A RESPONSE TO USADI AND LEVINE (2017), "WHY WE DON'T RIDE: EQUINE ASSISTED PSYCHOTHERAPY, MILITARY VETERANS AND MORAL INJURY

## A RESPONSE TO USADI AND LEVINE (2017), "WHY WE DON'T RIDE: EQUINE ASSISTED PSYCHOTHERAPY, MILITARY VETERANS AND MORAL INJURY

I am a mental health professional who incorporates equine-assisted work into my clinical practice in the United States. I am writing to implore you to entertain a critique of the recently published article by Usadi and Levine (2017).

Foremost, I am compelled to express that it is not my aim to be provocative, and yet I feel like the integrity of the equine-assisted field deserves an expanded dialogue. I'd also like to clearly state that my intention is not to detract from the work being conducted at Trauma and Resiliency Resources, Inc., nor to draw into question the effectiveness of that work.

Being published is always a noteworthy achievement, and I commend Usadi and Levine for their effort. The equine-assisted body of literature does not enjoy the breadth many would prefer, and so these pursuits merit recognition. However, it occurs to me that the article in question was published in a peer-reviewed scientific journal without purporting to boast any scientific findings to support the claims found therein. At the risk of offending, my fear is that this only fuels our detractors, who will use the publication of unsupported statements in their quest to undermine the field.

In their article, Usadi and Levine (2017) submit argument for why working from the ground in equine-assisted psychotherapy (EAP) is thought to be superior to, or is preferred at the exclusion of, mounted work (i.e., someone being on a horse). I take no exception to practitioners who elect to work exclusively from the ground. However, the rationale for doing so detailed in this article appears near-sighted and lacks scientific substantiation.

As an example, in their abstract, Usadi and Levine (2017) state that the model of EAP utilized in their program is the most ideal for warriors suffering moral injury, citing the horse's ability to exhibit "nonjudgmental intuitive mirroring." This statement is further qualified by noting that "a horse's ability to intuitively target post-war attachment disruptions caused of morally injurious combat experiences is best employed when the veterans keep their feet on the ground" (Usadi & Levine, 2017). I do not bring this up to argue their point; perhaps that is very well the case. However, I find it difficult to reconcile the notion that a creature able to "intuitively target post-war attachment disruptions" is simultaneously unable to, intuitively or otherwise, have an accurate

## A RESPONSE TO USADI AND LEVINE (2017), "WHY WE DON'T RIDE: EQUINE ASSISTED PSYCHOTHERAPY, MILITARY VETERANS AND MORAL INJURY

appraisal of the threat level of being saddled for mounted work (which is used as an argument against using mounted work for war veterans). This seems especially true when we consider learning theory and the idea that saddling should be a well habituated experience for horses (see Doner & Ekholm Fry, 2015).

While I applaud Usadi and Levine (2017) for recognizing the importance of addressing moral injury, I do not subscribe to the notion that moral injury must be addressed at the exclusion of trauma and traumatic stress responses. Usadi and Levine (2017) clearly state that "working with horses on the ground and while riding can serve to regulate the nervous system of the post-war combat veteran and that both modes of horse work can begin the healing of post-war attachment disruption." With symptoms related to trauma exposure having a tendency to be quite pervasive, one could argue that you cannot work meaningfully in a therapeutic setting without addressing those trauma responses, even if secondarily. If we agree that the benefits of mounted movement have a desirable effect on the nervous system under such circumstances, then omitting the possibility for mounted work only seems limiting. To their point about "correcting" or "instructing" having the potential to be counterproductive in a psychotherapy setting, I agree. That said, their assertion that mounted work must include horsemanship instruction is roundly false. While I won't expound on examples in the interest of brevity, there are simple and functional methods for realizing the benefits of mounted work and equine movement, especially in time-limited settings, that require little to no skill on part of the client, and this can still be achieved while observing ethical considerations for both client and equine.

Lastly, Usadi and Levine (2017) plead the case for the Eagala model and its operational requirement consisting of a licensed mental health professional (MH) and equine-specialist (ES) team. Their points regarding the importance of the involvement of a licensed mental health professional are sound since the purpose, in this case, is treatment (psychotherapy). I would submit, however, that the structural integrity of the equine-assisted field would be more robust were dual competency the expectation for equine-assisted clinicians; that is to say, they should be equally knowledgeable therapists and equestrians, able to practice unaccompanied (noting that some settings may require the assistance of others).

With much infighting and posturing for superiority amongst the varying equine-assisted models, some objective readers may get the impression that this article is little more than a veiled attempt to justify the continued commerce of the model in question, and that it is not meant to scientifically substantiate any benefit of equine-assisted intervention. The latter is what the field needs.

A RESPONSE TO USADI AND LEVINE (2017), "WHY WE DON'T RIDE: EQUINE ASSISTED PSYCHOTHERAPY, MILITARY VETERANS AND MORAL INJURY

## REFERENCES

- Doner, E., & Ekholm Fry, N. (2015). Role of learning theory in training and handling the therapy horse. *Scientific and Educational Journal of Therapeutic Riding*, 20, 61-76
- Usadi, E. J., & Levine, R. A. (2017). Why we don't ride: Equine assisted psychotherapy, military veterans and moral injury. *Journal of Trauma Treatment*, 6(2) doi: 10.4172/2167-1222.1000374