

Equine Facilitated Therapy for Complex Trauma (EFT-CT)

Tiffany M. Naste¹ · Maggi Price² · Jane Karol³ · Lia Martin¹ · Kathryn Murphy¹ · Jennifer Miguel¹ · Joseph Spinazzola^{4,5}

© The Author(s) 2017. This article is an open access publication

Abstract Emerging research suggests that Equine Facilitated Psychotherapy (EFP) may be beneficial for traumatized youth. In addition, complex trauma (i.e., multiple and/or prolonged developmentally adverse traumatic events which are typically interpersonal in nature) treatment research is still growing and there is a need for the development and examination of novel treatments for youth with complex trauma histories. The current article describes a promising EFP model for this population called Equine Facilitated Therapy for Complex Trauma (EFT-CT). EFT-CT embeds EFP practices within Attachment, Regulation and Competency (ARC), an extant evidence-based complex trauma treatment framework for children and adolescents. The authors provide three case studies using both observational data provided by clinicians, as well as longitudinal measures of psychosocial functioning, to illustrate the potential promise of EFT-CT. The article concludes with a discussion about implications for EFP treatment and research.

Keywords Trauma · Complex trauma · Equine therapy · Animal assisted therapy · Child traumatic stress · Treatment

✉ Joseph Spinazzola
jspinazzola@jri.org

¹ Justice Resource Institute, Needham, MA, USA

² Boston College, Department of Counseling, Developmental, and Educational Psychology, Boston, MA, USA

³ Bear Spot Farm, Acton, MA, USA

⁴ Department of Psychology, Suffolk University, Boston, MA, USA

⁵ The Trauma Center at Justice Resource Institute, 1269 Beacon St, Brookline, MA 02446, USA

Treatment for Complex Trauma in Youth

Initially developed to characterize specific psychiatric consequences of adult exposure to high magnitude traumatic events, the diagnosis of Posttraumatic Stress Disorder (PTSD) has been identified to be present in just over one-in-four treatment-seeking, trauma-exposed children (Huang et al. 2017). In contrast, the majority of trauma-exposed children and adolescents in a large national treatment-seeking sample have been found to manifest five prominent areas of impairment: affect regulation, attention/concentration, impulse control, self-image, and aggression/risk-taking, with approximately one-third of these youth exhibiting prominent difficulties with attachment, somatization, sexualized behaviors and dissociation (Spinazzola et al. 2005b). The construct of *complex trauma* in children and adolescents was first articulated in 2002 by a special taskforce of the National Child Traumatic Stress Network to reflect this clinically broader and evolving array of self-regulatory, relational and attributional deficits observed in children exposed to multiple-type or recurrent maltreatment, exploitation and neglect (Cook et al. 2005; National Child Traumatic Stress Network 2017).

In contrast to proposed diagnoses offering particular symptom constellations associated with chronic interpersonal trauma exposure (most prominently for children: Developmental Trauma Disorder, van der Kolk 2005; for adults: Complex PTSD, Cloitre et al. 2011, 2012) complex trauma is not intended as a diagnosis. Rather, the complex trauma construct was intentionally designed to capture the intertwined relationship between adverse caregiving and victimization experiences and subsequent survival-based adaptations that alter normative developmental trajectories across the lifespan (Cook et al. 2005; Grossman et al. 2017; Spinazzola et al. 2013).

Clinical research on outcomes of treatment models with trauma-exposed children and adolescents has proliferated over