experience” (p. 44). Kant (1966) defined “three such sources: sense (phenomena empirically given in perception), imagination
(necessary to arrive at a synthesis of knowledge), and apperception (consciousness of the identity of things)” (p. 44).

Moustakas (1994) explained that primary complex concepts in phenomenology are those of intentionality, noema and noesis described in great detail. Moustakas feels strongly that it is important to explore and have a basic comprehension of noema and noesis to clarify intentionality. Husserl (1931) introduced the concepts, of noesis and noema. These two concepts cover what we perceive, remember, judge, think and feel about experiences. Noema refers to the sensory and physical ways of experiencing. Noesis, on the other hand, refers to the psychical ways of experiencing. For example, if someone were to throw a bucket of water on a person, the person’s sensation of the temperature of the water and the wetness of the water would be the noema. However, the person’s thoughts and feelings about having a bucket of water thrown on them would be the noesis. Similarly, in the example of EAP, noema refers to the person’s actual interactions with the horse while noesis refers to the changes in the person’s way of thinking. According to Husserl “the noesis constitutes the mind and spirit, and awakens us to the meaning or sense of whatever is in perception, memory, judgment, thinking, and feeling” (p. 249). Moustakas continued “The rationale for these explanations is to clarify the importance of intentionality in phenomenological methodology. The intentionality is what is being experienced” (p. 69).

Flowerday and Schraw (2000) conducted a phenomenological study to examine teacher beliefs about instructional choice in the classroom. They chose this methodology as it allows participants to describe phenomena in their own words. This study used open-ended questions in a survey with a small n = 8 which is quite common in phenomenological methodology. Phenomenological methodology is especially appropriate when designing
studies that use surveys with open-ended questions. Using phenomenological design is useful when there is interest in a phenomenon that has limited research. Counselors can find the essences of the phenomenon by integrating many perspectives. In a phenomenological study the researcher must remain focused and committed to descriptions of experiences and avoid explanations and analyses. In descriptions the researcher will gain accurate summations from direct observations. Moustakas (1994) says, “In a phenomenological investigation the researcher has a personal interest in whatever she or he seeks to know; the researcher is intimately connected with the phenomenon” (p. 59).

A qualitative, phenomenological framework was used for this study. The study was designed according to qualitative research design protocols. The study used the brief survey instrument with open ended questions to gain further knowledge of experiences of other experiential practitioners and to gain understanding of the phenomenon of the practice of EAP. Data were analyzed using the constant comparative method. This method entails the repeated review of participant’s responses. In this method, there is a continual cycle of comparison between data and researcher derived categories. The primary goal is to systematically determine consistent and clear patterns of phenomena to display in the coding process. It is important to ensure the authenticity of the participants’ words. The researcher used the participants’ own words to categorize the data and to adequately code them accordingly. Glasser and Strauss (1967) indicate that categories will emerge and that the qualitative researcher may use intuition in developing the coding process of their study. This constant comparison of the incidents began to generate theoretical properties of the category. During the coding process the full range of the types or continuum of category and all of its dimensions, all of the conditions either pronounced or minimized, all major consequences
and relation to other categories were taken into consideration. The compiling of data used in the constant comparison method is based on the reduction of the theory and the delimitation and saturation of categories.

Qualitative research organizes data into patterns and codes for the primary basis of organizing and reporting results. In qualitative research, data are in the form of words. In the data analysis stage of the research the role of the researcher is to examine and re-examine the data, searching for re-occurring themes and words and writing a detailed report of the findings (Creswell, 1998). Qualitative research is insightful when understanding why and how certain outcomes were achieved and is equally as important in establishing what those outcomes were.

When designing the study, confidentiality was assured by using only key terms and ideas and applying them to the coding process. No participant was ever identified as I compiled the data to show overlapping themes, new approaches and ideas. The role of the researcher was to objectively collect the varied responses, which will add insight into what types of experiential approaches are being used at counseling centers. Through repeated review of the responses I organized the findings into coded responses striving to avoid any bias of the interpretations. Bias was a possible problem both because of the participants’ positive interpretation of EAP and also because of my preexisting opinions. The results were evaluated in light of the fact that practitioners of EAP are inherently biased in favor of EAP. My own bias in favor of EAP did not affect my interpretation of the results as I was not looking for evidence to support my own opinions, but actually I was interested in finding participants that had critical opinions of EAP. In fact, however, none of the respondents had negative or critical opinions of EAP.
The data received from the surveys was very useful as a guide and will appeal to anyone interested in using experiential applications. To read the similarities and differences varied professionals have experienced in working with experiential applications will be very informative and beneficial feedback for future projects for ambitious counselors interested in pursuing this field of experiential counseling.

Member checking as a concept is a strategy to test the credibility of research. Member checking was used to clarify the analysis of the responses received from the participants. During member checking, I made a follow up phone call to 50% of the respondents. The survey participants’ reactions to the analysis were then incorporated into the study findings. I reviewed and re-reviewed the responses to effectively pull out any additional information that would be applicable to this study. Triangulation is a strategy to validate a set of data against another source. In this case, the other source was in the form of a follow-up interview with the respondents. Using triangulation, I looked for patterns of convergence to develop or corroborate an overall interpretation.

Reflexivity was an important element in designing the study. Reflexivity means sensitivity to the ways in which the researcher and the research process have shaped the collected data, including the role of prior assumptions and experience. In following phenomenological protocol the clinician must keep in mind that responsive reflective writing is at the very heart of doing phenomenology. This is the point in the qualitative research where the researcher writes, rewrites and rewrites again. My job was to gain as many related themes as I possibly can and to expand on them as far as I can. So in regards to each participant’s response as the researcher I read and reread to retrieve that what was most unique, and engaging from the words of the participants. My goal was to present the
reflective text, the words shared with me from the participants with the aim to share every important academic note that the participant intended to share. It is tedious compiling and assembling patterns, structures, and categories and then to do it all over again to assure I did not miss anything important that should be included.

Trustworthiness is one of the central issues in qualitative research. Trustworthiness is important to ensure credibility. In this study the surveys were validated through repeated reading of the respondent’s answers and compiling the findings in a balanced presentation. Lincoln and Guba (1985) explain that the conventional criteria for trustworthiness are internal validity, external validity, reliability, and objectivity. As the criterion raises questions as to how to use them specifically in the naturalistic paradigm Guba, (1981) formulated that the conventional formulations be replaced with terms that tie in more effectively with naturalistic epistemology. “The aim of trustworthiness in a qualitative study is to support the argument that the inquiry’s findings are worth paying attention to” (Lincoln & Guba, 1985. p. 290). Important factors for any qualitative research project point out that there are four issues of trustworthiness that must be acknowledged. Credibility is the evaluation to ensure that the researcher’s interpretation of the original data is indeed credible. Transferability means the degree to which the researcher can work with the findings keeping them in line with the participant’s views. Boundaries must be acknowledged at this point. Dependability is the researcher’s responsibility to assess the quality of the data analysis. I read the participants’ responses twelve times to make sure that I came up with everything possible as far as creating themes that reflected the respondents’ perceptions. If the researcher is given a limited number of responses then the data will be limited accordingly. Confirmability is measuring the accuracy of how well the findings are supported by the
participant’s data shared with the researcher. Accordingly in place of internal validity use credibility; in place of external validity use transferability; in place of reliability use dependability and finally in place of objectivity use confirmability (Humphrey 1991). He proceeds to instruct researchers to use certain operational techniques that can help to confirm credibility, transferability, dependability and confirmability; these include peer debriefing, triangulation and member checking.

Risks for participants were minimal because there was no direct interaction between the researcher and the survey respondents. There was no intention of using the identification of the respondents. Participants received benefits from the study by taking the time to examine their own feelings associated with their own understanding of challenges and discoveries in choosing to use experiential approaches in their clinical work and how the experience has impacted them. However, indirect benefits of the study might include better knowledge of EAP and experiential applications and guidance as to what to expect in applying experiential applications in their clinical work. This will enhance both the research literature and the mental health service delivery.

**Procedure**

**Participants.** Surveys are the tool the researcher uses to gain the most informative responses from the participants in order to organize them into an interesting and insightful data base. This study used a four-page survey with seven open-ended questions pertaining to doing experiential work using EAP as the primary approach. The survey was sent to 25 experiential EAP practitioners operating in New Mexico and other states in the Southwest. All participants chosen to participate in this study are already working in the experiential field of EAP. Some facilities are listed in the EAGALA Equine Assisted Mental Health
Resource Handbook, some are listed in the local phone books advertising experiential approaches in counseling, and some advertise that they use experiential applications and approaches in their counseling environment. Turn around time for the respondents were one month. The criterion for selection of the participants was based on the counselors who practice using EAP approaches. The professionals who were chosen as respondents are all actively involved in using EAP in their counseling sites.

Surveys with open-ended questions are commonly used in the qualitative approach in research (Creswell, 1998). In this study, surveys were used to gain insight into the challenges and discoveries in using EAP. In this study the information disclosed from the participants also reported if the EAP counselor also uses any of the three other experiential approaches discussed in this study.

**Data collection.** The surveys were sent out via U.S. Postal Services. The responses came from the individuals who voluntarily wrote their own personal answers based on their experiences with EAP. The responses were then examined for similarities and differences in challenges and discoveries in working with EAP. I collected data from experiential counselors in the Southwest; there were twelve participants. The participants were asked to sign consent forms. During the document reviews, the responses to the questions in the survey revealed the experiences, the challenges and discoveries of everyday life of the professionals working in the field of EAP.

**Instruments.** I chose to use a survey because it was not possible to do face to face interviews. The survey was used because responses to open-ended questions can describe experiences in the participants’ own words and would hopefully provide a more in-depth record of what the discoveries and challenges were from the participants’ point of view. The
The purpose of using open-ended items was to help the researcher to obtain here and now constructions of the experiences of using EAP. I developed the questions on the survey in order to best solicit responses that would reveal the participants’ discoveries and challenges in practicing EAP. I wanted to find out if other practitioners were solely using EAP or using it in conjunction with other experiential applications. Finally, I designed the survey to invite practitioners to share specific observations regarding clients’ self-esteem.

The following interview questions were addressed in this study:

1. What percentage of your counseling is done with horses? How are the horses used? Please give three examples.
2. What do you find to be your greatest challenge in doing the EAP work?
3. What do you find to be the most rewarding part of doing the EAP work?
4. What are the examples of positive feedback you receive from doing EAP work?
5. What are some of your most profound discoveries in doing EAP?
6. What other experiential approaches do you use at your program?
7. Describe any significant changes in client’s self-esteem through the use of EAP.

**Data analysis.** As the researcher I produced analytic notes and memos, and commented on the specific meaning of a category. The notes also referred to as the audit trail were used to explain the development of patterns. It is imperative to keep in mind the importance of studying the respondents’ full description of their particular experiences tying in with this particular phenomenon. According to Moustakas (1994) the researcher then analyzes the interviews to find statements that reveal how the individuals are experiencing the topic. Next the researcher lists out these significant statements treating each statement as
being as important as any other. Finally, the researcher distills these statements into a list of nonrepetitive, nonoverlapping statements.

Utilizing the phenomenological approach in data analysis, the data was first managed by organizing files for the data. Next, the coding process began by utilizing notes from the readings. This process is known as categorizing, which is bringing together the provisional categories that the notes and memos are apparently tying to one another. This process ensured reasonable construction of the data. I next worked towards giving meaning to the participants’ experiences through their responses. Then I went to work classifying and grouping statements into meaningful units. I searched for relationships between words and categories, working towards creating the themes. I then developed my understanding of these relationships through extension, bridging and surfacing. In extension I began with a known item or items of information and built on them; in bridging I took several known items of information that appeared disconnected and connected them by doing further inquiry; in surfacing I developed new categories based on my familiarity with the data and original categories. LeCompte (2000) describes collecting the data and looking for categories and patterns, identifying themes in this study, as analogous to linking jigsaw puzzle pieces together.

The analytical process included the following steps. First, I read the survey responses. I made notation of emphasized terms and reoccurring areas of importance, and I checked the accuracy of my notations. Next, I read the survey responses multiple times, each time further coding and categorizing the responses and reoccurring statements. From this process I developed specific concepts and terms that emerged as themes in the data.
This portion of the study was completed in one month. The data analysis entailed completing a review of the descriptive answers received in the survey answers. The analysis of the answers provided by the respondents was compiled into categories of similarities and differences, challenges and discoveries and repeated themes. The qualitative coding techniques were used to arrange findings to help in clarifying the challenges and discoveries experienced by the clinicians.

Finally, I used member checking to confirm my conclusions. I made phone calls to 50% of the respondents and explained the themes and concepts that had emerged as I reviewed the results. The respondents confirmed my interpretations.
Chapter IV

Results

The purpose of the study was to investigate the challenges and discoveries in using equine assisted psychotherapy approaches by counseling practitioners in the southwest. I sent out 25 surveys with seven open-ended questions to solicit responses from the practitioners who are actively working in this field. The questions in the survey were based on experiential theory and specifically on person-centered counseling theory. I sought out the respondents by looking them up in the EAGALA Handbook and through local phone books and in advertisements in local publications.

Demographics

Twelve of the 25 surveys were returned; this is a response rate of nearly 50 percent, which according to survey response standards is adequate. The respondents have an average of 7.5 years of working with EAP (ranging from 2 to 30 years). There were nine women and three men. The respondents had an average of 18.8 years of working as a professional counselor (ranging from 10 to 36 years). One of the respondents was 36-45 years of age, seven were 46-55 years of age, three were 56-65 years of age, and one was in the category 66 and older. Ten of the respondents were Caucasian and two were Hispanic. Seven of the 12 respondents received training through EAGALA. Eleven of the 12 respondents hold Master’s Degrees.

In Table 1, all of the participants have been given pseudonyms that will be used in the discussion of the data analysis.
Table 1

Participants’ Demographic and Professional Information

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age</th>
<th>Yrs. EAP</th>
<th>Yrs. Prof.</th>
<th>Race</th>
<th>Degree</th>
<th>License</th>
</tr>
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<tr>
<td>#1 Ruby</td>
<td>F</td>
<td>46-55</td>
<td>10</td>
<td>10</td>
<td>C/A</td>
<td>MA Counselor</td>
<td>LPCC</td>
</tr>
<tr>
<td>#2 Marco</td>
<td>M</td>
<td>46-55</td>
<td>10</td>
<td>?</td>
<td>C/A</td>
<td>EAGALA</td>
<td>None</td>
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<tr>
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<td>46-55</td>
<td>5</td>
<td>15</td>
<td>C/A</td>
<td>MSW</td>
<td>LISW, RN</td>
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<tr>
<td>#4 Wilma</td>
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<td>56-65</td>
<td>2</td>
<td>?</td>
<td>C/A</td>
<td>MS, EAGALA</td>
<td>LPC</td>
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<tr>
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Five Themes

Five themes emerged in the data. The themes came from the most frequently reoccurring words, statements and descriptions that came directly from the participants’ responses according to each survey question. The first theme I discovered was the difference in the application of EAP in individual therapy versus group therapy. The second theme concerned the use of metaphors in EAP. The third theme was the immediacy of results. The
fourth theme was trust the process; trust the horses. Lastly, the fifth theme was financial challenges.

Further clarification of how the themes emerged from the responses may be helpful.

- Example of survey question #1… What percentage of the counseling is done with horses? How are the horses used? Please give three examples: The respondents would identify here if individual or group counseling was appropriate for this client.

- Example of survey question # 2… What do you find to be your greatest challenge in doing EAP work? The respondents would repeatedly come up with similar terms such as financial challenges, trusting the process or trusting the horses.

- Example of survey question # 3…What do you find to be the most rewarding part of doing the EAP work? Often participants would give similar responses again such as discovering the importance of the metaphors in this work.

- Example of survey question # 4…. What are the examples of positive feedback you receive from doing EAP work? The participants may have disclosed how the immediacy of the work unfolds, or how it feels like magic or it’s life changing.

- Example of survey question # 5…What are some of the most profound discoveries in doing EAP? This question in particular gave back some of the most unexpected and unrelated answers which were not even possible to put into a category or a theme. For example, a response may have been similar to the term healing, opening up or discovering new things about themselves.

- Under the example of survey question # 6… What other experiential approaches do you use at your program? This one was often left blank or with a simple N/A. So it did not provide much data for this study. And finally,
Example of survey question # 7… Describe any significant changes in client’s self-esteem through the use of EAP. The answers varied widely such as expressions of other emotions or reactions with only five participants, alluding to changes in self-esteem.

**Theme One: Individual Counseling vs. Group Counseling.** In the world of counseling, a therapist must know in what circumstances to use individual counseling versus group counseling. A circumstance that supports individual counseling is at the onset of counseling and as the counselor builds rapport with his/her client. It is during the pre-treatment phase that the clinician is gathering the important information as to why the client is coming to counseling. If the client is having marital issues then family counseling may be suggested. If the person is struggling with drugs or alcohol then an invitation to attend an Intensive Outpatient Program where the client would benefit from both one individual and two group sessions per week might be appropriate. If the client is a young child suffering with emotional distress due to witnessing domestic violence and also displays low self-esteem individual play therapy sessions as well as attending an early childhood life skills group may be suggested. When there are specific issues to be dealt with, such as PTSD, severe depression, personality disorders, then individual counseling is the best approach.

Group counseling is powerful and used with all ages, and with all mental health issues. It is used specifically in circumstances for multi-family group counseling, drug and alcohol groups, parenting groups and for groups of men and women who struggle with specific issues such as anger management.

Wilma specifically noted how the use of EAP differed depending on whether she was working with an individual or a group. For groups she used “assisted learning focusing on
teamwork, problem solving, [and] communication and leadership skills.” However, she said that with an individual she would “delve into a more emotional format of equine assisted psychotherapy.” This means that when the clinician is involved in an individual session then they often have more time to go deeper with emotional issues in comparison to a group format. The group format will have a particular topic or subject already identified for the two hour group; so then the clinician would stick to the specific topics being addressed. The other respondents noted that individual therapy usually focused on emotional trauma, grief work, depression and anxiety. However, with groups the focus was more on resolving a specific problem inherent in the existing group dynamic. Thelma said “I find it easy to do group work and more difficult to do longer term individual work.”

The respondents also distinguished between the different types of groups with whom they worked. Some examples are families, married couples, corporate groups, adolescent groups, groups of parents, and groups of people who share a common problem (alcohol/drug abuse, eating disorders, etc.). Ruby said that EAP was used in “practicing building relationship skills [and] honest communication [and for] establishing boundaries” within groups. Marco said that he used EAP for “recreational teambuilding with adolescent groups.” Pansy found EAP useful for counseling soldiers and their wives. Coco found EAP useful in multiple group settings and reported that in a “family session a mother was ‘amazed’ how each family member took on their respective roles with the horses.” Additionally, in a “couples session a wife gained significant insight into what was important to [her] husband just doing one exercise.”

**Theme Two: Importance of Metaphors.** Metaphors are a key component of experiential counseling. Clients undergoing EAP are confronted with situations that are
metaphors for their lives. When the clients apply the metaphors to themselves, they are pushed to self assess and learn the skills they need to effectively problem solve in their day-to-day lives.

It was expected that the respondents would note the importance of metaphors as EAP is predicated on the idea that clients will recognize a metaphorical relationship between their lives and their interaction with the horses. Sades said that the “horses’ behavior is used as metaphors with clients.” Pansy said that when “couples are given tasks together or apart [their] experiences often mirror what is happening in [their] relationships.” The word “mirror” came up frequently in the responses. Coco said that the horses were “used as mirrors to demonstrate issues and family dynamics.” Violet put it most succinctly: “We use the horses primarily to generate metaphors from the clients that help them gain insight, self-awareness and consciousness of their beliefs and behavioral patterns.” Eugene said the most profound discovery made through doing EAP was “the power of the metaphors discovered through the process.”

**Theme Three: Immediacy of Results.** Many clients’ remarks showed that they were almost surprised with how quickly EAP can work. They noted that clients often experienced more progress in a few EAP sessions than they had in years of traditional office therapy sessions. Chenoa said that the most rewarding part of doing EAP work was “the immediate results seen when clients engage with the horses.” Very similarly, Pansy said that the most rewarding part of doing EAP work was the “immediate transformative experience for most clients.” Coco said, “By far the most rewarding part is the expediency of the process compared to ‘office’ therapy. [Clients experience a] rapid demonstration of issues.” Coco also reported that a “mother of [an] autistic child says her son’s speech has doubled in six
months.” Likewise, Pansy worked with a soldier and his family and said that “a soldier who had only one session said ‘I am not usually happy—and right now I am.’ His children (age 5-10) in a separate session said “my dad is different—he is happy now.” [This was] also confirmed in [a] couples session by [his] wife.” Another example was provided by Sades: “A 30 year old woman who had been to traditional counseling for four years without success. Within six months of EAP, she was able to approach her boss with an issue and successfully resolve [it], and set limits with her family successfully.” Finally, Ruby reported that a client told her, “I’ve learned more in my sessions here at the Barn about learning how to trust, give, and receive love, exercise boundaries and have hope and faith in my recovery than I learned [from] my six weeks in treatment!”

**Theme Four: Trust the Process/Trust the Horses.** Trusting the process is a key term used repeatedly in the experiential counseling research. Long (2002) and Kersten & Thomas (2009) both discuss it in their books. In experiential work the focus must remain on the process and what is unfolding during the process and not the end product.

Respondents indicated that a primary reason for the immediacy of results was ‘trusting the process.’ Pansy explained that “the horses know what is happening with a person/group many times before me.” The respondents indicated that a process began immediately when the client was introduced to the horse and for this reason the therapist could rely on results quickly becoming apparent. Ruby said that “experiential therapy means trust the process.” Marco likewise stated “in order to be successful in this field you need to learn to trust the process. It’s the process that makes this work successful.” EAP, according to Celine “helped me to be more present in the moment and to trust the process.”
The respondents were able to trust the process because they discovered they could trust the horses. Thelma said that “horses are remarkable beings…the energy relationship between us and them is quite profound and they really help people heal.” Violet reported “I have discovered how deeply sensitive horses are and what amazing teachers they are of being here now.” Chenoa said that the most profound discovery she made in doing EAP was “the ability of the horses to respond to clients’ needs,” and likewise, “the client’s ability to relate to horses as people they know and have issues with.” According to Ruby “the horses always manage to reflect back to them something positive and profound.”

Also, the respondents noticed that taciturn and difficult clients could be trusted to respond more quickly to horses than to traditional therapy. Thelma said, “Youth who ‘hate’ traditional therapy look forward to coming here and working with the horses. At times the youth almost take ownership of the horses—the connection is so tight. These youth who often come from homes where they are no longer wanted get to feel love and connection with the horses and the horses help them move forward in their life.”

**Theme Five: Financial Challenges.** When counselors finish school, they have several options for how to practice. They can join a private practice, a corporate group, or start their own practice. It is a financial challenge to start one’s own practice even when only doing traditional sit-down talk therapy. Beginning an EAP clinic on one’s own presents an even greater financial challenge. Clearly, there is the expense of caring for the animals and the grounds, but there is also the cost of the clinic itself. One must take into consideration the cost of setting up an experiential practice. One must have land, space for the arena for EAP, and funds to purchase the horses. Depending on what breed the counselor chooses to work with the horses can cost up to several thousand dollars. Then there is the hay, the grain, and
endless consumption of carrots and apples. Don’t forget the tools which consist of halters, ropes, saddles, etc.

Not unexpectedly, respondents reported that financing EAP was one of their greatest challenges. Marco reported that the greatest challenge of doing EAP work was “finding adequate financial means to facilitate programming.” According to Celine “Any therapeutic issue that comes up in EAP is not near the challenge that finding the money for clients is, as many people do not have health insurance or extra money to pay for EAP.” Sades delved into the financial details of providing EAP: “The greatest challenges regarding cost are in the equine liability insurance (very high compared to liability for a traditional mental health office). The cost of paying expenses to [an] equine professional, and cost of horses at times does not meet what a regular counseling session would make in income dollars.” Also challenging is “the cost to stay certified in EAP.” Additionally, Chenoa said that it was expensive to produce marketing in order to “convince[e] referral sources [that EAP] is a valid modality.” Coco who lives in a small rural town, said that it was a challenge to “find enough clients to support the expenses.” Ray said, “My greatest challenge is to find enough funding to support this type of work. But I must say as time progresses so do the insurance companies as far as supporting this type of interactive therapy. To find the perfect place to practice was a challenge in the beginning. I was fortunate enough to have family that donated land and horses and stables to use throughout the years.”

**Follow-Up Phone Interviews and Member Checking**

After all the results and the surveys were received I made phone calls to 50% of the respondents to follow up on their answers. I was able to speak to five of the six that I contacted. Then I asked them the following questions.
1. Can you elaborate on other experiential approaches that you use?

2. Can you further describe the positive growth that you witnessed in your clients?

3. Would you like to add any more profound realizations from the EAP work you do with your clients?

The following are the answers to the first question. Can you elaborate on other experiential approaches that you use? Ruby, Wilma and Celine reported that they only use EAP. Marco reported, “Anything and everything that happens including gardening, planting, adventure therapy and incorporating camping, specially sitting around the camp fires and trail riding.” Pansy reported, “I use art therapy and in the summer allow the children and adolescents to swim as a reward for all their hard work.”

The following are the answers to the second question. Can you further describe the positive growth that you witnessed in your clients? Ruby reported, “Yes, in a glorious manner. It’s exciting to witness the self-discovery and witness the celebration of life. Marco reported, “Absolutely remarkable capacity for growth in individuals of all ages using EAP. Wilma reported, “Yes, I’ve witnessed it with my own eyes. It’s easier for the therapist and for the client as well. Something new and exciting is always unfolding; [there is an] adventure in every session.” Pansy reported, “Absolutely with children and families, immediate change.” Celine reported, “Yes, [I have] been involved in this work for a long time, [and I have been] involved in studies and the feedback [I get] directly from the client reveals people grow and change in positive ways using EAP. After experiencing alternative, creative and supportive environments [clients] don’t want to go inside and return to traditional talk therapy.”
The following are the answers to the third question. Would you like to add any more profound realizations from the EAP work you do with your clients? Ruby said, “All of my clinical years have been devoted to EAP. I only know this creative approach.” Marco reported, “Absolutely! [I have] witnessed the changes in clients; [there is] opportunity to use education [about] EAP in home-based treatment [and] residential treatment.” He especially witnessed growth when using agricultural activities (gardening) with EAP. Wilma reported, “I support [EAP] completely. [I] love this approach to clinical work, teaching and coaching clients.” Pansy reported that she realized the importance of the “here and now. [Growth] happens immediately. [The clients take] the tools they learned in EAP and apply [them] in their lives.” She also said that children learn social and life skills that significantly impact their performance in school. Celine reported many “behavioral changes [and that] life changing events take place.” She said that she had received many testimonials that confirmed these impressions.

In summary and looking back over the data that was able to be extracted from the participant’s responses I feel it is necessary to point out that even though it is a small study with limited responses this study still provides an introductory guide to this subject. This study stands as a starting point to take a further and deeper look into the use of EAP. It also provides a foundation for others who are interested in this fairly new approach in experiential counseling to develop new questions to gain further insight into EAP. I found it to be interesting at how passionate the responses were from the participants, though they were limited.
Summary

In conclusion, EAP is a powerful alternative counseling approach effective with clients of all ages and with varied mental health needs. This conclusion is drawn from the responses of the participants, which revealed many reoccurring themes. They were filled with emotion and it was obvious that the participants who did respond to the surveys were very passionate about the work that they do involving EAP. As I have grown quite passionate about EAP the themes did not surprise me. The five themes taken out of the data were:

1. Application of EAP in individual and group therapy
2. Importance of metaphors
3. Immediacy of results
4. Trust the process / Trust the horses
5. Financial challenges

I expected each one of these categories as they were the exact discoveries and challenges that I faced in developing my own EAP counseling facility. One limitation was that it was a small study with an N=12. Additionally the responses were brief and did not provide a great deal of material from which to draw. However, I was grateful to receive the feedback that I did to be able to share with future College of Education students who may seek out information on this barely researched topic. I felt the best way to share the emotions revealed through the responses with others was to re-write them verbatim. It shared with the reader the power of their emotions, be they passionate and positive or frustrating and negative. I discovered the power of the responses as I experienced them in the reading and
re-reading them, working diligently to decipher each possible feeling or experience the respondent wished to share. Although more varied and in depth responses were desired, the succinctness and uniformity of the responses demonstrated the usefulness of EAP as a therapeutic strategy.

**Discoveries/Challenges**

In sending out a survey to multiple practitioners of EAP in the southwest, I received many expected results and a few surprising results. Some of the expected results included that EAP is an increasingly popular method of therapy and that many therapists find it more effective than traditional sit down talk therapy in office settings. Some unexpected results were that the majority of practitioners were middle aged Caucasian women, only two were licensed social workers, and only three respondents were males and two happened to be Hispanic. I suspect this trend is due to the fact that because of our cultural norms, therapy as a profession appeals more to women than to men. It is not clear to me why there are so few Hispanic women in this study. It has come to my attention in directing Equest Counseling Center that there is a need for both Hispanic and male counselors. Many clients feel more comfortable speaking to someone who shares their culture and their gender. I have also received requests from clients for Native American counselors. I was unable to find any Native American counselors to participate in this study.

So, as clients come to the session, the novice experiential counselor is struggling with his/her own limitations of knowledge of how to proceed to help the clients break through their struggles with his/her personal limitations or personality constraints. The more novice the counselor, the more he/she may try too hard. As an individual becomes a seasoned experiential counselor, the joy of spontaneity, the freedom of certainty in guiding a client
down the most appropriate maze of exploration for that day unfolds effortlessly. There is no
longer a need for a script to remind the counselor of what to do or how to proceed. After
years of training, it is sheer delight to watch the human spirit unfold before the counselor’s
eyes, embracing the safe, enticing and fun environment that the clinician has created and
provided for the clients. When the clinician reaches the space where, in welcoming the client
to today’s activity, the clinician knows when he/she is in the moment. Being with the client,
teaching him/her to learn to live in the moment, makes the process of learning to be an even
more competent experiential counselor worthwhile and satisfying. The clinician’s
encounters with the clients are freer and the sessions are more profound; and, the potential
source of growth is within the clients. The counselor’s job is to help each individual discover
his/her fullest potential. Through years of training, the work becomes more effortless and
flows within each client in a nurturing and supportive exchange.

In experiential counseling the clinician witnesses his/her clients release their locked
up emotions. For example, in working with a client struggling with anxiety it is extremely
common to promote positive thinking, encouraging the client to find humor and experience
the “flow”. Counselors can watch their clients’ shoulders drop as the tension leaves their
body. Cognitive and affective learning are not separately lived phenomena. Helping a client
to lighten up and laugh is very effective in facing more challenging emotions. Isn’t that what
our work is all about…helping client’s to discover “flow”, try a new approach in working
towards self-actualization and optimum performance in their lives?

The primary focus of experiential counseling is “the here and now,” being present in
the moment and engaged with the task at hand in the interaction. Be it with horses practicing
EAP, paint brushes and paint, pastels or charcoal, clay in an art therapy approach, a sand-tray
with lots of varied miniature figurines for the client to create an intimate scene in the sand tray which reveals the client’s story or to a room full of toys for children to express themselves, the counselor’s job is always to help keep the client focused on the present and aware of the importance of the here and now.

It is obvious working as a clinician that people do seem to seek out guidance and clarification to their problems encountered in their lives when they feel up against the wall, or as if they have had enough. In drug and alcohol treatment, a common re-occurring statement is “I am sick and tired of being sick and tired.” That pushes them to seek out treatment, to improve their quality of life. The conflict individuals face is what pushes them to seek out new ways of living, new ways of seeing the world and accordingly to make the changes that will help them to live better, less stressed out lives. The use of experiential therapies simply helps to challenge individuals to problem solve and set goals to live by.

The use of the senses is more involved than in traditional sit down, face-to-face therapy. For example, all experiential activities require sight to be able to participate (unless it is a therapeutic horseback riding program for disabled children such as a blind child). Sound is especially used in the outdoors in adventure therapy or in using EAP as using sound to listen when other participants are nearby working on an activity or to pay attention to where the horses are at in proximity in EAP, or simply listening to the sounds of nature. Touch is used in all of the experiential approaches listed in this study. It is common to hear clients of all ages report that they love to just play in the sand with their hands as it is relaxing to them. Olfactory senses are used especially in the outdoors with some pleasant smells and some not so pleasant when you are working out with horses in EAP. Nature will take its course with the horses. Taste is an interesting sense to think of and it really doesn’t
come into play with experiential activities. It does happen though while outdoors with the horses or in adventure therapy; clients say the wind blew a gust of dirt into their mouths and they taste the dirt. Another sensory event in art therapy with children is finding them trying to taste the paints or clay. It is the experiential counselor’s responsibility to use safe and non-toxic art materials and keep a close watch over the younger clients.

The optimization of sensual learning (the emphasized use of our senses) can be a challenge for the counselor as it can actually be a distraction at times. As clients gets in touch with their senses while focusing on the task at hand they often become very emotional. Goleman (1996) advises emotional baggage surfaces and is brought into many new learning experiences and accordingly emotions continually emerge as the learning experience progresses. To further promote empowerment he advises counselors to use encouragement as it is very effective in working with clients of all ages in experiential applications. He emphasizes the importance of helping children to build up their own natural competencies through facing the challenges of using experiential approaches. It is the challenges which promote growth.

**Recommendations**

This study found that the greatest challenge for EAP counselors is the difficulty in securing funding. If EAP counselors are seriously considering building their own business then it would benefit them greatly to also obtain some business education along with their clinical education. Often counselors are coming out of graduate school very excited to begin practicing and are unprepared for the business side of operating a practice. If they are interested in pursuing a clinical practice involving EAP then they need to have the business knowledge to pursue grants, contracts and any other creative funding sources. Additionally
EAP requires much more expenses to get going than to just rent a small office space. Practitioners must take into consideration the cost of purchasing the horses, building the stalls and the ongoing expenses of health care for the horses and hay and feed.

Trotter (2006) further supports the idea that adolescents benefit from using EAP over traditional office based counseling. From my own clinical experience while working at Equest Counseling Center, LLC, certain clients do not always respond well to face-to-face traditional sit-down therapy. Experiential counseling reaches clients that traditional counseling does not reach. When working with non-verbal clients or clients with limited verbal ability, the recidivism is decreased when using creative experiential approaches. Garrity & Stallones (1998) support the idea that clinical interaction with animals works well with clients who do not respond to the traditional office based counseling and further decreases recidivism.

The positive experience of experiential counseling could add tremendous benefits such as improved communication patterns, learning effective coping skills, problem solving skills and higher assertiveness. There is also the possibility of a reduction in DWI’s as well as a new awareness of drug and alcohol abuse. Providing community members with creative mental health approaches can change negative habits of the community members and work towards diminishing violent tendencies in both youth and adults. With improved mental health care there could be an improvement in young people’s educational pursuits. With increased self-esteem they may remain in school and pursue graduation and thus increase their likelihood of gainful employment. Young people with a sense of well-being will be more productive and competent individuals, thus ensuring the future well being of their
communities. Working toward building solid self-esteem in individuals is a key component in experiential counseling.

Kersten and Thomas (2004) support the idea that individual treatment plans should commonly include objectives related to self-esteem to be incorporated into the long term and short-term goals. It is intriguing and interesting observing the impact of self-esteem while working in an experiential counseling setting, specifically using the application of equine assisted psychotherapy. The idea of using equine assisted therapy with children, adolescents and adults is intriguing because it involves the hands on activities as well as the observation, group interaction and self-reporting measures. The work is focused on personal empowerment and self-actualization, which is a key component of self-esteem building.

Limitations

The main limitation of this study was the small sample size, N=12. It would have been helpful if the participants had answered the questions in a more direct manner and also if they could have been more generous with their responses. This study is also limited in its reliance on participant self-report data, which is subjective. Data from this study was collected via a survey. If a new study were conducted in a qualitative format I would suggest asking the questions to the participants directly in face to face interviews using open ended questions. This would allow for the researcher to gather more information as well as observe body language. If face to face interviews were conducted I would meet with participants more than one time. I also believe that if new questions were developed and data was collected using a new approach instead of only relying on survey responses, then the researcher would have more material from which to gather and compile the data.
There was limited reporting about the usefulness and power of metaphors in experiential counseling and specifically EAP. I was also surprised to not hear more responses about increases in self-esteem from the participants.

Only four individuals added on a brief statement regarding self-esteem. For example, “I wish I would have seen more improvement in the area of self-esteem”. Under the self-esteem question the respondents tended to remark on other areas of growth and development instead of self-esteem. They would say the client became braver or the client improved his/her personal boundaries. So definitely it would be more beneficial to have a more direct question asking about any significant improvement in the area of self-esteem as it would be very interesting to find out if EAP does significantly increase self-esteem.

**Future Research**

Future studies on EAP could delve more deeply into the advantages of doing individual or group EAP. A future study could lead to the designing of new EAP exercises to help clients realize metaphors between their work with the horses and their lives. One of the themes that became apparent in my study was that counselors could trust the process and the horses and needed less preparation to practice as EAP counselors than one would expect. Perhaps future research could lay the groundwork for creating a more cost effective and simple route to becoming EAP certified. Further qualitative research should be conducted to compare programs utilizing varied experiential counseling approaches. A quantitative study which provided more in-depth research would be beneficial to the promotion of experiential applications.

After reviewing the many insightful contributions from experiential experts, authors throughout the literature review, I have realized the importance of asking more questions.
Final Thoughts

In summary I do believe that EAP is especially effective for people who do not respond as well to traditional sit down talk-therapy. This idea came up several times in the responses from the participants. People contact me frequently with questions about starting an EAP counseling center. While I appreciate their enthusiasm I do not believe that they understand the challenges involved in starting up their own EAP counseling facility and operating it. I believe this study will be helpful for them to read if they truly feel that they are interested in pursuing such goals.

I felt I came out of a counselor education program with excellent counseling skills but I lacked business skills, which are indispensable if a counselor wants to operate his/her own practice. A counselor must be enthusiastic and goal oriented with enough drive to create an EAP counseling facility; I feel it is necessary to point out the importance of taking some business courses while graduate students are in school so they can be better prepared to take on the overwhelming task of building and directing their own EAP counseling facility. I am encouraged by the unanimous enthusiasm of the respondents and was not necessarily surprised by their responses because I also carry that enthusiasm for EAP. I would have liked to have received more input and responses from the respondents regarding the idea of EAP contributing to clients self-esteem. I do believe that face to face interviews would have been more effective in getting more in-depth responses from the participants. However, I do feel that this study is a good foundation for another researcher to take off from to develop their own study about EAP and its effectiveness.
References


Appendices

Appendix A  Survey: The Challenges and Discoveries in Using Varied Experiential Applications in Counseling Specifically Focusing on Equine Assisted Psychotherapy

Appendix B  EAP Example Exercise – Temptation Alley

Appendix C  EAP Example Exercise – The Black Box

Appendix D  EAP Example Exercise - Sandman

Appendix E  Personal Stories Relating to Experiential Therapy
Appendix A

Survey: The Challenges and Discoveries in Using Varied Experiential Applications in Counseling Specifically Focusing on Equine Assisted Psychotherapy

Demographic Information: __________ Number of years doing EAP __________

Gender: Male Female __________ Number of years as a professional counselor __________

Age Bracket: 18-25 26-35 36-45 46-55 56-65 66+

Ethnicity: Caucasian/American Hispanic Asian/American African/American Native Amer. Other ______________________________________

Professional Certifications: Professional Degrees:

Survey Questions:

1.) What percentage of your counseling is done with horses? How are the horses used? Please give three examples.

2.) What do you find to be your greatest challenge in doing EAP work?

3.) What do you find to be the most rewarding part of doing the EAP work?

4.) What are examples of positive feedback you receive from doing EAP work?

5.) What are some of your most profound discoveries in doing EAP?

6.) What other experiential approaches do you use at your program?

7.) Describe any significant changes in client’s self-esteem through the use of EAP?

Your input has been greatly appreciated! Thank you for taking the time to fill out this survey. Please return in prepaid return envelope. My very best to you in your experiential and EAP endeavors.

Katrina Lujan, M.A., LPCC, Doctoral Candidate
Appendix B

EAP Example Exercise – Temptation Alley

The following are taken directly from the EAGALA Level 1 training manual by Kersten and Thomas (2004). This begins the direct quoting of EAGALA Founders, Kersten and Thomas Equine Assisted Psychotherapy and Learning UNTraining Manual:

- Title: “Temptation Alley”
- Type: Couples, family or group.
- Purpose: Teamwork, communication, problem-solving, dealing with addictions (or a family member with addictions), overcoming challenges, roles and responsibilities. This can function as an assessment as well.
- Set Up: This activity takes some set up prior to the clients arriving. Build an alleyway in the arena and fill it with various obstacles (inside the alleyway and on the outside edges of the alleyway) and temptations (hay, grain, carrots, etc.). You will need one horse (preferably a gluttonous one), a halter and two lead ropes. Note: You can also have the couple/family or group help to build the obstacle course for variation. Then you have the participants label the various obstacles and temptations in the alleyway as various challenges in their lives.
- Two Person Activity: Have a lead rope attached to each side of the halter so that there are two lead ropes attached to the horse. Explain to participants that
their goal is to lead the horse through the alleyway with the following rules:

People pair into groups of two to do the exercise:

1. The horse cannot leave the alleyway
2. The horse cannot knock anything over
3. The horse cannot eat anything
4. The couple cannot go into the alleyway
5. The couple cannot knock anything over
6. The couple can only use one hand to hold onto their horse at a time, no double grabbing.

Before beginning the activity the couple is asked to decide on a consequence if any of the six violations listed above occurs, they stop and do the consequence, then move on. Sometimes it is mentioned how other people have chosen to start over. Additionally, one can invite the couple to walk through the alleyway to first make sure they understand the boundaries, if they would like or they can just get started.

Things to look for: How does the couple communicate? How does the horse respond/feel throughout the activity? What were the difficult moments and why? When did things go the smoothest and why? Where was there focus (physically/mentally) Where did they place themselves in relation to the horse? Could they see each other? Discuss how these temptations and obstacles tie into their real life experiences. This is all included in the processing.
Appendix C

EAP Example Exercise – The Black Box

- Title: “The Black Box”
- Type: Group/Family
- Purpose: Working together, roles, observation/non-verbal communication
- Set Up: This exercise is performed in the arena with 3 horses, 1 halter, 1 lead rope, 1 saddle blanket, and a bucket containing grooming supplies for the horses. The items are scattered about the arena. Each participant is told what their individual goal is, however each is told separately so that the other participants do not hear. Participants are told they cannot reveal their task to anyone in the group. (This is why it’s called the Black Box). Tasks given can include: Demonstrating the awareness of safety issues is of keen concern in this exercise. Furthermore it emphasizes working on relationship goals within the group. Person one: Halter a horse Person two: Brush a horse Person Three: Put the saddle blanket on the horse Person Four: Lead the horse to a specific site in the arena. Person Five: Ground tie the horse. The ultimate goal is to have the horse ground tied in the exact site pointed out in the arena with a halter and it must be groomed, however they are not told that this is the ultimate goal.

Rules:

1. No talking
2. No leaving the community (arena)
Consequences: They create their own consequences before they begin the exercise in their group. Groups usually contain 15 – 20 people so they count off in groups of five. Consequences: Examples are running laps around the arena, cleaning up the horse manure scattered in the arena. They can get very creative if they want and one can end up with a very tidy arena at times.

Things to look for and discuss with the participants: Watch the participants’ initial reaction to the challenge. Does the group begin immediately to work on its own assignments, or do they look around and non-verbally attempt to work with the group? Does the group remain focused, motivated, and energetic? Do the individuals appear frustrated? What happens in a family or group when the end goal is not known or discussed and everyone operates with only knowledge of their job? How did each participant respond and experience the activity? Did they ever feel frustrated? Overwhelmed? Can they relate this to a particular aspect of their own lives? What happened when one individual was unsure how to accomplish their individual task? Was the group supportive, compassionate or irritated? How did they respond to the horses and how did the horses respond to them? How did the participants interact with one another as it was non-verbal? Did they notice anything that might help them perform, relate to, or understand their own situation? The clinicians always follow up with group process and discussion to help people learn.
Appendix D

EAP Example Exercise - Sandman

This experiential activities that follow are examples and involves leader responsibilities and encourages individual reflection to help the client process his/her reactions. Title: “Sandman”

- Type: Individual, Group

- Purpose: Help client identify metaphor, utilize resources/help when problems are overwhelming and the client tends to try to handle it him/herself (i.e. focusing on willpower instead of using resources to help). Good for defiant or non-participatory clients.

- Set-Up: A 20 to 24 foot human stick figure is built in an arena with six buckets of sweet feed placed at the hands, feet and stomach. The buckets are to represent the vulnerable areas of the client; the stick figure represents the client and the actual client represents their own willpower, determination, etc. At least three horses are introduced to the arena, and the client is asked to name a problem in their life that each horse represents, such as spouses, judges, drugs/alcohol, food, bosses, friends, finances, etc. The client (willpower) is asked to keep the horses (problems) away from their vulnerable areas. No other rules are initially given.

Things to look for and discuss: The client comes up with creative ways of protecting his/her vulnerable areas moving buckets to one spot or another on the stick figure. If so, the bar can be raised by adding more rules, or make it a rule to not be able to move the food
during the exercise (vulnerable areas), which was one of the initial rules. Does the client keep the horses away at his/her own expense, ex. exhaustion, or putting him/herself in danger? Does the client easily give up to the horses, or start out strong only to become less energetic? Does the client ask for outside help? How did the client feel during the exercise?

1. Did the client notice one particular horse (problem) that was more difficult to keep away from the vulnerable areas? Did this correlate with their own experience?

2. Could the client relate what was happening to the way they tend to handle problems in his/her life?

3. Was there a benefit in asking for help? Who could the helpers represent in the client’s life, ex. therapists, attorneys, doctors, recovery group, sponsor, etc.

This ends the direct quoting of Kersten and Thomas’s training manual (2004).
Appendix E

Personal Stories Relating to Experiential Therapy

Art Therapy

I experienced an empowering break-through with a 62-year-old man in an art therapy session I facilitated one day. Up to this point, he was never able to address the loss of his son. The guilt of not being by his son’s side when his grown son was killed in an unexpected accident was too much for him to bear. The client had not been able to verbally express the fact that he was not able to enter into his son’s bedroom, which had remained untouched since the accident three years earlier. His instructions were to draw his deepest fear. Through drawing, he was able to express his overwhelming grief by using symbols to represent his helplessness to accept the accident by utilizing a solid black door to represent his son’s bedroom. After this exercise, he was able to return to his home, enter into his son’s bedroom and reflect. Upon his return the next week, he immediately returned to his art therapy project and expressed a great deal of healing. The client was able to draw his intentions, which were to return to the bedroom and donate his son’s belongings to a needy family. He expressed his excitement to proceed with art therapy in his next session.

Play Therapy

One of the funniest activities in play therapy is also one of the simplest approaches for children to express repressed emotions or stories of trauma and abuse. I have created felt boards with every imaginable figure, toys, landscapes, items from nature, home, school, etc. The child plays with the felt board and tells his/her story on the board. I have discovered some of the most profound secrets from what the felt board reveals.
In another example of play therapy, I was working out in the arena with a group of 15 adults during an EAP session. I directed them to play Hide-n-Go-Seek, and it was a pure joy to hear adults yell out, with a big smile on their faces, “Ollie, Ollie Oxen, free, free, free.” On many days I’ve repeatedly heard adults hollering with excitement, “I’m playing and I haven’t played in years.”

_Adventure Therapy_

On one particular occasion, I took a closed-up adult client out on a hike. The young man could not believe that being out in nature and coming upon a few simple previously set obstacles could assist him in facing his fears. The trauma, however, was uncovered within the first fifteen minutes of our session as we embarked upon the challenging hike through a thick, wooded area. One of the obstacles on the hike was to cross a rock bridge across a riverbed. The situation suddenly became very challenging to the client. To him, the small rocks, which were purposely laid out to help him walk safely, felt like unstable, threatening boulders in which he identified memories of his early childhood. “I just can’t see how I can possibly get over this obstacle,” he exclaimed in a bewildered tone. The wind picked-up, and he identified experiencing fear; additionally, he associated being in the wild with both trauma and abuse from early childhood. This particular client consistently returned for months of sessions in which he positively progressed each session in both his adventure and his ability to recall and deeply express repressed emotions. Much to his amazement, his performance exceeded his own personal expectations.

In another example, adventure therapy (which in this case included rock climbing and hiking) guided an extremely traumatized adolescent boy, who had suffered abuse of every kind imaginable by the age of three, through a complex series of self-discovery. During the
hours he spent rock climbing, he made a clear decision that as he discovered shining quartz rocks on his path they would symbolize cleansing from each horrific memory he carried. As he picked-up the quartz rocks, he licked the dirt off of them and made them even shinier before he would put them into his pockets. Despite years of previous counseling, the boy opened up for the first time and talked about his abuse with me. He also mentioned that he was finding dark, dirty little pebbles, which represented memories of his abuse. When he found these pebbles, he would throw them as far away as he could while filling his pockets with white quartz. He was able to verbally explain how the dark and dirty little rocks symbolized his horrible memories of abuse and how he was feeling his pockets full of the crystal-like rocks that he saw as a symbol for healing himself.

About seven years ago I had the opportunity to experience another kind of adventure therapy. I was invited to participate and observe a 3-day workshop in the jungles of Costa Rica on an isolated island on the Pacific Coast. The primary activities for the 36 participating adults who ranged in age from 18-63 were rock climbing, aerial zip gliding and rope courses. Due to my own limited physical capacity I was unable to participate fully in all of the exercises, but I gained a lot from observing. I assisted one of the leaders of the workshop and helped him to keep notes of the sessions. We came together at the end of the fourth day around a campfire, and I discovered fear to be the primary emotion at the beginning of each new activity. Accordingly each participant came to the fire circle and exclaimed that out of the fear came an increased sense of empowerment. Each member discussed how the increased self-esteem tied in with each individual component of their life, where it had been lacking before the workshop. Each group member felt they had learned a great deal from this experiential adventure therapy based workshop. Three reoccurring emotions that I heard from
the participants were fear in the beginning, freedom in the middle of the workshop and pride as it came to an end.

**Equine Assisted Psychotherapy**

One summer evening I was facilitating an EAP group which consisted of 22 clients, with an equal number of females and males. We were proceeding working with the sandman exercise which is often a very powerful and can be an emotion provoking exercise. After the first half of the group had completed their turn at identifying their vulnerable areas that they had associated with different parts of their body, where they carry their stress and worries associated with the problems they had already identified to the group there was a shift. Suddenly one male proceeded to take his turn and he became overwhelmed with emotions and began sobbing and the group supported him and then the next person took their turn. That person became even more emotional and sobbed and opened up about very deep issues that the client revealed, sharing that they had never talked about those specific issues with anyone before. As the last eight clients took their turns at this exercise they continued to be exceptionally open and disclosing very personal issues and openly crying. It was as if after the first person really opened up the group followed and each person seemed to be more open than the previous person. It was very interesting as it was like a domino effect in the way the exercise opened the client’s up and helped them to release many pent up emotions. I will never forget that particular group and the power of using the horses. As the final few clients took their turns at this exercise they continued to be exceptionally open and disclosing very personal issues and openly crying. It was as if after the first person really opened up the group followed and each person seemed to be more open than the previous person. It was very interesting as it was like a domino effect in the way the exercise opened the client’s up
and helped them to release many pent up emotions. I will never forget that particular group and the power of using the horses in the therapeutic exercise.