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Understanding the Ethical Decision-Making Processes of Equine-Assisted  
Psychotherapy Practitioners

by

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A Dissertation Submitted to The Graduate School at the  
University of Missouri – St. Louis in partial fulfillment of the  
requirements for the degree Doctor of Philosophy in Education with an  
emphasis in Counseling

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### Abstract

Equine-assisted psychotherapy is a unique field in which interdisciplinary teams of practitioners provide mental health services to clients. These teams are comprised of at least two practitioners, one licensed mental health specialist and one certified equine specialist. While ethics and ethical decision-making are significant issues in the mental health industry, there exists a significant gap in the literature pertaining to the ethical decision-making processes of interdisciplinary teams of equine-assisted psychotherapy practitioners. This dissertation aimed to address the gap through the development of an understanding of how teams of equine-assisted psychotherapy practitioners engage in ethical decision making. Further, the researcher sought to identify whether an existing decision-making model could be useful for teams of equine-assisted psychotherapy practitioners. This qualitative study utilized Modified Grounded Theory techniques to analyze the experiences of fifteen (15) participant teams of equine-assisted psychotherapy practitioners. Each participant team analyzed a hypothetical scenario containing numerous ethical issues and then participated in a semi-structured interview with the researcher. The findings of this study yielded five categories of ethical decision-making processes and numerous sub-categories. In addition, the findings provided a basis for a proposed ethical decision-making model geared toward the equine-assisted psychotherapy industry. This dissertation presents the findings and limitations of this study, along with opportunities for further research. It presents the implications for equine-assisted psychotherapy practitioners and the mental health industry.

*Keywords: ethics, ethical decision-making, ethical decision-making model, counseling ethics, equine-assisted psychotherapy.*

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This dissertation reflects a significant milestone in a journey that has intertwined my personal and professional identities into one exciting adventure. I learned early on from my parents, each highly successful in their own right, that what one wants in life must be earned and that self-advocacy is an essential skill. Throughout the course of this dissertation process, those lessons often surfaced, reminding me of another equally monumental life event. I was twelve years old and ready to become a teenager. Even more, I wanted a horse of my own to live in the backyard. Not just any horse, mind you, I had already found the perfect creature to share my life with, a small and feisty Appaloosa named Apache. After years of being told that I had plenty of horses to ride and show at my trainer's barn, I knew I needed a solid plan to convince my "non-horse" parents to agree to my demands. Before approaching them, I negotiated a price for Apache and hatched a plan with our neighbor to care for his cattle in exchange for access to pastureland. Once that was settled, I created a presentation that included a summary of my plan, financial statements reflecting all the holiday money I had saved, a proposed budget detailing monthly costs and an estimate of the time it would take to care for a

horse at home. Finally, I included my research findings about the value of horsemanship and how caring for my own horse would improve my quality of life, help me avoid many “teen issues,” and teach me life lessons not available elsewhere. I included Venn diagrams and a pie chart or two for good measure. Once I had my battle plan prepared, I invited my father to join me in the study to discuss an “investment opportunity.” Looking back, my poor father did not stand a chance. Within a couple of weeks, a pickup truck pulled into the drive and unloaded the feisty little horse that started a journey that continues today. Sorry Mom and Dad...the horse thing wasn't just a phase! But look how it helped me earn a doctorate!

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**Understanding the Ethical Decision-Making Processes of Equine-Assisted  
Psychotherapy Practitioners**

**CHAPTER ONE: INTRODUCTION**

Ethics is a common topic of discussion in the mental health profession.

Counseling professionals learn about ethics and ethical decision-making early in their training and are required by licensure mandates to continue to receive training throughout their careers. These professionals learn to identify ethical issues and make appropriate decisions before they turn into ethical dilemmas that could jeopardize their licensure status.

Most counselors are aware of the fact that they must take active steps to address ethical issues in order to protect themselves. The practice of counseling, however, does not occur in a vacuum. In fact, many mental health professionals work in conjunction with non-mental health professionals from a variety of different fields, such as law enforcement or business administration. At times, counselors work directly with non-mental health professionals in the provision of treatment to clients. In these cases, both the counselor and non-mental health professional may experience the same ethical issues and dilemmas in their practice, but the ramifications could be quite different for each one, especially if the non-mental health professional is not held accountable to ethical standards created by a licensure statute. The field of equine-assisted psychotherapy is one example where this scenario is quite common.

## **Equine-Assisted Psychotherapy**

### **Equine-assisted Psychotherapy Defined**

Equine-assisted psychotherapy is an experiential method that utilizes horses to address mental health issues and to effect positive change in clients (Eagala, 2019). This type of therapy differs from other forms of equine therapy in that it specifically addresses mental health issues. Other common types of equine therapy include hippotherapy and therapeutic horsemanship. Hippotherapy is a form of physical therapy for people with disabilities (American Hippotherapy Association, 2021). Therapeutic horsemanship is a structured process to help clients learn to ride and take care of horses (PATH, Intl., 2021). While both hippotherapy and therapeutic horsemanship may improve a client's mental health status, neither approach includes targeted, evidence-based interventions for the purpose of addressing mental health issues (Eagala, 2021).

The equine-assisted psychotherapy industry is experiencing growth and several organizations have been established to promote a variety of methodologies. The Equine Assisted Growth and Learning Association (Eagala) is currently the leading association for mental health professionals who choose to incorporate horses into the treatment of clients with mental health issues (Eagala, 2021). Eagala is an international nonprofit organization that was founded in 1999. Over 2,500 certified Eagala Model practitioners are located in 40 countries around the world. Eagala has implemented a strict commitment to practice standards by promoting the *Eagala Code of Ethics* (Appendix A), a strong continuing education program, and a practice framework that accommodates a variety of theoretical orientations (Eagala, 2021).

PATH, Intl was founded in 1969 and initially focused on therapeutic horsemanship as a way to improve physical health (PATH, Intl., 2021). The organization has since expanded its scope to include other services, such as therapeutic carriage driving and vaulting. Over the past few years, PATH, Intl has turned focus toward mental health and developed an Equine Specialist in Mental Health and Learning (ESMHL) certification program. ESMHL practitioners partner with licensed mental health professionals to deliver equine-assisted psychotherapy services. The mental health professionals are not necessarily PATH, Intl certified practitioners but must hold an appropriate license to practice (PATH, Intl, 2021).

A recent addition to the industry, Natural Lifemanship, was established in 2010 by former Eagala practitioners. Building on the tenets of Eagala, the organization has expanded the scope of services to include riding programs designed to improve mental health and overall well-being. The organization has also developed a Trauma-Focused Equine Assisted Psychotherapy methodology for utilization with a variety of populations, from children to Veterans (Natural Lifemanship, 2021). Similar to PATH, Intl's ESMH, Natural Lifemanship practitioners must partner with a licensed mental health professional when providing clinical mental health services, but the mental health professional is not required to be certified by Natural Lifemanship (Natural Lifemanship, 2021).

To provide some insight into the practice of equine-assisted psychotherapy and illustrate the need for structure in the ethical decision-making processes of its practitioners, the following is a brief summary of The Eagala Model. As the most robust and established model of equine-assisted psychotherapy, the Eagala Model provides the most comprehensive view of this practice area.

### **The Eagala Model**

The Eagala Model of equine-assisted psychotherapy is described to be a “distinctive experiential framework designed to provide clients the latitude to discover, learn, and grow from the horse-human relationship” (Eagala, 2019, p. 14). Eagala (2019) described the model as a “model of standards and facilitation” that incorporates a team approach to the facilitation of ground-based experiences within a solution-oriented framework and in adherence with a stringent code of ethics (p.14).

**Team approach.** Eagala sessions are conducted by interdisciplinary teams of certified practitioners. Eagala described the team approach as an “important and valuable standard, professionally and ethically, when considering the best interests of both horses and clients” (Eagala, 2019, p. 27). Benefits to this team approach include increased quality of services and enhanced physical and emotional safety of clients, horses, and treatment team (Eagala, 2019, p. 29). Eagala (2019) asserted that the team approach provides increased accountability through “checks and balances for ethical practice and continued professional development” (p. 29). The team approach also “reduces potential negligence” because “multiple eyes broaden the attention to things taking place in the session space with horses and clients” (Eagala, 2019, p. 29).

Each Eagala team must be comprised of a licensed and certified Mental Health Professional, a qualified Equine Specialist, and at least one horse working with the client at all times (Eagala, 2019). For the purposes of Eagala Model practice, the term “horse” refers to horses, ponies, donkeys, and hybrids (mule or zorse) (Eagala, 2019). In addition, the Equine Specialist may also be, but is not required to be, a Mental Health Professional and vice versa. It is important to note that fidelity to the Eagala model requires at least

one Mental Health Professional and one Equine Specialist work together with the client and horse during session. Individual practitioners may not conduct equine-assisted sessions on their own and call them Eagala Model sessions, even if the individual practitioner is certified by Eagala (Eagala, 2019).

**Certification Process.** Eagala emphasizes the team approach from the outset. Mental Health Professionals and Equine Specialists navigate the same certification process and attend the same training programs to become Eagala certified practitioners. Mental Health Professionals are commonly Licensed Professional Counselors, Licensed Clinical Social Workers, Psychologists, or Psychiatrists. They must operate within their scope of practice and be subject to the statutes and regulations governing the practice of mental health in their state and country (Eagala, 2019). Mental Health Professionals are not required to have any horse experience prior to certification. In turn, Equine specialists are not required to have any experience in the mental health field prior to certification. Eagala requires Equine Specialists to document at least 6000 hours of hands-on experience working with horses (Eagala, 2019). This is the equivalent of about 3 years of full-time work in the horse industry. In addition, Equine Specialists must document at least 100 hours of continuing education in the equine field with 40 of those hours taking place within 2 years of seeking certification. Required educational topics include equine behavior and herd dynamics, interpreting equine body language, and training in groundwork methodologies (Eagala, 2019).

To obtain certification, Eagala requires prospective Eagala professionals to complete a four step process: 1) Watch the Eagala pre-training online webinar; 2) Submit

a professional development portfolio; 3) Attend a *Fundamentals of the Eagala Model* training course; 4) Complete the post-training online assessment (Eagala, 2019, p. 10).

The pre-training webinar is available free on demand at [www.eagala.org](http://www.eagala.org) and provides an introduction to the Eagala organization and the Eagala Model of equine-assisted psychotherapy. The webinar “sets the stage for the training itself, outlining program principles and theory to prepare attendees for experiencing the full benefit of the *Fundamentals* course” (Eagala, 2019, p. 10). This webinar also performs a gatekeeping function in that it details the certification process in order to allow interested practitioners to decide whether the Eagala Model is a good fit for their practice.

The purpose of the Professional Development Portfolio is to ensure prospective professionals meet the minimum requirements to serve as a certified Mental Health Professional, a certified Equine Specialist, or both (Eagala, 2019). Students and professionals from other industries are welcome to attend trainings but will not be considered to be a Mental Health Professional or an Equine specialist if they do not meet the specific requirements. They may, however, serve as a third team member of a team already comprised of certified professionals. Examples of a third team member include counseling students or provisionally licensed counselors. In addition, organizational development professionals often serve as a third member on Eagala teams that specialize in working with corporate clients.

Once the professional development portfolio is submitted, the prospective Eagala professional may attend the *Fundamentals of the Eagala Model* training course. These trainings are five days long and are held year-round in a variety of locations all over the world. Registration may be completed on-line or by contacting Eagala by phone. The

organization describes this training as “a hands-on learning experience designed so that participants leave with an understanding of and ability to apply the Eagala Model to their practice” (Eagala, 2019, p. 10). Throughout the training, participants have the opportunity to experience the Eagala model from the perspective of an observer, a facilitator, and a client. Each *Fundamentals of the Eagala Model* training follows the same agenda: Day 1: Introduction to the Eagala Model standards and facilitation skillsets; Day 2: Introduction to structuring sessions and additional process skillsets for verbal and nonverbal interventions; working through the external space; metaphor and symbolism; Day 3: Individual, team, and group work; Day 4: Counter-transference (awareness and impact/role in session) and the treatment planning/session progress process; Day 5: Team roles, standards, evidence, and ethics review; review of certification process; training closure (Eagala, 2019). Once the training is complete, participants are required to complete an online training evaluation and successfully complete a post-training online assessment. Certification will not be complete until the participant receives a passing score on the assessment (Eagala 2019).

Once certified, Eagala Model practitioners have additional opportunities to strengthen their skills through focused skillset trainings and local networking group events. Practitioners who wish to work with military clients may seek the Eagala Military Designation as well. The certification period is two years and recertification requires that practitioners receive 20 hours of continuing education. These hours may be earned by participating with a networking group, attending additional Eagala approved trainings and webinars, and by attending the Eagala conference (Eagala, 2019).

**Ground-based experiences.** The Eagala Model requires that clients and horses work together on the ground. The horses are never ridden during session. This allows the clients and horses to interact in an authentic manner and utilize metaphoric experiences in the therapeutic process (Eagala, 2019). This freedom creates space for the client to process issues and make meaningful connections between their thoughts, feelings, and behaviors (Eagala, 2019). Eagala (2019) stated that a “horse at liberty can choose to say, “Yes,” “No,” or not respond at all” while the “range of expression allowed to the horse being ridden is greatly reduced” (Eagala, 2019, p. 31). Therefore, allowing clients to ride during session would greatly reduce the range of useful feedback received from the horse (Eagala, 2019).

**Solution-oriented framework based in theory.** The Eagala Model is a framework that accommodates a wide variety of theoretical orientations but “the belief that our clients can discover the best solutions for themselves when given the opportunity is a foundational principal of the Eagala Model” (Eagala, 2019, p. 32). Eagala sessions are structured to re-create the life situation of the client and, therefore, the client and not the Eagala team is charged with exploring the challenges and identifying solutions. Change occurs in the client’s own timeframe and takes place within the client-horse relationship (Eagala, 2019).

The theoretical foundation for the Eagala Model incorporates tenets from “experiential therapy, animal-assisted therapy, and an integrative approach utilizing postmodern techniques” (Eagala, 2019, p. 15). The influence of experiential therapy is reflected in the client’s participation in physical activities with horses while being encouraged to process thoughts, emotions, and behaviors during session (Eagala, 2019).



Animal-assisted therapies focus on the animal-human bond. Animals provide the opportunity to build relationship skills and are a useful catalyst for building therapeutic rapport (Chandler, 2012). In the Eagala Model, “horses provide a natural opportunity to develop a client’s work ethic, responsibility, assertiveness, communication, and ability to form and maintain healthy relationships” (Eagala, 2019, p. 17). Postmodern techniques, such as narrative and collaborative therapeutic interventions, are often useful in Eagala Model sessions (Eagala, 2019).

The Eagala Model is considered to be a framework that accommodates a variety of theoretical orientations. The Mental Health Professional is encouraged to implement evidence-based treatment interventions throughout the course of treatment (Eagala, 2019). For example, Cognitive Behavioral Therapy (CBT) interventions are often used within the Eagala Model framework. A popular exercise, called Mindful Grooming, requires the client to brush the horse while engaging in CBT exercises such as breath work, present moment awareness, affect identification, and thought stopping, to name a few. In addition, Systems Theory interventions are often utilized by Eagala Model practitioners. Interaction with horses creates a useful social context for the client to recognize their problematic behavior patterns in relationships. The horses provide honest feedback to clients and help them learn healthier ways to interact. Clients learn how to recognize and create boundaries in relationships and often recognize changes in their responses to different horses. When clients receive positive responses from the horses, they know they are making positive changes in themselves. Other theories commonly utilized during Eagala Model Sessions include Gestalt Theory, Reality Theory, and Solution Focused Theory. Overall, the Mental Health Professional is encouraged to be

creative while utilizing interventions aligned with their own theoretical orientation and expertise (Eagala, 2019).

**Code of ethics.** Eagala embodies high ethical standards and considers its *Code of Ethics* to be one of the key factors that supports the organization's assertion that the Eagala Model is superior to other models of equine-assisted psychotherapy (Eagala, 2019). The *Eagala Code of Ethics* is reviewed on an annual basis and the Eagala Ethics Committee "develops and oversees protocols for upholding the ethical standards to ensure best practices and the highest level of care for clients" (Eagala, 2019, p. 14). Eagala (2019) highlighted the *Eagala Code of Ethics* and its 12 provisions. The Code's preamble reads as follows:

The *Eagala Code of Ethics* serves as a standard by which to conduct business and guide practice for all Eagala members. We agree to adhere to the *Eagala Code of Ethics* to establish and instill confidence in our clients, fellow professionals, and communities. The *Eagala Code of Ethics* is based on providing for the fundamental overall safety and well-being of the client and horses. Ethical decisions and conduct should be consistent with the letter and spirit of this Code. Failure to act in accordance with the Code may result in loss of status within the Eagala association and revoking of professional certification. (p. 9)

In addition to the *Eagala Code of Ethics*, Mental Health Professionals are expected to adhere to statutory and ethical codes created by licensing bodies of the state and country in which they practice. Equine Specialists must adhere to the *Eagala Code of Ethics* and are required to adhere to relevant horse welfare codes enacted in their state and country. Eagala (2019) stated:

Eagala has formally endorsed the American Horse Council's Welfare Code of Practice and supports international welfare codes that have been established worldwide by individual countries and international equine associations. (p. 33)

Eagala Model practice considers the horse to be an integral member of the treatment team and requires them to be treated with "care, concern, and professional respect according a team member" (Eagala, 2019, p. 34). As stated above, Eagala considers the term "horse" to include horses, ponies, donkeys, and hybrids (Eagala, 2019).

The field of equine-assisted psychotherapy is currently experiencing significant growth (Eagala, 2019). The evidence base into the effectiveness of utilizing horses in therapy is becoming stronger with numerous research studies underway around the world (Eagala, 2019; PATH, Intl., 2021). This growth has generated new funding opportunities and, in turn, more competition. While Eagala remains at the forefront of utilizing horses in the provision of mental health services, there are several new organizations offering similar services without the stringent certification requirements and practice standards established by Eagala. Some do not even require that certified practitioners be licensed mental health professionals. For this reason, there is increased concern for client safety on both a physical and emotional level. Ethical concerns have been raised by representatives of several reputable organizations, including Eagala, and efforts are underway in the legislature to define the term "equine assisted psychotherapy" and regulate the industry in a way that protects clients, practitioners, and animals from harm (Eagala, 2019; PATH, Intl., 2021). For this reason, issues related to ethics and ethical practice are areas of significant concern within Eagala and focused efforts are being

implemented to provide clarity and structure for ethical decision-making by its membership. This research study is one such effort.

### **Problem Significance**

While there is a growing body of research pertaining to ethics and ethical decision-making in the mental health profession, the majority of current literature focuses on ethical decision-making from the standpoint of the individual mental health professional. The literature does not address ethical decision-making in the context of interdisciplinary teams comprised of at least one licensed mental health professional and at least one member from a non-mental health profession. This apparent gap in the literature provides an opportunity to explore whether or not an existing decision-making model is sufficient to assist interdisciplinary teams as they address ethical dilemmas.

### **Theoretical Framework**

Ethical decision-making in the mental health field is driven in large part by statutory and organizational codes of ethics. These codes vary from being aspirational best practices to mandatory minimum standards of practice (Cottone, et al., 2022). Through these codes, individual practitioners are encouraged to make reasoned decisions that keep them in compliance with licensure requirements. For example, Eagala membership requires adherence to a mandatory organizational code of ethics. It creates a standard of practice and imposes penalties for a breach of its provisions. Penalties vary from a mere warning to suspension of certification or even expulsion from the organization. Though not yet tested, an ethical breach of the Eagala organizational code could likely be used as evidence of a breach of statutory codes related to licensure as well. Often, however, practitioners find that codes of ethics are rather general in nature

and do not provide much guidance as to how specific ethical decisions should be made. Therefore, practitioners are often left to determine on their own what they consider to be the ethical course of action.

In an attempt to fill the gap between the guidance provided by ethical codes and what is left to individual choice, the literature offers a variety of methods for approaching ethical decision-making. The majority of this research focuses on the ethical decision-making process of the individual stakeholder (Cottone, 2012). Numerous ethical decision-making models have been constructed for individuals to utilize in a variety of environments from business to the medical field.

Kitchener (1984) is considered the seminal work pertaining to ethical decision-making in the counseling profession. The author essentially combined the levels of moral thinking asserted by Hare (1981) with the ethical principles developed by Beauchamp and Childress (1979). Kitchener (1984) highlighted the fact that personal value judgments are not adequate when facing ethical dilemmas and that counselors should “develop a deeper understanding of the basis for ethical decision-making” (p. 44). Current literature on ethical decision-making has evolved from Kitchener’s model and separated into several perspectives (Cottone, 2012). Hare (1991) and Rest (1984) based ethical decision-making on a foundation of theory or philosophy, while others such as Corey, et al. (2019), Welfel (2006), and Has and Malouf (2005), used virtue ethics to develop more practical, practice-based models to assist individual choice. Tarvydas (2012) combined these approaches and proposed a model that integrated theory into practice by recognizing ethical standards while taking the values of the counselor and client into consideration.

A growing body of literature considers decision-making in the context of relationships (Cottone et al., 2022). Models of relational influence have been based on feminist theory, such as the model developed by Hill, Glaser, and Harden (1998). This model emphasized the counselor's emotional responses within the social context of the therapeutic relationship (Hill et al., 1998). (Cottone et al., 2022) offered another example of a social-relational decision-making model from the social constructivist perspective. The author incorporated the main tenets of social constructivism to develop a decision-making model that focused on interpersonal interaction and agreement to determine the ethical course of action (Cottone et al., 2022).

### **Purpose Statement**

The purpose of this qualitative research was to develop an understanding of the ethical decision-making processes of practitioners who utilize equine-assisted psychotherapy in the delivery of mental health services. This dissertation study examined how practitioners identified and resolved ethical issues encountered within the scope of equine-assisted psychotherapy practice. Examination of these processes assisted the researcher in the identification of a useful decision-making model for practitioners to utilize when ethical issues and dilemmas are encountered.

### **Research Questions**

There are four research questions presented based upon this research purpose:

1. How do equine-assisted psychotherapy practitioner teams identify ethical issues and dilemmas?
2. How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?

3. Do equine-assisted psychotherapy team members engage in decision-making individually or do they engage in a collaborative decision-making process?
4. What, if any, decision-making model is appropriate and applicable to the ethical issues and dilemmas encountered by equine-assisted psychotherapy practitioner teams within the scope of equine-assisted psychotherapy practice?

### **Significance of the Study**

This dissertation study provided insight into the ethical decision-making processes of teams of practitioners utilizing equine-assisted psychotherapy in the delivery of mental health services. This information is significant because it helps conceptualize these processes and forms a basis for an ethical decision-making model for use by equine-assisted psychotherapy practitioner teams. As a result, this study may help improve equine-assisted psychotherapy practice by assisting practitioners in the identification and resolution of ethical issues and dilemmas. This will ultimately benefit and protect clients who receive equine-assisted psychotherapy services.

The results of this study confirmed that portions of existing ethical decision-making models are appropriate for use by equine-assisted psychotherapy practitioner teams. The results further confirmed that existing decision-making models may also be used as a foundation in the development of a new ethical decision-making model that fits the unique needs of the equine-assisted psychotherapy practitioner team. In addition, the results of this study also provide a meaningful contribution to the literature of counselor education and the counseling profession by identifying useful tools and models for ethical decision-making by mental health professionals who work with non-mental health professionals in the course of providing mental health treatment to clients.

### **Delimitations/Assumptions**

This study must be considered in light of several limitations. First, the study focused solely on a limited number of existing teams currently practicing equine-assisted psychotherapy. Participation in this study was voluntary. Voluntary participation may result in biased results and the utilization of snowball sampling methods may lead to the bias of participants referring like-minded practitioners with similar views regarding their experiences. Further, participants may be tempted to provide socially desirable responses to questions regarding ethics and ethical dilemmas (Merriam & Tisdell, 2016).

A second limitation involves the researcher's involvement in the practice of equine-assisted psychotherapy. The researcher is an Eagala-Certified practitioner who actively practices in both the role of Mental Health Specialist and Equine Specialist. The researcher is also a current member of the Eagala Board of Directors. These facts were clearly disclosed to each participant during the informed consent process. The researcher made every effort to be aware of bias and took steps to limit potential biases while remaining cognizant of the fact that all biases cannot be eliminated. It was acknowledged that participants who are Eagala certified practitioners may be hesitant to share ethical dilemmas they have experienced in practice out of a belief that it might reflect negatively upon them. To counteract this, the informed consent process emphasized the confidentiality of participants, de-identification of data, and the thematic nature of qualitative research. Participants were not expected to disclose personal experiences with ethical issues but were asked to analyze a hypothetical situation containing several ethical dilemmas. The researcher made a concerted effort to frequently reflect and bracket



personal knowledge and experiences that could influence coding, interpretation, and engagement with the data.

Finally, anecdotal evidence suggests that the general population of equine-assisted psychotherapy practitioners is comprised of cis-gender Caucasian females located in the United States. This may limit the transferability of the study findings to other populations. For this reason, demographic information, such as race, ethnicity, gender, and practice location, was collected from each participant and considered to be factors in this study (Appendix B).

### **Organization of the Study**

This dissertation is organized into five chapters: 1) Introduction; 2) Literature Review; 3) Methods; 4) Results; and 5) Discussion. Chapter Two provides a review of the current relevant literature pertaining to ethics, ethical decision-making, and existing models of equine-assisted psychotherapy. Chapter Three describes the sample selection, data collection procedures, and measures used in this study. Chapter Four provides the results of this qualitative study. Finally, Chapter Five provides an interpretation of the study results, limitations of the study, suggestions for future research, and implications for the ethical decision-making processes of equine-assisted psychotherapy practitioners. References and appendices follow Chapter Five.

### **Summary**

Ethics and ethical decision-making are significant areas of concern in the mental health profession. Counselors are expected to receive extensive training in order to comply with state licensure mandates and are required to continue to receive training throughout their careers. Many counselors find themselves working in conjunction with

non-mental health professionals in the provision of treatment to their clients. This can create ethical dilemmas for the counselor that carry consequences beyond those experienced by non-mental health professionals. This is a significant problem and counselors who practice equine-assisted psychotherapy are one example of mental health professionals who find themselves in this ethical quandary.

This study focused on how equine-assisted psychotherapy practitioner teams identify and resolve ethical issues encountered within their scope of practice. Equine-assisted psychotherapy offers an experiential framework that allows clients to learn and grow from the horse-human relationship (Eagala, 2019). Models of equine-assisted psychotherapy, such as the Eagala Model, PATH, Intl ESMHL, and Natural Lifemanship require a team approach in which a licensed and certified Mental Health Professional partners with a qualified Equine Specialist to provide treatment to a client who works directly with at least one horse. The Equine Specialist may be, but is not required to be, a licensed Mental Health Professional. Therefore, the Mental Health Professional must be aware of how ethical decisions are made and implemented in order to minimize exposure to liability.

As detailed below, the current literature does not address ethical decision-making in this context, nor does it offer a specific decision-making model for mental health professionals providing services as part of an interdisciplinary team with non-mental health professionals. The purpose of this study was to address this gap in the literature and help identify a useful decision-making process for teams of equine-assisted psychotherapy practitioners to utilize when confronted with ethical issues and dilemmas.

The following chapter reviews the existing literature pertaining to the definition of ethics and ethical decision-making in the mental health profession.

## CHAPTER TWO: LITERATURE REVIEW

This chapter reviews relevant literature pertaining to ethics and ethical decision-making in general and within the mental health profession. It details the ethical practices of Eagala Model equine-assisted psychotherapy practitioners, PATH Intl Equine Specialist in Mental Health and Learning (ESMHL), and Natural Lifemanship practitioners. Finally, it contains a discussion of ethical issues that arise when treatment teams include members from professions outside of the mental health industry.

### **Ethics and Decision-making**

Ethics is often defined as what is good or bad; right or wrong; moral or immoral (Cottone, 2012). Ethics can be a personal moral code or a practice by a like-minded group of people. The field of ethics is a branch of philosophy with a focus on defining and conceptualizing what is good for the individual and for society (Cottone & Tarvydas, 2016).

Ethical decision-making is a reflection of how one views the world and their place in society. Cottone (2012) identified three intellectual movements in the area of ethical decision-making: Principle ethics; Virtue ethics; and Relational ethics. Each of these movements is involved at some level of the decision-making process and provides a basis for what one should do or not do and how humans should exist (Cottone & Tarvydas, 2016). Numerous ethical decision-making models have been developed around each of these concepts with some providing a combination to integrate all three. Below is a summary of each intellectual movement with examples of relevant decision-making models contained within each one.

### **Principle or Theory-based Ethics**

Principle ethics have a theoretical or philosophical basis for individual choice (Cottone, 2012). They involve that which is good, right, and worthy, according to a certain theory. Principle ethics involve objective, impartial rules and codes of law (Corey et al., 2019). Acting according to principle ethics requires a comparison of the actions to an overall theory or philosophy (Cottone et al., 2022). Examples of a theoretical or philosophical base are: Kant's (1785) Categorical Imperative, better known as the Universal or Golden Rule to do unto others as you would have done unto you, and Nietzsche's (1888) Evolutionary Naturalism, based upon Darwin's promotion of the survival of the fittest (Gregor & Timmermann, 2011).

The application of principle ethics requires objectivity in the determination of what is the ethical course of action. It requires reasoned analysis of the ethical dilemma and a balancing of ethical principles in order to arrive at the appropriate and ethical decision (Corey et al., 2019). Ethical principles are said to have *prima facie* merit in the analysis and these principles must be considered in every case. If set aside, there must be a valid and compelling reason given that is based in fact and that has a greater importance than other core principles to the issue (Cottone et al., 2022).

Ethical standards may be drawn from principle ethics to help practitioners in the ethical decision-making process. For example, Kitchener (1984) utilized the work of Beauchamp and Childress (1979) to apply four key ethical standards of practice to the counseling profession:

- **Autonomy** – The client's right to freedom and independence in the decision-making process. Counselors respect this right by obtaining

appropriate informed consent (or assent if the client does not have legal capacity to make legal decisions); Involving the client in treatment decision and goal setting; Involving the client in ethical decision- making when appropriate.

- Beneficence – Proactive concept. The counselor’s duty to act in the best interest of the client; Doing good for clients, others and for society.
- Nonmaleficence – Restrictive concept. The counselor’s duty to not do harm to clients, others, or to society.
- Justice – The counselor’s duty to provide fair and just treatment of all clients without discrimination.

Kitchener (1984) then added a fifth ethical standard, Fidelity, to the list. Fidelity refers to the counselor’s loyalty to the client, the therapeutic alliance and to the counseling profession (Cottone & Tarvydas, 2016). These five standards helped form the foundation of the *American Counseling Association’s Code of Ethics* and are listed in the preamble to the Code. It is interesting to note that the ethical standard of Veracity was added to the preamble in 2014. This standard involves truth-telling and states that the counselor has a duty to be honest and truthful with a client. This concept was added as a principle but is largely considered to be a rule of conduct (Cottone & Tarvydas, 2016).

In practice, principle ethics and the ethical standards drawn from them relate to the actions taken by a practitioner. They help counselors answer the question: “What shall I do?” when presented with an ethical dilemma (Jordan & Meara, 1990). Ethical principles constitute high standards for ethical behavior and principle ethics tend to be the

preferred model of ethical reasoning in medicine and bioethics (Cottone & Tarvydas, 2016). Principle ethics also tend to be the foundation for ethical codes. As detailed below, Rest's (1991) ethical decision-making model is an example of principle ethics because that model is closely linked to Kohlberg's cognitive theory of moral development and involves action based on moral sensitivity and judgment.

### **Virtue Ethics**

The intrinsic personal characteristics of the individual are at the heart of virtue ethics (Corey et al., 2014). Virtue ethics differ from principle ethics in that virtue ethics do not involve acting in accordance with a theory but reflect who one wants to be in a given situation (Cottone, 2012). Emphasis is placed on the person who is taking action as opposed to the actions being taken. Focus is placed on the character of the person while recognizing that knowledge of what to do is not always enough for the person to act in an ethical manner (Cottone, et al., 2022).

In practice, counselors acting according to virtue ethics must answer the question: "Who shall I be?" when presented with an ethical dilemma (Jordan & Meara, 1990). Many of the practice-based ethical decision-making models incorporate virtue ethics and focus on the character of the counselor facing the ethical dilemma (Corey et al., 2014). For example, virtue ethics would be at issue if a counselor who specializes in treating Veterans with PTSD is presented with the opportunity to treat children with Autism Spectrum Disorder, an area in which she has received minimal training. While her license allows her to offer mental health services, it is up to the counselor to answer the question of whether it would be ethical to extend her scope of practice to include services to the children.

### **Relational Ethics**

Relational ethics turn the focus from introspection toward how people interact with each other (Cottone, 2012). In other words, the main focus of ethical behavior is the impact it has on the relationship between people (Cottone & Tarvydas, 2016). This approach takes a broader, more systemic view of decision-making than principle ethics or virtue ethics because the individual counselor is not central to the process. In practice, relational ethics helps counselors answer the question: “How will this affect others?” when faced with an ethical dilemma (Cottone & Tarvydas, 2016). In the counseling profession, this brings the client into the decision-making process. It may also create other stakeholders who exist beyond the immediate therapeutic relationship but who are still connected to the client or the counselor. Client family members, agency administrators, professional colleagues, and law enforcement may all have the potential to be stakeholders in relational ethical decision-making (Cottone et al., 2022). For example, if a client who is seeking disability benefits authorizes records to be released in response to an informal request from their attorney, the counselor may consider how a full disclosure of the record may affect the client. Acting in accordance with relational ethics, the counselor may be prompted to review the records with the client and release only those the client is comfortable disclosing to their attorney.

### **Multicultural Issues and Ethics**

Multicultural awareness is a theme that spans across the three intellectual movements (Cottone, 2012). Given that ethical decision-making is a reflection of how one views the world and place in society, the way issues of diversity are viewed and the



level of multicultural sensitivity a practitioner possesses may differ with the focus of each intellectual movement (Cottone et al., 2022).

Practitioners who incorporate principle or theory-based ethics tend to be driven by universal rules or laws (Corey et al., 2019). They may be inclined to look for an external standard for guidance when faced with multicultural issues. On the other hand, practitioners with a virtue-based ethical perspective may prefer to reflect on their personal morals and value positions before acting (Cottone et al., 2022). Relational practitioners faced with multicultural issues will likely seek guidance through consultation with trusted sources and experts in the field. It is also possible for practitioners to incorporate a combination of views and seek external guidance from codes and collaboration with colleagues while undergoing a process of internal reflection (Tarvydas, et.al., 2015).

### **Ethical Decision-Making Models for Mental Health Professionals**

There is a growing body of literature pertaining to ethical decision-making in the mental health profession and numerous models for decision-making have been proposed. There is a lack, however, of decision-making models focused on the resolution of ethical dilemmas faced by teams or groups comprised of at least one mental health professional along with others from non-mental health professions. The following is a summary of prominent literature in the area of ethical decision-making categorized according to the three intellectual movements of principle ethics, virtue ethics, and relational ethics. The summary concludes with a discussion of ethical decision-making models which attempt to integrate all three movements.

### **Principle Ethics-Focused Decision-Making Models**

Decision-making models grounded in principle ethics are driven by theory or philosophies of individual choice (Cottone, 2012). As detailed above, ethical decision-making in the counseling professional evolved from the seminal work of Kitchener (1984). Combining theory of levels of moral thinking asserted by Hare (1981) with the ethical principles developed by Beauchamp and Childress (1979), Kitchener (1984) stressed the fact that personal value judgments are not adequate when facing ethical dilemmas and that counselors should “develop a deeper understanding of the basis for ethical decision-making” (p. 44).

Hare’s work continued to evolve and, in 1991, the author published an updated version of “The Philosophical Basis for Psychiatric Ethics.” The author discussed ethical decision-making within the context of balancing utilitarian thinking, which involves doing the greatest good, with absolute thinking, which pertains to the consideration of rights and duties. The author asserted that everyday decisions that involve mainly prima facie duties are made at the intuitive level while decisions that involve conflicting principles require critical levels of moral reasoning. The author asserted that practitioners must employ a higher level of thinking and coined the term “critical moral thinking” for the process of deciding which principle is applicable (p. 35).

Rest (1994) incorporated theories of moral development, especially those of Kohlberg (1981), to develop a decision-making model with a four-component framework. The four components are Moral Sensitivity; Moral Judgment; Moral Motivation; and Moral Character. The author asserted that moral behavior is a product of

the interaction of all four components and a deficiency in any component will result in moral failure (Rest, 1994).

Some theory-based models provide an empirical theoretical basis. Guthiel, et al. (1991) developed a method for decision analysis that accounted for the inevitable uncertainty involved in decision-making. The authors created a process for the analysis of outcomes in order to make a decision grounded in logic and reason.

Berne's (1972) theory of transactional analysis has also been used as a basis for ethical decision-making. For example, Chang (1994) incorporated the core values from transactional analysis into a five-step model that addresses the frequent conflicts practitioners experience between ethical obligations and legal duties. Transactional analysis involves the analysis of social interactions in order to develop an understanding of behavior. Chang (1994) proposed transactional analysis pertaining to a hierarchy of ethical and legal duties for the purposes of assisting practitioners in the resolution of ethical dilemmas.

### **Virtue Ethics-Focused Decision-Making Models**

Practice-derived models of ethical decision-making are grounded in virtue ethics (Cottone, 2012). The character of the individual decision-maker is the critical element of these models. They are meant to provide practitioners with practical guidance and rely less on theory than models based upon principle ethics. For example, Corey et al. (2014) provided an eight-step model to assist the practitioner in the identification of the problem, weighing options, and deciding on the best course of action. These models provide a structured framework for decision-making based upon practical guidelines centered on

the assumption that the individual practitioner is capable of identifying, considering, and implementing the best course of ethical action.

Welfel (2015) sought to sensitize practitioners to ethical issues through the development of an understanding of various codes and regulations while acknowledging the emotional toll an ethical dilemma may take on the practitioner. The author asserted that familiarization with standards of practice and fundamental guidelines would help create responsible practitioners. The model also included steps for consultation with supervisors and practitioner reflection. The author stated that the “availability of a systematic model for analyzing ethical issues helps practitioners make decisions that are reasoned and client-centered even when they feel strong emotions” (Welfel, 2015, p. 30).

Kocet and Herlihy (2014) examined how counselors resolve conflicts between personal and professional values that arise in the context of the therapeutic relationship. The authors presented an ethical decision-making model that included a strategy of ethical bracketing as a tool for practitioners to use when facing conflicts between personal and professional values. The authors defined ethical bracketing as:

The intentional separating of a counselor’s personal values from his or her professional values or the intentional setting aside of the counselor’s personal values in order to provide ethical and appropriate counseling to all clients, especially those whose world views, values, belief systems, and decisions differ significantly from those of the counselor. (p. 182)

Kocet and Herlihy (2014) suggested that counseling professionals set aside their personal values in order to empower clients. Clients are given the opportunity to assert their own values as they work toward therapeutic goals. The authors asserted that this will help

prevent the counselor's values from being imposed on the client and the therapeutic relationship.

Sileo and Kopala (1993) developed the A-B-C-D-E Worksheet for Ethical Decision Making. The authors' goal was to create a practical and useful framework for practitioners to use when faced with ethical dilemmas. The authors acknowledged that while the tool is simple to implement, it is a "combination of good personal character and virtue with sound thinking and good decision-making skills that ensures the best solution to an ethical dilemma" (p. 94).

Other models, such as those developed by Keith-Spiegel and Koocher (2008) and Sperry (2007), sought to incorporate the risks and benefits of others by including a step for consideration of rights and welfare of relevant parties. While these models may seem to be crossing into the realm of relational ethics, they are still considered to be based in virtue ethics because the view of the problem and decision-making power remains solely with the individual practitioner.

Sperry (2007) offered a model which encouraged practitioners to answer the question of "Who shall I be" by viewing ethical issues as challenges that offer the opportunity for personal and professional growth. Keith-Spiegel and Koocher (2008) stressed the inevitability that mental health professionals will have to face numerous ethical dilemmas in practice. The authors proposed a model that focused on the preparedness of the individual practitioner to identify and reconcile ethical dilemmas while remaining committed to the therapeutic relationship and best interests of the client.

### **Relational Ethics-Focused Decision-Making Models**

Models of relational influence take into consideration the social context in which decision-making takes place (Cottone et al., 2022). Hill et al. (1998) developed a relational ethical decision-making model based upon the tenets of feminist theory. Unlike other theory-based models which focus on the individual decision-maker, the authors placed emphasis on the therapeutic relationship as the context for decision-making. The client is empowered and encouraged to engage in decision-making while the practitioner's values and emotional responses are taken into consideration throughout the process (Hill et al., 1998).

Betan (1997) shifted toward a hermeneutic or interpretive perspective of the ethical decision-making process. The author stated, "knowledge is situated in the context of human relationships in which the interpreter (as knowledge is interpretation) participates in narrating meaning" (Betan, 1997, p. 352). The author asserted that what is considered to be universal is actually the collection of subjective experiences within the context of culture. The author stated that the "key in this hermeneutic approach is to acknowledge the dialectic of the universal and the subjective of human relations, in which each informs the other" (p. 356).

Taking matters a step further, Cottone (2001) introduced an ethical decision-making model based on the tenets of radical social constructivism. The author incorporated the work of Gergen (1985), Maturana (1978, 1988), and Maturana and Varela (1980) and asserted that "a decision is always made in interaction with at least one other individual" (Cottone, 2001, p. 40). He stated that ethical decisions are "not compelled internally" but are "socially compelled" (Cottone, 2001, p. 40). He argued that

“ethical decision-making occurs in the interactive processes of negotiating, consensualizing, and arbitrating. An individual’s psychological process is not involved” (p. 42).

The social constructivist approach took the ethical decision “out of the head” of the practitioner and placed it into the relationships relevant to the issue (Cottone & Tarvydas, 2016, p. 65). Cottone (2001) presented an ethical decision-making model that offered an interactive process of decision-making. Decision makers engage in a process of obtaining information, assessing relationships, and collaborating with stakeholders and experts (Cottone, 2001). Ideally, this process will result in consensus and the course of action chosen to resolve the ethical dilemma will be supported by all of the decision makers. Should disagreement arise amongst the decision makers, they will enter into a process of negotiation and consensualizing in an attempt to reach agreement. If agreement still cannot be reached, the decision makers are encouraged to engage in a period of interactive reflection to review their positions and return to the table to begin negotiating again. If it is determined that reaching an agreement is not possible, arbitration may be conducted in order to conclude the matter (Cottone, 2001).

Several models have been developed to address the effect of social influence in ethical decision-making. Cottone, Tarvydas, and House (1994) concluded that “relationships seem to influence ethical decision-making linearly and cumulatively” (p. 63). Hinkeldey and Spokane (1985) tested Janis and Mann’s (1977) theory about decision-making under stress. The authors found that “decision-making was affected negatively by pressure but that participants relied little on legal guidelines in making responses to ethical conflict dilemmas” (p. 240). In other words, decision-makers seemed

to look toward relationships as opposed to principle ethics for solutions to ethical dilemmas. Caldwell and Freeman (2009) and Pope and Keith-Spiegel (2008) supported the notion that when faced with an ethical dilemma in practice, counselors balance their interpretation of the issues with what is a socially acceptable way to handle the matter.

Another example of relational ethics grounded in feminist theory was proposed by Gilligan (1982). The author presented a theory that highlighted gender differences in moral development. The theory challenged Kohlberg's theory of moral development and asserted that it was biased toward males. The author reasoned that Kohlberg did not account for the significance woman place on caring for others while engaging in the decision-making process. To reflect the importance of relationships in a woman's moral reasoning, Gilligan (1982) proposed three stages of moral development. The first stage, Preconventional, involved a woman's survival instinct and self-interest. The second stage, Conventional, placed priority on the level of selflessness a woman displayed. The third stage, Post-Conventional, was reached when a woman takes responsibility for the consequences of her actions. Gilligan (1982) presented Ethics of Care, a theory to counteract Kohlberg's theory and highlight the differences in the moral development of males and females.

The *Tarvydas Model of Applied Participatory Ethics* (Tarvydas, 2015) encourages client participation and collaboration between counselor and client to resolve ethical dilemmas. The model involves a continuum of client participation in the process ranging from restrictive to participatory. The goal of this model is to develop a strong therapeutic alliance by involving the client in the ethical decision-making process. This, in turn,



empowers the client and is beneficial to the therapeutic process as a whole (Tarvydas, 2015).

### **Integrative-focused ethical decision-making models**

Integrative decision-making involves the interaction between principle ethics and virtue ethics (Cottone, 2012). Jordan and Meara (1990) analyzed the difference between principle and virtue approaches to ethical decision-making. The authors stated:

The client and the community rely not simply on a therapist's rational, cognitive processing of universal or prima facie valid principles, nor simply on his or her specific technical skills or legal expertise. Principles, technical skills, and legal knowledge are necessary in evaluating a course of action but are not logically sufficient or necessarily primary. What is demanded of professionals is a dimension of character appropriately understood by way of the virtues.

Professionals use words such as maturity, professional judgment, discretion, wisdom, or prudence, which depend for their exercise not so much on rational, objective principles as on a quality of character identified by the virtues. (p. 112)

Tarvydas (2012) noted that decisions are made in the context of world view and proposed a model that emphasized the interaction between principle and virtue ethics. In addition, the model placed a “reflective attitude at the heart of the process” and included values that arise from personal experience and interactions within one’s culture (Cottone & Tarvydas, 2016, p. 67). The model’s approach to decision-making can be implemented in a rational manner by clearly defining the issues, gathering information in a systematic manner, comparing alternatives and considering consequences logically, eliminating alternatives systematically, and being aware of maladaptive affect connected to issues or

the resolutions of those issues. The author recognized that a counselor's values as well as the values of the client have an effect on this process. Awareness of the value systems at issue and how the counselor and client values rank in preference help the decision-making process proceed in a rational manner (Tarvydas, 2012).

Garcia et al. (2003) utilized similar concepts and developed the *Transcultural Integrative Model for Ethical Decision Making*. This model combined virtue ethics and behavioral interventions to create a multicultural approach to ethical decision-making. The model included four steps: (a) Interpreting the situation through awareness and fact finding; (b) Formulating an ethical decision; (c) Weighing competing, non-moral values and affirming the course of action; and (d) Planning and executing the selected course of action (Garcia et al., 2003).

In summary, the current literature categorizes ethical decision-making into three areas or intellectual movements. Principle ethics; Virtue ethics; and Relational ethics. Ethical decision-making models have developed within each area and a few have attempted to incorporate elements from all three areas. None of these decision-making models, however, provide a specific framework for decision-making by interdisciplinary teams.

### **Ethical Decision-Making and Equine-Assisted Psychotherapy Practice**

Eagala, PATH, Intl, and Natural Lifemanship are professional organizations that certify practitioners to utilize models of equine-assisted psychotherapy. Each organization incorporates a code of ethics. A copy of each organization's code of ethics is provided in Appendix A. For example, Eagala enforces fidelity to its model through four practice standards and a mandatory code of ethics. In order to qualify as "Eagala Model

practice” the practitioner must adhere to the four practice standards. These four standards create a foundation for ethical practice and require that client sessions be: 1) Solution-oriented; 2) Involve ground-based, non-riding, equine-assisted activities; that are 3) Facilitated by a team comprised of Eagala Certified Mental Health Specialists and Equine Specialists; in a 4) Program that adheres to the *Eagala Code of Ethics* (Eagala, 2019).

*The Eagala Code of Ethics* serves as a standard of ethics and professionalism for all Eagala members who conduct business and practice Eagala Model equine-assisted psychotherapy (Eagala, 2019). The Code was created to provide for the “fundamental, overall safety and well-being of the client and horses” and requires ethical decisions and practitioner conduct to be “consistent with the letter and spirit” of the Code (Eagala, 2019, p.1). In addition, breach of the Code may result in suspension or revocation of certification as an Eagala Model Practitioner (Eagala, 2019).

PATH, Intl details similar standards in its *Certified Professional Code of Ethics*. The organization states that the code is a set of guidelines that detail the minimum of acceptable conduct as well as prohibitions applicable certified members (PATH, Intl, 2021). The preamble to the code states:

The practice and preservation of the highest standards of ethical principles and integrity are vital for the responsible implementation of obligations, activities and services provided by PATH Intl certified persons. All certified persons are responsible for maintaining and promoting these ethical practices. The code of ethics is intended to be used as a guide for promoting and maintaining the highest standards of ethical practice, personal behavior and professional integrity of certified persons. (PATH, Intl, 2021)

Certified members of PATH, Intl are asked to adhere to the code as a requirement of certification. Certified members are also required to attest annually to the fact they have read and agree to adhere to the code. PATH, Intl asserts that failure to abide by the code will result in disciplinary action.

Natural Lifemanship incorporates ethics into its *Core Values of the Natural Lifemanship Model* statement. The statement asserts the importance of self-reflection and the recognition of biases and acting in the best interest of the client. It addresses the team approach and stresses the “ethical obligation to foster a healthy relationship” in the equine-assisted psychotherapy practitioner team (National Lifemanship, 2021).

The current literature does not address ethical decision-making specific to any equine-assisted model or equine-assisted psychotherapy in general. There is also a lack of current literature that pertains to collaborative decision-making in the counseling profession with parties outside of the therapeutic relationship. Broadening the search to include literature outside of the mental health profession, however, produced a few results that may be of value to this study, generally under the title of collaborative decision-making.

### **Collaborative Ethical Decision-Making**

Goetz et al. (2017) presented the ethical challenges encountered in the practice of financial therapy. Financial therapy was defined to be a collaboration between a mental health professional and financial professional to provide financial and therapeutic services to a client. In their discussion of the need for ethical decision-making guidelines, the authors stated:

Establishing ethical and professional standards for the practice of financial therapy is a particularly complex process when two professionals from different fields are collaborating to provide services, as many professionals already follow their own specific ethical codes and professional standards. Although across disciplines these codes and standards have substantial overlap, there are a few important differences. (p. 18)

The authors described the provision of financial therapeutic services as a continuum with financial services on one end and mental health services at the other end. The financial therapy process is thought to be “optimized for the client by having multiple professionals involved in treating the issues on either side of the continuum” (Goetz et al., 2017, p. 30). The authors concluded that there is a need for ethical decision-making processes that incorporate the integrative nature of financial therapy but did not propose a specific framework or decision-making model.

While at first glance, the collaboration of professionals providing financial therapy services appears to be on point with the collaboration of the mental health specialist and equine specialist that comprise the equine-assisted psychotherapy team. However, the team approach, especially that required by the four standards of Eagala Model practice makes it distinctly different from the continuum of services provided by individual practitioners during the course of financial therapy. The equine-assisted psychotherapy team presents a unified front in the provision of therapeutic services to the client. The client does not see a distinction or continuum to the services provided by the individual practitioners. For example, fidelity to the Eagala Model requires that practitioners work in teams comprised of at least one mental health professional and one

equine specialist. Individual practitioners, even if certified EAGALA practitioners, cannot provide services on their own and claim to be utilizing the EAGALA Model (EAGALA, 2019). PATH, Intl and Natural Lifemanship also require Equine Specialists to partner with mental health professionals when providing mental health services to clients.

Another example of collaborative ethical decision-making comes from the medical field. METAP (Modular, Ethical, Treatment decisions, Allocation of resources at the micro-level, and Process) was developed to provide clinical ethics support to care teams (Meyer-Zehnder et al., 2017). The model involves a four-level process that begins with the staff member who recognizes the ethical issue. If deemed necessary, the issue is escalated to a supervisor, the care team at large, and finally to an experienced ethics consultation team for resolution. The model is described as an interdisciplinary approach, but key decision-makers are all licensed medical professionals familiar with the case at issue (Meyer-Zehnder et al., 2017).

It is evident that the teams of decision-makers in the above examples are distinguishable from teams of practitioners of equine-assisted psychotherapy. Nonetheless, the processes for collaborative decision-making proposed by the authors hold the possibility for potential application for ethical decision-making by equine-assisted psychotherapy practitioner teams.

### **Ethics and Animal Welfare**

In addition to the ethics of traditional practice, practitioners who include animals in the provision of mental health services must consider the ethics of animal welfare. Equine-assisted psychotherapy is only one of many methods that utilize animals in the course of treatment. Currently, numerous organizations exist to promote and educate

practitioners in the value of incorporating animals into the therapeutic process (Eagala, 2021; PATH, Intl., 2021). These organizations vary in the type of therapy provided and do not adhere to a unified theory of what constitutes animal welfare. Therefore, practitioners are often required to decipher and reconcile several different codes of ethics and position statements asserted by the various organizations to which they belong.

The utilization of horses in equine-assisted psychotherapy creates the need for equine-assisted psychotherapy practitioner teams to consider animal welfare in the provision of mental health services (Eagala, 2021; PATH, Intl, 2021; Natural Lifemanship, 2021). The Eagala Model requires clients be given the opportunity to engage in ground-based activities with at least one equine during each session. No riding takes place (Eagala, 2019). PATH, Intl and Natural Lifemanship allow for the utilization of horses on the ground or under saddle. Given the unique position of the horse during equine-assisted psychotherapy sessions, the issues of ethics and animal welfare is significant to equine-assisted psychotherapy practitioners (Eagala, 2021; PATH, Intl, 2021; Natural Lifemanship, 2021).

Eagala recognizes the significance of animal welfare and the *Eagala Code of Ethics* includes a provision for the safety and protection of the horses utilized in Eagala Model sessions (Appendix A). Eagala has formally endorsed the American Horse Council's Welfare Code of Practice and supports international welfare codes that have been established worldwide (Eagala, 2019). In addition, practitioners are encouraged to draw from existing codes of ethics created by other relevant animal assisted therapy organizations. For example, the Professional Association of Therapeutic Horsemanship International (PATH, Intl.) included a similar provision in its organization's code of

ethics stating that each “member shall respect the integrity and well-being of program equines and animals whether owned, leased or borrowed” (PATH, Intl., 2021).

In addition, organizations focused on the area of canine-assisted therapy have been a strong influence in the development of animal welfare codes. Pet Partners, formerly known as The Delta Society, is the “nation’s leading nonprofit organization registering handlers of multiple species in the provision of animal-assisted interventions, which includes animal-assisted therapy (AAT), animal-assisted activities (AAA), and animal-assisted education (AAE)” (Pet Partners, 2021). The organization advocates strongly for animal welfare and issued the follow statement regarding the welfare of animals used in therapy:

Our position on therapy animal health and welfare during animal-assisted interventions is centered on the concept of the handler being an animal’s best advocate. Being an animal’s advocate requires making decisions based on the preference of the animal, rather than the best interests of a client, researcher, professional, or healthcare team member. This means being attuned to not only the animal’s needs for bathroom breaks, food, and water, but also to the animal’s unique body language cues. The ability to successfully interpret what an animal is communicating is an uncompromising safety feature in responsible therapy animal visiting practice. ([www.petpartners.org](http://www.petpartners.org), 2021)

While the utilization of horses during equine-assisted psychotherapy sessions differs from the way service animals and other therapy animals interact with humans, the core message of listening to the animal and developing an awareness of its needs is applicable to equine assisted-assisted psychotherapy practices.



There are some researchers who argue against any use of animals in the provision of therapeutic services. The objections of Zamir (2006) have been used as an argument against the moral legitimacy of animal-assisted therapy. The author indicated that utilizing animals in therapy unjustly limits the animal's freedom and forces social disconnection (Zamir, 2006). Proponents of animal-assisted therapies have countered with the argument that the animals may actually benefit during the therapeutic process and interaction with clients. This benefit has been recognized in the apparent human-animal bond that develops throughout the course of therapy (Chandler, 2012). Eagala requires the horse to be allowed to interact with clients in an authentic, unrestrained manner (Eagala, 2019). In fact, it is the horse's authenticity that allows clients to learn and grow from the horse-human relationship. It has also been asserted that this authentic relationship deepens the bond between horse and human and, ultimately, is of benefit to the horse's wellbeing (Eagala, 2019).

In addition to being considered a crucial part of the equine-assisted psychotherapy practitioner team, horses are also involved in research studies that focus on the Eagala Model and other models of equine-assisted therapy. American Psychological Association's [APA] Committee on Animal Research and Ethics (CARE) created guidelines for the ethical use of non-human animals in research (APA, 2019, <https://www.apa.org/science/leadership/care/guidelines>). These guidelines may be relevant to equine-assisted psychotherapy practitioner teams who include research as part of their practice. Given the unique role of the horse in these studies, however, the need for adherence to these guidelines tends to be addressed on a case-by-case basis. For example, a study into the effectiveness of the Eagala Model in the treatment of adolescent

females with eating disorders was not required to strictly adhere to the CARE guidelines while a study examining the fluctuations in the heartrate of horses used in equine-assisted psychotherapy was required to demonstrate adherence to the guidelines (Eagala, 2019).

### **Summary**

While there is a growing body of literature pertaining to ethical decision-making in the mental health profession, there is currently a lack of decision-making models that focus on the resolution of ethical dilemmas faced by a mental health professional working with non-mental health professionals to provide treatment to a client. The majority of ethical decision-making models outlined in the literature evolved from principle, virtue, and/or relational ethics. Ethics and ethical decision-making are often a reflection of one's principles and how one defines what is good or bad in the world. In the mental health profession, principle ethics have been used as the basis for ethical standards created by organizations to help practitioners navigate the ethical decision-making process. The American Counseling Association adopted five standards to form its Code of Ethics: Autonomy; Beneficence; Nonmaleficence; Justice; and Fidelity. In practice, these ethical standards created a foundation to help practitioners answer the question of "what shall I do?" when confronted with ethical issues and dilemmas. In addition, ethical decision-making involves the virtue ethics of the decision-maker. Virtue ethics involve intrinsic personal characteristics and answer the question of "who shall I be?" in the situation. In addition to principle and virtue ethics, relational ethics also play a role in how mental health professionals make ethical decisions. Relational ethics consider the impact a decision will have on relationships and addresses the question of "how will this affect others?". This is especially relevant to the therapeutic relationship and allows

the client to be part of the decision-making process. Ultimately, the ethical decision-making process involves a combination of principle, virtue, and relational viewpoints. It will be a reflection of the practitioner's world view. In addition, the level of a practitioner's multicultural awareness will drive the way issues of diversity are addressed in the decision-making process.

Professional organizations, such as Eagala, PATH, Intl, and Natural Lifemanship certify practitioners to utilize specific models of equine-assisted psychotherapy and require adherence to a code of ethics. Practitioners are required to consider ethics from several perspectives, including animal welfare. The ethics of animal welfare must be considered given that equine-assisted psychotherapy utilizes horses in the treatment of clients. This combination of requirements creates a unique set of ethical concerns for equine-assisted psychotherapy practitioners that is not adequately addressed in the current literature. This study recognized the gap in the literature and the lack of a clear decision-making model that appropriately addresses the needs of equine-assisted psychotherapy practitioners. Accordingly, this study examined how these practitioners handle ethical concerns that arise in the practice of equine-assisted psychotherapy.

### CHAPTER THREE: METHODOLOGY

The purpose of this study was to investigate how equine-assisted psychotherapy practitioner teams identify and resolve ethical issues encountered within the scope of equine-assisted psychotherapy practice. A qualitative study that utilized Modified Grounded Theory techniques for data analysis was used to answer the research questions presented in this study:

1. How do equine-assisted psychotherapy practitioner teams identify ethical issues and dilemmas?
2. How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?
3. Do equine-assisted psychotherapy team members engage in decision-making individually or do they engage in a collaborative decision-making process?
4. What, if any, decision-making model is appropriate and applicable to the ethical issues and dilemmas encountered by equine-assisted psychotherapy practitioner teams within the scope of equine-assisted psychotherapy practice?

As discussed below, this decision aligned with the study's purpose: To develop an understanding of the ethical decision-making processes of practitioners utilizing equine-assisted psychotherapy to deliver mental health services. In addition, with a lack of existing research and theory in this area of study, the inductive process involved in qualitative research allowed an understanding of the phenomena to develop through interviews and observation (Merriam & Tisdell, 2016).

### **Research Design**

A qualitative study is a preferred method when the research purpose is to develop an understanding of phenomena through an examination of “1) how people interpret their experiences, 2) how they construct their worlds, and 3) what meaning they attribute to their experiences” (Merriam, 2009, p. 23). The intent of this study was to develop an understanding of how equine-assisted psychotherapy practitioners engage in ethical decision-making to address ethical dilemmas encountered within the scope of equine-assisted psychotherapy practice. It was not intended to examine additional dimensions, such as the underlying structure of the phenomena or broader societal or cultural experiences. Therefore, a qualitative design was the appropriate choice to fulfill the purpose of this study.

Modified Grounded Theory techniques were utilized for data analysis in this study. This study was not considered to be a Grounded Theory study as defined by Glaser and Strauss (1967), however, because the goal was not to develop a theory from the data. Nonetheless, the analytic techniques involved in Grounded Theory were applicable and quite useful for analyzing data in this qualitative study. This is due to the “inductive stance” of the analysis with the primary goal of making meaning out of the data (Merriam & Tisdell, 2016, p. 17). Grounded theory techniques provided “explicit tools” for studying the experiences of participants (Charmaz, 2012, p. 3). Utilization of Grounded Theory techniques also provided a set of “systematic checks and refinements of the researcher’s major theoretical categories” (Charmaz, 2012, p. 4). Both the data and the emerging ideas about the data were analyzed throughout the process in an effort to “integrate and streamline data collection and analysis” (Charmaz, 2012, p. 4). Following

the systematic approach of Grounded Theory made it possible for the “research process itself” to guide the researcher “toward examining all of the possibly rewarding avenues to understanding” (Corbin & Strauss, 1990, p. 6).

### **Researcher**

This study was conducted by an individual researcher who identifies as a cis-gender Caucasian, female doctoral student in the counseling program at the University of Missouri-St. Louis. The researcher is also a Licensed Professional Counselor and certified EAGALA-Model Practitioner with an active equine-assisted counseling practice located in the Midwest United States. In addition, the researcher is currently a member of the EAGALA Board of Directors. Participants were advised of the researcher’s background and connection to EAGALA during the informed consent process. Informed consent was obtained from each participant.

### **Sampling Methods**

Purposeful sampling methods were utilized in this study to allow the researcher to select “information-rich cases -- cases from which one can learn a great deal about matters of importance and therefore worthy of in-depth study” (Patton, 2002, p. 242). The intention of this study was to gain an understanding of how equine-assisted psychotherapy practitioners engage in decision-making when confronted with the ethical issues encountered within the scope of equine-assisted psychotherapy practice. Therefore, it was necessary to select a sample that had the potential to offer the most relevant information to the researcher.

To help ensure the selection of the most information-rich cases, the researcher identified key inclusion criteria (Patton, 2002). In this study, the inclusion criteria

consisted of: (a) A Participant Team consisting of two individuals who are over the age of eighteen (18) years old; (b) The Participant Team currently works together utilizing equine-assisted psychotherapy to deliver mental health services; (c) The Participant Team includes one Mental Health Specialist and one Equine Specialist.

Unique sampling was utilized in this case because it involved seeking a sample population that is atypical of the general population. This study sought participants who are not from the general population but are teams of practitioners that actively practice equine-assisted psychotherapy. Even within the population of equine-assisted psychotherapy practitioners, this population is unique because of the requirement for an established team in the active practice of equine-assisted psychotherapy.

Convenience sampling was also utilized because that method involves the selection of the sample population “based on time, money, location, availability or sites or respondents, and so on” (Merriam & Tisdell, 2016). In this study, the sample came from the membership populations of existing professional organizations that focus on equine-assisted psychotherapy. The most convenient way to sample this population was to request participation by addressing the general membership through publicly available channels.

Finally, snowball sampling techniques were used to locate participants who meet the inclusion criteria. Also called chain sampling, this process involves the identification of a small number of qualified participants who are asked for referrals to others who might qualify as study participants (Merriam & Tisdell, 2016). In this study, once a few Participant Teams agreed to participate in the study, they were asked for referrals to additional practitioners who may meet the inclusion criteria for the study.

Of note, theoretical sampling was not used in this study. Theoretical sampling involves a process of sample selection that is ongoing and intended to generate a theory (Merriam & Tisdell, 2016). The researcher chooses an initial sample and the data is analyzed with the intention of having it lead to the next set of data. The sample emerges as the researcher uses current data to discover new sources for sampling (Merriam & Tisdell, 2016). Sampling methods utilized in this study were intended to help reach the saturation point where no new information was being obtained from the participants (Merriam & Tisdell, 2016). The study was not for the purpose of theory development and, therefore, theoretical sampling was not an appropriate sampling method in this study.

### **Participants**

Participants in this study were established teams of practitioners currently utilizing equine-assisted psychotherapy to deliver mental health services. Each Participant Team was comprised of two equine-assisted psychotherapy practitioners with one team member fulfilling the role of Mental Health Specialist and the other fulfilling the role of Equine Specialist. Each team had an existing relationship and practice history at the time of participation.

This study included fifteen (15) equine-assisted psychotherapy teams. Each Participant Team consisted of two individuals, for a total of thirty (30) individual participants in this study. Participant teams were recruited until saturation was reached. In other words, data was collected until no new information or themes were identified (Merriam & Tisdell, 2016). It is important to note that participation in this study required Participant Team members to work as a team and not on an individual basis. Participant



Team members were required to be over the age of eighteen (18) and currently utilizing equine-assisted psychotherapy to deliver mental health services.

Participant Teams were recruited via an email invitation sent to members of professional organizations such as Eagala, PATH, Intl, and Natural Lifemanship. Email contact information was obtained from practitioner information available to the public on each professional organization's website. Organizations, such as Eagala and PATH, Intl, have membership located all over the world. For the purposes of this study, however, only membership located within the United States was considered for participation.

An incentive for participation was provided in the form of an opportunity for each participating team to enter a raffle to receive two \$50 USD Amazon gift cards after participation was completed. Two teams were randomly selected from those who entered the raffle and received the gift cards. A total of four gift cards were awarded. They were sent electronically to the emails of members of the selected teams for a total value of approximately \$200 USD.

## **Data Collection**

### **Demographic survey**

Anecdotal evidence suggests that the general population of equine-assisted psychotherapy practitioners is comprised of middle-aged cis-gender Caucasian females located in the United States. This may limit the transferability of the study findings to other populations. For this reason, demographic information, such as age, race, ethnicity, gender, and practice location, was collected from each participant. In addition, scope of practice information was collected, including licensure type, years in practice, practice areas, and equine background. This information was requested through a demographic

survey during the semi-structured interview phase of participation. The survey was administered after informed consent was confirmed by each participant. Participation in the survey was voluntary and if participants declined to provide some or all demographic information, they would not have been penalized or excluded from participating in the remainder of the study. However, no participants declined to provide the demographic information requested.

### **Analysis of a hypothetical scenario**

Each Participant Team was instructed to work together as a team and not on an individual basis as they completed each phase of this study. Each Participant Team was first asked to review a written hypothetical scenario containing numerous ethical issues and dilemmas. The Participant Team was then asked to document the ethical issues and dilemmas they identified and answer a series of questions about how they would take steps to resolve them (See Appendix C). Answers to these questions were submitted to the researcher in writing within seven (7) days of the participant's receipt of the hypothetical scenario, unless other arrangements were made with the researcher. The ethical issues and dilemmas contained in this hypothetical scenario are based upon the findings of Krystosek (2018), an unpublished study that explored the ethical perspective of Eagala Model practitioners and identified five significant ethical themes: Ethics Defined; Ethics in Eagala Certification; Ethics in Eagala-Model Practice; Client Welfare; and Horse Welfare.

Utilization of a hypothetical scenario was a benefit to this study because it allowed the researcher to gain insight into how the teams of practitioners addressed ethical issues and made ethical decisions. Allowing Participant Teams ample time to

complete the analysis provided them with space to reflect and accurately document their decision-making processes in a way that interview techniques would not. In addition, responses were recorded by each Participant Team, thus strengthening the accuracy of the results.

### **Interviews**

In addition to each team's written analysis of the hypothetical scenario, the researcher collected additional data from each Participant Team through a semi-structured interview protocol (See Appendix D). The decision to use interviews as a data collection tool at this point was appropriate because the researcher sought a specific type of data. In this study, the researcher was interested in developing an understanding of how Participant Teams identify and resolve the type of ethical issues encountered within the scope of equine-assisted psychotherapy practice. Therefore, interviews were the most appropriate data collection tool to use in order to obtain further information from Participants and to gain clarity of each Participant Team's analysis of the hypothetical scenario.

Interviews were conducted by audio, video, or in writing. When an audio or video interview was not possible, the Participant Team provided written responses to interview questions directly to the researcher. Three teams provided written interviews. Two teams requested a written interview format due to a lack of reliable utilities in their remote locations. A third team requested a written interview as an accommodation for a disability. The remaining twelve interviews took place by audio and video. Each interview was recorded by the researcher.

## **Transcription**

After each interview was conducted, the recording was uploaded by the researcher to a secure computer with password protection. The researcher then transcribed the interview from the recording. Confidentiality was protected through the use of pseudonyms throughout the transcript. In an effort to implement a consistent method to organize and to analyze the data, the transcripts were produced in Microsoft Word. Line numbers were added to the margin of each transcript to allow for precision when locating and referring to specific segments of data. Line numbers were also added to written interviews to facilitate data analysis.

## **Data Analysis**

The researcher utilized Modified Grounded Theory techniques to perform the data analysis. As suggested by Corbin and Strauss (1990), the researcher began the analysis as soon as data collection was initiated. This occurred upon receipt of the first completed written analysis of the hypothetical scenario. Each analysis was completed in writing by the Participant Team. Interviews were conducted by audio, video, or in writing. Each was recorded by the researcher. The researcher kept field notes and memos to denote affect and items of significance. Each audio and video interview was transcribed from the recording by the researcher. This process allowed the researcher to begin to identify potential patterns and discrepancies within and between the interviews. It is at this point when the initial coding process began. The coding process is the “fundamental analytic process used by the researcher” (Corbin & Strauss, 1990, p. 12). In essence, coding is the process of “making notations next to bits of data that strike you as potentially relevant for answering your research questions” (Merriam, 2009, p.178). Coding allows for

categories, themes, patterns, and findings to be constructed from the data (Corbin & Strauss, 2015). The coding process in this study involved open coding and axial coding. The open coding process has been described to be one where “concepts are identified and their properties and dimensions are discovered in the data” (Strauss & Corbin, 1998, p. 101). The “purpose of axial coding is to begin the process of reassembling the data that were fractured during open coding” (Strauss & Corbin, 1998, p. 124). In other words, the data was first analyzed, separated, and sorted according to similar patterns. It was then analyzed again to further categorize the data under broader themes.

Prior to the interview, each Participant Team’s written analysis of the hypothetical scenario was read through in its entirety. It was then scrutinized line-by-line to search for meaningful segments, or meaning units, of data. After each interview was transcribed, the transcript was read through in its entirety, allowing the researcher to develop a broader view of the Participant Team’s experience. The researcher then returned to the beginning of the transcript and scrutinized it line-by-line, looking for meaning units of data.

### **Open Coding**

Each transcript was examined line-by-line using the Grounded Theory technique of open coding. The purpose of open coding is “to give the analyst new insights by breaking through standard ways of thinking about or interpreting phenomena reflected in the data” (Corbin & Strauss, 1990, p. 12). The researcher “breaks open the text” and considers all possibilities with regard to the meaning of the data presented (Corbin & Strauss, 1990, p. 13). Strauss and Corbin (1998) described the open coding process to be one where “concepts are identified and their properties and dimensions are discovered in the data” (p. 101). To achieve this, each line or segment of data is reviewed in order to

identify potential meaningful phenomena. Comments are added to the margin of the transcript in order to identify potentially significant segments of data or and what it might mean within the context of the study. These segments of data become the initial codes or labels for the phenomena. For example, several Participant Teams described ethical practice to involve “client informed consent” and “animal safety during session.” During the initial coding process, it was then appropriate to identify “client informed consent” and “animal safety during session” as meaning units. These meaning units were then coded as “Ethical Issues in Practice.”

Assignment of codes assisted the researcher in the creation of categories of data. This is a highly inductive process that began with individual segments of data, clustered together according to patterns or themes to form concepts (Merriam & Tisdell, 2016). From these initial concepts, potential categories were created. For instance, following the above example, the meaning units coded as “Ethical Issues in Practice” were grouped under the category “Ethical Practice Defined.” In this study, the comments from each transcript were sorted and similar ones grouped together to form themes. Once the initial themes were identified, the researcher was able to create categories.

### **Axial Coding**

After the open coding process was complete, axial coding techniques were applied to reconstruct the data. This reconstruction assisted the researcher to further develop the categories that began to form during open coding. It also allowed more precise explanations to form by connecting each category with relevant subcategories, properties and dimensions (Strauss & Corbin, 1998).

Axial coding helped the researcher code around the axis of each category in order to relate the structure with relevant processes. In addition, the constant comparative method was utilized to validate interpretations with support from the data. During this process, the researcher asked questions of “when, where, why, and how a phenomenon is likely to occur” in order to identify relevant subcategories (Strauss & Corbin, 1998, p. 127). Continuing the above example, relevant subcategories of the Category “Ethical Practice Defined” included: Equine-Assisted Psychotherapy Team; Client Welfare; Animal Welfare; Mental Health Practice; Equine Business.

To further refine the categories and subcategories, axial coding was utilized to identify their properties and dimensions. A property is a concept that describes the category and subcategory (Merriam & Tisdell, 2016). Properties are not examples of the category or subcategory but are used to describe specific qualities of the category (Merriam & Tisdell, 2016). A dimension is the range of a specific property (Strauss & Corbin, 1998). For example, the subcategory “Client Welfare” has the associated property, “Privacy and Confidentiality,” with the dimension ranging from “Proactively protecting to Not proactively protecting.”

In summary, data analysis began early in this study and included the Grounded Theory techniques of open coding and axial coding. This did not involve two distinct steps, but was more of a cyclical process during which the researcher constantly compared data segments, identified meaningful units of data and ultimately identified categories and subcategories along their properties and dimensions. Once the process reached saturation, the data analysis phase was concluded. The researcher considered a category to be saturated when continued coding revealed no new information or

additional properties and dimensions (Merriam & Tisdell, 2016). The researcher documented and organized the categories, subcategories, properties, dimensions, and data examples in a codebook in an effort to streamline the data analysis process.

### **Trustworthiness and Rigor**

In quantitative research, the trustworthiness of a study is derived from the study's design (Merriam & Tisdell, 2016). Hypotheses are tested and scientific application are at the heart of quantitative research. Alternatively, qualitative research is designed to explore an assumption instead of testing a pre-conceived hypothesis (Merriam & Tisdell, 2016). While the purpose of qualitative research is to explore and gain an understanding of a subjective topic, it will not provide meaningful results unless it is performed with accuracy and reported in a truthful manner (Merriam & Tisdell, 2016). Therefore, the researcher must conduct the study rigorously and ethically in order to produce results that are trustworthy. Merriam and Tisdell (2016) stated "they need to present insights and conclusions that ring true to readers, practitioners, and other researchers" (p. 241). The authors asserted that "methodological rigor" is necessary, and the researcher must take steps to "ensure trustworthiness" in the study (p. 242). This may be accomplished by establishing the credibility of the study.

### **Credibility**

The concept of internal validity is often thought of within the context of quantitative research, but the spirit of the terms is applicable to qualitative research through the concept of credibility (Merriam & Tisdell, 2016). The term reliability pertains to the consistency of a measure while validity pertains to the extent to which an instrument actually measures what it purports to measure (Merriam & Tisdell, 2016). In



other words, validity of a study “hinges on the meaning of reality” (Merriam & Tisdell, 2016, p. 242). This is not an easy task to accomplish in qualitative research given the purpose of a qualitative study is to explore and develop an understanding of a topic. Becker (1993) captured the elusiveness of the concept of validity in the statement “reality is what we choose not to question at the moment” (p. 220). However, for this qualitative study to effectively add to the body of current literature, it was necessary to address these terms within the context of qualitative research (Merriam & Tisdell, 2016). In this study, the researcher took steps to ensure credibility through strategies suggested by Merriam and Tisdell (2016). These strategies included triangulation analysis, member checks, reaching saturation in data collection, and researcher position or reflexivity.

Triangulation analysis, as explained by Patton (2015), involves the use of multiple sources of data to confirm the findings that emerge as the study progresses. Postmodern researchers expanded on the concept of triangulation by asserting the strategy of “crystallization” that accommodates a multitude of angles from which to view the data (Merriam & Tisdell, 2016, p. 246). In the current study, the researcher utilized triangulation analysis by utilizing multiple data collection points: hypothetical analysis, semi-structured interviews, and document review.

Member checks provided the opportunity for participants to validate the emerging findings by providing feedback. Merriam & Tisdell (2016) refer to this process as asking the participants if the researcher’s interpretation “ring true” to their experience (p. 246). In this study, the researcher utilized member checks by seeking feedback on the interpretation of the hypothetical scenario from the participant teams during the semi-structured interview process. This check in with the participant teams allowed the

researcher to validate the perspective of the participant teams in an effort to prevent misunderstandings and limit researcher bias.

Another strategy utilized to ensure credibility of the findings was saturation. This strategy helps the researcher “get as close as possible to participants’ understanding of the phenomena” (Merriam & Tisdell, 2016, p. 246). In this study, the researcher believed saturation was reached when the same information was reported over and over in the analyses of the hypothetical scenario and no new information surfaced during semi-structured interviews.

In addition, the researcher made sure to “look for data that supports alternative explanations” (Patton, 2015, p. 653). This relies heavily on the integrity of the researcher and the researcher’s “position or reflexivity” (Merriam & Tisdell, 2016, p. 249). In this study, the researcher engaged in a meaningful reflection of biases, assumptions regarding the research, and limitations to the study findings in order to provide an honest report of the data and the result of data analysis.

Finally, a peer review process was utilized to solicit feedback from the researcher’s doctoral committee prior to completion of this dissertation. According to Merriam and Tisdell (2016), the feedback provided through peer review or examination is a good way to support credibility.

### **Consistency**

In quantitative research, reliability of a study pertains to how a study can be replicated to yield the same result. In qualitative research, this is difficult to achieve due to the subjective nature of qualitative studies and the fact that “human nature is never static” (Merriam & Tisdell, 2016, p. 250). In qualitative research, the goal is to achieve

consistency in a study. In other words, the “important question in qualitative research is whether the results are consistent with the data collected” (Merriam & Tisdell, 2016, p. 251). The terms “dependability” and “consistency” in qualitative research were first introduced by Lincoln and Guba (1985) and have become the benchmark for reliability in qualitative research. Some dissent exists in the current literature and some question whether reliability should be considered appropriate when evaluating the findings of qualitative research (Wolcott, 2005). Nonetheless, this researcher considered consistency to be strong influence throughout the course of the study. Strategies utilized to ensure consistency included triangulation, peer review and researcher position as detailed above. In addition, an audit trail was maintained in order to provide details about how the data was collected and analyzed. Merriam and Tisdell (2016) noted “just as an auditor authenticates the accounts of a business, independent readers can authenticate the findings of a study by following the trail of a researcher” (p. 252). In this study, Chapter 3: Methodology and Chapter 4: Results contain a strong audit trail that details how this study was conducted from beginning to end. In addition, the researcher kept a field journal and code book to document interactions with participants and the data throughout the course of the study. These actions, combined with the rigorous strategies of triangulation and peer review support the assertion that the findings of this study may be considered credible and consistent.

### **Transferability**

In addition to credibility and consistency, the extent to which a study’s results are generalizable is a significant measure of that study’s effectiveness. Known as external validity in quantitative research, generalizability is a difficult notion in qualitative

research because it is not possible to obtain a statistically significant answer in that setting (Merriam & Tisdell, 2016). Instead, the concept of transferability is applied in qualitative research. Lincoln and Guba (1985) described transferability as a process in which the researcher provides “sufficient descriptive data” to allow application of the results elsewhere (p. 298). The authors stated that “the burden of proof lies less with the original investigator than with the person seeking to make an application elsewhere” and “the original inquirer cannot know the sites to which transferability might be sought, but the appliers can and do” (Lincoln & Guba, 1985, p. 298). In qualitative research, it is important to think beyond the confines of the data to consider other applications of the findings (Patton, 2015). Merriam and Tisdell (2016) noted that the social sciences may embrace the concept of working hypotheses. As suggested by Cronbach (1975), “when we give proper weight to local conditions, any generalization is a working hypothesis, not a conclusion (p. 125). Patton (2015) used the term extrapolation or “modest speculations on the likely applicability of findings to other situations under similar, but not identical, conditions” (p. 713). Erickson (1986) took a different viewpoint of generalizability and suggested “concrete universals arrived at by studying a specific case in great detail and then comparing it with every other case studied in equally great detail” (p. 130). The author provided the example of a classroom and stated, “each instance of a classroom is seen as its own unique system, which nonetheless displays universal properties of teaching” (p. 130). Eisner (1998) asserted that qualitative research “accumulates” by expanding knowledge horizontally as opposed to vertically and is “an expansion of our kit of conceptual tools” (p. 211). To deepen the meaning of qualitative research and

enhance the context in which the study takes place, the strategy of “rich, thick description” is employed. Merriam and Tisdell (2016) stated:

Today, when rich, thick description is used as a strategy to enable transferability, it refers to a description of the setting and participants of the study, as well as a detailed description of the findings with adequate evidence presented in the form of quotes from participant interviews, field notes, and documents (p. 257).

In this study, the strategy of rich, thick, description allowed the researcher to develop the context of the study in a way that may increase transferability of its findings. The inclusion of quotes from participant interviews and documents utilized in the equine-assisted psychotherapy industry add strength to the evidence presented.

Other strategies to enhance transferability, such as maximum variation and modal category sampling, turn focus toward the composition of the study sample (Merriam & Tisdell, 2016). Maximum variation refers to selection of the study’s sample and “purposefully picking a wide range of cases to get variation on dimensions of interest” (Patton, 2015, p. 267). This approach allows for diversity within the sample while being able to identify common patterns of interest across the sample. This will also enhance user transferability by providing more variety to the sample, increasing the chance for readers to identify with the sample population. Diversity is often achieved by including variation of participant demographics, such as age, gender, location, etc. Modal category sampling selects a typical sample and describes how that sample compares to others within the same category. This encourages readers to make comparisons for themselves (Merriam & Tisdell, 2016).

This dissertation study focused on the ethical decision-making processes of equine-assisted psychotherapy practitioners. At first glance, this may indicate a narrow application of the study results because the sample was limited to a unique population. Sample variation was limited by the demographics of the industry. However, ethical decision-making takes place on a broader stage and spans a multitude of populations and situations. It is also under the much larger umbrella of decision-making in general. For this reason, the generalizability or transferability of this study's findings is possible. The researcher employed the strategy of modal category sampling. The sample population reflected the industry of equine-assisted psychotherapy practitioners and allowed a comparison to others within the same category. The researcher also used the strategy of rich, thick description to provide a detailed context of the study setting, participants, and findings to allow user generalizability. These strategies will allow readers to engage in comparison with their own situations and encourage a horizontal expansion of knowledge (Eisner, 1998). The researcher sought to promote the notion that "the general resides in the particular; that is, what we learn in a particular situation we can transfer or generalize to similar situations subsequently encountered" (Merriam & Tisdell, 2015, p. 255).

### **Summary**

This qualitative study investigated how equine-assisted psychotherapy practitioners identify and resolve ethical issues encountered within the scope of equine-assisted psychotherapy practice. Modified Grounded Theory techniques are utilized to analyze the data collected from fifteen (15) Participant Teams of equine-assisted psychotherapy practitioners in an effort to answer four research questions.

Participant Teams were recruited via email invitation. Each Participant Team included one Mental Health Professional and one Equine Specialist. Each team had an existing relationship and practice history at the time of participation. Informed consent was obtained from each Participant Team and they worked together to analyze a hypothetical situation containing numerous ethical issues and dilemmas. Each Participant Team provided written responses to several questions pertaining to how they would respond and/or resolve the ethical issues they identified in the hypothetical. The researcher interviewed each Participant Team after they submitted their responses in an effort to gather additional data about the Team's decision-making process. Each interview was recorded and then transcribed by the researcher.

Data analysis began as soon as data collection was initiated. The coding process began upon receipt of the first written response and continued throughout the data collection process. The technique of open coding was utilized to identify individual meaning units of data and create initial categories. Axial coding techniques was utilized to reconstruct the data and further develop categories and themes. The researcher applied the constant comparative method until the process reached saturation and continued until coding failed to reveal new information. The researcher then organized the categories, subcategories, properties, and dimensions, along with data examples, in a codebook to streamline the data analysis process.

There are several limitations to consider in this study, including challenges posed in the area of participant recruitment and selection; a lack of diversity in the population of equine-assisted psychotherapy practitioners; and the potential that participants provided socially desirable responses. In addition, the issue of power may have impacted the

results because the researcher is an Eagala practitioner and a member of the Eagala Board of Directors. To minimize the effect of these limitations, the researcher implemented a robust informed consent process and made an effort to bracket personal knowledge and experiences that could influence coding and interpretation of the data. Despite these limitations, however, the overall benefit of gaining insight into the ethical decision-making processes of equine-assisted psychotherapy practitioners is significant to the professional industry. The study findings also provide a meaningful contribution that will help fill a gap in the current literature of counselor education and the overall counseling profession.



## CHAPTER FOUR: RESULTS

This dissertation study examined how teams of equine-assisted psychotherapy practitioners identified and resolved ethical issues encountered within the scope of equine-assisted psychotherapy practice. A qualitative study that utilized Modified Grounded Theory techniques for data analysis was used to explore four research questions:

1. How do equine-assisted psychotherapy equine-assisted psychotherapy practitioner teams identify ethical issues and dilemmas?
2. How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?
3. Do equine-assisted psychotherapy team members engage in decision-making individually or do they engage in a collaborative decision-making process?
4. What, if any, decision-making model is appropriate and applicable to the ethical issues and dilemmas encountered by equine-assisted psychotherapy practitioner teams within the scope of equine-assisted psychotherapy practice?

The purpose of this qualitative research was to develop an understanding of the ethical decision-making processes of practitioners who utilize equine-assisted psychotherapy in the delivery of mental health services. Examination of these processes also revealed components that may be utilized to create a useful decision-making model

for teams of equine-assisted psychotherapy practitioners to utilize when ethical issues and dilemmas are encountered.

In light of the four research questions listed above, data analysis was conducted, and five categories emerged from the data:

Category 1: Ethical Practice Defined

Category 2: Decision-makers in Equine-Assisted Psychotherapy Practice.

Category 3: Resolution of Ethical Issues in Equine-Assisted Psychotherapy Practice.

Category 4: Factors Affecting Decision-Making in Equine-Assisted Psychotherapy Practice.

Category 5: Utilization of Decision-Making Models in Equine-Assisted Psychotherapy Practice.

The following discussion provides a summary of each category and related subcategories, properties, and dimensions.

### **Category 1: Ethical Practice Defined**

Category 1: Ethical Practice Defined encompasses the ethical issues identified by the participant teams as significant in the practice of equine-assisted psychotherapy. This category provides an outline of these significant ethical issues as described by the Participants teams. These issues were used to initiate the team decision making process. In addition, the ethical issues identified provided a foundation for the researcher in the development of a framework around the decision-making processes of the participant teams.

After reviewing the hypothetical scenario, each participant team was asked to identify what they considered to be the top three ethical issues presented. Based on their responses, five ethical issues were identified as significant. These ethical issues were deemed subcategories of Ethical Practice Defined because they provided the “when, where, why, and how” the phenomena is likely to occur (Strauss & Corbin, 1998, p. 127). These subcategories are as follows:

- Issues connected to the equine-assisted psychotherapy team.
- Client Welfare.
- Animal Welfare.
- Mental Health Practice.
- Equine Business.

***Subcategory 1.1: Issues connected to the Equine-Assisted Psychotherapy Team***

Subcategory 1.1: Issues connected to the Equine-Assisted Psychotherapy Team involves ethical issues the participant teams identified as connected to or involving the nuclear team. This subcategory includes four properties that describe specific qualities of the subcategory and category: Scope of Practice, Roles and Responsibilities of each Team Member, Conflict Resolution Style, and Self-care Approach. The following provides details about each property, along with its dimension, and supporting examples from the data.

**Scope of Practice.** The property Scope of Practice includes the types of clients served by the team and the methodologies utilized by the team to deliver equine-assisted psychotherapy services. The dimension of Scope of Practice ranges from Team Practices within Scope of Practice to Team Practices outside Scope of Practice. The data provided

several examples of the teams view of scope of practice. For instance, Team 2 stated:

“We would not accept clients outside our scope of practice” (T2A, Ln 29). Team 8 stated:

“We would not see anyone from a population we don’t know about or have training to

work with” (T8A, Ln 33-34). Team 15 stated: “We only see clients with issues we have

experience with and feel comfortable working with. If we want to see other types of

clients, we look for ways to get trained and then we practice before we take on any clients

with those issues.” (T15A, Ln 31-33).

**Roles and Responsibilities.** The property Roles and Responsibilities pertains to the function and duties of each Team Member. The dimension of this property ranges from Interdisciplinary Team with one member a licensed MH and one member a qualified ES to Multidisciplinary Team with both members qualified to fulfill the role of MH and ES. Twelve of the fifteen participant teams identified as interdisciplinary, meaning the team consisted of one licensed MH and one qualified ES. Team 3 stated: “The ES is supposed to already be an expert with the horses and that’s why they are so necessary, but the MH, the MH is the clinician and has to know mental health” (T3I, Ln 334-336). Team 3 further stated: “We see so many of those issues happen because people get out of their role and think they know everything” (T3I, Ln 348-349). Team 1 stated: “The team would be required to have someone certified in the any or all of the models before any sessions or demos were ever scheduled” (T1A, Ln 10-11). Team 7 stated: “They didn’t even have their ES there so that was a big mistake that could’ve cost them” (T7I, Ln 334). Two teams identified at least one member who qualified as both an MH and ES. Team 7 stated: “We are both licensed mental health, so I think that makes a difference” (T7I, Ln 127).

**Conflict Resolution Style.** The property Conflict Resolution Style pertained to how the participant teams approached disagreements. The dimension of this property ranges from Collaborative to Avoidant. The majority of the participant teams stated they had not considered what kind of conflict resolution style they utilized. Upon reflection, most teams identified as collaborative. Team 6 stated: “We give each other honest feedback, um, and we can have hard discussions about things then work through challenges together (T6I, Ln 301-303). Team 9 stated: “We do work well together and have similar styles for working through issues” (T6I, Ln 301-303). Team 11 identified a more avoidant conflict resolution style with both team members stating that they “do not like conflict” and “I guess we do more preventive work than have to any clean-up of arguments or anything” (T11I, Ln 398-399).

**Self-Care Approach.** The property Self-Care Approach addresses how the participant teams care for their wellbeing on an individual and team level. The dimension of this property ranges from Addressed Individually to Addressed as a Team. The majority of teams identified self-care as a significant issue in maintaining an ethical equine-assisted psychotherapy practice. None of the teams, however, identified as having consistent individual self-care routines. Team 7 stated, “Self-care is a really, a really tough thing when you are busy” (T7I, Ln 416) and “We were so focused on keeping everyone healthy so we could stay in business that it didn’t occur to me to slow down and see if I needed anything” (T7I, Ln 4200-421). Team 1 did identify the value of working as a team and supporting each other. Team 1 MH discussed how she feels better and more energetic at the end of the day after equine-assisted sessions as opposed to office

sessions. She stated: “It’s not that I’m not tired, but it’s a good tired, not that mental exhaustion that it could be” (T11I, Ln 164-165).

### ***Subcategory 1.2: Client Welfare***

Subcategory 1.2: Client Welfare encompasses ethical issues related to interactions with the client. While the teams indicated that both team members should be aware of client welfare issues, most teams indicated they deferred to the knowledge and expertise of the MH when identifying ethical issues involving the client and treatment concerns while the ES focused on safety and issues related to client interactions with the horse. This perspective supported the creation of the following properties for Client Welfare: Standards of Practice, Safety Concerns, Privacy and Confidentiality, Informed Consent, Boundary Issues, Sensitivity to Cultural Issues.

**Standards of Practice.** The property Standards of Practice was defined to include team adherence to both scope of practice parameters and ethical guidelines with regard to the delivery of equine-assisted mental health services to clients. The dimension for Standards of Practice ranges from Conscious Adherence during Practice to Not aware of Adherence during Practice. The majority of teams described intentional efforts to remain consciously aware of the client’s needs and to approach practice from a client driven perspective. While the teams indicated that both team members should be aware of client welfare issues, most teams indicated they deferred to the knowledge and expertise of the MH when issues arose with the client and treatment concerns. For example, Team 3 stated: “The team needs to be professional with knowledge about the services they are providing to the clients and offering to the public” (T3A, Ln 40-42). Team 7 stated: “He needs to gain at least basic horse experience as well and never do work without an equine

specialist in the arena with him” (T7A, Ln 37-38). Team 1 stated: “The arena is the stage for the client and not us” (T11I, Ln 172-173). Teams with certified members of Eagala, Path, Intl, and Natural Lifemanship stated that being client led was a basis for their practice models. Team 1 stated: “Path has a specific framework clients work with” (T10I, Ln 118). Team 3 also stressed the importance of working as a team as a practice standard: “Trainings like Eagala don’t teach you horses, they aren’t designed like that, that’s why there’s a team, right?” (T3I, Ln 331-332).

**Safety Concerns.** The property Safety Concerns applies to safety issues with regard to the client. The term safety was applied to both physical safety and emotional safety. The dimension of Safety Concerns ranges from Conscious Adherence during Practice to Not aware of Adherence during Practice. For example, Team 3 indicated: “They need to know the risks involved with working with horses before they start session” (T3A, Ln 36-37). Team 4 described the application of Safety Concerns to both physical and emotional safety, “We would make sure the clients were protected, both physically and from a mental health perspective” (T4A, Ln 23-24). Team 7 stated: “The client has to feel safe to be themselves in the space” (T7I, Ln 311-312). Team 10 stated: “We need to be client centered to make sure it’s effective, that sessions are effective” (T10I, Ln 160-161). Team 3 asserted that the Eagala standard that all client work be on the ground and not in the saddle promotes client safety: “Groundwork is better and, um, yeah, I agree from a safety standpoint” (T3I, Ln 126) and “I’d rather have clients work on the ground than have people getting emotional while in the saddle” (T3I, Ln 128).

**Privacy and Confidentiality.** The property Privacy and Confidentiality encompassed issues regarding protection and disclosure of client information. The

dimension of Privacy and Confidentiality ranges from Proactively Protecting to Not Proactively Protecting. Team 8 stated: “Thinking of confidentiality, for instance, um, I think of what the client needs or what they would experience if the information was disclosed” (T8I, Ln 351-352). Team 3 stated: “The clients needed to know that once that information was out there, it could not be retracted” (T3A, Ln 33-35). Team 5 stated: “We believe we need to protect our clients so if we advertise, it is just the treatment team that is publicized” (T15A, Ln 42). Team 4 stated: I had to get a schedule up and we did a lot of thinking about that because even posting a schedule could be a privacy issues” (T4I, Ln159-160). Several teams identified the unique challenges the practice of equine-assisted psychotherapy presents for privacy and confidentiality. Team 10 stated: “I mean confidential issues, the therapy side has to keep things private but the horse side needs to be considered because we do work on a farm with a lot of people who aren’t therapists and they need to be involved in keeping client information private” (T10I, Ln 478-481). Team 1 stated: “When we added this riding program that’s on the same property we had some new struggles that came along with that because we have clients who may go from one side or program over to the other and how we manage keeping that confidentiality piece in play” (T1I, Ln 221-224).

**Informed Consent.** The property Informed Consent pertains to the sufficient amount of information provided to the client to allow that client to make informed decisions with regard to treatment. The dimension of Informed Consent ranges from Considered Important to Considered Not Important. All of the teams indicated that informed consent was significant and a priority in their practice. Team 10 stated: “I tell clients all of the possibilities during our first visit, um, during the intake” (T10I, Ln 151-



152). Team 4 highlighted the need to include both mental health treatment information and equine safety information in the informed consent process for equine-assisted psychotherapy: “All of our clients sign informed consent and liability waivers before they are allowed near the horses” (T4A, Ln 24-25). Team 8 stated: “I added it to the HIPAA stuff they have to sign, oh yes, if they, I mean the client, if I refer them to [ES], I tell them about my horse and actually encourage them to visit with him” (T8I, Ln 160-162). Team 8 also identified the need to clearly indicate the role of the equine-specialist in session: “I tell them up front that I’m not a therapist” (T8I, Ln 170). Team 7 stressed the importance of accuracy in the informed consent process: “Jack should review his paperwork to make sure his practice is ethical, and his forms are up to date. He needs to prioritize client confidentiality and informed consent” (T7A, Ln 40-43).

**Boundary Issues.** The property Boundary Issues referred to the framework of the therapeutic relationship that creates safety for the client. The dimension of Boundary Issues ranges from Boundaries Created and Maintained to Boundaries Not Created and Maintained. Team 5 stated: “We focus at the beginning about, um, we talk about the ground rules for the session” (T5I, Ln 340-341). Team 4 noted boundary issues connected to an MH who works with clients in both agency and equine-assisted psychotherapy settings: “They may not know he is taking clients to the farm and would not be happy with the exposure he opened them up to” (T4A, 59-61). Team 1 identified the need to manage dual relationships: “Not having family and friends attend session with clients” (T1A, Ln 44). Team 5 discussed the need for appropriate boundaries between the treatment team and the client: “It bothers me sometimes, but I get over it, like when they

call me sweetie or hon or make fun of me for being small, see, that's my apostrophe S, to use Eagala terms, you know" (T5I, Ln 372-373).

**Sensitivity to Cultural Issues.** The property Sensitivity to Cultural Issues gauged the cultural awareness of the participant teams to cultures and cultural identities different from their own. The dimension of Sensitivity to Cultural Issues ranges from Sensitive to Insensitive. Most of the teams indicated at least a baseline level of cultural awareness. Team 3 indicated: "We deal with people, people of all backgrounds, ethnicities, and races, you know, different cultures" (T3I, Ln 484-485). Team 5 noted the perceived lack of diversity in the field of equine-assisted psychotherapy as a whole: "Sure, we are upfront about differences, um, I mean, it can be a challenge, you know, I mean look at us, we are a couple of middle-aged white woman, like that's about everyone in Eagala" (T5I, Ln 320-322). Team 6 shared an experience that exposed a lack of cultural sensitivity on the part of the team: "I've certainly had clients that didn't connect with me because of my race and they asked for a different counselor" (T6I, Ln 726-727). Team 1 identified as a multicultural team of practitioners. Team 1 ES indicated: "Um, I'm as multicultural as they come, I'm the daughter of a ginger, Irish, red-headed Asian, Thai, I've got several cultures in me" (T1I, Ln 540-541). Team 14 also identified as a multicultural team: "[MH] is African American and there is sometimes some distrust when new clients meet her and see she is not indigenous, but we broach the topic quickly" (T14I, Ln 71-72). Several teams highlighted the role of the horse addressing and managing cultural differences of clients in the equine-assisted psychotherapy setting. Team 13 stated: "They are a great balancer between cultures" (T13I, Ln 78). Team 3 stated: "The horse doesn't care where you come from or what you go back to when you leave, all they care about,

um, they just care about who you are right now and they accept that as the God's honest truth every time" (T3I, Ln 488-489). Team 7 stated: "We have just about everyone coming into the arena and the horses don't care what they look like or where they go when they leave" (T7I, Ln 291-292). Team 4 also addressed the role of the horse during client sessions: "People are different and they come from places I can't identify with but, you know, um, and this is the great thing about horses, I mean the horses, I find the horses help with that quite well, um, um, they help because they just see the people" (T4I, Ln 577-579).

### ***Subcategory 1.3: Animal Welfare***

Subcategory 1.3: Animal Welfare includes the properties Horse Safety Concerns during Session, Horse Health and Wellbeing, Role of the Horse during Session, and Utilization of the Horse in Research Studies. This subcategory highlights the value of the equine specialist as part of the treatment team and most teams identified the ES as the team member who led the effort to identify ethical issues connected to animal welfare.

**Horse Safety Concerns.** The property Horse Safety Concerns during Session identified how the practitioner teams faced issues related to the horse itself during client sessions. The dimension of Horse Safety Concerns ranges from Team Decision to Individual Decision. Most teams identified the ES as the team member who led decision-making about horse safety. Team 15 stated: "Our horses are at the core of our practice so we must take care of them. We protect them from the people just as much as we protect the people from getting hurt by them" (T15A, Ln 37-38). Team 1 identified a significant concern in the hypothetical scenario to be: "Allowing someone with no equine experience to lead the session without a professional horse person" (T1A, Ln 9). Several teams

discussed the role of the ES in choosing the horses that participated in client sessions.

Team 3 stated: “Horses can be so reactive and we aren’t a therapeutic riding program with horses, you know, horses totally desensitized to humans, you know, we want them to engage with clients but not be dangerous if clients get upset” (T3I, Ln 129). Team 8 stated: “I’m not going to over-horse them or push my tried and true guys past their limit” (T8I, Ln 335-336). Team 1 stated: “Yeah, picking the horses too, that’s an ethical thing” (T1I, Ln 1089). Team 5 discussed the autonomy of the horse in deciding its role in session: “If they don’t seem to be up to session, we don’t use them” (T5A, Ln 33).

**Horse Health and Wellbeing.** The property Horse Health and Wellbeing includes decisions regarding the care of horses that participate in equine-assisted psychotherapy sessions. The dimension of Horse Health and Wellbeing ranges from Team Decision to Individual Decision. All of the participant teams asserted the importance of proper horse care. Team 4 stated: “We need the horses to have the program, so they have to be healthy” (T4I, Ln 380). All of the teams deemed the ES as the driver of decisions connected to horse care. Team 8 stated: “If we have an injured or sick horse, [ES] cares for it immediately and we don’t ignore it” (T8A, Ln 26-27). Team 5 stated: “If they have a health issue, it’s taken care of immediately and the vet is called if needed” (T5A, Ln 33-34). Team 2 identified a significant issue in the hypothetical regarding the ES role in horse care: “Caring for 35 horses is a lot of work and she needs to consider how to manage a farm of that size and how to control who has access to the horses, especially if they start having groups of people with mental health issues at the farm on a regular basis” (T2A, Ln 53-56). Team 3 indicated they utilize a team approach

prior to sessions: “We check all of our horses before session to make sure they are in good shape” (T3A (Ln 49).

**Role of Horse during Session.** The property Role of the Horse during Session detailed ethical issues connected to how the horse is utilized during equine-assisted psychotherapy sessions. The dimension of Role of the Horse ranges from Tool to Teammate. Most of the teams indicated that the horse is most valuable when it is allowed to be itself during session. Team 5 stated: “They’re allowed to be horses and act like horses, and talk like horses and, um, you can’t, well, you can’t do that the same way in a riding program” (T5I, Ln 178-180). Team 3 identified the role of the horse as a significant issue in the hypothetical scenario: “It seems they were used as tools and this is not acceptable” (T3A, Ln 22). Team 3 further stated: “With the Eagala work, the horse can, is allowed to have, um, a conversation with the client” (T3I, Ln 152-153). Team 12 stated: “People come to see the horses and through them they learn to accept humans from the outside that the horses seem to trust” (T12I, Ln 71-72). Team 5 stated: “It’s that power that the horses have, they make us get over ourselves, um, get past our egos” (T5I, Ln 80). Team 10 stated: “They say things better than we do” (T10I, Ln 616). Team 15 stated: “The horse is, um, the big ticket, they do the work and they handle the connection” (T15I, Ln 468-469)

**Utilization of the Horse in Research Studies.** The property Utilization of the Horse in Research Studies pertains to animal welfare issues in programs that conduct research studies of equine-assisted psychotherapy programs. It is a topic included in the ethical codes of Eagala, Path, and Intl. The dimension of Utilization of the Horse in Research Studies ranges from Protocol in place to Protocol not in place. None of the

participant teams reported having a specific protocol in place to protect horses utilized in research outside of basic safety and animal welfare practices. None of the participant teams reported experience with research studies focused on the utilization of the horse in psychotherapy or awareness of animal welfare protocols outside of those defined by the American Horse Council's Welfare Code of Practice and codes of ethics created by organizations. None of the participant teams were familiar with the American Psychological Association's Guidelines for Ethical Conduct in the Care and Use of Nonhuman Animals in Research.

#### ***Subcategory 1.4: Mental Health Practice***

Subcategory 1.4: Mental Health Practice focuses on ethical issues present in the delivery of mental health services to clients. Properties of Mental Health Practice include Mental Health Specialist Scope of Practice, Fees and Payment issues, and Certification in equine-assisted psychotherapy.

**Mental Health Specialist Scope of Practice.** The property Mental Health Specialist Scope of Practice highlights MH decision-making with regard to client populations and treatment interventions. The dimension of Mental Health Specialist ranges from Practices within Scope to Practices Outside of Scope. Team 1 stated: "And when we first bring on a new counselor, they fill out what their preferred populations are and more importantly for me what is what are the hard no's" (T1I, Ln 257-258). Team 4 discussed decisions regarding clients from unfamiliar populations: "I have no idea what they experience and being that unfamiliar with it, um, we feel like we could do harm, do, um, more damage without realizing it" (T4I, Ln 593-595). Team 6 described their process for practicing within their scope: "We've let our counselors define who they want to

work with and we've been very clear about working within your scope" (T6I, Ln 393-394). Team 8 stated: "I only work with the worried well, mostly and none of them are self harmers or suicidal" (T8I, 150-151). Team 3 identified a scope of practice issue in the hypothetical scenario: "He should start with the clients he is already trained to work with and maybe get more professional training to work with military" (T3A, Ln 58-59). Team 15 provided insight into the decision about scope: We only see clients with issues we have experience with and feel comfortable working with. If we want to see other types of clients, we look for ways to get trained and then we practice before we take on any clients with those issues" (T15A, Ln 31-33).

**Fees and Payment Issues.** The property Fees and Payment Issues focuses on ethical issues connected to the way income is earned by the mental health practice. The dimension of Fees and Payment Issues ranges from Client Needs Driven (Not for Profit) to Financial Needs Driven (For Profit). The participant teams presented a variety of mental health practice structures and many expressed concerns about the current system for establishing not for profit organizations and obtaining grant funding. Most teams fell in the middle of being client driven and fee driven. Team 4 stated: "I guess, I would think if there wasn't any money, none of us would do this, right?" (T4I, Ln 334-335). Team 11 stated: "It seemed to be all about what will make money, like that's what they thought about when looking for a population to serve" (T11I, Ln 190-191) and "We want to help but we need to get paid" (T11I, Ln 361-362). Team 8 described problems with a program in their local area: "It was a scam and they took a bunch of donations from people, yeah, they took the money and then never delivered the services like they had advertised" (T8I, Ln 369-370).

**Certification in Equine-Assisted Psychotherapy.** The property Certification in Equine-Assisted Psychotherapy covered ethical issues regarding training and certification to practice specific models of equine-assisted psychotherapy. The dimension of Certification in Equine-Assisted Psychotherapy ranged from Certified to Not Certified. Most of the teams reported both team members were certified in at least one method of equine-assisted psychotherapy. Overall, twelve participants were certified in the Eagala Method; Six held PATH, Intl. certifications; Four were certified in Natural Lifemanship. Eight participants were not certified or affiliated with any equine-assisted psychotherapy organization. Most teams indicated that organizational affiliation was valuable and helped establish an ethical practice. Team 5 stated: “If they were certified, they’d have more of a basis for everything else, they would have to be educated and know the model so we thought that was another big issue” (T5I (Ln 290-292)). Team 6 expressed concern about utilizing non-certified practitioners: “There are a lot of hard issues and things that are going to come up when you do work with people’s mental health, more when you involve additional team members who are not licensed” (T6I, Ln 304-305). Team 13 indicated the importance of meeting experience thresholds when practicing equine-assisted psychotherapy: “[MH] also has some horse experience but not enough to be considered an equine professional” (T13I, Ln 10-11). Team 14 noted the value in certification when working with specific populations: “She is a certified practitioner and finds the use of horses to be particularly effective with Native American populations” (T14I, Ln 11-12).



***Subcategory 1.5: Equine Business***

Subcategory 5: Equine Business focuses on ethical issues that arise in the horse industry and when horses are utilized in equine-assisted psychotherapy. Properties of Equine Business included Equine Specialist Scope of Practice; Business Structure Issues; Fee Split between MH, ES, and Facility; Safety issues and Risk mitigation.

**Equine Specialist Scope of Practice.** The property Equine Specialist Scope of Practice identified the threshold for meeting the expectations of the ES role. The dimension of Equine Specialist Scope ranges from Practices within Scope to Practices outside of Scope. All of the teams indicated that equine specialists are required to have horse experience beyond that provided in certification programs through equine-assisted psychotherapy organizations. For example, Eagala requires 6000 hours of equine experience in addition to completing the Fundamentals training before an equine specialist is considered to be Eagala certified (Eagala 2019). Team 3 stated: “Trainings like Eagala don’t teach you horses, they aren’t designed like that” (T3I, Ln 331-332). Team 13 provided an example of how the ES competency extends beyond certification or organizational affiliation: “[ES] is a member of Natural Lifemanship and has studied with Craig Cameron” (T13I, Ln 18-19). Team 11 described having a robust riding program in addition to an equine-assisted psychotherapy practice at their facility: “I have a lesson program too so it’s a good balance right now, a little of both” (T11I, Ln 84-85). Team 11 also indicated broader experience with training provided by organizations: “I’m Eagala and I’ve done a few Natural Lifemanship trainings” (T11I, Ln 92).

**Business Structure Issues.** The property Business Structure Issues pertained to issues related to running an equine business that includes an equine-assisted

psychotherapy program. The dimension of Business Structure Issues ranges from Business Plan to No Business Plan. In most cases, the participant teams indicated that the ES owned the facility that housed the equine-assisted psychotherapy program. Team 10 stated: “There are a couple of other therapists that do work with horses and we all work out of [ES] place” (T10I, Ln 64-65). Most teams also asserted the importance of establishing a clear business plan. Team 2 stated: “We would clearly define the business roles” (T2A, Ln 35). Team 2 also identified an equine business issue in the hypothetical scenario: “She has a rescue and it said she is for-profit. She should consider what that means as she is fundraising and trying to get people to donate when they won’t be able to get a tax deduction” Team 4 also noted a business issue in the hypothetical scenario: “If she is going to open up her farm to this kind of work, she needs to ensure she is a legitimate business” (T2A, Ln 50-52). Team 6 noted the difficulty in promoting and maintaining a clear business plan: “I have a background in business and marketing so my website and social media always look like there was something going on even though there really wasn’t” (T6I, Ln190-191). Team 4 identified issues in their local area: “Everyone with a horse in their backyard is suddenly a therapy agency” (T4I, Ln 270). Team 5 described intention behind their decision to establish an equine-assisted psychotherapy program: “I wanted to have the mental health program as a big part of my business” (T5I, Ln 101-102).

**Fee Split between MH, ES, and Facility.** The property Fee Split between MH, ES, and Facility builds off of the property Equine Business and focuses on ethical issues connected to the way each party to the business is paid for services rendered. The dimension of Fee Split between MH, ES, and Facility ranges from Equal Percentage to

Unequal Percentage. The participant teams varied in their approach to splitting fees. Most teams separated the MH fee from the ES fee. Team 2 stated: “She should be clear about her expectations for fees and what her responsibilities will be” (T2A, Ln 63). As stated above, many of the ES participants owned the facilities that housed the equine-assisted psychotherapy programs. The majority of teams indicated that splitting fees tends to be a point of contention. Team 4 described strained relationships with past MH: “They got paid by insurance and didn’t see why I needed more than twenty bucks” (T4I, Ln 194) and “I didn’t stand up for myself back then and it, um, it took a long time for me to start charging a decent fee for the facility” (T4I, Ln 195-196). Team 8 indicated that they maintain completely separate businesses with the MH collecting from insurance companies or the client directly and the ES charging the client a separate fee. Team 8 stated: “She paid me directly, um, like it was a normal lesson” (T8I, Ln 127).

**Safety Issues and Risk Mitigation.** The property Safety Issues and Risk Mitigation covers ethical issues connected to the way the equine business addressed safety and took steps to protect everyone who set foot on the property. The dimension of Safety Issues and Risk Mitigation ranged from Risk Tolerant to Risk Averse. Several teams noted issues with safety and risk in the hypothetical scenario. Team 7 stated: “She needs to consider the liability her farm is taking on with the mental health program because this will increase the risk due to clients and others coming onto the property to receive services” (T7A, Ln 49-51). Team 1 stated: “Allowing the public to interact with horses with no liability and release forms” (T1A, Ln 47). Team 3 discussed the need to include liability waivers in the informed consent process: “The clients would also need to sign waivers for the farm and working with the horses” (T3A, Ln 35-37).

### **Summary of Category 1: Ethical Practice Defined**

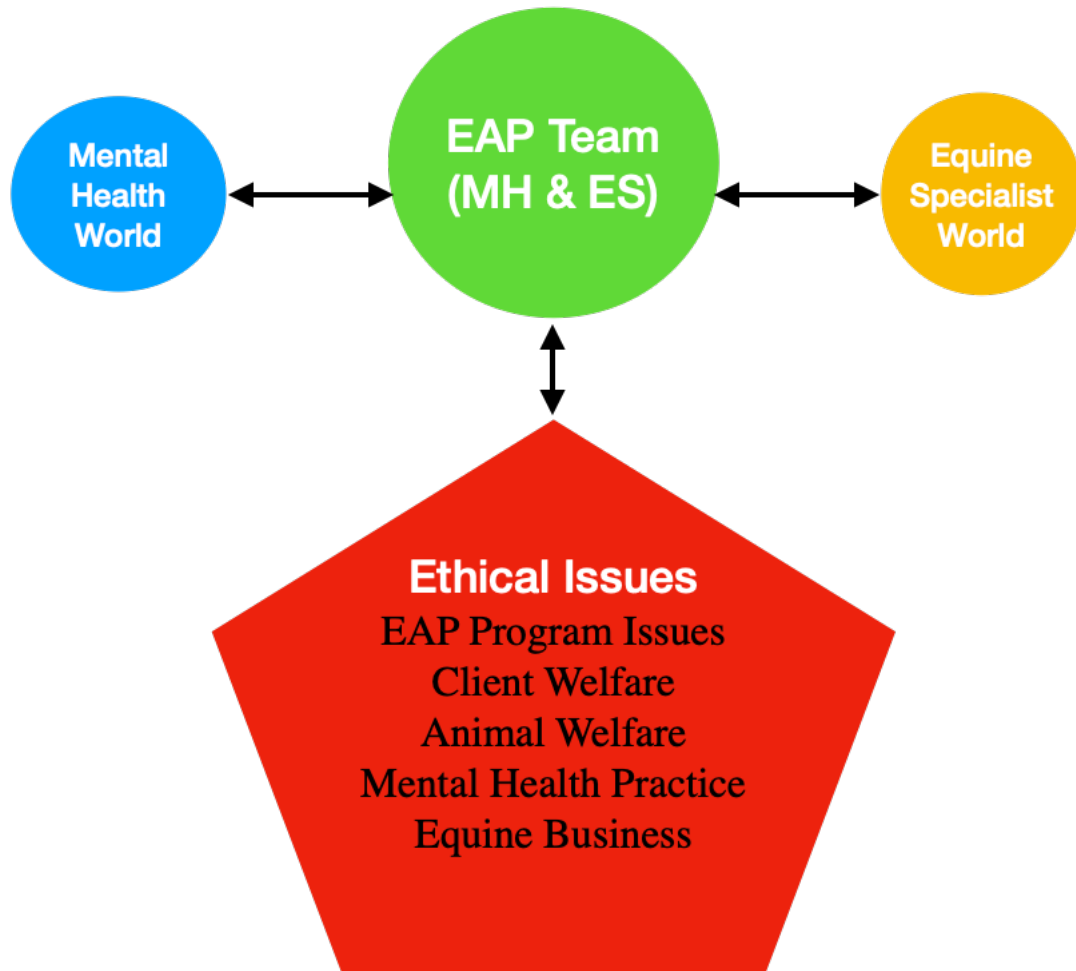
In summary, Category 1: Ethical Practice Defined identified the ethical issues the participant teams deemed to be priority issues contained in the hypothetical scenario. This category reflects the views of the participant teams regarding significant ethical issues in equine-assisted psychotherapy practice. Five ethical issues were identified as significant and deemed to be subcategories of Ethical Practice Defined. These subcategories include Issues Connected to the Equine-Assisted Psychotherapy Program; Client Welfare; Animal Welfare; Mental Health Practice; and Informed Consent. Identification of these issues provided a basis for the researcher to begin to develop an understanding of how the participants engaged in ethical decision-making.

Figure 1, below, provides a visual depiction of Category 1: Ethical Issues Defined. This figure illustrates how the different worlds of the mental health specialist and the equine specialist combined as the participant teams identified the significant ethical issues in equine-assisted psychotherapy practice that form the basis of this category.

#### **Figure 1.**

Category 1: Ethical Practice Defined

## Category 1: Ethical Issue Identification



## **Category 2: Decision-makers in Equine-Assisted Psychotherapy Practice**

This category provides insight into how the participant teams defined decision makers and stakeholders in the decision-making process as defined. The teams were asked who they considered to be stakeholders and who they could task in making the decisions to resolve the ethical issues identified in the hypothetical scenario. Stakeholders and decision makers were not necessarily the same parties. Stakeholders were identified as parties who have an interest in the outcome but may not have to be involved in the actual decision-making process. Nonetheless, identification of stakeholders was necessary to create a full picture of the ethical issues at hand. Their responses are reflected in subcategories as follows:

- Equine-Assisted Psychotherapy Team.
- Individual.
- Hybrid of Individual and Team.
- Third Party Involvement.

### ***Subcategory 2.1: Equine-Assisted Psychotherapy Team***

Subcategory 2.1: Equine-Assisted Psychotherapy Team defines the decision makers within the nuclear equine-assisted psychotherapy team. Equine-Assisted Psychotherapy Team contains the property Team Makes Decisions Together.

**Team Makes Decisions Together.** The property Team Makes Decisions Together pertained to decision-making by members of the nuclear team. The dimension of this property ranges from Team Decision Makers to No Team Decision Makers. All of the teams reported some degree of united decision-making. Team 9 stated: “Both team members are needed so that the decisions bring in all aspects of the issues that come up” (T9I, Ln 104-105) and “We think the team discussion was 100% influential in the way

we made the decisions (T9I, Ln 58). Team 7 stated, “We had some discussions about what, about how we rank them and which ones to put in that fit into the top three and why” (T7I, Ln 119-120). Team 12 indicated a benefit to teamwork in decision-making: “We talked until we were each comfortable with the decision” (T12I, Ln 81-82) and “Together, we fleshed out the problems and decided what to do based on what we would do if we had to fact them in our practice or in our community” (T12I, Ln 43). Team 8 reported some difficulty in working together to identify issues in the hypothetical: “We were a little at a loss about that at first because we weren’t sure how to split that up but then, you know, um, I figured that was part of it because it was about decisions and making decisions so I guessed that we could figure that out for ourselves” (T8I, Ln 220-222). This response highlighted their working relationship in general. Team 8 utilizes a referral system in which the MH refers clients to the ES for horseback riding lessons. Team 8 stated: “We called [ES] and they made an appointment for a first lesson” (T8I, Ln 106) and “I have all my clients keep journals to record their progress, um, their efforts, you know, as they work between sessions (T8I, Ln 109-110).

### ***Subcategory 2.2: Individual***

Subcategory 2.2: Individual pertained to decision-making on the part of each individual team member. The teams were asked about decisions related to their practice of equine-assisted psychotherapy that they felt they had to make on their own. The properties of Individual included Individual Decision in Team Role and Individual Decision Outside Team Role.

**Individual Decision in Team Role.** The property Individual Decision in Team Role reflects decisions made by the individual team member within the scope of their role

on the equine-assisted psychotherapy team. The dimension of Individual in Team Role ranges from Individual Decisions Made to No Individual Decisions Made. The teams indicated that each role on the equine-assisted psychotherapy team requires individual team members to make role-specific decisions at times. For example, Team 8 reported decision-making on an individual basis and stated: “The problems with the horses should be dealt with separately from the mental health ethical issues” (T8A, Ln 92-93). Team 4 also indicated some level of individual decision-making: “They all have individual issues to consider” (T4A, Ln 89).

**Individual Decision Outside Team Role.** The property Individual Decision Outside Team Role pertains to decisions made by the individual team member that were not connected to their role on the equine-assisted psychotherapy team. The dimension of Individual Decision Outside Team Role ranges from Individual Decisions Made to No Individual Decisions Made.

Most teams indicated that they felt comfortable collaborating with their teammate in both role-based decisions and decisions made outside their role on the equine-assisted psychotherapy team. Team 5 stated: “You can’t do this in a vacuum” (T5I, Ln 289). Team 13 stated: “Our confidence in the decisions we made increased the more we discussed what to do” (T13I, Ln 64-65).

***Subcategory 2.3: Hybrid of Individual and Team***

Subcategory 2.3: Hybrid of Individual and Team pertains to decision-making that takes place on both individual and team levels. This subcategory contains the property Individuals bring Issues and Potential Decisions to the Team for Final Decision.



**Individuals bring Issues and Potential Decisions to the Team for Final**

**Decision.** The dimension of this property ranges from Hybrid Decision Maker to No Hybrid Decision Maker. Most of the teams identified their teams as Hybrid Decision Makers. Team 2 stated: “Some of the issues, like scope of practice and many of the horse care issues, will need to be addressed individually but the plan to address scope of practice issues can be made by the whole team” (T2A, Ln 71-73). Team 4 stated: “We would say they need to reflect individually and then come together for a team discussion” (T4A, Ln 90-92). Team 7 stated: We trust our own instincts and if it doesn’t feel right, we talk about it together and decide what to do so that we both feel comfortable” (T7A, Ln 107-108). Team 6 stated: “A newer mental health person, they rely on, heavier on the equine specialist for activities that relate to what the client is doing because they just don’t have the background or the knowledge of what’s going on” (T6I, Ln 432-434).

***Subcategory 2.4: Third-Party Involvement***

Subcategory 2.4: Third-Party Involvement includes stakeholders and decision-makers outside the core equine-assisted psychotherapy practitioner team who are consulted with and/or relied upon in the decision-making process. Third parties could be within the team’s overall program or external to the program. Properties of Third-Party Involvement included Third Party Connected to Team and Third Party not Connected to Team.

**Third-Party Connected to Team.** The property Third Party Connected to Team includes parties with a direct tie to the team’s overall program. These parties include farm and facility owners, other practitioners in the same program, and program staff. The dimension of Third Party Connected to Team ranges from Involvement in Decision-

Making to No Involvement in Decision-Making. The findings show that all of the teams indicated that other parties in their programs could be stakeholders or decision-makers in the ethical decision-making process. Team 1 stated: “We have regular meetings with our staff as well so we have all of our licensed people meet” (T1I, (Ln 171-172). Team 9 stated: “But when we came together to make the decisions, we could look at what could be done to manage the overall issues” (T9I, Ln 61-62).

**Third-Party Not Connected to Team.** The property Third-Party Not Connected to Team includes parties external to the team’s overall program, such as professional colleagues in the mental health and equine industries, lawyers, financial consultants, case workers, even the clients and their families. Clients and their families would not be considered connected to the team because they are not involved in the team’s overall program. They would be considered to be stakeholders, however. The informed consent process is an example. The client is not involved in the development of the informed consent process but does hold a strong interest in the process itself and would be considered to be a stakeholder of the decisions made with regard to informed consent. The dimension of Third-Party Not Connected to Team ranges from Involvement in Decision-Making to No Involvement in Decision-Making. The findings indicate that all of the teams acknowledged the need for external third-party decision-maker involvement in the resolution of some ethical dilemmas. For example, Team 2 indicated they seek consultation with other professionals: “We would talk about it and possibly talk to colleagues to see if they have the same problem with them” (T2A, Ln 105). Team 3 identified organizational connections to be potential third-party decision makers: “We hold regular networking events for all the other Eagala programs near us and we could

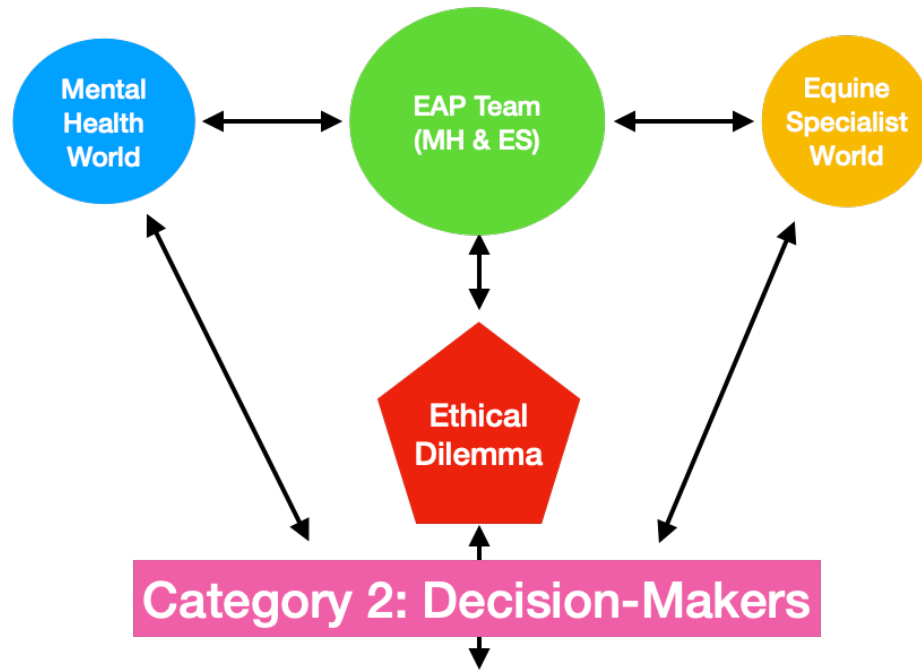
discuss with them the issues we saw on the news feed” (T3A, Ln 96-98). Team 6 discussed seeking advice from experts: “You have to have the right people and right seats on the bus” (T6I, Ln 670). Team 5 also discussed professional consultations: “We also seek advice from others in the field” (T5A (Ln 69). Team 4 also noted the value of outside experts: “They may also want to bring in others like attorneys, accountants, maybe people from Jack’s agency too in order to find solutions to the ethical issues” (T4A, (96-98).

In summary, Category 2: Decision-Makers in Equine-Assisted Psychotherapy Practice, established the participant teams’ ideas and opinions of who is a stakeholder and/or decision-maker in ethical decision making in the practice of equine-assisted psychotherapy. Identifying the decision-makers helped the researcher begin to identify the process of ethical decision-making by the participant teams. Figure 2, below, illustrates the flow between Category 1 and Category 2.

**Figure 2.**

Flow between Category 1 and Category 2

## Category 1: Ethical Issue Identification



## Category 2: Decision-Makers

Identify Stakeholders & Decision Makers:

- Team Only
- Individual
- Hybrid Team and Individual
- Third Party Involved

### **Category 3: Resolution of Ethical Issues in Equine-Assisted Psychotherapy Practice**

This category provides insight into how the participant teams believed decision makers engage in the decision-making process to resolve ethical issues presented in the practice of equine-assisted psychotherapy. During the course of data analysis, this category emerged as the core category because it connects the other categories together (Merriam & Tisdell, 2016). The teams were asked how they made decisions and who they involved in the decision-making process. The following subcategories were identified:

- Planning - Drivers of Decision-Making
- Developing Perspective - View of issues
- Taking Action - Decision making and Resolution

#### ***Subcategory 3.1: Planning: Drivers of Decision-Making***

Subcategory 3.1: Planning – Drivers of Decision-Making identified what prompted the decision makers to engage in the decision-making process. Properties of Drivers of Decision-Making include Role Specific; Specialty and Expertise; and Discoverer.

**Role Specific.** The property Role Specific identifies how the specific roles of Mental Health Specialist and Equine Specialist guide ethical decision making. The dimension of Role Specific ranges from Decisions Driven by Role to Decisions Not Driven by Role. The data indicate all of the teams reported at least some level of deference to the team roles. For example, Team 5 stated: “We would approach it according to our roles on the team. Mental health issues would be handled by a mental health professional and horse issues by the equine specialist” (T5A, Ln 89). Team 9

stated: “If we did it on our own, we think we would stay in roles, the MH would focus on mental health and the ES would focus on the horse issues” (T9I, Ln 59-60). Team 13 stated: “[MH] looked to [ES] on the horse questions and [ES] looked to [MH] on the mental health questions” (T13I, Ln 57-58). Team 8 reported a clear divide in roles: “Therapists shouldn’t be making horse decisions and equine professionals shouldn’t be making client decisions” (T8A, Ln 136-137). Team 7 noted the unique position of being qualified for both the MH and ES roles: “We are both licensed mental health so I think that makes a difference” (T7I, Ln 127). Eagala practitioners reported that the model calls for practitioners to adhere to their roles when making decisions during session. For example, Team 15 stated: “In Eagala, the ES is supposed to already be an expert with the horses and that’s why they are so necessary, but the MH, the MH is the clinician and just has to know mental health” (T15I, Ln 315-317). Team 15 also noted challenges in maintaining roles: “We see so many of those issues happen because people get out of their role and think they know everything” (T15I, LN 329-330).

**Specialty and Expertise.** The property Specialty and Expertise identifies the driver of decision-making to be specialized knowledge or expertise in the subject matter of the ethical issue to be resolved. This property encompassed ethical issues that fall outside the role of MH and ES, such as business and financial decisions. The dimension of Specialty and Expertise ranges from Decisions Driven by Specialty and Expertise to Decisions Not Driven by Specialty and Expertise. Team 3 noted the significance of specialists and experts: “I don’t think I would’ve caught or, um, I wouldn’t have brought up the business issues if she hadn’t of mentioned issues with the rescue” (T3I, Ln 434-436). Team 14 stated: “We both have business experience, so we had a discussion on

equal footing about those issues” (T14I, Ln 43-44). Team 12 stated: “Having different backgrounds helped give a different perspective” (T12I, Ln 87-88). Team 5 specified parameters to specialty decision makers: “Sally needs to stay in her role as the facility manager unless she gets specific training as an equine specialist” (T5A, Ln 52-53).

**Discoverer.** The property Discoverer identifies the extent to which the driver of decision-making is driven by the party who identifies the existence of the ethical issue, regardless of role or expertise. The dimension of Discoverer ranges from Decisions Driven by One who Experienced or Learned of Issue to Decision Not Driven by One who Experienced or Learned of Issue. The findings indicate that all of the teams reported experiencing a situation where an ethical issue was discovered by someone who did not possess the knowledge or expertise to resolve the issue, but they handled the decision-making in different ways. For example, Team 2 stated: “One of us may recognize an issue but we bring it up and talk about it together” (T2A, Ln 121-122). Team 5 stated: “So many hats to wear, yeah, you have to have mental health expertise, horse expertise, and then business knowledge. It’s so much and it takes awareness and an effort to, um, an effort to learn, to see what you don’t even know” (T5I, Ln 283-286). Team 11 stated: “The licensed people wouldn’t really be able to do anything about horse care” (T11I, Ln 323-324). Team 3 discussed potential value in having some level of cross-training to help in the identification of issues that may arise: “If mental health people would be given more information about animal welfare and equine specialists could, um, learn, about client welfare, I, um, I think that would be a good” (T3I, Ln 576-578).

Overall, Subcategory 3.1: Planning - Drivers of Decision-Making allowed the researcher to identify what prompted the decision makers to engage in the decision-

making process. The Role Specific property illustrated how the MH and ES roles drove decision-making. The Specialty and Expertise property involved roles outside of the MH and ES roles as the driver of decision-making. The Discoverer property focused on who identified the issue, regardless of role or expertise, as the driver of decision-making. This information was helpful because it allowed the researcher to see how the decision-making process flowed after an ethical dilemma was identified and potential decision makers were identified. The next subcategory continued this flow and identified the framework for the resolution of ethical issues.

### ***Subcategory 3.2: Develop Perspective – View of the Issues***

Subcategory 3.2: Develop Perspective -View of issues pertains to the lens the team used to view ethical issues and dilemmas. Initially, this subcategory was a property of Subcategory 3.1: Planning - Drivers of Decision-Making. However, as the researcher engaged in data analysis and utilized the method of constant comparison, it became clear that the perspective or lens of decision-making evolved as decision-making progressed. In other words, the view of issues during planning may or may not be the same as the perspective taken when the decision is made. For example, several teams initially viewed the actions of Jack, the therapist in the hypothetical scenario, as inappropriate within the context of the scheduled demonstration. This was considered to be a specific or micro view of the issues connected to the Pegasus program. However, as the teams discussed the issues, they broadened their perspective of the issues to include consequences Jack may face with the agency that employed him and even further to the impact on the equine-assisted psychotherapy industry as a whole. This lens created the perspective upon which on the framework for decision-making was built. Therefore, Develop Perspective -



View of Issues was created as a separate subcategory. The properties of this subcategory include Macro to Micro View and Micro to Macro View.

**Macro to Micro View.** The property Macro to Micro View pertains to a lens that examined broad categories and themes with gradual focus toward narrower, specific issues. The dimension of Macro to Micro View ranges from Broad View of Issues to Specific View of Issues. Most of the teams viewed decision-making from a macro to micro view when they focused in a reactive manner, such as on the consequences of actions. For example, Team 8 noted: “Just because they seemed okay at the end doesn’t mean what they did was right” (T8A, Ln 48-49). Team 4 stated: “Well, the determining factor was really about, um, how, um, how you’re thinking about the consequences of things” (T4I, Ln 455-456) and “We decided to focus on what was going to have the biggest effect on our community” (T4I, Ln 469). Team 1 also focused on consequences of not addressing ethical issues within the team stated: “Lawsuits from clients, malpractice, dual relationships, etc.” (T1A, Ln 68).

**Micro to Macro View.** The property Micro to Macro View pertains to a lens that connected the smaller issues to create the bigger picture or identify the source of multiple problems. The dimension of Micro to Macro View ranges from Specific View of Issues to Broad View of Issues. The teams took a micro to macro approach to decision-making when they focused in a proactive manner, such as planning and tasks within the team and involving the program. For example, Team 4 took a micro to macro approach when analyzing the hypothetical scenario: “Maria should see the bigger picture of what she is getting into” (T4A, Ln 75). Team 9 stated: “We were able to see how a lot of them connected to bigger issues” (T9I (Ln 30). Team 1 stated: “If they would’ve handled the

top three issues correctly, the rest of the issues would have gone away for us, they wouldn't have existed (T1I, Ln 622-625). Team 2 stated: "This made us realize how we need to advocate in our area to protect the integrity of equine-assisted practice" (T2A, Ln 131-132). Team 8 stated: "If the horses aren't looked after properly, Sally could be in trouble and that would end things for all of them" (T8A, Ln 105-106). Team 3 noted: "When people have a bad experience with this work, they seem to hold it against all the programs around" (T3I, Ln 409-410).

### ***Subcategory 3.3: Action – Decision-Making and Resolution***

Subcategory 3.3: Action - Decision-Making and Resolution identified the parties the participant teams involved in the decision-making itself. This subcategory differs from the first subcategory, Planning - Drivers of Decision-Making, in that the driving force behind engaging in decision-making is not necessarily a party to the decision-making process itself. For example, in the hypothetical scenario several members of the media were scheduled to attend a demonstration at Pegasus Farm. The media would be considered a third-party driver of several ethical issues the Pegasus Farm Team would have to resolve, such as how to address client confidentiality. The media would not, however, be directly involved in the decision-making process needed to decide how to best protect client information. Therefore, the media would be considered a third-party driver of decision-making but not an external third-party decision maker. Properties of Subcategory 3.3: Action - Decision Making and Resolution include Internal Involvement; Collaborative Program Involvement; and External Third-Party Involvement.

**Internal Involvement.** The property Internal Involvement identifies decision-making limited to the nuclear team. The dimension of Internal Involvement ranges from

Limited to Nuclear Team to Not Limited to Nuclear Team. The findings indicate that most of the teams identified areas in which the MH and ES would choose to engage in the decision-making process as a team and not involve others as stakeholders or for consultation purposes. This occurred mainly in the area of session planning. For example, Team 5 stated: “The teamwork helps us feel confident in treatment decisions.” (T5A, Ln 95-96). Team 7 stated: “We would talk about it together and make a plan to address it if it seemed bad enough” (T7A, Ln 88). Team 12 stated: “Working together as a team means we are 100% invested in how that influences our clients” (T12I, Ln 47-48). Team 14 discussed teamwork during session and stated: “We didn’t realize how much we already rely on each other to make the best decision in the moment” (T14I, Ln 63-64). Team 9 indicated a unique commonality that requires them to utilize internal decision making: “We are both hearing impaired and decided to work together to help hearing impaired clients with mental health issue that are sometimes unique to those without hearing” (T9I Ln 20-22).

**Collaborative Program Involvement.** The property Collaborative Program Involvement includes decision-making that involves a third party who is not external to the program. This would include facility owners, farm managers, clinical staff not part of the nuclear team, and non-clinical staff. Clients and client family members may also be considered in Collaborative Program Involvement. The dimension of Collaborative Program Involvement ranges from Collaborative to Non-collaborative. Most of the teams indicated that they would engage in collaborative decision-making to resolve issues connected to ethical issues outside of sessions and treatment decisions. For example, Team 1 stated: “The issues at our facility would be addressed with everyone” (T1A, Ln

60-62). Team 7 reported collaboration in their program in the form of regular status meetings with all involved in their program: “We have regular meetings with our staff” (T7I, Ln 132). Team 12 collaborates with mindful intent: “We used our combined consciousness to find the solutions” (T12I, Ln 40). Team 5 provided an example of client involvement in decision-making during the informed consent process: “There should have been a meeting with clients before the demo to work out what was going to happen and how their information was going to be used” (T5A, Ln 23-24). Team 9 indicated issue-specific involvement of others within their program: “But when we came together about the issue to make the decisions and we could look at what could be done to manage the overall issues” (T9I, Ln 61-62). Team 10 stated that they open decision-making to their program as a whole: “We remind them to consider all the team members and the reason they, the impact they have on things” (T10I, Ln 461-462).

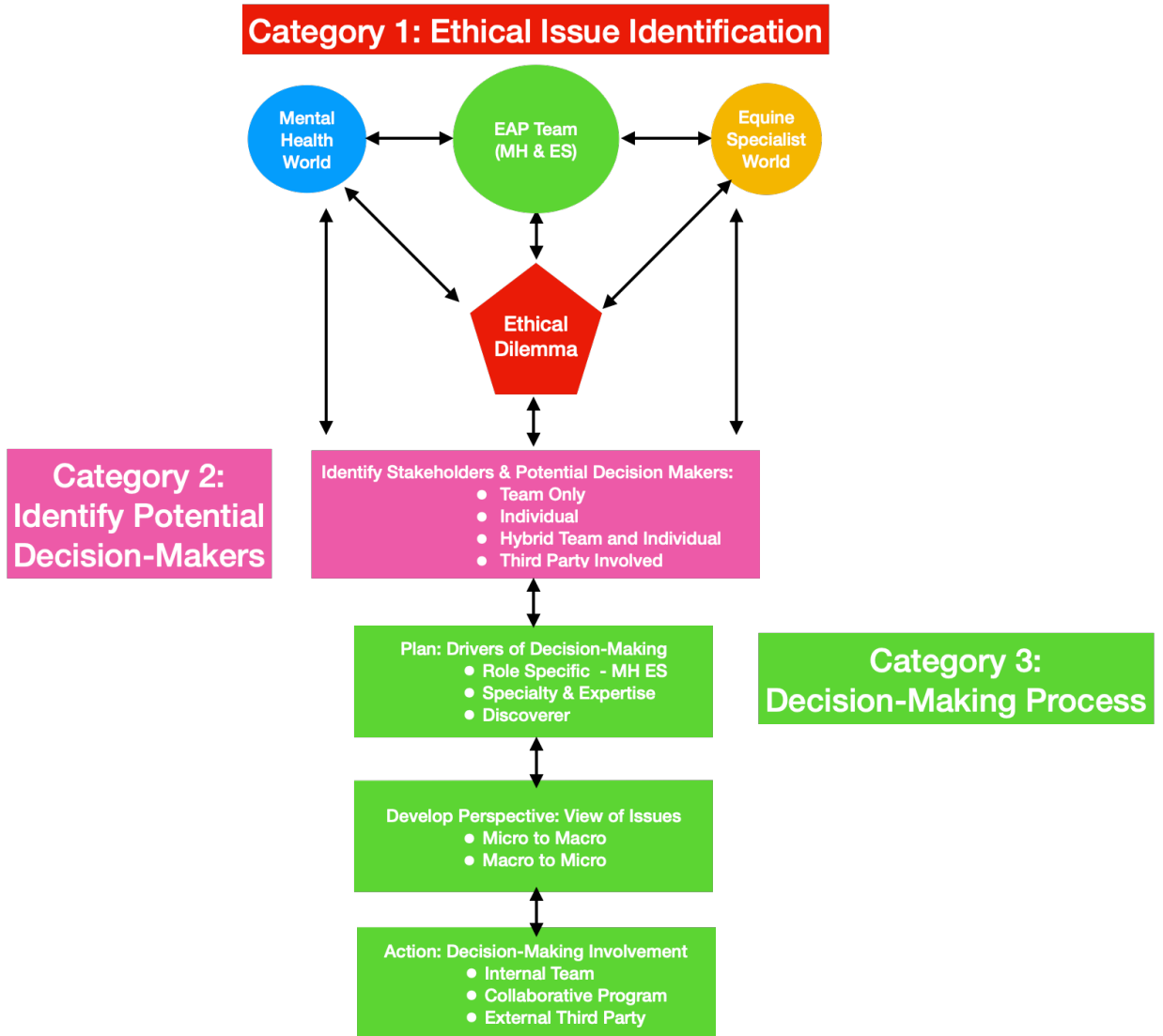
**External Third Party.** The property External Third-Party Involvement identifies decision-making that includes the nuclear team and third parties not connected to the team’s equine-assisted psychotherapy program. This would include professional colleagues in the mental health industry, attorneys, financial consultants, as well as professionals in the equine industry such as farriers, and veterinarians. The dimension of External Third-Party ranges from External third-party involved to No external third-party involved. The data reflect that all of the participant teams were willing to include external third parties when appropriate to the decision. For example, Team 15 acknowledged the need for legal advice: “With the mental health issues, we might talk to others and get advice about what to do about malpractice complaints and issues like that” (T15A, Ln 110-112). Team 3 identified contacts at professional organizations to be beneficial in the

resolution of ethical dilemmas: “If us engaging with them did not help them change some of their ethical issues, we would contact the ethics committee at Eagala and Natural Lifemanship” (T3A, Ln 99-100). Team 4 detailed situations where external third parties should not be involved in decision-making: “I think it would’ve caused more problems if we had just called authorities or licensing or something like that” (T4I, Ln 501-502).

In summary, Category 3: Resolution of Ethical Issues in Equine-Assisted Psychotherapy Practice provided valuable insight into how the participant teams viewed what drives decision-making. It encompassed the planning, perspective, and action involved in ethical decision-making. It also revealed types of decision-making frameworks the participants team found appropriate for various types of ethical dilemmas. Figure 4, below, provides a visual depiction of the flow from Category 1 to Category 2 to Category 3.

**Figure 3.**

Flow between Category 1, Category 2 & Category 3



#### **Category 4: Factors Affecting Decision-Making in Equine-Assisted Psychotherapy Practice**

This category includes issues identified by the participant teams that affect the way they engage in decision-making and that impact the decisions made in the course of the decision-making process. This category evolved from Subcategory 3.2: Develop Perspective - View of Issues. The teams were asked to identify what they considered to be factors in how they make ethical decisions. As analysis of their responses progressed, it became clear that certain factors had an effect on overall decision-making and not just how the teams viewed specific issues. These factors were considered to be significant and warranted a separate category due to the effect they have on the other categories, from identifying ethical issues all the way through to making the decision itself. This category contained four subcategories:

- Team Experience
- Team Trust
- Organizational Affiliation
- Risk Factors that Impact Ethical Decision-making

##### ***Subcategory 4.1: Team Experience***

Subcategory 4.1: Team Experience reflects the impact of the team itself on decision-making. The teams all noted team longevity, history, and focus of practice to be influential factors in how they make decisions. Therefore, properties of Team Experience included Team Longevity, Team History and Team Focus Area.

**Team Longevity.** The property Team Longevity documented the length of time the participants teams have practiced equine-assisted psychotherapy together as a team. The dimension of Team Longevity ranged from New Team to Established Team. The

data revealed the actual length of time the teams have been together to be a range from six months to 14 years. Team 12 described knowing each other for several years and “working together consistently for 6 months” (T12I, Ln 23 - 24). Most of the teams fell within the middle of the range. Team 5 stated they formed their team “about seven years ago now” (T5I, Ln 129). Team 9 stated: “We have been working as an Eagala team since 2017” (T9I, Ln 11). Team 13 stated: “We have been working together for about 4 1/2 years” (T13I, Ln 23). Most of the participant teams had relevant experience prior to joining together to work as a team. Team 11 indicated: “I had been practicing the model for a while and then met ES at a networking event” (T11I, Ln 36). Some of the teams also work as part of other equine-assisted psychotherapy teams. Team 1 described working with other teammates for training purposes: “A newer mental health person, they rely on, heavier on the equine specialist for activities that relate to what the client is doing because they just don’t have the background or the knowledge of what’s going on” (T1I, Ln 286-289). Team 6 described being part of an established team: “Yeah, in long term relationships like me and [ES] that’s, for me, feels easy” T6I (Ln 495-497). Team 1 described the difficulty of decision-making as a short-term team: “Short-term teams that are put together quickly, you don’t have time to resolve those things” (T1I, Ln 350-351).

**Team History.** The property Team History was connected to the team’s experience of working together. The dimension of Team History ranges from Positive Team History to Negative Team History. The findings indicate that some of the teams described a positive experience building a team while others described a more tumultuous process. Team 3 stated: “We’ve worked for so long together that we have this non-verbal language and maybe even telepathy” Team 8 described a positive yet disengaged



relationship: “I talked to [ES] about working with some on my clients and, um, she was on board with giving it a try” (T8I, Ln 78-79). T3I (Ln 448-449). Team 4 reported difficulties: “We were both a mess at the beginning” T4I (Ln 198-199). Team 4 also described improvement: “[ES] was the, the um, the bridge I needed and it helped me, and it helped my confidence in the arena” (T4I, Ln120-121). Team 6 also reported a rocky start to the team relationship: “Clients were more confused when they left than when they got there because of the interactions between me and [ES]” (T6I, Ln 475-476). Team 1 stated: “It is not something someone off the street is going to walk up and do because if the team isn’t right, a) the horses are going to know, b) the clients are going to know and that’s just not the kind of program that we want to project” (T1I, Ln 810-813).

**Team Focus.** The property Team Focus highlights the areas of practice of each participant team. The dimension of Team Focus ranges from Team has one focus area to Team has multiple focus areas. While all of the participant teams were required to be currently practicing equine-assisted psychotherapy together, the data revealed that some of the teams also worked together in other programs. Some of the participant teams wear several hats in their practice while others have a limited focus area. For example, Team 1 described their work to supervise a robust program that included “Eagala work, a Path certified therapeutic riding program, and traditional riding lessons” (T1I, Ln 64-66). Team 6 stated: “We have four licensed counselors, we added a therapeutic riding program, we have three other therapeutic riding instructors, we see clients six days a week” T6I (Ln 209-211). Team 11 stated: “I have a lesson program too so it’s a good balance right now, a little of both” (T11I, Ln 84-85).

***Subcategory 4.2: Team Trust***

Subcategory 4.2: Team Trust was initially considered a property of Subcategory 4.1: Team Experience. As data analysis progressed, however, Team Trust evolved into a separate category due to the participant team descriptions noting the importance of trust between teammates as they engaged in the decision-making process. The strength of this bond was reported to be significant beyond longevity, history, and focus area. Team trust includes the properties Rapport, Integrity, Reliability, and Conflict Resolution.

**Rapport.** The property Rapport reflects the level of understanding the teams reported having in each other and the ability to communicate that understanding to each other. The dimension of Rapport ranges from Strong Team Rapport to Lack of Team Rapport. The findings indicate that all of the teams reported some level of rapport between the team members. For example, Team 7 stated: “We are a good team and can talk about anything” (T7A, Ln 97-98). Team 5 stated: “I think that’s the important piece too, um, the friendship, see, we actually like each other and get along socially, um, it’s not just all work and, um, I think that is really important for this type of work” (T5I, Ln 146-147). Team 13 summed up their relationship: “You have to trust your partner in this business” T13I (Ln 43-44).

**Integrity.** The property Integrity reflects the level of honesty the participant teams believed they displayed toward each other. The dimension of Integrity ranges from Honest Communication Pattern to Dishonest Communication Pattern. The findings indicate that honest communication is significant to the level of trust the team members experience in each other. For example, Team 1 stated: “We have had a really great working relationship from the start where we give each other honest feedback” (T1I, Ln

156-157). Team 1 further stated: "...there has to be this willingness on the part of the team to learn about each other, to learn about the pros, the cons, the quirks (T1I, Ln 859-860). Team 2 stated: "We trust our own instincts and if it doesn't feel right, we talk about it together and decide what to do so that we both feel comfortable" (T2A, Ln 126-127).

**Reliability.** The property Reliability pertains to the level of consistency in the interactions between team members. The dimension of Reliability ranges from Consistent Team Interactions to Inconsistent Team Interaction. Team 3 stated: "We have to trust each other to know what we are each supposed to do" (T3I, Ln 444). Team 4 discussed the importance of consistency in emotional safety between teammates: "We need to be able to feel safe talking to each other, I mean without fear of hurting someone's feelings" (T4I, Ln 562-563). Team 8 noted consistency in the delivery of services: "I think we are a good team and help a lot of people between our two set of skills" (T8I, Ln 230).

**Conflict Resolution.** The property Conflict Resolution reflects the way teams approached settling disagreements. While Conflict Resolution also emerged as a property of Subcategory 1.1: Issues Connected to the Equine-Assisted Psychotherapy Team, the ways the participant teams addressed conflict played a role in the level of trust reported in the team relationship. The dimension of this property ranges from Collaborative to Avoidant. As stated above, the findings indicate that the majority of the participant teams had not been aware of individual or team conflict resolution styles prior to this study. Upon reflection, however, most teams identified as collaborative. For example, Team 6 stated: "We give each other honest feedback, um, and we can have hard discussions about things then work through challenges together (T6I, Ln 301-303). Team 9 stated: "We do work well together and have similar styles for working through issues" (T6I, Ln 301-

303). Team 11 identified a more avoidant conflict resolution style with both team members stating that they "do not like conflict" and "I guess we do more preventive work that have to any clean-up of arguments or anything" (T11I, Ln 398-399).

#### ***Subcategory 4.3: Organizational Affiliation***

Subcategory 4.3: Organizational Affiliation pertains to the impact membership or certification with professional organizations in the equine-assisted psychotherapy industry has on ethical decision-making. This subcategory contains the property Team Membership or Certification with Equine-Assisted Psychotherapy Organization.

**Team Membership or Certification with Equine-Assisted Psychotherapy Organization.** This property pertains to whether the team includes a member who is certified in a specific model of equine-assisted psychotherapy. The dimension of Team Membership/Certification with Equine-Assisted Psychotherapy Organization ranges from Membership or Certification to No Membership or Certification. Most of the participant teams had at least one team member certified by at least one professional organizations. A review of individual participant certification status indicated that twelve participants were Eagala certified; six participants were certified by Path, Intl.; four participants were certified by Natural Lifemanship; and eight participants were not certified by any equine-assisted psychotherapy organization. The findings indicate that the participants teams with at least one certified member viewed the resources available through their organization of choice to be a powerful factor in their confidence to make ethical decisions. Teams not certified or affiliated with an equine-assisted psychotherapy organization tended to look to general mental health practice resources, state guidelines, statutes, and mental health organizations for guidance regarding ethical issues.

Team 5 indicated that certification has a valuable impact on decision-making: “If they were certified, they’d have more of a basis for everything else, they would have to be educated and know the model” (T5I, Ln 290-292). Team 5 also noted the impact on decisions concerning client welfare when certified: “She needs to consider ways to separate riding clients from clients who do groundwork, especially if they are going to get certified in Eagala or NL” (T5A, Ln 60-63). Team 4 highlighted the impact of uncertified mental health specialists: “At first I had therapists that weren’t certified and that was, um, um, well, um I’m trying to think of a, well, yeah, a nice way to put it but it was a struggle” (T4I, Ln 181-184). Team 1 described the range of scope within the Eagala model with regard to decision on how best to apply the model: “It’s really surprising the um the different range of interpretation of the Eagala model across the spectrum” (T1I, Ln 335-336). Team 2 noted the impact of the problem of marketing organizational affiliation without proper certification: “She could be sanctioned or lose her membership if they found out” (T2A, Ln 89). Team 8 indicated no equine-assisted psychotherapy organizational affiliation but state that connections with organizations in the equine industry have an impact on their practice: “Not equine-assisted psychotherapy but I have worked with Clinton Anderson and follow his model of training, like, you know, of more natural horsemanship methods” (T8I, Ln 198-199).

#### ***Subcategory 4.4: Risk Factors that Impact Ethical Decision-Making***

The final subcategory in Category 4: Factors Affecting Decision-Making in Equine-Assisted Psychotherapy is Subcategory 4.4: Risk Factors that Impact Ethical Decision-Making. This subcategory addresses the risk attitude or tolerance of the participant teams in ethical decision-making. Properties of Risk Factors that Impact

Ethical Decision-Making include Decisions Influenced by Risk and Decisions Influenced by Gain. The participant teams provided different perspectives on how risk plays a role in decision-making and how they view consequences of decision-making. All of the teams recognized some level of risk as an overall factor in ethical decision-making.

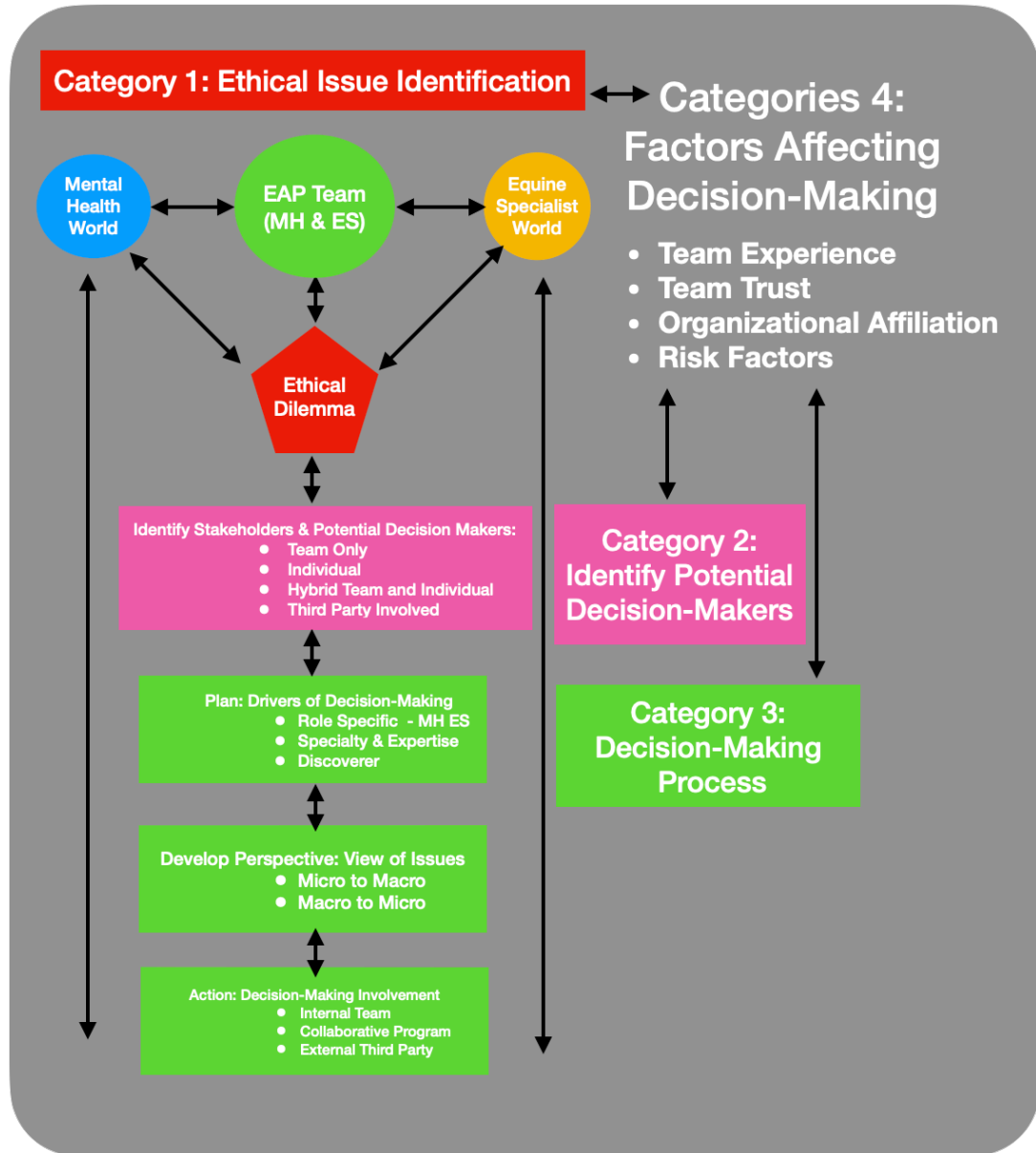
**Decisions Influenced by Risk.** The property Decisions influenced by Risk involves a view of decision-making from the perspective of potential loss. The dimension of Decisions Influenced by Risk ranges from Decisions Influenced by Risk to Decisions Not Influenced by Risk. Some of the teams identified liability, injury, harm to business interests, or harm to reputation as significant factors in ethical decision-making. Team 1 noted harm to business interests as a factor in decision-making: “Lawsuits from copyright infringement” (T1A, Ln 67). Team 8 described a situation where risk of client welfare was an issue: “I wouldn’t see that type of client in my practice anyway, I would refer them right away” (T8I, Ln 153). Team 5 put themselves in the position of the team in the hypothetical scenario: “If it were us, we would not do a demo like that at all. It’s too risky to everyone” T5A (Ln 26-27). Several teams focused on consequences as a risk factor. Team 9 stated: “We did approach it from a view that the ends do not always justify the means” (T9I, Ln 94-95). Team 10 stated: “If they slowed down to consider what might happen if she didn’t, um, if she wasn’t there, they may have handled it differently” (T10I, Ln 454). Team 4 stated: “Well, the determining factor was really about, um, how, um, how you’re thinking about the consequences of things” (T4I, Ln 455-456). Team 4 also identified risk prevention as a decision-making strategy: “We would have made planning and prevention a priority so we wouldn’t have to resolve this issue” (T4A, Ln 29-30).

**Decisions Influenced by Gain.** The property Decisions Influenced by Gain focused on reward as a significant factor in decision-making. The dimension of Decision Influenced by Gain ranges from Decision Influenced by Reward to Decision not Influenced by Reward. The teams identified building professional or personal integrity, financial interests, maintenance of licensure and certification, and enhanced reputation in the industry as examples of factors that may influence ethical decision-making. Team 4 summed up the financial motivation in decision-making: “I would think if there wasn’t any money, none of us would do this, right?” (T4I, Ln 334-335). Team 8 identified personal gain as a factor: “Having empathy is a big factor in how we make decisions” (T8I, Ln 410).

In summary, Category 4: Factors Affecting Decision-Making in Equine-Assisted Psychotherapy addressed issues that impact the way the participant teams engaged in decision-making. The factors identified in this category influenced overall decision-making and not just how the teams viewed specific issues. The factors included Team Experience, Team Trust, Organizational Affiliation, and Risk Factors that Impact Ethical Decision Making. These factors were significant and warranted a separate category because of the effect they have on the other categories, from identifying ethical issues through to making the decision itself. Figure 5 illustrates how Category 4 encompasses Categories 1, 2, and 3 and highlights the overall effect Category 4 has on the entire decision-making process.

**Figure 4.**

Flow of Categories 1, 2, 3, and 4





### **Category 5: Utilization of Decision-Making Models in Equine-Assisted Psychotherapy Practice**

This final category addresses Research Question #4: What, if any, decision-making model is appropriate and applicable to the ethical issues and dilemmas encountered by equine-assisted psychotherapy practitioner teams within the scope of equine-assisted psychotherapy practice? It provides insight into participant team awareness and utilization of decision-making models during the decision-making process.

This category contains four subcategories:

- Use of Ethical Decision-Making Model
- Use of Non-specific Decision-Making Model
- Use of Decision-Making Process Unique to the Team
- Benefit of Utilizing a Decision-Making Model

#### ***Subcategory 5.1: Use of Ethical Decision-Making Model***

Subcategory 5.1: Use of Ethical Decision-Making Model pertains to whether the participant teams have utilized an ethical decision-making model in their decision-making process. The properties of this subcategory include Team Utilizes an Existing Ethical Decision-Making Model Specific to Equine-Assisted Psychotherapy and Team Utilizes an Existing Ethical Decision-Making Model Not Specific to Equine-Assisted Psychotherapy.

**Team Utilizes an Existing Ethical Decision-Making Model Specific to Equine-Assisted Psychotherapy.** The property Team Utilizes an Existing Ethical Decision-Making Model Specific to Equine-Assisted Psychotherapy captures information connected to participant team utilization of an existing ethical decision-making model

designed for use in equine-assisted psychotherapy. The dimension of this property ranges from Utilized to Not Utilized. The findings indicate that none of the teams reported use or knowledge of a decision-making model specific to equine-assisted psychotherapy practice. Team 3 stated: “No, I don’t think I’ve ever seen one or heard of one being used” (T3I, Ln 518).

**Team Utilizes an Existing Ethical Decision-Making Model Not Specific to Equine-Assisted Psychotherapy.** The property Team Utilizes an Existing Ethical Decision-Making Model Not Specific to Equine-Assisted Psychotherapy addresses participant team utilization of an existing decision-making model designed for ethics in general and not specific to equine-assisted psychotherapy. The dimension of this property ranges from Utilized to Not Utilized. The data revealed that none of the teams indicated use of a general ethical decision-making model. Some teams acknowledged having reviewed ethical decision-making models in school or business, but none have put them into practice. For example, Team 5 stated: “Probably the ethics class, some kind of decision tree. Yeah, that was in school, yeah, um, but I honestly don’t think I’ve really used one, at least not since then” (T5I, Ln 499-501). Team 8 stated: “Maybe way back in school, maybe, in one of the ethics classes or something like that but nothing, um, not recently” (T8I, Ln 423). Team 5 indicated some level of awareness of ethical decision-making models in the form of ethical codes: “I admit, um, it’s not something I have in front of me every day, um, but I remember looking through it and that it’s pretty common-sense stuff, at least I think that it is, kind of like the ten commandments sort of thing” (T5I, Ln 524-527). Team 13 indicated a lack of awareness about ethical decision-

making in general: “We had never given much thought into how often we have ethics come up in our practice” (T13I, Ln 101).

***Subcategory 5.2: Use of Non-Specific Decision-Making Model***

Subcategory 5.2: Use of Non-Specific Decision-Making Model addresses the potential use by the participant teams of a decision-making model not designed specifically for ethical decision-making. Properties of this subcategory included Team Utilizes an Existing Decision-Making Model Not Specific to Ethics but Specific to Equine-Assisted Psychotherapy and Team Utilizes an Existing Decision-Making model Not Specific to Ethics or Equine-Assisted Psychotherapy.

**Team Utilizes an Existing Decision-Making Model Not Specific to Ethics but Specific to Equine-Assisted Psychotherapy.** The property Team Utilizes an Existing Decision-Making Model Not Specific to Ethics but Specific to Equine-Assisted Psychotherapy examined whether the participant teams utilized a decision-making model designed for use in equine-assisted psychotherapy but not limited to ethical decision-making. The dimension of this property ranges from Utilized to Not Utilized. None of the teams indicated that they utilized a decision-making model designed for equine-assisted psychotherapy that is not limited to ethical decision-making. When asked about the use of decision-making models in general, Team 7 stated: “Not any official model, no” (T7I, Ln 248)

**Team Utilizes an Existing Decision-Making model Not Specific to Ethics or Equine-Assisted Psychotherapy.** The property Team Utilizes an Existing Decision-Making model Not Specific to Ethics or Equine-Assisted Psychotherapy examined whether the participant teams utilized a decision-making model not limited to use for

ethical decision-making or equine-assisted psychotherapy. The dimension of this property ranges from Utilized to Not Utilized. None of the teams reported use of a general decision-making model that was not limited to ethical decision-making or limited to the practice of equine-assisted psychotherapy. Team 9 stated: “We did not use any particular model” (T9I, Ln 91).

***Subcategory 5.3: Use of Decision-Making Process Unique to the Team***

Subcategory 5.3: Use of Decision-Making Process Unique to the Team examines whether the teams utilized a decision-making model or process developed by the team itself. Properties of this subcategory include Team Utilized a Decision-Making Model Created by the Team Specifically for Equine-Assisted Psychotherapy and Team Utilized a Decision-Making Model Created by the Team Not Specifically for Equine-Assisted Psychotherapy.

**Team Utilized a Decision-Making Model Created by the Team Specifically for Equine-Assisted Psychotherapy.** The property Team Utilized a Decision-Making Model Created by the Team Specifically for Equine-Assisted Psychotherapy examined whether the participant teams developed their own process or model for decision-making connected to the practice of equine-assisted psychotherapy. The dimension of this property ranges from Utilized to Not Utilized. None of the teams indicated that they developed a model to assist them in decision-making. Team 10 reported no particular model: “There wasn’t a strict step by step or anything like that” (T10I, Ln 384). Team 7 stated: “No, not formal” (T7I, Ln 250). Team 10 did, however, share the process they engaged in as they analyzed the hypothetical scenario: “...seeing it as an assessment, like an assessment of each character” (T10I, Ln 281). Team 4 described their process as

conversational: “It was more of a discussion a free discussion about the issues” (T4I, Ln 607).

**Team Utilized a Decision-Making Model Created by the Team Not Specifically for Equine-Assisted Psychotherapy.** The property Team Utilized a Decision-Making Model Created by the Team Not Specifically for Equine-Assisted Psychotherapy examined whether the participant teams developed their own process or model for decision-making in general. The dimension of this property ranges from Utilized to Not Utilized. None of the teams indicated that they had developed their own decision-making model that was not limited to equine-assisted psychotherapy. Team 9 did, however, articulate a general process for approaching the hypothetical scenario: “We did approach it from a view that the ends do not always justify the means” (T9I, Ln 94-95).

***Subcategory 5.4: Benefit of Utilizing an Ethical Decision-Making Model***

The final subcategory, Subcategory 5.4: Benefit of Utilizing an Ethical Decision-Making Model addresses the opinions of the participant teams about whether an ethical decision-making model would be valuable in the practice of equine-assisted psychotherapy. This subcategory contained the properties Team Recognized Benefit to Utilization of Ethical Decision-Making Model and Team Recognized Benefit to Utilization of Ethical Decision-Making Model Specific to Equine-Assisted Psychotherapy.

**Team Recognized Benefit to Utilization of Ethical Decision-Making Model.**

The property Team Recognized Benefit to Utilization of Ethical Decision-Making Model examined the view of the participant teams regarding the value of ethical decision-

making models in general. The dimension of this property ranges from Beneficial to Not Beneficial. The findings indicate that all of the participant teams noted some level of value to utilization of an ethical decision-making model. For example, Team 3 stated: “Yeah, um, like if we had that available from the start we could be more aware of problems before they get bad” (T3I, Ln 569-570). Team 4 stated: “Maybe that’s something we need to work toward, um, having a process to follow, um especially with ethics, you know, to see it coming and have a way to deal with it” (T4I, Ln 613-614). Team 5 was supportive but skeptical about the use of an ethical decision-making model: “Maybe, probably, um, depending upon the situation” (T5I, Ln512)

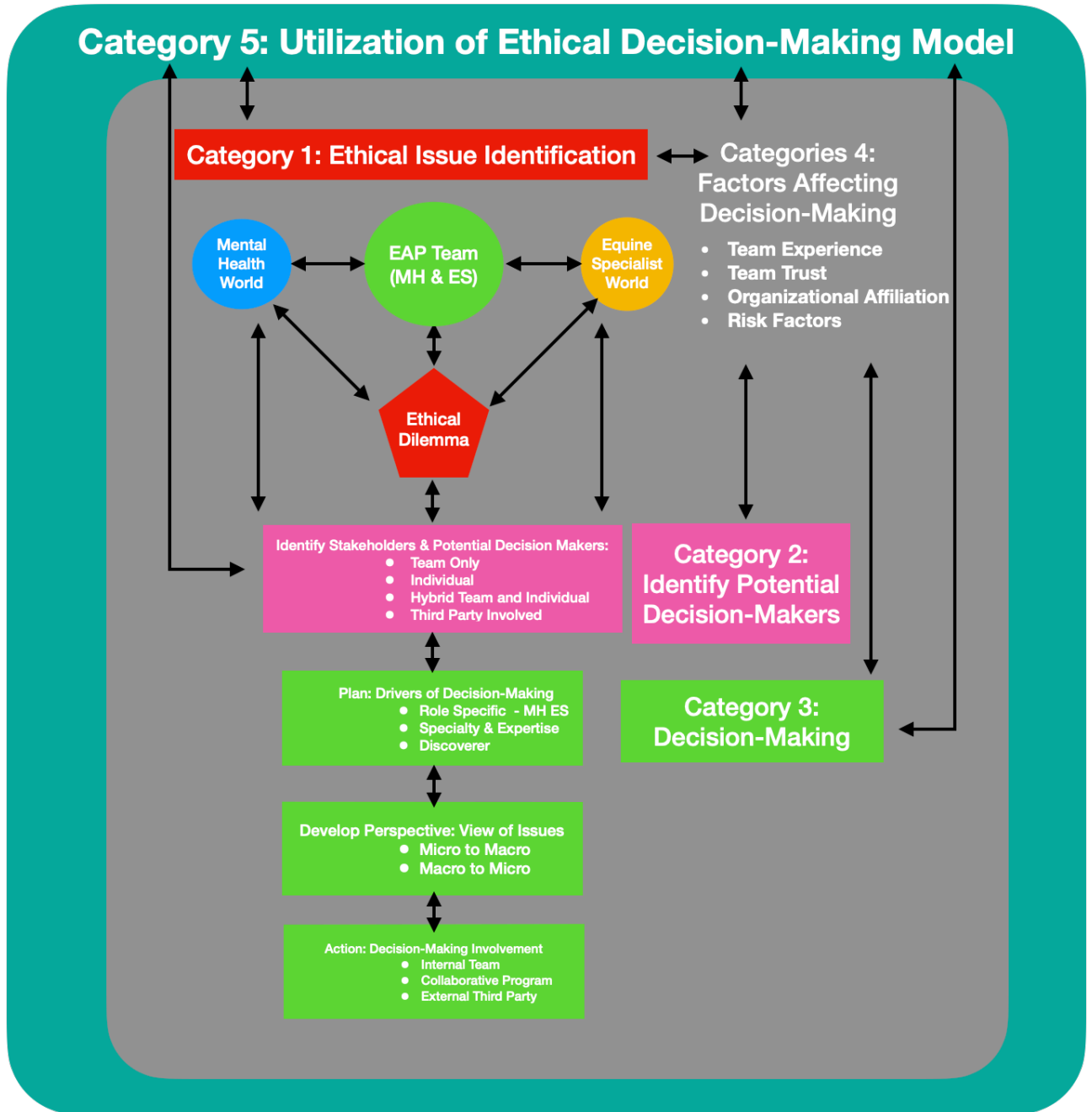
**Team Recognized Benefit to Utilization of Ethical Decision-Making Model Specific to Equine-Assisted Psychotherapy.** The property Team Recognized Benefit to Utilization of Ethical Decision-Making Model Specific to Equine-Assisted Psychotherapy examined the view of the participant teams regarding the value of an ethical decision-making model designed specifically for equine-assisted psychotherapy. The dimension of this property ranges from Beneficial to Not Beneficial. After analyzing the hypothetical scenario, most teams agreed a model or structure for decision-making applicable to equine-assisted psychotherapy practice would be useful. For example, Team 5 stated: “Maybe, um, possibly having a clear process, you know, some structure, could prevent a lot of trouble” (T5I, Ln 537-538). Team 10 suggested potential formats for an ethical decision-making model: “Like a check list, ah, or something, to, um, make sure all based were covered” (T10I, Ln 389) and “...something to give a, um, to drive you more into the issue than just making a decision and moving on” (T10I, Ln 440-441). Team 3 stated: “It was not easy to read about these issues, but it does help us think about out

program and how we want our business to operate” (T3A, Ln 115-116). Team 1 identified a need for a comprehensive decision-making model in the practice of equine-assisted psychotherapy: “Yes, and ethical, like mental health ethical, but also horse, you know horse ethics as well” (T1I, Ln 466-467). Team 3 also suggested a practical application of an ethical decision-making model: “...something that, that, um, combines the horses, issues around the horses’ welfare and the mental health issues, the things we do to protect clients, you know, something that fits with what we really do” (T3I, Ln 534-536). Team 12 suggested a model that incorporates cultural sensitivity: “The ethics of the Ute people are something we would like to share on a broader stage” (T12I, Ln 98-99). Team 4 highlighted the benefit of an ethical decision-making model that incorporates reflection and learning as part of the process: “Yeah, when ethics come up, um, we’d have a way to deal with it, and we could document issues and actions we take so we could see what worked and what didn’t and repeat what seems to work best” (T4I, Ln 616-618). Team 8 referred to the actions of the team in the hypothetical scenario and noted that availability of an ethical decision-making model would only be useful if it is utilized: “We don’t know if anything would’ve stopped them” (T8I, Ln 435).

The figure below illustrates Category 5 in relation to Categories 1 to 4.

**Figure 5.**

Flow of Categories 1, 2, 3, 4, and 5.





### Summary

This qualitative study utilized Modified Grounded Theory techniques to examine how practitioners identified and resolved ethical issues encountered within the scope of equine-assisted psychotherapy practice. The five categories detailed above emerged from the data collected. The findings in this study indicate that equine-assisted psychotherapy practitioners recognize that ethical issues and dilemmas arise within the scope of equine-assisted psychotherapy practice (Category 1). Practitioners of equine-assisted psychotherapy also recognize the importance of identifying key decision-makers and stakeholders relevant to the resolution of ethical issues and dilemmas (Category 2). Further, practitioners of equine-assisted psychotherapy believe the ethical decision-making process is flexible and may involve an individual decision-maker or take place as a collaborative effort with other decision-makers (Category 3). This flexibility is necessary due to the variety of ethical issues and dilemmas that may present within the scope of equine-assisted psychotherapy practice (Category 4). Finally, practitioners of equine-assisted psychotherapy do not currently utilize an ethical decision-making model to resolve ethical issues and dilemmas (Category 5) and there could be a benefit to the development of an ethical decision-making model specifically for the practice of equine-assisted psychotherapy (Subcategory of Category 5). The following chapter provides an interpretation and application of these findings, a discussion of study limitations and implications, as well as opportunities for further research.

## CHAPTER 5: DISCUSSION

This dissertation study explored the ethical decision-making processes of equine-assisted psychotherapy practitioners. This chapter provides an interpretation of the study results, limitations of the study, suggestions for future research, and implications for the ethical decision-making processes of equine-assisted psychotherapy practitioners. As detailed in Chapter 3, a qualitative study was conducted utilizing Modified Grounded Theory techniques to examine how practitioners of equine-assisted psychotherapy identified and resolved ethical issues encountered within the scope of practice. The study presented the following four research questions:

1. How do equine-assisted psychotherapy practitioner teams identify ethical issues and dilemmas?
2. How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?
3. Do equine-assisted psychotherapy team members engage in decision-making individually or do they engage in a collaborative decision-making process?
4. What, if any, decision-making model is appropriate and applicable to the ethical issues and dilemmas encountered by equine-assisted psychotherapy practitioner teams within the scope of equine-assisted psychotherapy practice?

To address these questions and gain an understanding of how practitioners engage in ethical decision-making, fifteen (15) teams of equine-assisted psychotherapy practitioners were recruited to participate in the study. Participation took place from

September 2021 through May 2022. Each Participant Team consisted of two people with one person fulfilling the role of mental health specialist and one person fulfilling the role of a qualified equine specialist. The teams were asked to work together to analyze a hypothetical scenario containing numerous ethical issues and dilemmas that occur within the scope of equine-assisted psychotherapy practice. After the analysis was complete, each team participated in a semi-structured interview with the researcher to debrief their experience. The data collected from the participant team hypothetical analyses and interviews were used to develop an understanding of how equine-assisted psychotherapy practitioners engage in ethical decision making. As detailed in Chapter 4, data analysis revealed five categories and numerous subcategories emerged. These categories and subcategories are as follows:

Category 1: Ethical Practice Defined - Identification of Ethical Issues in Equine-Assisted Psychotherapy Practice.

*Subcategories:* Equine-Assisted Psychotherapy Team; Client Welfare; Animal Welfare; Mental Health Practice; and Equine Business.

Category 2: Decision-makers in Equine-Assisted Psychotherapy Practice.

*Subcategories:* Equine-Assisted Psychotherapy Team; Individual; Hybrid of Individual and Team; and Third-Party Involvement.

Category 3: Resolution of Ethical Issues in Equine-Assisted Psychotherapy Practice.

*Subcategories:* Planning - Drivers of Decision-making; Action: Decision-making Involvement; and Develop Perspective - View of Issues.

Category 4: Issues Affecting Decision-Making in Equine-Assisted Psychotherapy Practice. *Subcategories:* Team Experience; Team Trust; Organizational Affiliation; and Risk Factors Driving Ethical Decision-making.

Category 5: Utilization of Decision-Making Models in Equine-Assisted Psychotherapy Practice.  
*Subcategories:* Use of Ethical Decision-making Model; Use of Non-Specific Decision-making model; Use of Decision-making Process Unique to the Team; and Benefit to Utilization of and Ethical Decision-making Model.

### **Findings**

While an abundance of literature exists regarding decision-making and ethical decision making, there exists a significant gap in the literature pertaining to the ethical decision-making processes of mental health practitioners who work in teams with non-mental health professionals. The aim of this dissertation is to add to the existing literature through the development of an understanding of how teams of equine-assisted psychotherapy practitioners engage in the ethical decision-making process. Based on the findings of this study, it appears that no ethical decision-making model currently exists to fit all the needs of an equine-assisted psychotherapy practitioner team. That said, elements of existing models could be used as a foundation for a specific ethical decision-

making model designed for use in the equine-assisted psychotherapy industry. The following discussion provides an interpretation of the findings in this study and highlights areas where these findings align with existing literature and where gaps are present in the literature. The findings in this study will address these gaps and provide opportunities for further research. Through the course of data analysis, five categories and numerous subcategories emerged. These categories and subcategories related to the research questions presented in this study and helped the researcher develop an understanding of how teams of equine-assisted psychotherapy practitioners engage in the ethical decision-making process. The following provides a detailed discussion of the study results.

### **Category 1: Ethical Practice Defined - Identification of Ethical Issues in Equine-Assisted Psychotherapy Practice**

Category 1 addressed *Research Question #1: How do equine-assisted psychotherapy practitioner teams identify ethical issues and dilemmas?* This category provided an outline of significant ethical issues as identified and described by the participant teams in the analysis of the hypothetical scenario. These issues were used to initiate the team decision-making process. In addition, the ethical issues identified through this analysis provided a foundation for the researcher to develop a framework around the decision-making processes of the participant teams. After reviewing the hypothetical scenario, each team was asked to identify what they considered to be the top ethical issues presented. There was consistency amongst the teams in how they ranked the issues and, ultimately, five ethical issues were identified as significant. These five issues were considered to be subcategories of Category 1. These subcategories include

Equine-Assisted Psychotherapy Team; Client Welfare; Animal Welfare; Mental Health Practice; and Equine Business.

The participant teams identified a broad spectrum of issues beyond just the scope of mental health practice, including business issues and animal welfare issues. The perspective of ethical issues presented by the participant teams aligned with the perspective taken in current literature. The issues identified reflected an application of principle or theory-based ethics. As Cottone et al. (2022) indicated, ethical decision-making is a reflection of how one views the world and one's place in society. Principle ethics may be defined by an either/or context of good or bad; right or wrong; moral or immoral. Application of principle ethics requires objectivity in the determination of what is the ethical course of action. It requires a reasoned analysis of the ethical dilemma and a balancing of ethical principles in order to arrive at the appropriate and ethical decision (Corey et al., 2019). A popular example of principle ethics is Kant's (1785) Categorical Imperative, also known as the Universal or Golden Rule to do unto others as you would have done unto you. The teams demonstrated this view in their identification of ethical issues presented in the scenario. Of note was the tendency of the teams to refer to the interactions amongst the human characters in the scenario as good or bad and right or wrong actions while many of the teams also referred to interactions between humans and animals within the context of moral or immoral ways of being. For example, the teams applied a perspective of right or wrong when considering confidentiality of client information but referred to morality or ways of being when presented with a situation that many teams considered to be neglect of the horses.

The ethical issues identified by the participant teams also reflected the six ethical standards in the *American Counseling Association's Code of Ethics*: Autonomy; Beneficence; Nonmaleficence; Justice; Fidelity; and Veracity (American Counseling Association, 2014). The teams considered Autonomy within the scope of client welfare and the client's freedom to make decisions through the informed consent process. They also applied it to animal welfare and the choice of the horse in its role during session. Beneficence is the proactive concept of acting in the best interests of someone. The teams identified beneficence as applicable across the board to all of the ethical issues identified in the hypothetical. For example, the teams acknowledged their responsibility to act in the best interests of the team itself, their programs, the clients, the animals, and the equine-assisted industry as a whole. Along the same vein, the teams applied the concept of Nonmaleficence to all the ethical issues. This restrictive concept is essentially a duty to do no harm to others (Cottone et al., 2022). This concept was emphasized in discussions of client welfare and animal welfare. Justice, the duty to provide fair and just treatment without discrimination, was also significant to issues involving client welfare and animal welfare. Fidelity played a role in issues connected to the therapeutic alliance between the teams and their clients. It also was significant in the context of organizational affiliation and adherence to specific models of equine-assisted psychotherapy. The Eagala Code of Ethics (2019) and the PATH, Intl Code of Ethics (2021) both reference Fidelity to their respective practice models. The ethical standard of Veracity was applied by the participant teams in the contexts of client welfare and business issues. This standard of truth-telling and the duty to be honest is largely considered to be a rule of conduct yet

remains an ethical standard and was emphasized by the teams when discussing issues related to scope of practice and using organizational information without permission.

The findings contained in Category 1 provided answers to *Research Question #1: How do equine-assisted psychotherapy practitioner teams identify ethical issues and dilemmas?* Principle ethics helped guide the participant teams to answer the question: “What are the ethical issues?” The participant teams applied principle ethics in their decision-making connected to the identification of ethical issues and dilemmas in that their view incorporated what was good or bad; right or wrong; moral or immoral. The findings of this study will add to the literature by providing insight into how the participant teams combine different views of principle ethics when identifying ethical issues and dilemmas.

### **Category 2: Decision-makers in Equine-Assisted Psychotherapy Practice**

Category 2 addressed *Research Question #2: How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?* and *Research Question #3: Do equine-assisted psychotherapy team members engage in decision-making individually or do they engage in a collaborative decision-making process?* This category provided insight about who the teams identified as decision-makers and stakeholders in the decision-making process. The teams were asked who they would task in making the decisions to resolve the ethical issues identified in the hypothetical scenario. The teams identified several potential decision-makers: Team members working as a nuclear team; Team members working as individuals within their role on the team and also as sources of additional expertise; Combination of teamwork and individual roles; and External third parties with relevant expertise. These potential decision-makers



became the subcategories of Category 2: Equine-Assisted Psychotherapy Team; Individual; Hybrid of Individual and Team; and Third-Party Involvement.

The teams identified decision-makers beyond the nuclear team and considered the characteristics of what specific decision-makers have to offer to the process of decision-making. In other words, they applied virtue ethics in the identification of stakeholders and decision-makers. This aligns with current literature in that virtue ethics involve intrinsic personal characteristics of the individual (Corey et al., 2014). Virtue ethics reflect who one wants to be in a given situation (Cottone et al., 2022). Virtue ethics differ from principle ethics in that the application of virtue ethics does not involve acting in accordance with a specific theory. Instead, emphasis is placed on the character of the individual while recognizing that knowledge of what to do is not always enough for the person to act in an ethical manner (Cottone & Tarvydas, 2016). To apply virtue ethics, one must answer the question: “Who shall I be?” when presented with an ethical dilemma (Jordan & Meara, 1990).

The participant teams applied virtue ethics as they identified the potential decision-makers who could resolve the ethical issues presented in the hypothetical scenario. Individual characteristics were considered as they identified these decision-makers. For example, Jack, the therapist in the hypothetical scenario, was criticized for his decision to treat Veterans with PTSD without the proper training. This issue encompassed client welfare and scope of practice. The teams applied virtue ethics as they focused on Jack’s competency as a decision-maker. Virtue ethics also played a role in how the teams identified decision-makers in the resolution of animal welfare issues. The issue of Sally, the farm owner, and her decision to leave a potentially injured horse

without care in order to watch the news story on television brought virtue ethics to the forefront. It was noted that Sally should have known better than to neglect a horse. These examples relate to the focus of virtue ethics and the potential conflict between one's knowledge of what to do and what action the person actually takes. This aligns with the view Kitchener (1984) highlighted and the fact that personal value judgments are not adequate when facing ethical dilemmas. One should "develop a deeper understanding of the basis for ethical decision-making" (Kitchener, 1984, p. 44).

Throughout discussions about the hypothetical scenario, the teams also offered their views of how decision-makers are identified in their own practices. All of the teams emphasized the importance of teamwork by the nuclear team and also of the value individual expertise offers as the nuclear team makes decisions. The example of business knowledge was provided by a participant who is an ES and also holds an MBA. She applied virtue ethics as she described how her business knowledge has helped the nuclear team market, fundraise, and make ethical business decisions for their program.

In addition to virtue ethics, the teams applied relational ethics as they identified potential decision makers. The focus of relational ethics turns from the individual toward relationships with others (Cottone et al., 2022). Application of relational ethics helps the decision-maker answer the question "How will this affect others?" The teams applied relational ethics when they broadened their view of decision making beyond the nuclear team and considered consequences of bringing in outside decision-makers. The teams used a relational framework when they considered the effect potential decision-makers would have on clients, animals, the equine-assisted psychotherapy program, and the equine assisted industry as a whole. For example, the teams applied relational ethics

when it was asserted that the hypothetical team's decisions regarding the demonstration would have a negative effect on the reputation of the equine-assisted psychotherapy industry, thereby having an effect on all the programs in that area. They discussed the potential consequences from both a mental health and equine business perspective. Several teams suggested the formation of a community-based network of equine-assisted practitioners to create a valuable source of potential decision-makers. This suggestion incorporated the question "How will this affect others" in that the decision-makers from the network would be external to the team offering the demonstration while still holding a stake in the result of the demonstration.

The insight provided by the teams and contained in these findings will add to the literature in that they illustrate how virtue ethics and relational ethics are applicable in the identification of decision-makers by teams of equine-assisted psychotherapy practitioners.

Multicultural sensitivity also played a role in the team's view of potential decision-makers. All of the teams acknowledged experiencing multicultural issues in the practice of equine-assisted psychotherapy. It is also important to note that the equine-assisted psychotherapy team is an interdisciplinary team and may be considered to be a multicultural team in and of itself. The theme of multicultural awareness spans all three intellectual movements: Principle Ethics; Virtue Ethics; Relational Ethics (Cottone et al., 2022). The way in which one views diversity and the level of one's multicultural sensitivity may differ within the context of each intellectual movement (Cottone & Tarvydas, 2016). The findings of this study aligned with this perspective of multicultural sensitivity. In Category 1, principle ethics dominated the teams' view of the ethical issues

and dilemmas contained in the hypothetical scenario. As Corey et al. (2019) asserted, the general tendency was to apply universal rules and external standards for guidance. None of the teams directly specified multicultural issues as significant ethical issues or dilemmas in the study. The teams did note military culture as a factor under the umbrella of client welfare, but it was more a scope of practice issue than a matter of cultural awareness. Instead, the teams cited ethical codes and licensure guidelines to support their stance on the ethical issues themselves. When asked about decision-making in the context of those issues, however, the teams applied both virtue ethics and relational ethics. Teams that applied virtue ethics to multicultural issues viewed decision makers from a moral or value-driven standpoint. These teams asserted the view of the team itself as a driving factor. For example, several teams described themselves to be open to or aware of the challenges multicultural issues may present in practice. On the other hand, teams that applied relational ethics sought to understand the viewpoint of others involved. They stressed the importance of recognizing differences, the need for engaging in conversation about these differences, and seeking advice from trusted sources.

The findings in Category 2 provided an understanding of who the participant teams considered as stakeholders and potential decision makers in the resolution of ethical issues and dilemmas. This understanding provided a basis to resolve both *Research Question #2: How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?* and *Research Question #3: Do equine-assisted psychotherapy team members engage in decision-making individually or do they engage in a collaborative decision-making process?* The findings in Category 2 suggest that the ethical decision-making process of equine-assisted psychotherapy practitioner teams

involves not only the practitioners working as a nuclear team, but also the individual team members in their specific role on the team or as one with relevant expertise outside their team role. In addition, third parties may be considered as decision-makers and/or stakeholders when expertise outside of the team is required for resolution. These third parties may be connected to the program but not part of the nuclear team or external third parties not at all connected to the team or program.

To identify appropriate decision makers, the teams reflected on the ethical issues they identified through the application of principle ethics (Category 1) and then used virtue ethics to answer the question: “Who are the decision-makers?” They identified characteristics of potential decision makers as they considered who would be a good fit for the decision-making process. The teams then applied relational ethics to answer the question: “How will choosing these decision-makers affect others?” They identified how the characteristics of potential decision makers would impact the decision-making process and have an effect on the consequences of the decisions made. The researcher noted that multicultural issues were often present and the teams focused on diversity when considering characteristics of the decision maker and the potential consequences of decisions made.

Overall, the teams applied a combination of approaches as they identified ethical issues and the potential decision-makers that should be involved in their resolution. The teams described processes in which they identified an ethical issue through review of an ethical code and then identified the decision makers through the application of virtue and relational ethics. This process aligned with the findings of Tarvydas et al. (2015) that illustrated the possibility that practitioners could incorporate a combination of views and

seek external guidance from codes while also collaborating with colleagues and engaging in a process of internal reflection. The findings of this study will add to the current literature because they highlight the processes interdisciplinary teams engage in as they identify stakeholders and potential decision makers in the resolution of ethical issues and dilemmas that occur in the scope of equine-assisted psychotherapy practice.

### **Category 3: Resolution of Ethical Issues in Equine-Assisted Psychotherapy Practice**

Category 3 continued to address both *Research Question #2: How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?* and *Research Question #3: Do equine-assisted psychotherapy team members engage in decision-making individually or do they engage in a collaborative decision-making process?* This category provided insight into how the participant teams engaged in the decision-making process to resolve ethical issues presented in the practice of equine-assisted psychotherapy. This category reflected the participant teams' processes after the ethical issue to be resolved was defined and stakeholders and potential decision-makers were identified. During the course of data analysis, this category emerged as the core category because it connects the other categories together (Merriam & Tisdell, 2016). In other words, this category brings the ethical issues defined in Category 1, the decision-makers and stakeholders identified in Category 2, the factors identified in Category 4 that impact decision-making, and the potential use of an ethical decision-making model in Category 5 together in order to reach a resolution.

The participant teams were asked how they made decisions and who they involved in the decision-making process. Their responses reflected a process that involved planning, developing a perspective of the issues, and taking action to resolve the

issues. This process provided the basis for the subcategories of Category 3: Planning: Drivers of Decision-making; Develop Perspective: View of Issues; Taking Action: Decision-making and Resolution.

***Subcategory 3.1: Planning - Drivers of Decision-Making***

Subcategory 3.1: Planning - Drivers of Decision-Making identified who or what prompted the decision-makers to engage in the decision-making process. Analysis of the participant teams' responses identified the drivers of decision-making to include the team member role on the equine-assisted psychotherapy team, specialty knowledge and expertise possessed by the team member, and who discovered the issue.

To identify drivers of decision-making, the participant teams engaged in a process that reflected all three intellectual movements, principle ethics, virtue ethics, and relational ethics. The participants applied principle ethics when planning how to identify the ethical issues contained in the hypothetical scenario. For example, they referenced ethical codes and licensure statutes as they reviewed the issues and decided how to prioritize the ethical issues. Once the issues were identified, they generally moved into a process of applying both virtue ethics and relational ethics. They considered the role of the decision-maker and characteristics of the person taking action as well as the consequences any action might have on others. They also used this process when considering what should be decided by the nuclear team and when it was appropriate to bring external third parties into the decision-making process.

The information gained from the participant teams with regard to how they planned decision-making provided valuable insight into what drives them to make decisions.

***Subcategory 3.2: Develop Perspective – View of Issues***

Subcategory 3.2: Develop Perspective - View of Issues revealed the lens used by the participant teams as they examined the ethical issues and dilemmas in the hypothetical scenario. Overall, the participant teams viewed the issues on a spectrum that ranged from narrow and specific, or micro, to a more general and broad, or macro, viewpoint. The perspective of the participant teams evolved as they engaged in decision-making and their view of issues during the planning phase often differed from the perspective taken when the decision was made.

Teams that applied a micro to macro view of the issues connected smaller issues to create the bigger picture or to identify a common source of multiple problems. The teams took this approach when they focused in a proactive manner, such as planning a course of action. For example, planning tasks to be accomplished within the team that would affect the entire program. This approach was reflected in the identification of ethical issues and dilemmas in the hypothetical scenario. For example, Teams that were driven by role-specific planning prioritized ethical issues differently at the outset, often from a narrower, micro viewpoint of their specific role. For example, client welfare was often recognized as a top priority by mental health specialists while the equine specialists topped their list with animal welfare. The participant teams then engaged in a process of developing their team perspective through discourse and often broadened their view to a macro level. Several teams displayed this evolution by recognizing that proper informed consent could encompass both client welfare and animal welfare because safety issues would be addressed appropriately at the beginning of the therapeutic relationship.



A macro to micro view reflected a lens that examined broad categories and themes at the outset with a gradual narrowing of focus toward narrower, specific issues. The teams often applied this perspective when considering issues related to organization affiliation and models of equine-assisted psychotherapy. They also used a broader approach when considering the consequences of decision in a reactive manner. For example, many teams utilized a macro to micro view when considering the ethical issues identified in the hypothetical scenario. For example, the teams initially viewed certification and membership issues from a broad organization-level perspective and then narrowed to a program or team-level perspective. They discussed ways to report the issues directly to the organization before considering the possibility of addressing the issues with the specific team at issue in the hypothetical. The teams also considered the organizational reaction first when discussing the consequences of certification and membership issues. They initially indicated that the consequence of marketing a model or organization without authorization would result in a lawsuit by the organization. As the teams discussed the matter further, they often narrowed their view to focus on the what the nuclear team could do to alleviate the problem or mitigate the potential damage of the breach. In other words, they started with the assumption that a lawsuit would be filed and then narrowed their view to look for ways the team could approach the client or other team directly to discuss the matter.

The development of the participant team viewpoint also illustrated the shift from the application of principle ethics toward virtue ethics and relational ethics or vice versa. Teams that considered issues from a narrow, micro viewpoint often started the process through an application of principle ethics. Principle ethics are based on a theory or

foundation and may answer a specific question (Cottone et al., 2022). Virtue ethics are also based on a narrower view of what the individual considers to be the characteristics required for ethical actions (Cottone, et al., 2022). Relational ethics, however, reflect a broader macro viewpoint because others are given consideration and the consequences of decisions are taken into account (Cottone, et al., 2022). Teams that applied relational ethics from the outset considered the big picture first and then narrowed to specific actions the team could take to resolve the issues. This process involved application of virtue ethics to identify individual characteristics and principle ethics to identify any rules or guidelines that might provide support for decisions made.

### ***Subcategory 3.3: Taking Action - Decision-making and Resolution***

Subcategory 3.3: Taking Action - Decision-making and Resolution identified who the participant teams would actually involve in the decision-making process. As stated above, this subcategory differs from the first subcategory, Planning - Drivers of Decision-Making, in that the driving force behind decision-making is not necessarily a party to the decision-making process itself. The teams identified three main groups of decision makers that were involved in the decision-making process: Internal Involvement; Collaborative Program Involvement; and External Third-Party Involvement. These groups were considered to be properties of this subcategory.

**Internal Involvement.** The teams identified a variety of issues they believed would be best resolved by the nuclear team. These issues include situations that have a direct effect on the team, such as session planning, treatment planning, and scheduling. As the teams explored the decisions they felt needed to be addressed by the team alone, all three intellectual movements were represented in the process. However, it became

clear that relational ethics dominated that process. The teams were concerned with how the decisions affected the team and often the program as a whole. Each team member voiced their position, perhaps from a principle ethics or virtue ethics perspective, and then they discussed the matter together to reach a final conclusion. A good example of the application of relational ethics to internal involvement decision-making was reflected in the participant teams' approach to analyzing the demonstration that took place in the hypothetical scenario. The teams discussed what they would do in that situation and all of the teams presented the question: "How will this affect others?" This question is posed when decision-makers apply relational ethics in the decision-making process (Cottone & Tarvydas, 2016). The teams indicated that they worked together to make decisions and did not involve other parties or stakeholders in the process yet considered the consequence their decision would have on other parties.

**Collaborative Program Involvement.** This property involved the nuclear team and their decision to bring others connected to their equine-assisted psychotherapy program into the decision-making process. This decision alone, to extend decision-making beyond the nuclear team, involved all three intellectual movements. Principle ethics was a factor when someone else in the program was required to be involved, either by statute or ethical code. Virtue ethics played a role when the characteristics of others connected to the program were considered to be valuable to the decision-making process. Relational ethics were applied in the teams' consideration of how the consequences of the decision would affect others in the program. For example, in their analysis of the hypothetical scenario, the participant teams flagged the hypothetical team's decision to proceed with the demonstration despite the absence of Maria, the ES, as an ethical issue.

They applied principle ethics when they identified this to be against the ethical code of Eagala, as well as a scope of practice issue for Jack, the MH. Virtue ethics were applied when the participant teams considered the characteristics of Jack, Maria, and Sally. The teams all indicated that Maria should have known better than to leave Jack and Sally to fend for themselves. The teams further indicated that Maria should have been able to predict the consequences of leaving Jack and Sally to run the demonstration, highlighting an application of relational ethics.

**External Third-Party Involvement.** This property encompassed situations where the participant teams identified parties not connected to the equine-assisted psychotherapy program as necessary to the decision-making process. For example, the teams identified the need for legal and financial advice as reasons to include external third parties in the decision-making process. Professional colleagues in both the mental health and equine industries were also identified as beneficial for professional consultation and horse care purposes.

The decision of whether to include external third parties into the decision-making process involved all three intellectual movements. Principle ethics applied when the teams considered the concerns at issue. These concerns included matters of law, licensure, taxes, and business issues. Virtue ethics applied when the teams considered who the external third party would be. They considered the characteristics of the external third party, such as who would have the most experience and knowledge. Relational ethics applied when the teams considered the consequences of bringing an external third party into the decision-making process. For example, when analyzing the hypothetical scenario, the teams viewed Sally's decision to leave a potentially injured horse

unattended so she could watch the television newscast. They applied principle ethics as they considered the morality of Sally's actions and whether they could be considered immoral and rise to the level of animal abuse. Virtue ethics applied when they considered who Sally should be in that scenario, such as a caring horse owner. Relational ethics applied when the participant teams considered the inclusion of an external third party, such as a veterinarian, to care for the injured horse.

In summary, Category 3: Resolution of Ethical Issues in Equine-Assisted Psychotherapy Practice provided valuable insight into how the participant teams approached decision-making. The findings revealed three stages of decision-making: planning, perspective, and action. These stages provided a framework for understanding how the teams engaged in ethical decision-making. These findings will add to the current literature because this framework also reflects elements of the three intellectual movements in ethical decision-making: Principle ethics, Virtue ethics, and Relational ethics. The next category will focus on several factors that affected the decision-making process at each stage.

#### **Category 4: Factors Affecting Decision-Making in Equine-Assisted Psychotherapy Practice**

Category 4 continued to address both *Research Question #2: How do equine-assisted psychotherapy practitioner teams resolve ethical issues and dilemmas?* and *Research Question #3: Do equine-assisted psychotherapy practitioner team members engage in decision-making individually or do they engage in a collaborative decision-making process?* This category identified factors that affected the way the participant teams made decisions at each stage of their decision-making process. These factors

influenced the entire decision-making process and were not limited to the participant teams' view of specific issues, as addressed in Subcategory 3.2: Develop Perspective - View of Issues. These factors became subcategories of Category 4 and included: Team Experience; Team Trust; Organizational Affiliation; and Risk Factors that Drive Ethical Decision-Making.

#### ***Subcategory 4.1: Team Experience***

Team Experience reflected how the team itself had an impact on decision-making. The findings indicated that team longevity, history, and practice focus were influential factors in the decision-making process. These factors were considered properties of the Team Experience subcategory.

**Team Longevity.** The findings indicated that the longer a team had practiced together, the more they relied on practice history and practice focus as they engaged in decision making. Teams with a longer history together also applied relational ethics earlier in the process of decision making. Teams with a shorter practice history tended to fall back on principle ethics to guide initial decisions, at least at the early stages of decision-making. For example, participant teams that have worked together for less than one year often applied principle ethics as they referred to manuals and ethical codes for practice guidance. Younger teams also applied virtue ethics as they developed their view of what a competent and ethical practitioner looked like to them. This was often the case when the purpose of team formation was to practice a specific model of equine assisted psychotherapy. Further, younger teams tended to stay within defined roles, MH and ES, when they approached decision-making and were less likely to challenge each other's perspective. Participant teams that had been established for longer than 1 year often

applied relational ethics from the outset. They approached decision making from a perspective of experience and considered whether the issue was something they had faced before and if they could predict the consequences. That said, the teams with longevity also applied principle and virtue ethics throughout the course of decision making. Their flow of decision-making appeared less structured and more internal to the nuclear team than the flow of younger teams.

**Team History.** The participant teams all indicated that their practice history or track record of working together made a difference in how they approached decision-making, regardless of longevity. This reflects an application of relational ethics because it involves how the teams work together and the effect that work has on the team itself as well as others. Teams with a positive practice history displayed less rigidity with role adherence in decision-making. For example, an ES with over ten years of equine-assisted psychotherapy experience indicated that she felt comfortable pointing out to the MH discrepancies between what she observed in a client's spoken words and the actions taken toward the horse. This ES was quick to note that she would defer to the MH with regard to any treatment decision made based on that observation but acknowledged that while the observation itself could be considered outside the role of the ES, it was valuable insight to the nuclear team. This deference reflected the application of principle ethics as the ES determined what was allowed by licensure and balanced that within the context of a more relational ethics perspective as she considered the best course of action for the team and client. This ES attributed her comfort in expressing her opinions to her overall experience in the industry as well as the history the team itself. On the other hand, teams that described negative experiences in their team relationship also described difficulties

in decision-making. For example, one team described a rocky start to their team relationship that resulted in feelings of disconnect between the MH and ES. Both members indicated that this disconnect had a negative impact on decisions pertaining to session planning and how sessions were conducted.

**Team Focus.** Practice focus was also an influential factor in the decision-making processes of the participant teams. Most of the teams formed for the specific purpose of providing mental health services through the delivery of equine-assisted psychotherapy. Two participants teams also work together to provide other equine-related services, such as therapeutic riding and horsemanship. These two teams have a long history of working together and their relationship formed prior to adding an equine-assisted psychotherapy focus to their program. When asked about the decision-making process connected to expansion or adding different programs, the responses of these two teams indicated that a mix of principle ethics, virtue ethics, and relational ethics was applied at each stage. For example, principle ethics was applied with regard to the identification of issues involving client safety, animal welfare, and business issues. Once those issues were identified, virtue ethics and relational ethics were applied as the teams engaged in deciding how best to set up the new programs. In addition, establishing clear and appropriate boundaries was a significant issue that required decision-making through the application of all three intellectual movements.

#### ***Subcategory 4.2: Team Trust***

The participant teams reported that the level of trust experienced between the team members is a significant factor in the decision-making process. This factor seems to influence team longevity, history, and focus yet is significant in and of itself. For



example, teams that form strong bonds tend to practice longer together and have a more positive working history because they are “on the same page”. That said, younger teams often indicated that they “hit it off” immediately and rapport was built quickly. Properties of Team Trust include Team Rapport, Integrity, Reliability, and Conflict Resolution Style.

**Team Rapport.** The level of rapport or harmony in the team relationship was reported to be a strong driver of trust between teammates. It also had an effect on decision-making connected to session and treatment planning. When addressing issues of rapport, the participant teams applied virtue ethics and relational ethics. For instance, the ES in the above example applied relational ethics when she indicated that the strong, positive relationship with her teammate played a role in how comfortable she felt expressing her opinions with regard to clients. In addition, two participant teams reported both members as qualified to practice either the ES or MH role. One team described an application of virtue ethics in their decision-making about their roles on the team. They described a desire to maintain role continuity and, therefore, rarely changed roles while treating a specific client. The other team applied relational ethics when they described their process of considering each other’s areas of expertise with certain client populations as they decided who will fulfill the MH and ES roles for each client. They expressed concern for scope of practice and client welfare as they made their decision.

**Integrity.** The participant teams highlighted the importance of integrity, or the level of honesty the participant teams believed they displayed toward each other, as a significant indicator of trust in the team relationship. The teams’ view of integrity reflects an application of virtue ethics because it involves the character of the individuals and

teams at issue. It also involves relational ethics as it considers the how honest communication affects the team relationship as well as the team's relationships with others.

**Reliability.** The property Reliability pertains to the level of consistency in the interactions between team members. The teams demonstrated application of virtue ethics when discussing the need for reliability to build trust in the team relationship. Relational ethics are also in play because reliability is determined through perception. In other words, reliability is gauged by considering the effect an action will have on another. For example, the participant teams noted consistency in fulfilling their roles on the equine-assisted psychotherapy team as something that helped them trust each other.

**Conflict Resolution Style.** The way the participant teams approached conflict also played a role in the level of trust they experienced in the team relationship. None of the teams had considered how they resolve conflicts and did not describe a specific conflict resolution style. That said, each team engaged in a period reflection and recognized patterns in how they address discord. In addition, the way the teams engaged in resolving disagreement reflected all three intellectual movements. Principle ethics were applied when the disagreement concerned licensure issues, such as scope of practice and other actions that have rules to guide them. Virtue ethics came into play when the participant teams considered who they should be in certain situations. For example, one participant team described an issue that involved broaching multicultural issues with a client. They described a conflict that arose during decision-making about whether to verbally address the issue or allow the horses to create a level playing field that did not outwardly address multicultural differences. The participant team applied virtue ethics

and indicated that they considered their own values and how they believed an ethical practitioner would respond to the situation. The team then applied relational ethics as they collaborated to reach a resolution that included a discussion with the client that was facilitated by the characteristics and behaviors displayed by different horses. Of note, a majority of the participant teams immediately brought up the topic of legal issues when conflict resolution style was mentioned. While none of the teams reported that they have engaged in conflict that resulted in mediation or arbitration, those options for resolution were mentioned by several teams in the context of resolving issues that involve lawsuits.

#### ***Subcategory 4.3: Organizational Affiliation***

Twenty-two (22) individual participants reported being affiliated with at least one professional organization in the equine-assisted psychotherapy industry. Teams with at least one member certified with an organization indicated that organizational affiliation was a significant resource for decision-making. Membership and/or certification with organizations such as Eagala, PATH Intl, and Natural Lifemanship provide practitioners with access to practice guidelines, manuals, and ethical codes. Utilization of these resources reflects an application of principle ethics in that they provide a set of rules to follow. Virtue ethics is also applied because practitioners form an identity with the organization they join, and this identity provides a view of who they believe they should be as practitioners of that organization's model. Relational ethics are reflected and encouraged with organizational affiliation. Equine-assisted psychotherapy organizations provide a network of practitioners that often becomes a source for professional consultation and mentorship. This network fosters relationships and further encourages application of relational ethics.

The eight participants who stated they were not members of or certified by organizations within the equine-assisted psychotherapy industry still noted the value of organizational affiliation. These participants were part of professional organizations within the broader mental health and/or equine industries and acknowledged the value these organizations provide through resources and professional networking.

***Subcategory 4.4: Risk Factors that Impact Ethical Decision-Making***

The participant teams provided different perspectives regarding how risk played a role in decision-making. All the participant teams recognized some level of risk associated with ethical decision-making. The risk attitude or risk tolerance of the participant teams in ethical decision-making ranged from risk tolerant to risk averse.

**Risk attitude.** Teams with a risk tolerant attitude were more likely to engage in decision-making that reflected virtue ethics and relational ethics. They were more willing to consider a broader view of issues and to take action, even when consequences were not clear. They noted the importance of personal integrity, trusting instincts, and the value of teamwork in decision-making.

Teams with a risk averse attitude relied more on principle ethics and seemed to prefer clear rules to guide decision-making. They sought guidance from organizations, ethical codes, and licensure statutes as they engaged in the decision-making process. They too applied relational ethics in that they noted value of guidance from professional colleagues and third-party experts to ensure industry standards were upheld. These views were reflected during the process of analyzing the hypothetical scenario. For example, most of the participant teams indicated the Pegasus Team made the wrong decision when opting to move forward with the demonstration without Maria, the ES, being present.

Teams with a risk tolerant attitude indicated that it might have been acceptable if they had trained Sally, the farm owner, to fulfill the role of ES. The more risk averse teams indicated that not having a certified ES on site during the demonstration was against the rules and it would have been safer to postpone until Maria could attend.

**View of Consequences.** Another risk factor that impacted the participant teams' decision-making processes was their view of consequences. In other words, the potential for loss or gain as a result of the decision. Teams that viewed what could be lost due to a decision noted legal liability, personal injury, harm to business interests or reputation as driving factors. This view was associated with those who also had a risk averse attitude. They looked to what could go wrong and what they could lose as a result. This view often reflected an application of principle ethics in that it was punitive in nature. The teams noted breaking the rules or not wanting to break the rules as a driving factor in decision-making. Virtue ethics also applied in that the teams noted who they wanted to be in a certain situation, such as "not a rule breaker". Relational ethics applied when the teams considered how the decisions would result in loss or harm to others or how the team could suffer a loss or harm by the actions of others.

Teams with a view toward what could be gained by the decision focused on what the potential reward might be. Teams with this view noted financial gain, maintenance of licensure and certification, building a favorable professional reputation, and maintaining personal integrity to be factors that may influence decision making. This view was associated more with a risk tolerant attitude in that it reflected consideration of return on investment and whether taking a risk was worth it in the end. This view often reflected a consideration of principle ethics from a viewpoint of "what is allowed" as opposed to the

punitive view of the loss focus. Virtue ethics applied to the view of self and how reputation and business interests could be built and enhanced. Relational ethics also applied in that the value gained from relationships with others was considered in the decision-making process.

Both views of consequences were reflected as the participant teams analyzed the hypothetical scenario. The participant teams all criticized the decisions made by the Pegasus Team to form and establish their program, no matter their attitude toward risk or whether they focused on lack or gain. For example, the Pegasus Team members found each other through advertisements. Teams with a risk averse attitude and loss perspective focused on the unknown and the risk of harm connected to novice teams with no pre-existing relationship. Teams with a risk tolerant attitude and gain perspective saw opportunity in casting a broad net for potential teammates yet still criticized the process taken to form the Pegasus Team. The teams scrutinized the Pegasus Team through an application of a combination of principle ethics, virtue ethics, and relational ethics. The participant teams referenced licensure and scope of practice issues, organizational guidelines for ethics and certification, and even the personal integrity of the MH and ES. When asked how the participant teams would handle the situation, all the teams evolved into a relational ethics perspective and indicated an awareness of the consequences of decisions on the team, the program, the clients, and often the industry as a whole as they formed a team and established a program.

In summary, the findings in Category 4 identified factors that affected the way the participant teams made decisions at each stage of their decision-making process. These factors had an effect on the overall decision-making process. These factors included:

Team Experience; Team Trust; Organizational Affiliation; and Risk Factors that Impact Ethical Decision-Making. The findings highlighted the effect teamwork has on decision-making as well as the impact of individual processes such as conflict resolution style and the risk attitude of each team member. As in the above categories, principle ethics, virtue ethics, and relational ethics all played a role in how the teams engaged in decision-making. These findings will add to the current literature in that they support the notion that teams of equine-assisted psychotherapy practitioners flow through stages of the decision-making process that involve the application of principle ethics, virtue ethics, and relational ethics on both an individual and team level.

#### **Category 5: Utilization of Decision-Making Models in Equine-Assisted Psychotherapy Practice**

This final category addressed *Research Question #4: What, if any, decision-making model is appropriate and applicable to the ethical issues and dilemmas encountered by equine-assisted psychotherapy practitioner teams within the scope of equine-assisted psychotherapy practice?* The insight gained in this category helped the researcher develop an understanding of the participant teams' awareness and utilization of decision-making models during the decision-making process. The participant teams all reported a basic level of awareness that ethical decision-making models exist and acknowledged awareness of the availability of ethical codes and licensure statutes as resources for guidance. However, none of the teams reported that they have actually utilized a model to assist in decision-making. Nonetheless, all of the participant teams indicated that they believed there is a benefit to utilizing an ethical decision-making model as a resource for teams of equine-assisted psychotherapy practitioners navigating

the decision-making process. These findings will add to the current literature because they demonstrate a positive view and willingness on the part of equine-assisted psychotherapy practitioner teams to utilize a decision-making model in the ethical decision-making process.

### **Ethical Decision-Making and Equine-Assisted Psychotherapy**

There is an abundance of literature that pertains to ethical decision-making and ethical decision-making models. However, the current literature is lacking in the area of ethical decision-making by teams or groups comprised of at least one mental health professional working with other non-mental health professionals. The findings of this study will help add to this literature by providing insight into how interdisciplinary teams of equine-assisted psychotherapy practitioners engage in ethical decision-making. In addition, the following attempts to connect current ethical decision-making models to the decision-making processes identified by the participant teams. This insight will help provide an answer to *Research Question #4: What, if any, decision-making model is appropriate and applicable to the ethical issues and dilemmas encountered by equine-assisted psychotherapy practitioner teams within the scope of equine-assisted psychotherapy practice?*

To conceptualize ethical decision-making, it was helpful to view the ethical decision-making process according to the three intellectual movements: Principle ethics; Virtue ethics; and Relational ethics. As covered above in Chapter 2: Literature Review, several decision-making models have been developed according to the three intellectual movements and several models have been developed to incorporate all three movements. Based on the findings of this study, it appears that none of the current ethical decision-



making models fulfill all the needs of an equine-assisted psychotherapy practitioner team. However, elements of existing models could be used as a foundation for the development of a specific ethical decision-making model for the equine-assisted psychotherapy industry.

### ***Principle Ethics-Focused Decision-Making Models***

Decision-making models grounded in principle ethics are driven by theory or philosophies of individual choice (Cottone et al., 2022). Kitchener (1984) is the seminal work that formed the basis for ethical decision-making in the counseling profession. The author combined the moral theory work of Hare (1981) with the ethical principles developed by Beauchamp and Childress (1979) to “develop a deeper understanding of the basis for ethical decision-making (Kitchener, 1984, p. 44). Hare (1991) carried the work further and asserted that everyday decisions that involve conflicting principles require critical levels of moral reasoning. The author coined the term “critical moral thinking” for the process of deciding which principle should be applied (Hare, 1991, p. 35). Rest (1994) incorporated theories of moral development and developed a decision-making model comprised of four-components: Moral Sensitivity; Moral Judgment; Moral Motivation; and Moral Character. Rest (1994) asserted that moral behavior is a result of the interaction amongst all four components and deficiency in any component will result in overall moral failure. Guthiel et al. (1991) developed a method for decision-making analysis that accounted for the inevitable uncertainty involved in decision-making. The authors developed a process for analyzing outcomes to allow decisions to be grounded in logic and reason. Chang (1994) incorporated the core values of Berne’s (1972) theory of transactional analysis and developed a five-step model to address conflicts mental health

practitioners encounter between ethical obligations and legal duties. Transactional analysis involves the analysis of social interactions in the development of understanding a behavior and Chang (1994) applied this concept to create a hierarchy of ethical and legal duties meant to assist in the resolution of ethical dilemmas.

Upon review of these models within the context of this study, it appears the findings support a potential benefit of incorporating a principle ethics focus into an ethical decision-making model for equine-assisted psychotherapy practitioner teams. Principle ethics would allow practitioners of equine-assisted psychotherapy to reach beyond personal value judgments and “develop a deeper understanding of the basis for ethical decision-making” (Kitchener, 1984, p. 44). Ethical codes presented by equine-assisted psychotherapy organizations, such as Eagala and PATH, Intl., and animal welfare codes, such as the American Horse Council’s Welfare Code of Practice, are examples of resources available to facilitate this process. Conscious application of these resources would be valuable in the decision-making processes of equine-assisted psychotherapy teams as it would provide the opportunity to incorporate the views beyond each individual team member. In other words, the teams would have a consistent source of external guidance to rely upon in the decision-making process. In addition, a principle ethics focus would allow for “critical moral thinking” as defined by Hare (1991) and moral development as asserted by Rest (1994). Again, this would provide a basis for the identification and analysis of each team member’s moral stance throughout the course of decision-making and allow for a team moral stance to develop. Overall, a principle ethics focus would highlight the value of existing laws, rules, organizational guidelines, ethical

codes by providing a foundation of logic and reason for decision-making as detailed by Guthiel et al. (1991).

Of note is that none of the teams indicated that they conduct or are involved with research involving the horse. The current literature examines the application of American Psychological Association's [APA] Committee on Animal Research and Ethics (CARE). These guidelines were created to ensure the ethical use of nonhuman animals in research. The findings of this study will not directly contribute to the literature in this area but given the unique role of the horse in the practice of equine-assisted psychotherapy, these guidelines are considered to be a valuable resource and may be useful in the development of an ethical decision-making model for teams of equine-assisted psychotherapy practitioners.

While the findings of this study indicate that an application of principle ethics in decision-making would be beneficial to equine-assisted psychotherapy practitioners, an ethical decision-making model based solely on principle ethics would not be sufficient to fulfill their needs. This is supported by the findings in this study that indicate the practitioner teams applied the other intellectual movements, virtue ethics and relational ethics, in addition to principle ethics.

### ***Virtue Ethics-Focused Decision-Making Models***

Ethical decision-making models with a focus toward virtue ethics provide practitioners with practical guidance and rely less on theory than principle ethics-based models. Most practice-derived decision-making models are grounded in virtue ethics (Cottone et al., 2022). In these models, the character of the individual decision-maker is the critical element. Corey et al. (2014) developed an eight-step model meant to assist in

the identification of the problem, weighing options, and deciding the best course of action. Welfel (2015) asserted that the development of ethically responsible practitioners required an understanding of regulations and codes while acknowledging that ethical dilemmas may take an emotional toll on the practitioner. The author stated that the “availability of a systemic model for analyzing ethical issues helps practitioners make decisions that are reasoned and client-centered even when they feel strong emotions (Welfel, 2015, p. 30). Kocet and Herlihy (2014) considered conflicts between personal and professional values that arise in the context of the therapeutic relationship. The authors offered an ethical decision-making model that incorporated a strategy of ethical bracketing to allow the practitioner to separate personal values from professional values in a way that would be ethically appropriate in the counseling setting. This strategy was meant to create buffer when world views and belief systems differ between client and practitioner (Kocet and Herlihy (2014). Sileo and Kopala (2014) created the A-B-C-D-E Worksheet for Ethical Decision-Making. The authors stated that the tool is simple to use and the best solution to ethical dilemmas requires a “combination of good personal character and virtue with sound thinking and good decision-making skills” (Sileo and Kopala, 2014, p. 94). Virtue ethics have also been applied within the context of risks and benefits. The ethical decision-making model developed by Sperry (2007) encouraged practitioners to answer the question “Who shall I be?” by viewing ethical dilemmas as opportunities for personal and professional growth. Keith-Spiegel and Koocher (2008) also addressed this question and proposed a model focused on balancing the solution of ethical dilemmas with the best interests of the client.

The basic assumption of virtue ethics-based decision-making models is that the practitioner is capable of identifying, considering, and implementing the best course of action. The focus of virtue ethics is on the individual decision maker and the belief that the individual practitioner has the power to engage in the decision-making process to reach a resolution (Cottone et al., 2022). The findings of this study indicate that incorporating virtue ethics would provide value to equine-assisted psychotherapy practitioners as they engage in ethical decision-making. The equine-assisted psychotherapy team is comprised of two individual practitioners from very different industries. Therefore, encouraging both members of the equine-assisted psychotherapy team to consider the question of “who shall I be” in the resolution of an ethical dilemma is a worthwhile endeavor. In addition, an application of virtue ethics would help each member of the equine-assisted practitioner team to identify and manage personal values and belief systems as they deliver mental health services to clients. It must be noted, however, that a decision-making model based solely on virtue ethics does not appear to be sufficient. The findings indicated that the practitioner teams looked to principle ethics when considering objective rules, laws, and guidelines. Therefore, a decision-making model that incorporates both principle ethics and virtue ethics would provide a stronger basis for decision making. That said, it would still lack the relational component inherent in the decision-making processes of equine-assisted psychotherapy teams.

### ***Relational Ethics-Focused Decision-Making Models***

Models of relational influence highlight the social context in which decision-making takes place (Cottone et al., 2022). Hill et al. (1998) is an example of a relational decision-making model that placed emphasis on the therapeutic relationship as the

context for decision-making. This model was based upon the tenets of feminist theory and encouraged empowerment of the client to engage in decision-making while also taking the practitioner's values and emotional responses into consideration. This approach focused on therapeutic collaboration, in contrast to the virtue ethics-based ethical bracketing strategy of Kocet and Herlihy (2014). Tarvydas (2015) introduced an ethical decision-making model that encouraged client participation and collaboration between counselor and client in the resolution of ethical dilemmas. The model presented a continuum of client participation that ranged from restrictive to participatory with a goal of developing a strong therapeutic alliance. The findings of this study align with the findings of Hill et al. (1998) and Tarvydas (2015). In this study, the participant teams all noted the importance of the therapeutic alliance and finding balance between the team perspective and client needs.

Betan (1997) emphasized the subjective experience within the context of culture and promoted a hermeneutic or interpretive approach to ethical decision-making. The author stated the key was to "acknowledge the dialectic approach of the universal and the subjective of human relations, in which each informs the other" (p. 356). Cottone et al. (1994) concluded "relationships seem to influence ethical decision-making linearly and cumulatively" (p. 63). This supports the assertion of Hinkeldey and Spokane (1985) that decision-makers looked to relationships, as opposed to principle ethics, for solutions to ethical dilemmas. In addition, Caldwell and Freeman (2009) and Pope and Keith-Spiegel (2008) noted that counselors facing ethical dilemmas in practice tend to balance the interpretation of the issues with what they view as socially acceptable ways to handle the matter. Cottone (2001) pushed the concept of social influence on decision-making

forward with an interactive ethical decision-making model based on the tenets of radical social constructivism. The author asserted “a decision is always made in interaction with at least one other individual” and that ethical decisions are “not compelled internally” but are “socially compelled” (Cottone, 2001, p. 40). The author argued that “ethical decision-making occurs in the interactive processes of negotiating, consensualizing, and arbitrating. An individual’s psychological processes are not involved” (p. 42). The findings of this study also align with this perspective in that all the participant teams reported some degree of reliance on each other and others in their programs, as well as on colleagues and professional networking groups as they resolved ethical dilemmas.

Overall, the findings of this study indicate the significance of relational ethics in the ethical decision-making processes of equine-assisted psychotherapy practitioner teams. The participant teams all noted the importance of collaboration in the decision-making process. This relational component was reflected in the decision-making of the nuclear team, the nuclear team and client, and the nuclear team with others in their program as well as external third parties not connected to the team or program. This appears to align with the social constructivist approach of taking ethical decision-making “out of the head” of the practitioner and into relevant relationships (Cottone & Tarvydas, 2012, p. 65). That said, the participant teams noted a process of individual decision-making that takes place in addition to relational decision-making. Therefore, including principle ethics and virtue ethics in the decision-making process is not without value.

### ***Integrative-Focused Ethical Decision-Making Models***

Integrative decision-making models include interaction between principle ethics and virtue ethics (Cottone et al., 2022). Jordan and Meara (1990) summed up the

difference between principle ethics and virtue ethics. The authors asserted that “Principles, technical skills, and legal knowledge are necessary in evaluating a course of action but are not logically sufficient or necessarily primary. What is demanded of professionals is a dimension of character appropriately understood by way of virtues” (p. 112). Tarvydas (2012) noted that decision-making takes place within the context of world view. The author proposed a model that emphasized interaction between principle and virtue ethics through a “reflective attitude” and included values that arise from personal experience and interactions with one’s culture (Cottone & Tarvydas, 2016, p. 67). This model recognized that the value of the practitioner and the value of the client both have an effect on the decision-making process. Awareness of value systems is key to rational decision making (Tarvydas, 2012). A similar viewpoint was asserted by Garcia et al. (2003) in the *Transcultural Integrative Model for Ethical Decision Making*. The authors combined virtue ethics and behavioral interventions to address multicultural issues in ethical decision-making. The four-step approach includes: (a) Interpreting the situation through awareness and fact finding; (b) Formulating an ethical decision; (c) Weighing competing, non-moral values and affirming a course of action; and (d) Planning and executing the elected course of action (Garcia et al., 2003).

The findings of this study support the current literature pertaining to integrative-focused ethical decision models, at least in part. The very nature of the equine-assisted psychotherapy team highlights the need for interaction between principle ethics and virtue ethics. These teams are formed by connecting professionals with different backgrounds and from two different industries. The guiding principles as well as the value systems of these professionals may vary amongst individuals and from team to



team. Therefore, a decision-making model for equine-assisted psychotherapy teams would require awareness and application of both principle ethics and virtue ethics. In addition, an application of relational ethics would be necessary to reach a rational solution. This is an area that is lacking in the current literature.

### *Collaborative Ethical Decision-Making*

The current literature includes the concept of collaborative decision-making within the scope of financial therapy. Goetz et al. (2017) concluded that there was a need for ethical decision-making processes that incorporate the integrative nature of financial therapy but did not propose a specific decision-making model. As detailed in Chapter 2, while financial therapy does involve collaboration of professionals from different backgrounds, mental health and finance, it is quite distinct from the typical equine-assisted psychotherapy practice. Financial therapy was described as a multidisciplinary practice “optimized for the client by having multiple professionals involved in treating the issues on either side of the continuum” (Goetz et al. 2017, p. 30). Equine-assisted psychotherapy services are generally not provided on a continuum. Most of the participant teams reported that they present a unified front in the provision of therapeutic services so that the client does not experience a distinction between the individual practitioners on the team. One team, however, did present a relationship that is much like that of the financial therapeutic relationship described by Goetz et al. (2017). The team described a continuum of services in which the mental health specialist referred her existing clients to the equine specialist. The mental health specialist was not physically present while the equine specialist delivered services, such as riding lessons, to the client. The client was responsible for making appointments with the equine specialist and was

expected to connect their work with the horses to office sessions with the mental health specialist through journaling exercises about their experience with the horses. These findings will add to the current literature by expanding the view of the collaborative relationship of equine-assisted psychotherapy practitioners to include multidisciplinary teams of professionals that work on a continuum as opposed to a partnership in the delivery of mental health services. This unique finding indicates a need for further study into the collaborative nature of practitioners of equine-assisted psychotherapy who are not utilizing a recognized model of equine-assisted psychotherapy.

### **Implications of Findings**

The findings of this study helped develop an understanding of how teams of equine-assisted psychotherapy practitioners engage in the ethical decision-making process. These findings will contribute to the current literature by providing insight into how interdisciplinary teams approach decision-making. They also provide a basis for further research into how teams engage in decision-making. In addition, the findings provide a practical application of the three intellectual movements: Principle ethics, Virtue ethics, and Relational ethics. By utilizing the findings of this study, the researcher constructed a proposed model for ethical decision-making to assist equine-assisted psychotherapy practitioners in the decision-making process. This proposed model demonstrates a practical and intentional application of principle ethics, virtue ethics, and relational ethics. The comprehensive nature of this proposed model suggests broader utilization and usefulness for other types of interdisciplinary and multidisciplinary teams outside the realm of equine-assisted psychotherapy.

### **Comprehensive Ethical Decision-Making Approach**

The current literature lacks an appropriate decision-making model that would provide a comprehensive framework for equine-assisted psychotherapy practitioners to apply in the ethical decision-making process. This is true for any interdisciplinary or multidisciplinary team as well. Based upon the findings of this study, a comprehensive model would include components from all three intellectual movements: Principle ethics; Virtue ethics; and Relational ethics. While several current ethical decision-making models offer promising aspects that could be useful to equine-assisted practitioner teams, no one model fulfills the needs completely. The following is a proposed model that begins to address the gaps in the current literature and could serve as a useful foundation for future research into the decision-making processes of equine-assisted psychotherapy teams, as well as other types of multidisciplinary and interdisciplinary teams.

The proposed model incorporates the categories identified in this research study to form phases of decision-making that reflect the processes of equine-assisted psychotherapy practitioners. Phase 1 initiates the decision-making process through the identification of the ethical issue or dilemma. Phase 2 encourages preparation for decision-making through the identification of key decision-makers and stakeholders, as well as the gathering of available resources, such as ethical codes, animal welfare codes, and statutes. Phase 3 is the resolution phase that involves active decision-making through the application of resources, identification of possible solutions, negotiation and conflict resolution, plan formulation, and plan implementation. Phase 4 involves a debriefing process that encourages reflection about the experience of decision-making and meaning making around the decision made and consequences thereof, all in an effort to adapt and

improve the team's decision-making savvy. The following provides an in depth look at each phase of the model with an application of each phase provided through examples based on the participant teams' analyses of the hypothetical scenario.

### ***Phase 1: Issue Identification***

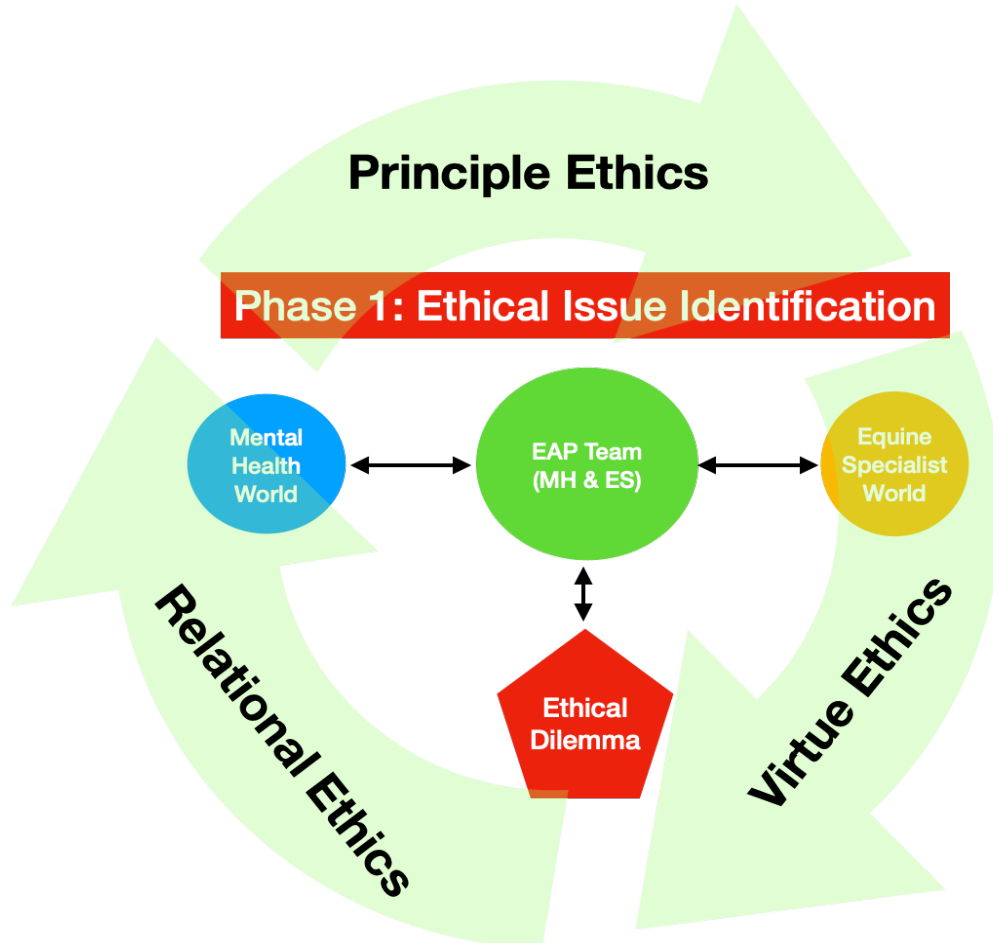
The initial phase of this model incorporates the findings of this study that comprised Category 1: Ethical Practice Defined - Identification of Ethical Issues in Equine Assisted Psychotherapy Practice. It poses the question: "What are the ethical issues?" An application of principle ethics encourages an objective determination of what is the ethical course of action. It allows exploration of what the decision-maker considers to be good or bad; right or wrong; moral or immoral. It also encourages review of ethical codes, animal welfare codes, and relevant statutes.

The equine-assisted psychotherapy team is comprised of professionals from two very different industries with different world views and, therefore, the potential to apply principle ethics in different ways. The mental health professional's perspective is viewed through the lens of licensure requirements and the therapeutic relationship with the client while the equine specialist focuses on the role and wellbeing of the horse and the safety of the humans who interact with the horse. Phase 1 encourages the practitioner team to develop awareness of their different perspectives and different applications of principle ethics in a way that helps them identify ethical issues and dilemmas from both angles. Virtue ethics are also applied in that the character and values of the decision-maker play a role in how issues are viewed. As Cottone and Tarvydas (2016) acknowledged, knowledge of what to do is not always enough for the person to act in an ethical manner. This can be applied to the recognition of ethical issues as well. Relational ethics play a

role in the identification of ethical issues and dilemmas due to the inherent nature of the equine-assisted psychotherapy team. Each team member brings an individual view of the situation into the team relationship. An application of relational ethics is reflected through the interaction of the team as they share and work through these views, resolve conflicting viewpoints, and consider how the various issues affect each other and other parties outside of the nuclear team.

Figure 6.

Phase 1: Issue Identification



***Navigating Phase 1: Jack's Role during the Pegasus Team Demonstration***

It is important to note that the process of identifying ethical issues may require application of the entire decision-making model, but the following is a simple example to clarify the application of Phase 1 only.

The participant teams identified Jack's role during the demonstration on the Pegasus Farm equine-assisted psychotherapy team to be problematic. They noted a myriad of issues from both a mental health and equine perspective. While Jack was a licensed mental health professional, he had received no training in equine-assisted psychotherapy and had no experience whatsoever with horses prior to becoming connected with Pegasus Farm. In addition, Jack was employed by an agency and it was not clear as to how much his agency employer knew about his role with Pegasus Farm and with the demonstration. To further complicate matters, Jack had no experience working with Veterans, yet he agreed to work with that population as part of the Pegasus Farm program. All of the participant teams identified an ethical dilemma connected to Jack's role during the demonstration. This ethical dilemma contained several ethical issues and conflicting ethical standards. During the interview phase, the participant teams acknowledged the presence of conflict connected to individual views of the issues and they often noticed different priorities. The mental health specialists focused on scope of practice issues and client welfare. The equine specialists focused on animal welfare as well as the physical safety of the horses and humans. Each individual team member applied principle ethics and virtue ethics from a different focus yet, as they worked together through the application of relational ethics, they were able to develop broader,

team view of these issues. Jack’s Role was identified as an ethical dilemma with underlying issues connected to training, client welfare and scope of practice, animal welfare, and employment conflicts. The participant teams identified the ultimate question to be addressed as: What should Jack’s role have been during the demonstration?

Figure 7.

Navigating Phase 1: Ethical Issue Identification



***Phase 2: Preparation for Decision-Making***

Once the ethical issue or dilemma has been identified, the process of identifying the key players in decision-making must take place. Phase 2 incorporates the study's findings in Category 2: Decision-Makers in Equine-Assisted Psychotherapy Practice. This phase involves an analysis and identification of any stakeholders in the matter and clarification of who should be involved in the actual decision-making. As noted above, a stakeholder in the resolution of an ethical issue may or may not be involved in the decision-making itself. A common example of this type of stakeholder is the client. For example, decisions made by practitioners regarding scope of practice have an effect on a client but the decision itself does not include the client. This process reflects an application of principle ethics in that some decision-makers and stakeholders are identified by statute or organizational guidelines and ethical codes. Virtue ethics are also applied because the process requires an emphasis on the personal characteristics of those involved. It also reflects an application of relational ethics due to its focus on the consequences of decision-making on others.

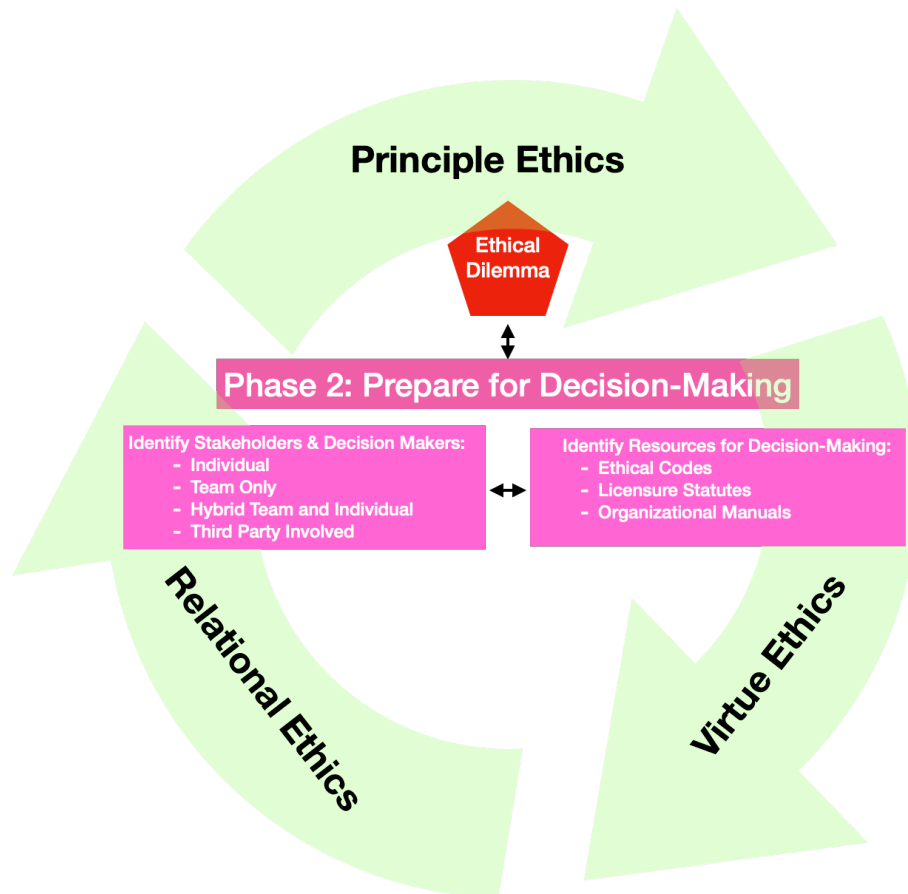
In addition to the key players in decision-making, this phase involves an identification of the resources needed to facilitate decision-making. These resources may include ethical codes, guidelines, organizational manuals and instructions, and legal codes and statutes. Utilization of these resources would allow an objective application of principle ethics. In addition, other resources include third parties not considered to be stakeholders or decision-makers who offer valuable insight into the situation. These third parties may be professional colleagues or experts in finance, law, or business. Utilization of third-party resources would reflect an application of virtue and relational ethics as the



decision-maker considers personal characteristics and potential consequences of decisions-making. Figure 9 illustrates the components of Phase 2.

Figure 8.

Phase 2: Preparation for Decision-Making



***Navigating Phase 2: Who Should be Involved? What Resources are Required?***

The identification of Jack's role on the Pegasus Team as an ethical dilemma allowed the decision-making process to move into Phase 2: Preparation for Decision-Making. This phase involves consideration of who is connected to the matter and how they fit into the decision-making process. As in Phase 1, there are decisions to be made in

Phase 2 that could be facilitated by using this entire model. For the purpose of illustration, however, this example is limited to navigation of Phase 2.

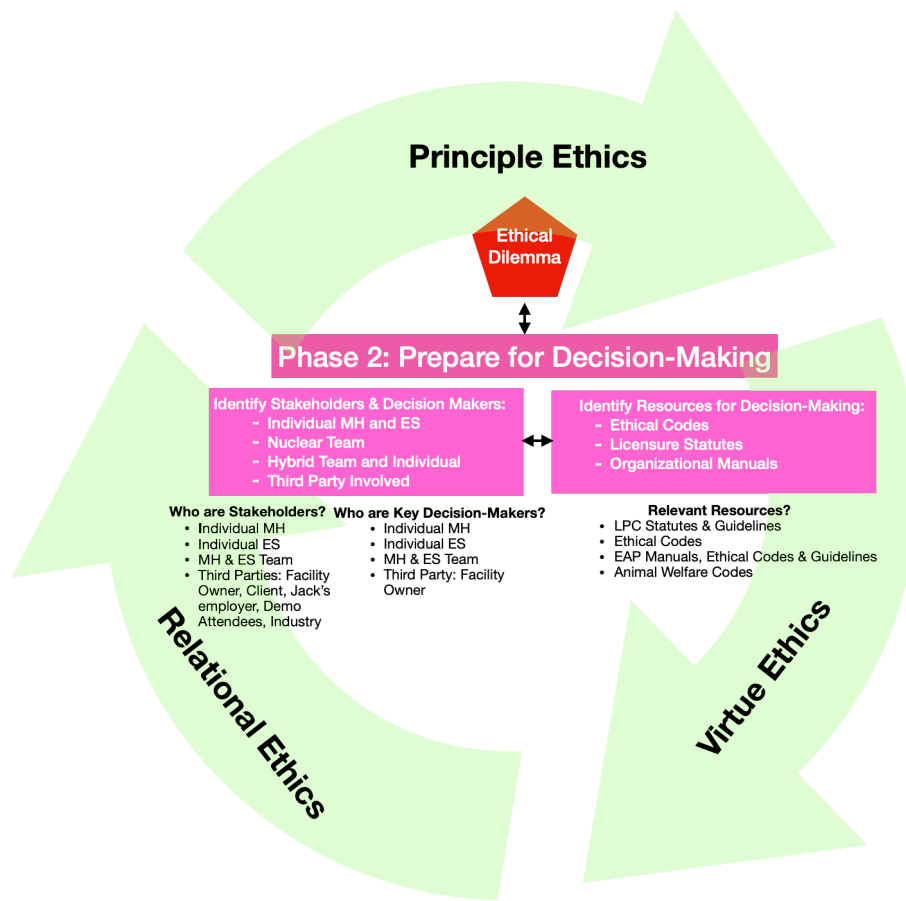
In the study, the participant teams identified a broad range of stakeholders, including the Pegasus Farm team, the facility owner, the clients, the agency that employed Jack, the media, the attendees of the demonstration, the local equine-assisted psychotherapy community, and the equine-assisted psychotherapy organizations named in the promotion of the Pegasus Farm program, even the equine-assisted psychotherapy industry as a whole. This list narrowed significantly when only the key parties necessary for decision-making were identified. Key decision-makers included the individual team members, the nuclear team together, and a third party in the form of the facility owner. This mix of decision-makers indicated the application of a hybrid decision-making process with the nuclear team including a third-party in decision-making. It also reflects an application of principle ethics, virtue ethics and relational ethics.

Of note, the participant teams engaged in much discussion about the role of clients in decision-making. In the end, the majority of teams identified the client as a stakeholder in this case and none of the teams included the client as a key decision-maker. This is because the client's involvement began after the ethical dilemma at issue was resolved and Jack's role was established. For example, the teams believed the clients expected to participate in the demonstration should have been advised of the risks to privacy, confidentiality, and safety prior to the demonstration to allow informed consent. They did not believe the client should be involved in decisions connected to what the informed consent process should involve or how it should take place.

Once the question of “Who makes the decision?” was answered through the identification of stakeholders and key decision-makers, the necessary resources for decision-making can be identified and gathered. To address the ethical dilemma of Jack’s role, the teams indicated a desire to review ethical codes, licensure statutes and guidelines, employment contracts, organizational manuals, and horsemanship guidelines. They also indicated that third parties, such as lawyers, business experts, equine industry professionals, might be of value for consultation purposes. Figure 10 provides a visual depiction of the Phase 2 process of identifying stakeholders and decision-makers.

Figure 9.

### *Navigating Phase 2: Prepare for Decision-Making*



### ***Phase 3: Resolution Process***

Once the stakeholders, key decision-makers and relevant resources have been identified, the decision-making process may proceed to resolution. Phase 3 is the action phase. It includes a process of identifying potential solutions, negotiation, conflict resolution, reaching agreement, formulating a plan of action, implementing the plan of action, and ultimately resolving the ethical issue or dilemma. The unique aspect of this proposed model is that it has the potential to take place from different perspectives throughout the course of the resolution process: Individual perspective; Team perspective; and Hybrid perspective. The individual perspective is formed from the internal view of the individual practitioner. The team perspective is formed through the combination of each individual perspective to create a perspective shared by the team. The hybrid perspective takes this one step further to include the perspectives of individual, the team, and relevant third parties.

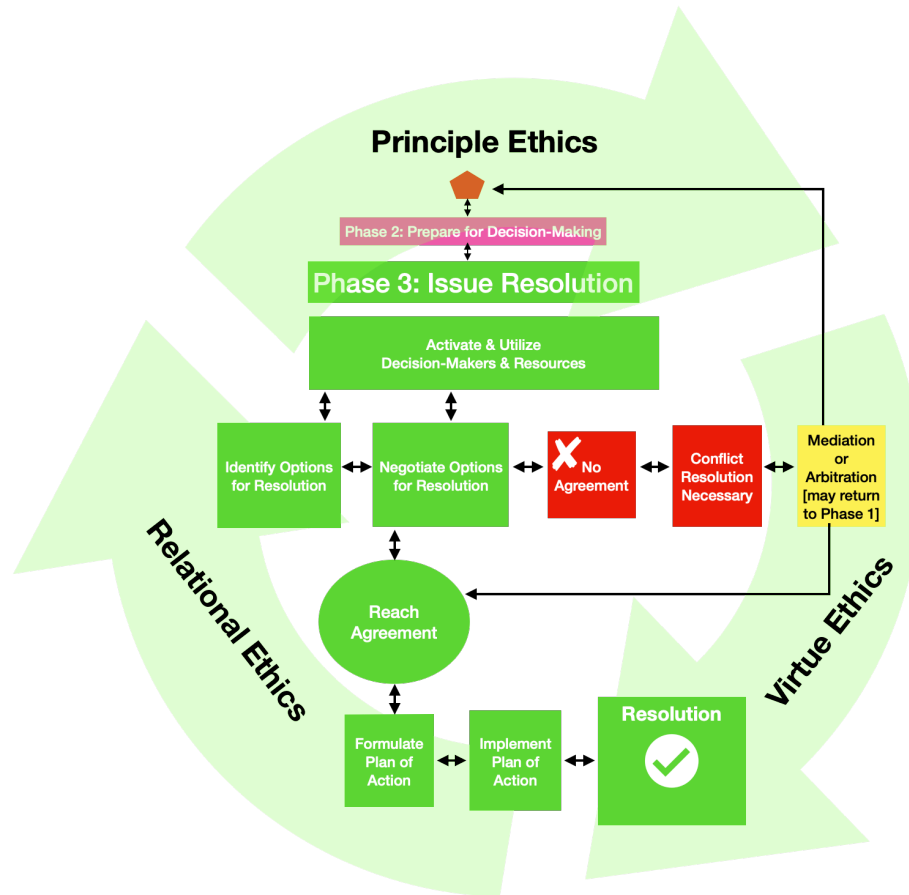
These perspectives also involve an application of principle ethics, virtue ethics, and relational ethics. Principle ethics in action would take place in the form of an individual and/or collaborative review of the resources gathered to assist decision-making, such as relevant ethical codes, licensure statutes and guidelines, employment contracts, organizational manuals, and horsemanship guidelines. This review would be in the hope of finding the answer or clear guidance toward the correct or right decision to resolve the ethical issue. Virtue ethics in action would also take place on an individual and/or collaborative basis. The individual values of each team member would drive the process to answer the question of who they each should be and who they should be as a team of decision makers. Relational ethics in action would be demonstrated through an

application of a social constructivist approach. The team members would interact with each other and with relevant third parties to determine how the decision should be made. Relational ethics would also be applied during discussions concerning individual application of principles ethics and virtue ethics. For example, a collaborative discussion about what the right or wrong action might be or the values that should be displayed would require the team to engage in both internal and external processing.

Phase 3 involves a constant process of balancing internal and external viewpoints. It encourages the consideration of individual perspectives in balance with team perspectives and the perspectives of outside third parties to reach a satisfactory solution to the ethical issue or dilemma. Should disagreement arise in the negotiation phase, conflict resolution strategies such as mediation or arbitration, are potential methods to keep the process moving forward. In cases where agreement is not possible, the decision-making process may cycle back to Phase 1 to allow for review of the ethical issue or dilemma from a fresh perspective. Figure 11 provides a view of Phase 3.

Figure 10.

Phase 3: Resolution Process



### *Navigating Phase 3: What to do about Jack's Role?*

During Phase 3, the team will use information gained during Phase 1 and Phase 2 to take action. As in the other phases, this action would involve an application of principle ethics, virtue ethics, and relational ethics. Phase 1 identified Jack's Role to be an ethical dilemma with underlying issues connected to training, client welfare and scope of practice, animal welfare, and employment conflicts. The ultimate question posed was: What should Jack's role have been during the demonstration? Phase 2 identified the key decision-makers to answer this question to be individual team members, the nuclear team together, and the facility owner. They might also consult with third parties, such as

mental health experts, lawyers, business experts, and equine industry professionals. A review of relevant resources, such as statutes and organizational guidelines, is possible as well. Navigating Phase 3 will help the team mobilize the identified decision-makers to utilize this information in order to take action toward defining Jack's role. The following six-step process will help the team move toward resolution.

**Phase 3 - Step 1: Activate and Utilize Key Decision- Makers and Resources.**

During Step 1, the team will mobilize the decision-makers identified in Phase 2 with a goal of identifying options for resolution. In the case of determining Jack's role in the demonstration, the nuclear team will meet, along with the facility owner, Sally. They will conduct a review of the resources gathered in Phase 2 to assist decision-making, such as relevant ethical codes, licensure statutes and guidelines, employment contracts, organizational manuals, and horsemanship guidelines. This review would reflect an application of principle ethics as it is performed in the hope of finding clear guidance toward the correct or right decision as to what the ethical role would be for Jack on the Pegasus team.

**Phase 3 - Step 2: Reaching Agreement.** Once the key decision-makers and relevant resources are at the ready, the negotiation process may begin. The findings of this study indicate that an equine-assisted psychotherapy team would likely begin the negotiation process from the individual MH and ES perspective. As the process continues, different perspectives may emerge, such as the nuclear team level perspective, in which the MH and ES work together to form a team perspective. In addition, a collaborative perspective will form when the team includes a relevant third party, such as Sally the facility manager, in the discussion.

The negotiation process would involve virtue ethics in action. The individual values of each team member would drive the process to answer the question of who Jack should be as a person and practitioner in order to fulfill an ethical role on the Pegasus team. The team would work to combine their perspectives to identify the team's values and create a team perspective of the situation that reflects those values. For example, the MH might value honesty and believe the priority to be that Jack remain honest in his scope of practice while the ES might value loyalty and view Jack's use of the Eagala model without being certified to be a significant factor. When they come together, the MH and ES Team might agree that both values are important and align under the umbrella of client welfare. In addition, the team could consult with Sally, the facility owner, who may value safety and see Jack's lack of horse experience to be the most serious problem. This value could also align with the MH and ES team values and strengthen the client welfare viewpoint. Sharing these value driven views carries the potential to lead the team to additional resources and contacts for a more in-depth review. Through an application of virtue ethics, the team could ultimately define Jack's role to include protection of client welfare. This process will allow the values of both team members, as well as the view of Sally, to be acknowledged and reflected in the resolution of the ethical issue or dilemma.

Relational ethics in action would be demonstrated through an application of a social constructivist approach as the team members would interact with each other, with Sally, and with relevant third parties to determine how the decisions about Jack's role would affect others, such as clients, colleagues, and the industry as a whole. Relational ethics would also be applied during discussions concerning individual application of



principles ethics and virtue ethics. For example, a collaborative discussion about what the right or wrong action might be or the values that should be displayed would require the team to engage in both internal and external processing.

Should conflict arise during the negotiation process, it would be helpful for the team to recognize the different perspectives taken to view the issue and explore ways to gain understanding of different points of view. This process would require the team to apply relational ethics as different applications of principle and virtue ethics are reviewed. For example, if the team experienced conflict over Jack's scope of practice, it might be a reflection of differing applications of principle and virtue ethics. An application of relational ethics through a social constructivist lens could help the team members develop an understanding of each other's position and resolve the conflict. In other words, an application of relational ethics would facilitate the team's efforts to reach consensus on what to do about Jack's role.

Should disagreement stall the negotiation process, the team will need to address the conflict intentionally and directly. The team may even need to return to Phase 1 and review their definition of the ethical issue to be addressed. If continued discussion does not help the team move forward, conflict resolution strategies involving a neutral third party, such as mediation or arbitration, may become necessary. For the purposes of this example, however, the team actively negotiated without the need for outside assistance to reach consensus that Jack's role during the demonstration should be focused on client welfare.

**Phase 3 - Step 3: Formulate a Plan.** When the team agreed that Jack's role during the demonstration should be focused on client welfare, they moved into Step 3 and

began to formulate a plan of action to implement this decision. This step may take place verbally, in writing, or through illustrative guides such as flow charts or diagrams. For example, the team may discuss possible ways to approach implementing the defined role and then create a document that spells out that role and how it pertains to the demonstration. They may also create a flow chart to indicate the dynamic between Jack's role and the role of the ES and facility manager during the demonstration. In the end, strong plan of action will clearly define what Jack's role will be during the demonstration and provide instructions regarding how this role will be communicated to Jack and others who will need to rely on Jack.

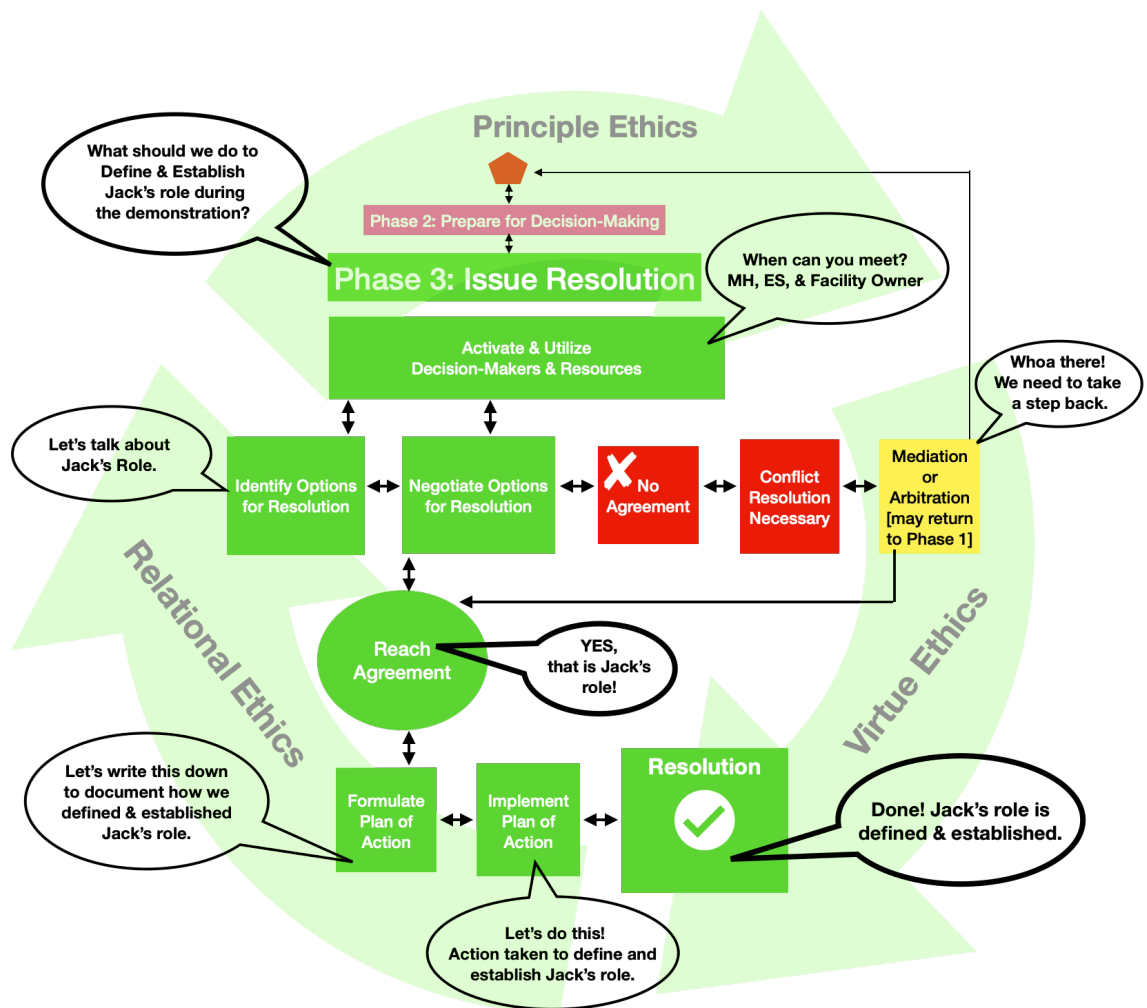
As in the above steps, an application of principle, virtue, and relational ethics will help facilitate the process of formulating a plan of action. For example, an application of principle ethics may guide the team to a clear set of rules to follow with regard to Jack's role. Virtue ethics may help the team formulate a plan of action that reflects the values the team sees as important for Jack's role to embody. Relational ethics will assist the team in identifying potential consequences the plan for Jack's role might have on others.

**Phase 3 - Step 4: Implement the Plan.** Step 4 begins when the team takes action to implement the plan devised in Step 3. Implementation brings the team's plan into reality and will be considered complete when the team's action effects the necessary change. In this case, implementation will be complete when Jack's role is clearly defined and communicated to Jack and other relevant parties. In other words, it will be known to Jack and others that his role is to ensure client welfare during the demonstration. The social nature of this step highlights the application of relational ethics.

**Phase 3 - Step 5: Resolution of Ethical Issue.** Once the plan of action is successfully implemented, the ethical dilemma will be resolved. In this example, the team may consider the ethical dilemma regarding Jack’s role to be resolved because they took action to define and communicate the role Jack will fulfill during the demonstration.

Figure 11.

Navigating Phase 3: What to do about Jack’s Role?



#### ***Phase 4: Gaining Wisdom - Reflection and Meaning Making***

The findings of this study support the addition of a period of reflection and meaning making after the decision-making process is complete and action has been taken to implement the decision. The findings indicate that the participant teams considered what was to be learned from the decision-making process in order to streamline future decision-making and overall team functioning. For example, several participant teams described processes meant to establish rapport with new team members and identified ways to improve communication within the team relationship and the team's relationships with others.

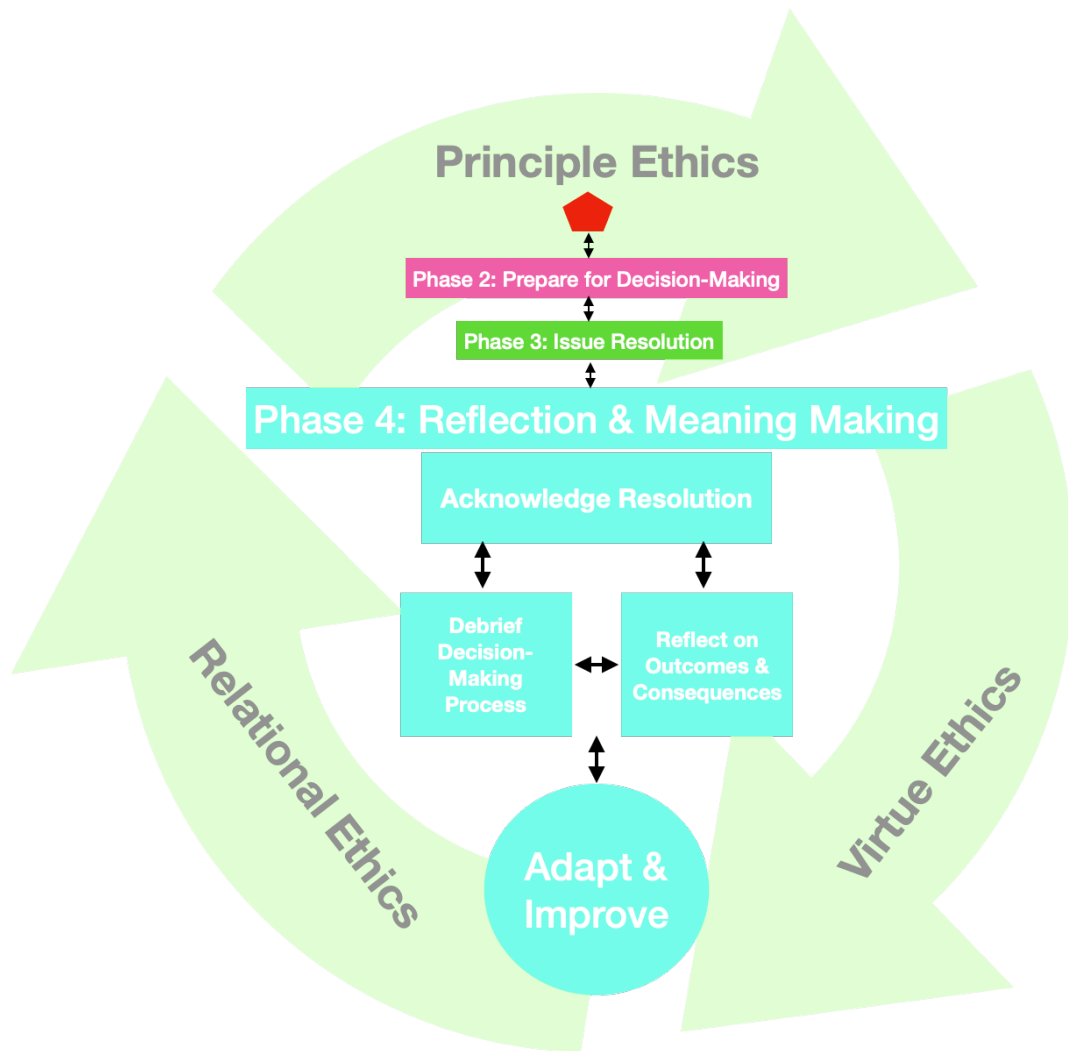
Phase 4 of the proposed ethical decision-making model encourages the equine-assisted psychotherapy team to intentionally acknowledge the decision that was made and implemented. This is a crucial component when multiple decision makers are involved. It allows the team to find closure in the decision-making process and to celebrate the resolution of the ethical issue or dilemma. It may also help the team identify additional issues that require consideration.

In addition to acknowledging that the decision was made, allowing time for the equine-assisted psychotherapy team to debrief and reflect on the decision implemented will allow the team to gain insight into their decision-making processes. It will help them gain an understanding of the consequences of their actions. It will also allow the team to learn from the decision and assist them in making meaning of those consequences. This step will encourage the team to document their decision-making processes. Doing so will allow them to assess the process as something helpful that should be repeated or as a basis for change so that a history of negative outcomes is not repeated. Overall, this phase

will allow equine-assisted psychotherapy teams to develop wisdom from their experiences and build a stronger foundation for future decision-making.

Figure 12.

Phase 4: Gaining Wisdom - Reflection and Meaning Making



### *Navigating Phase 4: What Did We Learn from Jack?*

When the participant teams reached a decision about how to define and establish Jack's role during the demonstration, the majority reflected on the process and compared the experience to other decisions the team has made in the past. Many referred to their own experiences of similar issues, how they engaged in decision-making, and how they have learned from both positive and negative outcomes. The findings indicate that Navigating Phase 4 may be accomplished in a four-step process.

**Phase 4, Step 1: Acknowledge Resolution.** Most of the teams outwardly acknowledged the fact that they were able to reach consensus and decide on a course of action. This was especially noticeable when the MH and ES worked through conflict to reach that resolution. For example, one participant team disagreed about how to handle Jack's lack of horse experience in light of the fact that Maria, the ES, would not be attending the demonstration. By acknowledging their agreement and the fact that they had worked through conflict to get there helped the team take the next step toward developing awareness of their decision-making process. This awareness may increase the likelihood that they will be able to repeat this process when future issues arise. The second step of Phase 4 will help solidify this awareness.

**Phase 4, Step 2: Debrief and Reflection.** Continuing the above example, after the team acknowledged that they successfully reached resolution, they talked about their individual experience of conflict and how they utilized both internal and external processes to reach consensus. They referred to examples of past decision-making by the team as well as other areas of their lives. They reviewed their decision about Jack's role and reflected on the process taken to get there. The team's ES asserted that Jack posed a

danger and argued that the demonstration should be postponed until Maria returned. The MH, on the other hand, suggested that Sally, the facility owner, step in as acting ES so the demonstration could proceed as scheduled. The team continued to discuss potential solutions and ultimately decided that the risk of harm to clients was the most significant issue. They ultimately agreed that Jack's role should be limited to MH and not involve any duties that could be construed to be a responsibility of the ES. When encouraged to reflect on how the decision came to be, the team noted that they started the decision-making process internally and from a perspective of their respective roles on the equine-assisted psychotherapy team. Gradually, the process became relational and collaborative and that is where they reached a decision that encompassed both individual perspectives.

**Phase 4, Step 3: Adapt and Improve.** After a period of debrief and reflection with regard to Jack's role, the participant team noted ways they could have approached decision-making in different ways. This moved the team into the third step of Phase 4.

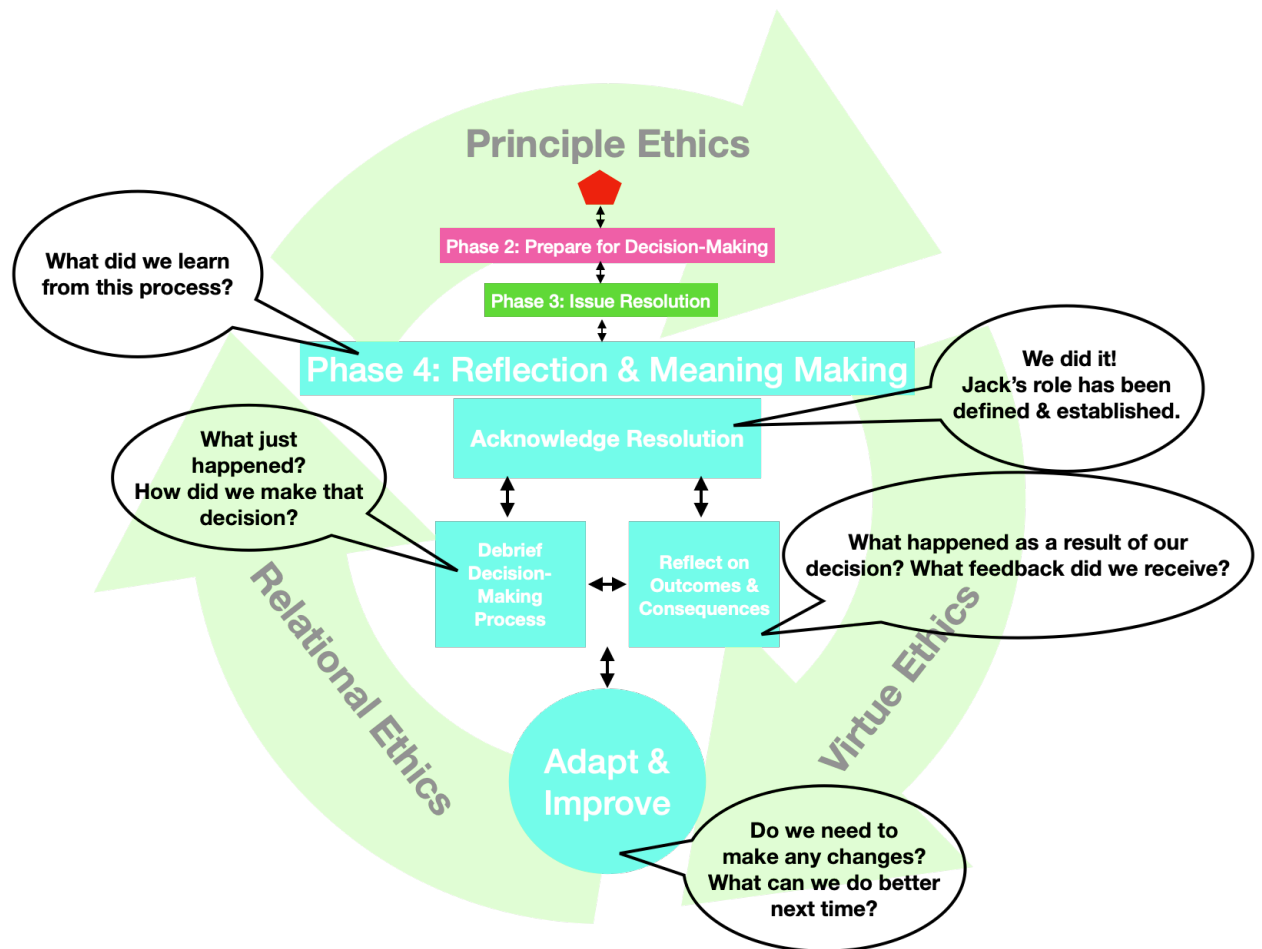
Using the insight gained in Step 2, the team was able to think forward toward how their recent decision-making experience could help improve their overall teamwork in future decision-making. The team discussed potential changes that could help the Pegasus Farm program improve and avoid future pitfalls. For example, when thinking in terms of improvement, many of the teams indicated the need to begin collaborating earlier in the process. This seemed to be easier for teams with a longer history together and teams with strong rapport. These teams reported a benefit to having the ability to switch lenses. In other words, the MH reported greater insight into the ES position and the ES saw the MH position differently. In many cases, the participant team members identified opportunities

to avoid conflict and shared insight into how to better communicate with each other in the future.

Communication was a common area where the teams saw opportunities for improvement. Most teams acknowledged a benefit to having a structured model for decision-making that included space for reflection. Figure 14 illustrates the application of Phase 4.

Figure 13.

*Navigating Phase 4: What did we learn from Jack?*





## Summary

In sum, the proposed comprehensive ethical decision-making model for equine-assisted psychotherapy teams consists of four phases:

### Phase 1 - Issue Identification

- Question Posed: What is the situation to be resolved?
- Perspectives: MH and ES individual basis; MH and ES Teamwork; Include third parties as needed.
- Phase 1 Steps:
  1. Review the situation.
  2. Identify ethical issues and dilemmas.

### Phase 2 - Prepare for Decision-Making

- Question Posed: Who needs to be involved?
- Perspectives: MH and ES individual basis; MH and ES Teamwork; Include third parties as needed.
- Phase 2 Steps:
  1. Identify key stakeholders and decision-makers.
  2. Identify and gather relevant resources.

### Phase 3 - Resolution process

- Question Posed: What action do we take to resolve the situation?
- Perspectives: MH and ES individual basis; MH and ES Teamwork; Include third parties as needed.
- Phase 3 Steps:

1. Negotiation and, if necessary, Conflict Resolution (Mediation or Arbitration).
2. Reach Agreement.
3. Formulate Plan of Action.
4. Implement Plan of Action.
5. Issue Resolved.

#### Phase 4 - Gaining Wisdom

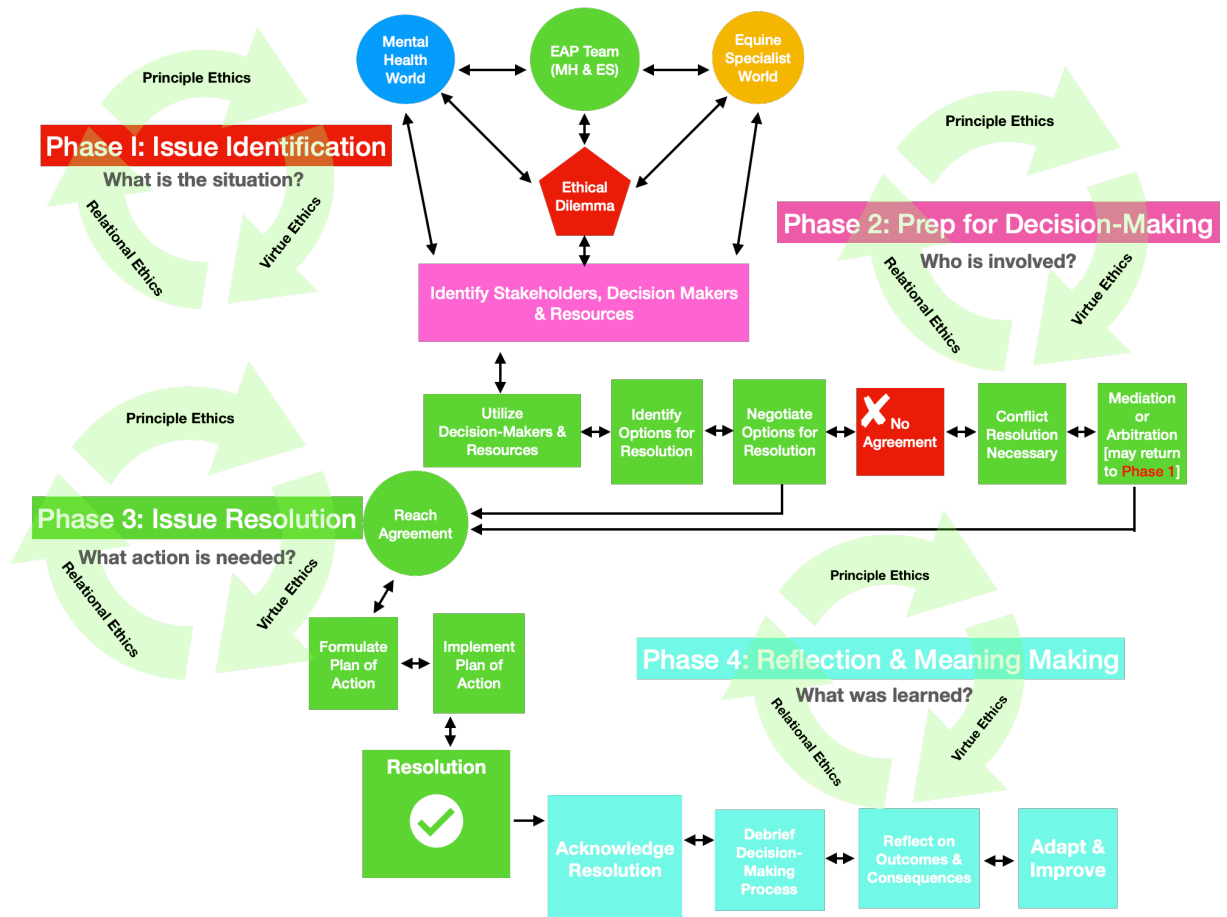
- Question Posed: What did we learn?
- Perspectives: MH and ES individual basis; MH and ES Teamwork
- Phase 4 Steps:
  1. Acknowledge Resolution.
  2. Debrief the experience of decision-making.
  3. Reflect on outcome and consequences.
  4. Adapt - identify and document processes to repeat, processes to revise, and opportunities for improvement.

The figure below illustrates the flow of the proposed comprehensive ethical decision-making model for equine-assisted psychotherapy teams from the identification of ethical issues in Phase 1 through adapting and improving processes in Phase 4. The researcher acknowledges the complexity of this graphic representation of the model and the need for streamlining it for use in the equine-assisted psychotherapy industry. It must also be acknowledged that the issue of utilization of this or any model must be addressed. There are numerous ethical decision-making models available to the equine-assisted psychotherapy industry and not one has been used in this context. Therefore, it would be

a worthwhile endeavor for future researchers to explore ways to increase education efforts focused on ethical decision-making and developing awareness of the value of formal ethical decision-making processes for equine-assisted psychotherapy practitioners.

Figure 14.

Proposed Ethical Decision-Making Model for Equine-Assisted Psychotherapy Practitioners



### **Limitations**

The purpose of this dissertation study was to develop an understanding of the ethical decision-making processes of equine-assisted psychotherapy practitioners. A qualitative study that utilized Modified Grounded Theory techniques was conducted to analyze the experiences of fifteen (15) participant teams of equine-assisted psychotherapy practitioners. The findings of this study will likely benefit the equine-assisted psychotherapy industry and a broader range of mental health professionals. That said, this study is not without limitations.

First, there are limitations connected to the sample size and sample selection methods. This study focused solely on fifteen (15) participant teams. This limited sample of participants was comprised of existing two-member teams currently practicing equine-assisted psychotherapy. In addition, participation in this study was voluntary. Voluntary participation may result in biased results and utilization of snowball sampling methods may lead to the bias of participants referring like-minded practitioners with similar views regarding their experiences. Further, participants may have been tempted to provide socially desirable responses to questions regarding ethics and ethical dilemmas (Meriam & Tisdell, 2016). Finally, anecdotal evidence suggests that the general population of equine-assisted psychotherapy practitioners is comprised of cis-gender Caucasian females located in the United States. This may limit the transferability of the study findings to other populations. For this reason, demographic information, such as race, ethnicity, gender, and practice location, was collected from each participant and considered to be factors in this study (Appendix B).

A second limitation involves the researcher's involvement in equine-assisted psychotherapy. The researcher is an Eagala-Certified equine-assisted psychotherapy practitioner who actively practices in both the role of Mental Health Specialist and Equine Specialist. The researcher is also a current member of the Eagala Board of Directors. These facts were clearly disclosed to each participant during the informed consent process. The researcher made every effort to be aware of bias and took steps to limit potential biases while remaining cognizant of the fact that all biases cannot be eliminated. It is acknowledged that participants who are Eagala certified practitioners may have been hesitant to share ethical dilemmas they have experienced in practice out of a belief that it might reflect negatively upon them within the Eagala organization. To counteract this, the informed consent process emphasized the confidentiality of participants, de-identification of data, and the thematic nature of qualitative research. Participants were not expected to disclose personal experiences with ethical issues but were asked to analyze a hypothetical situation containing several ethical dilemmas. The researcher made a concerted effort to frequently reflect and bracket personal knowledge and experiences that could influence coding, interpretation, and engagement with the data.

Despite these limitations, the findings of this study will likely be a positive contribution to the literature. While the limitations may affect transferability or generalizability of the study findings, future researchers interested in this area of study are encouraged to use these findings as a basis to explore additional aspects and populations within the equine-assisted psychotherapy industry, the mental health industry, and with regard to team decision-making.

### **Implications for the Counseling Profession**

The findings of this study may provide some benefits to mental health professionals who face ethical issues in practice, especially those who work with professionals from areas outside the mental health industry. The findings provide a framework for decision-making that incorporates multiple perspectives. They also suggest a practical application of the three intellectual movements: Principle Ethics; Virtue Ethics; and Relational Ethics.

One finding of this study creates some concern about the utilization of ethical decision-making models. The findings indicate that mental health professionals do not fully utilize ethical decision-making models currently available to the industry. The participants in this study indicated that they do not actively use a decision-making model to assist them in addressing ethical issues. That said, the participants acknowledged an awareness that ethical decision-making models exist. Further, they stated the belief that an ethical decision-making model could be useful in practice. Additional investigation is necessary to determine the level of awareness of ethical decision-making models in the overall mental health industry. In addition, further inquiry is needed to determine how willing practitioners are to utilize an ethical decision-making model in practice. Finally, an exploration into the effectiveness of the proposed comprehensive model seems warranted by the findings of this study. This model may provide a starting point to help practitioners develop a fresh perspective of ethical decision-making.

### **Future Research**

The findings of this study could provide a solid foundation for continued research in the area of decision-making. Additional research into the ethical decision-making

processes of equine-assisted psychotherapy practitioners would be of benefit to the equine-assisted psychotherapy industry as well as the mental health profession as a whole. Continued exploration into how ethical decision-making occurs across the different types of equine-assisted practices and modalities would deepen the understanding of these processes and assist in the development and evolution of appropriate decision-making models for the industry. That said, further research is necessary to determine the overall value of utilizing an ethical decision-making model in the practice of equine-assisted psychotherapy. To date, there is no research that addresses whether the utilization of an ethical decision-making model by equine-assisted psychotherapy practitioners will produce a more valid and defensible result than ethical decision-making without application of a specific decision-making model.

In addition, this research provides a basis for future research that explores the ethical decision-making processes of other types of interdisciplinary and multidisciplinary teams. This broader perspective would likely be a positive addition to the growing body of research connected to ethical decision-making and decision-making in general.

### **Conclusion**

Ethical issues and dilemmas often arise in scope of mental health practice. Most counselors know they must take active steps to address and resolve ethical issues in order to protect themselves and their clients. The practice of counseling, however, does not occur in a vacuum. Many mental health professionals work in conjunction with non-mental health professionals from a variety of different fields, such as law enforcement or business administration. At times, counselors work directly with non-mental health

professionals in the provision of treatment to clients. When this is the case, the counselor and the non-mental health professional often experience the same ethical issues and dilemmas that arise in practice, but their perspective of those issues and dilemmas may differ greatly. Further, the consequences could be quite different for each one, especially if the non-mental health professional is not held accountable to ethical standards created by a licensure statute. The practice of equine-assisted psychotherapy is one example where this scenario is quite common.

The current literature does not address the ethical decision-making processes of equine-assisted practitioners and there is a lack of current literature in the area of ethical decision-making by teams of interdisciplinary or multidisciplinary teams comprised of a mental health professional who works with at least one non-mental health professional. The aim of this dissertation was to address this gap in the literature. A qualitative study was conducted with the purpose of developing an understanding of the ethical decision-making processes of practitioners who utilize equine-assisted psychotherapy in the delivery of mental health services. Through the use of Modified Grounded Theory techniques, the researcher examined how these practitioners identified and resolved ethical issues encountered within the scope of equine-assisted psychotherapy practice. The findings of this study revealed how practitioners of equine-assisted psychotherapy identify ethical issues; identify stakeholders and key decision-makers; take action to resolve ethical issues; and learn from the decisions made.

At this point, there is no existing ethical decision-making model that fulfills the needs of equine-assisted psychotherapy practitioner teams. The findings of this study provide a foundation for a proposed ethical decision-making model to fit this purpose.



Continued research is encouraged to further develop an understanding of how teams of equine-assisted psychotherapy practitioners engage in ethical decision-making in order to allow the proposed model to evolve into a robust model with elements transferable to the other industries that require interdisciplinary and multidisciplinary teams to engage in ethical decision-making.

### References

- American Counseling Association (2014). *ACA code of ethics*. Alexandria, VA: Author.
- Journal of Counseling & Development, 79, 39–45.*
- American Hippotherapy Association (2019). *What is Hippotherapy?* Retrieved from <https://americanhippotherapyassociation.org/what-is-hippotherapy/>
- Beauchamp, T. L. & Childress, J. F. (1979). *Principles of biomedical ethics*. Oxford University Press.
- Becker, H.S. (1993). Theory: The necessary evil. In D.J. Flinders & G.E. Mills (Eds.), *Theory and concepts in qualitative research: Perspectives from the field* (pp. 218-229). Teachers College Press.
- Betan, E. J. (1997). Toward a hermeneutic model of ethical decision making in clinical practice. *Ethics & Behavior, 7*(4), 347-365.
- Caldwell, C. D., & Freeman, S. J. (2009). End-of-life decision making: A slippery slope. *Journal of Professional Counseling, Practice, Theory, & Research, 37*(2), 21.
- Chandler, C.K. (2012). *Animal Assisted Therapy in Counseling* (2<sup>nd</sup> ed.). Routledge
- Chang, V. N. (1994). A transactional analysis decision-making model and ethical hierarchy. *Transactional Analysis Journal, 24*(1), 15–20.
- Charmaz, K. (2012). The power and potential of grounded theory. *Medical Sociology Online, a Journal of the BSA MedSoc Group, 6*(3), 2-15.
- Chein, I. (1981). Appendix: An introduction to sampling. In L.H.Kidder (Ed.), *Selltiz, Wrightsman & Cook's research methods in social relations*. (4<sup>th</sup> ed.) (pp 418-441). Holt, Rinehart and Winston.

- Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, canons, evaluative criteria, *Qualitative Sociology*, *13*(1), 3-21.
- Corbin, J., & Strauss, A. (2015). *Basics of qualitative research. Techniques and procedures for developing Grounded Theory* (4<sup>th</sup> ed.). Sage.
- Corey, G., Corey, M. S., & Corey C. (2007). *Issues and ethics in the helping professions* (7<sup>th</sup> ed.). Brooks/Cole.
- Corey, G., Corey, M. S., Corey, C. (2019). *Issues and ethics in the helping professions* (10<sup>th</sup> ed.). Cengage.
- Cottone, R.R., & Claus, R.E. (2000). Ethical decision-making models: A review of the literature. *Journal of Counseling and Development*, *78*(3), 275-283.
- Cottone, R.R. (2001). A social constructivism model of ethical decision making in counseling. *Journal of Counseling & Development*, *79*, 39–45.
- Cottone, R.R. (2012). Ethical decision making in mental health contexts: Representative models and an organizational framework. *APA Handbook of Ethics in Psychology*, *1*, 99-121.
- Cottone, R. R., & Tarvydas, V. M. (2016). *Ethics and decision making in counseling and psychotherapy* (4<sup>rd</sup> ed). Springer.
- Cottone, R. R., & Tarvydas, V. M. & Hartley, M.T. (2022). *Ethics and decision making in counseling and psychotherapy* (5<sup>th</sup> ed). Springer.
- Cottone, R. R., Tarvydas, V. M. & House, G. (1994). The effect of number and type of consulted relationships on the ethical decision-making of graduate students in counseling. *Counseling and Values*, *39*, 56-68.

- Cronbach, L. J. (1975). Beyond the two disciplines of scientific psychology. *American Psychologist*, 30, 116-127.
- Equine Assisted Growth & Learning Association (Eagala) (2021). *Certification*. Retrieved from <https://www.eagala.org>
- Equine Assisted Growth & Learning Association (Eagala) (2019). *Fundamentals of the Eagala model, becoming an Eagala Certified Professional* (9<sup>th</sup> ed). Eagala.
- Eisner, E. W. (1998). *The enlightened eye: Qualitative inquiry and the enhancement of educational practice*. Prentice-Hall.
- Frame, M. W., & Williams, C. B. (2005). A model of ethical decision making from a multicultural perspective. *Counseling and Values*, 49(3), 165-179.
- Garcia, J. G., Cartwright, B., Winston, S. M., & Borzuchowska, B. (2003). A transcultural integrative model for ethical decision making in counseling. *Journal of Counseling & Development*, 81(3), 268-277.
- Gilligan, C. (1982). *In a different voice: Psychological theory and women's development*. Harvard University Press.
- Glaser, B. G. & Strauss, A. (1967). *The discovery of grounded theory*. Aldine.
- Goetz, J., Ross, D. B., & Gale, J. (2016). Ethical issues and decision making in collaborative financial therapy. *Journal of Financial Therapy*, 7(1).
- Gregor, M. & Timmermann, J. (2011). *Groundwork of the Metaphysics of Morals: A German-English Edition*, ed. Cambridge University Press.
- Guthiel, T. G., Bursztajn, H.J., Brodsky, A., & Alexander V. (1991). *Decision-making in psychiatry and the law*. Williams & Wilkins.
- Haas, L. J., & Malouf, J. L. (2005). *Keeping up the good work: A practitioner's guide to*

- mental health ethics* (4th ed.). Professional Resource Press/Professional Resource Exchange.
- Hare, R. (1981). The philosophical basis of psychiatric ethics. In S. Block & P. Chodoff (Eds.), *Psychiatric ethics* (pp. 31-45). Oxford University Press.
- Hare, R. (1991). The philosophical basis of psychiatric ethics. In S. Block & P. Chodoff (Eds.), *Psychiatric ethics* (2nd, ed., pp. 31-45). Oxford University Press.
- Hill, M., Glaser, K., & Harden, J. (1998). A feminist model for ethical decision making. *Women & Therapy, 21*(3), 101-121
- Hinkeldey, N. S. & Spokane, A. R. (1985). Effects of pressure and legal guideline clarity on counselor decision-making in legal and ethical conflict situations. *Journal of Counseling & Development, 64*, 240-245.
- Ivey, A. E. (1994). *Intentional interviewing and counseling: Facilitating client development in a multicultural society*. Brooks/Cole.
- Jordan, A. E., & Meara, N. M. (1990). Ethics and the professional practice of psychologists: The role of virtues and principles. *Professional Psychology: Research and Practice, 21*(2), 107-114.
- Keith-Spiegel, P. & Koocher, G. P. (2008). *Ethics in psychology*. New York University Press.
- Kocet, M., Herlihy, B. (2014). Addressing value-based conflicts within the counseling relationship: A decision-making model. *Journal of Counseling and Development, 92*(2), 180-186.
- Koocher, G. P., & Keith-Spiegel, P. (2008). *Ethics in psychology and the mental health professions: Standards and cases*. Oxford University Press.

- Kitchener, K. S. (1984) Intuition, critical evaluation and ethical principles: The foundation for ethical decisions in counseling psychology. *The Counseling Psychologist*, 12, 43-55.
- Krystosek, L. K. (2018). *Understanding the ethical perspectives of Eagal Model practitioners*. Unpublished manuscript.
- Levitt, D. H., Farry, T. J. and Mazzarella, J. R. (2015), Counselor ethical reasoning: Decision-making practice versus theory. *Counseling and Values*, 60, 84-99.
- Lincoln, Y.S., & Guba, E.G. (1985). *Naturalistic Inquiry*. Thousand Oaks, CA: Sage.
- McLellan, E., MacQueen, K.M., & Neidig, J.L. (2003). Beyond the qualitative interview: Data preparation and transcription. *Field Methods*, 15, 63-84.
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. Jossey-Bass.
- Merriam, S. B., & Tisdell E. J., (2016). *Qualitative Research: A Guide to Design and Implementation* (4<sup>th</sup> ed.). Jossey-Bass.
- Meyer-Zehnder, B., Albisser Schleger, H., Tanner, S., Schnurrer, V., Vogt, D. R., Reiter-Theil, S., & Pargger, H. (2017). How to introduce medical ethics at the bedside - factors influencing the implementation of an ethical decision-making model. *BMC Medical Ethics*, 18(1).
- Natural Lifemanship. (2021). *The Fundamentals of Natural Lifemanship*. Retrieved from <https://www.naturallifemanship.com>
- PATH, Intl. (2021). *Learn about EAAT*. Retrieved from <https://www.pathintl.org/resources-education/resources/eaat/193-eaat-definitions#riding>

- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3<sup>rd</sup> ed.). Sage.
- Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4<sup>th</sup> ed.). Sage.
- Pope, K. S., & Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: Making decisions, bypassing blunders, and mending fences. *Journal of Clinical Psychology, 64*(5), 638-652.
- Prilleltensky, I., Rossiter, A., & Walsh-Bowers, R. (1996). Preventing harm and promoting ethical discourse in the helping professions: Conceptual, research, analytical, and action frameworks. *Ethics & Behavior, 6*, 287–306.
- Professional Association for Therapeutic Horsemanship, International (PATH, Intl.) (2019). *Code of Ethics*. Retrieved from <http://www.pathintl.org>
- Rest, J. R. (1984). Research on moral development: Implications for training psychologists. *The Counseling Psychologist, 12*(3), 19-29.
- Sperry, L. (2007). *The ethical and professional practice of counseling and psychotherapy*. Pearson/Allyn and Bacon.
- Sileo, F. J., & Kopala, M. (1993). An A-B-C-D-E worksheet for promoting beneficence when considering ethical issues. *Counseling and Values, 37*(2), 89-95.
- Strauss, A.C. & Corbin, J. M. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2<sup>nd</sup> Ed.). Sage.
- Tarvydas, V. M. (2012). Ethics and ethics decision making. In D. R. Maki & V. M. Tarvydas (Eds.), *The professional practice of rehabilitation counseling* (pp. 339–370). Springer.

- Tarvydas, V. M., Vasquez-Ramos, R., & Estrada-Hernandez, N. (2015). Applied participatory ethics: Bridging the social justice chasm between counselor and client. *Counseling & Values, 60*(2), 218-233.
- Welfel, E. R. (2015). *Ethics in counseling and psychotherapy: Standards, research, and emerging issues* (6th ed.). Cengage Learning.
- Wolcott, H. F. (2005). *The art of fieldwork* (2<sup>nd</sup> ed.). AltaMira Press.
- Zamir, T. (2006). The moral basis of animal-assisted therapy. *Society and Animals, 14*(2), 179-99.



## **Appendix A: Organizational Codes of Ethics**

### **The Eagala Code of Ethics**

The Eagala Code of Ethics serves as a standard of ethics and professionalism in the conduct of business and practice for all Eagala members. We agree to adhere to Eagala's high standards of ethics and professionalism to establish and instill confidence in our clients, fellow professionals, and communities.

The Eagala Code of Ethics is, first and foremost, based on providing for the fundamental, overall safety and well-being of the client and horses. Ethical decisions and conduct should be consistent with the letter and spirit of this Code. Failure to act in accordance with the Code may result in loss of status within the Eagala association and revoking of professional certification.

- 1) The Eagala member will provide the highest quality of service and care in supporting and assisting clients in personal growth and learning.
- 2) The Eagala member will respect and honor the value and dignity of all, and protect the safety, welfare, and best interest of clients and horses.
- 3) The Eagala member will always consider both physical and emotional safety concerns. This includes physical safety utilizing horses and proper maintenance of a safe facility. Therapeutic approaches will be implemented in a respectful manner, maintaining the emotional safety, privacy, and rights of confidentiality of all clients, and never abusing power through sexual or inappropriate relationships with clients.
- 4) The Eagala member will continually evaluate the progress of clients and will promptly refer them to other professional services, if and when this is in the best interest of the client.
- 5) The Eagala member will treat other associates and professionals with courtesy and respect their views, ideas, and opinions.
- 6) The Eagala member will share information, experiences, and ideas that will benefit, strengthen, and improve the effectiveness of the Eagala Model and the field of equine-assisted psychotherapy and personal development in general.
- 7) The Eagala member will regularly evaluate their own professional strengths and limitations and will seek to improve themselves, and the profession, through ongoing education and training.
- 8) The Eagala member will not misrepresent themselves by claiming or implying professional certification, qualifications, education, experience, or affiliations not possessed by the member.

- 9) The Eagala member will follow all state/country laws and guidelines pertaining to the scope of their practice and limitations of business.
- 10) The Eagala member should not participate in, condone, or be associated with dishonesty, fraud, deceit, illegal activities, or misrepresentation.
- 11) The Eagala member will not engage in personal conduct which adversely affects the quality of professional services rendered, nor cause harm to the reputation of the profession.
- 12) The Eagala member will maintain the highest standards of professional integrity.

**([www.eagala.org](http://www.eagala.org))**

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## CODE OF ETHICS

### PATH INTL. CERTIFIED PROFESSIONAL CODE OF ETHICS

#### Preamble

The PATH Intl. Certified Professional Code of Ethics sets forth ethical principles for all PATH Intl. certified persons.

The practice and preservation of the highest standards of ethical principles and integrity are vital for the responsible implementation of obligations, activities and services provided by PATH Intl. certified persons. All certified persons are responsible for maintaining and promoting these ethical practices. The code of ethics is intended to be used as a guide for promoting and maintaining the highest standards of ethical practice, personal behavior and professional integrity of certified persons.

The guidelines expressed in the code are not to be considered all-inclusive of situations that could evolve under a specific principle, nor is the failure to specify any particular responsibility or practice a denial of the existence of such responsibilities or practices. The guidelines are specific statements of minimally acceptable conduct or of prohibitions applicable to all certified persons.

In recognition of the responsibility inherent in the delivery of services provided by equine-assisted activities and therapies, PATH Intl. asks all certified persons to subscribe to the following to the extent permitted by law:

#### ***Principle 1***

The certified person respects the rights, dignity and well-being of all individuals (human and equine) and promotes well-being for all involved.

**Guidelines:**

- 1.1 The certified person shall be responsive to, and mutually supportive of, the individuals served, including families, colleagues and associates.
- 1.2 The certified person shall respect the unique nature of each individual and shall be tolerant of, and responsive to, differences. The certified person shall not discriminate based on age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.
- 1.3 The certified person shall follow equal employment opportunity practices in hiring, assigning, promoting, discharging and compensating staff.
- 1.4 The certified person shall maintain in professional confidence participant, volunteer and staff information, observations or evaluations and shall adhere to all legal requirements.
- 1.5 The certified person, in community settings, shall use caution in forming dual or multiple relationships with participants or former participants where there is a risk of a conflict of interest. The certified person, in clinical treatment settings, shall avoid dual relationships when possible. In situations where dual relationships are unavoidable, the certified person shall be responsible for setting clear, appropriate and sensitive boundaries.
- 1.6 The certified person will understand the sensitive nature of physical touch and use it with caution.

***Principle 2***

The certified person accepts responsibility for the exercise of sound judgment and professional competence.

**Guidelines:**

- 2.1 The certified person shall accurately represent his/her level of expertise, experience, education and actual practice and provide service only to those individuals he/she can competently serve.
- 2.2 The certified person shall engage in sound business, employment and administrative practices.
- 2.3 The certified person shall maintain certification by complying with all recertification requirements.
- 2.4 The certified person shall recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service, colleagues or others.
- 2.5 The certified person shall demonstrate objectivity and fairness by interacting with individuals in an impartial manner.
- 2.6 The certified person shall accept responsibility for the exercise of sound judgment when interacting with individuals and animals.
- 2.7 The certified person shall demonstrate openness to, and respect for, other colleagues and professionals.

***Principle 3***

The certified person shall respect the integrity and well-being of program equines and animals whether owned, leased or borrowed.

**Guidelines:**

- 3.1 The certified person shall recognize and respect the individual character, nature and physical attributes of each program equine.
- 3.2 The certified person shall encourage safe and respectful human and equine interactions, placing equines in activities suited to their temperament and physical ability.
- 3.3 The certified person shall support the highest standard of care, maintenance and selection for each program equine, understanding and responding to the equine's need for socialization, play, turnout, time off and retirement.
- 3.4 When equines are borrowed or leased, the same high standards of equine respect, care and maintenance shall apply.
- 3.5 The certified person shall cultivate a barn and practice environment that supports personal and professional development and provides a safe environment for persons and equines.

***Principle 4***

The certified person shall be truthful and fair in representing him- or herself and others.

**Guidelines:**

- 4.1 The certified person shall be responsible for providing each participant with accurate information regarding programs, services, professional training and credentials, as well as possible benefits, outcomes, expected activities, risks and limitations of the service or program.
- 4.2 The certified person shall use the certification logo and certification marks only in an authorized and approved manner.

***Principle 5***

The certified person shall seek to expand his/her knowledge base related to the field of equine-assisted activities and therapies.

**Guidelines:**

- 5.1 The certified person shall maintain the competence requirement by meeting certification renewal requirements (recertification).

***Principle 6***

The certified person shall honor all financial commitments to participants, personnel, vendors, donors, the certification entity and others.

**Guidelines:**

- 6.1 The certified person shall negotiate and clarify the fee structure and payment policy prior to the initiation of service, and charge in a responsible and reasonable manner.
- 6.2 The certified person shall not misrepresent in any fashion services rendered or products dispensed.
- 6.3 Certified persons shall remain in good standing with the annual compliance process for certification.

***Principle 7***

The certified person shall abide by all applicable PATH Intl. standards and guidelines and all state, local and federal laws.

***Principle 8***

The certified person shall protect participants, equines, the public and the profession from unethical, incompetent or illegal practice.

**Guidelines:**

8.1 The certified person accepts the responsibility to report suspect violations of the code of ethics to the PATH Intl. Credentialing Council.

I have read, fully understand and will uphold the PATH Intl. Certified Professional Code of Ethics at all times. Furthermore, I understand that failure to abide by the code of ethics could result in disciplinary proceedings.

**BY CHECKING THE BOX BELOW, I ACKNOWLEDGE AND AGREE THAT I HAVE READ THIS CODE OF ETHICS AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.**

Agree:

Printed Name

Certification ID # \_\_\_\_\_

Signature

Date

**(www.pathintl.org)**

### **Core Values of the Natural Lifemanship Model**

***We ask those who wish to become members of the NL community, including and especially all who are in the process of NL certification, to embrace the values stated below:***

As a member of Natural Lifemanship (NL) I attest to the following: I believe the most important thing in life is connected, attuned relationships with self and others (including relationship with animals, my Creator as I understand him or her, nature, the universe, etc.) All of life's healing happens in the context of attuned relationships based on trust, mutual respect, appropriate intimacy, and partnership. I believe strength is found in vulnerability, and that conflict in relationships can be an opportunity for growth that can strengthen the relationship. Therefore, regardless of the task or activity, a connected relationship with self and others is always the goal.

I believe that a partnership can happen when each party seeks to control themselves only, and true partnership happens when each party appropriately controls themselves for the good of the relationship. I believe that if it's not good for both, it's eventually not good for either, and that a one-sided relationship is damaging to both parties.

Regardless of what is going on around me, it is possible to control what is happening inside of me. Relationship with others, quite simply, flows out of relationship with self (what we sometimes call regulation or my way of being in the world). Therefore, WHO I am in therapy is more important than WHAT I do. I realize that I can't teach someone to practice something that I don't practice. Likewise, I can't teach someone to live a life that I don't live. As a result, personal growth becomes the foundation for ethical therapy.

The most important thing is to do my best to do what is right for my client. I understand that what is best may not be what is easiest. In order to do what is right for my clients, I have to know myself – my biases, my blindspots, and in the moment, I have to be connected with my own reactions and impulses so I can filter them. Only then can I do what is actually, truly best for my client. The team approach in NL affords me the opportunity to model a relationship where the NL principles play out, and provides a space for the therapy team to notice and discuss biases and blindspots. It is, therefore, my ethical obligation to foster a healthy relationship with my therapy partner. Clinical consultation is a regular part of ethical practice, especially if I am working alone in therapy sessions.

I believe animals are sentient beings, who have relational and thinking capabilities, and can be capable of partnership, if given the chance to develop. I believe that a good principle is a good principle regardless of where it is applied. Therefore, all NL principles apply equally to relationship with self and others. The relationship between horse and human is a real relationship in which relational patterns emerge, just like in any other relationship.

As a NL member I become part of a community of individuals who are deeply committed to connection with self, connection with others, and who strive for connected relationships the way it was intended. As such, this community of practitioners strives to foster relationships that bring about healing for self, others, and the animal partners with which we work.

**([www.naturallifemanship.com](http://www.naturallifemanship.com))**

**Appendix B: Demographic Survey**

## Demographics Survey

Information to be collected:

- (2) What is your age?
  - (a) 18 – 30
  - (b) 31 – 45
  - (c) 46 – 50
  - (d) 50+
  - (e) Prefer not to answer
  
- (3) Please specify your ethnicity:
  - (a) African American
  - (b) Asian
  - (c) Caucasian
  - (d) Latino or Hispanic
  - (e) Native American
  - (f) Other
  - (g) Prefer not to answer
  
- (4) To which gender identity do you most identify?
  - (a) Female
  - (b) Male
  - (c) Transgender Female
  - (d) Transgender Male
  - (e) Nonbinary
  - (f) Other
  - (g) Prefer not to answer
  
- (5) Are you certified by an organization?
  - (a) Eagala
  - (b) PATH, Intl
  - (c) Natural Lifemanship
  - (d) Other: \_\_\_\_\_
  - (e) Not certified
  
- (6) What is your role on the EAP team?
  - (a) Equine Specialist
  - (b) Mental Health Professional
    - (i) Counselor
    - (ii) Social Worker
    - (iii) Psychologist
    - (iv) Psychiatrist
    - (v) Other

- (7) Do you qualify as both an Equine Specialist and a Mental Health Professional?  
 (a) Yes  
 (b) No
- (8) Type of Practice:  
 (a) Agency  
 (b) Private Practice  
 (c) Other
- (9) Primary practice Location:  
 (a) Eastern United States  
 (b) Midwestern United States  
 (c) Western United States
- (10) If a Mental Health Professional, do you have equine experience?  
 (a) Yes  
 (b) No  
 (c) Not Applicable
- (11) If an Equine Specialist, do you have mental health experience?  
 (a) Yes  
 (b) No  
 (c) Not Applicable
- (12) If a certified practitioner, how long have you been certified?  
 (a) 1-5 years  
 (b) 6-10 years  
 (c) 10+ years

### Demographic Survey Results

Demographic Survey Results		
Age	18 – 30	6
	31 – 45	18
	46 – 50	5
	Over 50	1
	Prefer not to answer	0



Ethnicity	African-American	1
	Asian	1
	Caucasian	24
	Latino or Hispanic	1
	Native American	3
	Other	0
	Prefer not to answer	0
Identified Gender	Female	29
	Male	1
	Transgender Female	0
	Transgender Male	0
	Nonbinary	0
	Other	0
	Prefer not to answer	0
Organizational Affiliation	Eagala	12
	PATH, Intl	6
	Natural Lifemanship	4
	Other:	0
	Not certified	8
Length of Certification (If applicable)	1-5 years	6
	6-10 years	12
	10+ years	4

Role on EAP Team	ES	15
X/30	MH - Type of Licensure	
	Counselor	12
	Social Worker	1
	Psychiatrist	0
	Psychologist	2
	Other	0
	Qualifies as both MH and ES	2
MH with Equine Experience prior to team	Yes	10
X/15	No	5
ES with Mental Health Experience prior to team	Yes	2
X/15	No	13
Type of EAP Practice	Agency	3
X/15	Private Practice	12
Primary Practice Location	Eastern United States	6
X/15	Midwestern United States	3
	Western United States	6

**Appendix C: Hypothetical Scenario****ANALYSIS OF HYPOTHETICAL SCENARIO****Instructions**

*Thank you for participating in this study! There are four steps to complete your participation.*

*Questions? Contact Lisa Krystosek: 314-779-4550 or [LLKP64@umsl.mail.edu](mailto:LLKP64@umsl.mail.edu)*

**Step 1: Story time!**

The Perils of Pegasus Farm is a fictitious story containing numerous ethical issues that may be encountered in the practice of equine-assisted psychotherapy. Please read the story and note the ethical issues that stand out to you.

**Step 2: Eagala Team Analysis.**

Please connect with your EAP teammate to review the story and provide written answers to the questions contained in the EAP Team Analysis. Should you find that you and your teammate reach different conclusions, please make a note of how you would resolve those differences to reach an agreement.

**Step 3: Eagala Team Interview**

Once you have finished the EAP Practitioner Analysis and EAP Team Analysis, please submit your written answers to Lisa at [LLKP64@umsl.mail.edu](mailto:LLKP64@umsl.mail.edu). Your team interview may be scheduled at that time. The interview will cover your experience of analyzing The Perils of Pegasus Farm, ethical decision-making in general, and your background as an equine-assisted psychotherapy practitioner. The interview will take approximately 45 minutes to 1 hour to complete.

### **Step 1: The Perils of Pegasus Farm**

Jack is a licensed mental health professional who specializes in the treatment of addictions. He works mainly with adults and has been employed by an agency for the past ten years. Jack recently learned about equine-assisted therapy from a client and was instantly fascinated by the different ways horses could help his practice. A quick internet search introduced Jack to equine-assisted psychotherapy and he knew immediately that this was the methodology for him. He perused social media groups dedicated to therapeutic horsemanship and found an advertisement placed by Sally at Pegasus Farm. He realized that the farm was located minutes from his home and he felt it was destiny. He called and left a message for Sally.

Sally owns Pegasus Farm. She is a kind-hearted person who wants to help as many people and animals as possible. She has a college degree in business management and opened Pegasus Farm as a for-profit entity six years ago with the intention of building a rescue for horses. She currently cares for thirty-five horses on the property and is always seeking ways to fund the operation. Sally learned about equine-assisted psychotherapy when Maria, an Equine Specialist, contacted her about the possibility of using her facility and horses to work with clients. Sally eagerly agreed, thinking this was the answer that would provide funding to her rescue and help people at the same time. At Maria's request, Sally agreed to place an ad on several therapeutic horsemanship website in hopes of finding a mental health professional to work with them.

Maria is PATH, Intl certified instructor and recently starting to market herself as an Equine Specialist after studying the Natural Lifemanship methodology and the Eagal model. She has been in practice for two years and has worked mainly with children diagnosed with Autism Spectrum Disorder. Maria recently experienced conflict with the mental health specialist she had worked with since the day she started seeing clients. She

felt the mental health specialist, who owned the farm and horses used in sessions, was treating her unfairly by keeping 2/3 of the session fees. Maria felt it should be a 50/50 split between them. When she pressed the issue, the mental health specialist ended their business relationship and Maria was forced to find a new teammate, horses, and facility. Maria fears retaliation by her former business partner so she asked if Sally could be the one to place the ad for a mental health specialist on the websites.

Sally is thrilled when she receives Jack's message. The ad had been up for less than two days! She calls Jack and has a great conversation about his work and how the horses could help his clients. They agree to meet at the farm and discuss the details. Sally contacts Maria who agrees to attend the meeting with Jack.

Sally, Jack, and Maria meet and immediately hit it off. They are like-minded and excited about building an equine-assisted psychotherapy program. They decide to focus on the Veteran population. Sally believes there is a lot of money available for that population so they can surely get some funding for their program. All three believe if they build a solid program, the funding will find them. They spend hours developing a program that begins with a workshop to introduce Veterans to horses by encouraging them to learn all about them - from daily horse care basics to the different styles of riding. Sally is proud of the fact that she has a variety of different breeds of horses trained in everything from jumping to pole bending and she is willing to help each Veteran find their fit.

Maria agrees to help Sally with the various horse-focused activities. Jack will focus on the mental health aspect. He knows that PTSD is a "big issue" for Veterans so he will do some research into the latest treatment interventions. He believes that the Veterans who "display symptoms" during the introductory phase should be encouraged to participate in psychotherapy sessions. Jack will facilitate the sessions with either Maria or Sally assisting him. Sally and Maria come up with the idea to use the older horses and

those that cannot be ridden due to physical ailments in the psychotherapy sessions. Sally is happy that her entire herd can be useful to the program. Maria believes Veterans might identify with horses that have problems and will benefit from interacting with them.

By the end of the meeting, the trio has a plan of action and is prepared to begin marketing their new program. Maria creates a beautiful flyer that features a picture of Pegasus Farm along with the details of the introductory workshop. She downloads the logos of Eagala, PATH, Intl, and Natural Lifemanship and places them prominently at the top of the flyer. They agree to distribute their flyers to everyone who might know of Veterans who may like to participate.

In the meantime, Jack starts spreading the word about equine-assisted psychotherapy to the folks he works with at the agency. He offers to do a demo session with clients at Pegasus Farm. Several clients jump at the opportunity to see the horses so Jack sets up a time to have a group visit the farm that weekend. He also invites several of his friends and colleagues to join them.

Jack tells Sally about the demo and she is excited to host the group. She plans to do some fund raising during the event for the rescue and the Veterans program. Sally tells Maria and, unfortunately, Maria will be out of town that day and unable to attend. Nonetheless, she believes it will be a perfect marketing opportunity and invites her friend from the local media to attend. She also sends Jack a curriculum for an Eagala session to help him plan and navigate the demo.

Demo day arrives and a larger than expected crowd gathers at Pegasus Farm. The attendees include eight of Jack's clients from the agency, several of Jack's colleagues, Jack's mother and a few of his friends, Sally's neighbors, the veterinarian and farrier who take care of the Pegasus herd, a television reporter, and a journalist from the local paper. People are wandering all over the farm and Sally realizes they should have planned to have a check-in area because she can't keep track of everyone.

That morning, Sally put three horses in the indoor arena and two in the round pen behind the barn. She turned the rest of the herd out in a large pasture. They plan to do the main demo in the indoor arena while the horses in the round pen are for the attendees to interact with directly.

Once it seems everyone has arrived, Jack calls the group into the indoor arena. Sally agrees to stay outside in case there are any latecomers. There is no way to separate the horses from the people so he asks the group to stand in the middle of the arena. He then asks one of his clients to volunteer to interact with the horses. He believes this client is a great choice because he is African-American and “a tough guy” and will surely look great for the cameras. The client agrees and discloses that he is in recovery for a heroin addiction. Jack tells the group that the horses will represent the client’s recovery process and then asks the client to go “act it out” with the horses.

The horses warily survey the group of people and huddle closely at the far end of the arena. The client approaches slowly but suddenly starts running toward them, waving his arms. The horses bolt and the client chases them. The arena fills with dust and hoof beats. Jack is confused at first but quickly starts to panic when he realizes he can’t tell which direction the horses are going. This is Jack’s first time in the arena with horses and he is not sure how to handle the situation. Luckily, the veterinarian and farrier step in and slow the stampede. The client rejoins the group and is elated. He described the horses’ actions to be similar to what “chasing the dragon” of heroin was like for him. He said the horses made him realize the danger of relapse and that he needs to do more work to recognize his lingering cravings. Jack is pleased with this revelation and the group is impressed by how quickly the horses helped the client uncover this issue.

During the client debrief, Sally walks into the indoor arena with another one of Jack’s clients. Apparently she panicked when the horses started running and had left the arena. Sally saw her and “talked her down.” She encouraged the client to interact with the

horses in the round pen and was surprised when the client identified one of the horses as being “just like her mother.” The client then disclosed to Sally that she was the victim of childhood abuse and this drove her to use drugs to cope. Sally told the group that this client “was changed” by the horses and sees her life in a different way now. The client, overcome by emotion, was unable to share with the group but nodded in agreement.

By the end of the demo, everyone who cared to interact with the horses had a chance to do so. Jack and Sally were both interviewed by the media, as were both of the clients who had “life changing experiences.” The television reporter promised to show footage of the demo on the 5 o’clock news. Eagala, PATH, Intl, and Natural Lifemanship were heavily promoted as the “models of choice” for Pegasus Farm and Sally took the opportunity to make a fundraising plea for the rescue and the Veterans program. At the end of the day, Jack and Sally called Maria to share their excitement. They reminded each other to watch the news that evening and promised to celebrate their new-found fame.

After Jack went home, Sally went out to finish her chores and feed the horses. The three horses used in the demo were still in the indoor arena. Sally approached them and they ran from her. She was surprised by this because she considered all three to be easy-going and she had never had any problems with them. She attempted another approach and all three ran from her again. As they ran by, Sally noticed that one of the horses was limping badly on his right front leg but still would not allow her to approach. She did not want to cause further problems so she decided to leave the horses inside. Sally was exhausted and decided to call it a night. Surely those horses would be more agreeable in the morning. Besides, it’s almost time to watch the news!

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*Proceed to Step 2! Please complete the attached Eagala Team Analysis of the Pegasus Farm Program. Thank you for participating!*

### **Step 2: EAP Team Analysis of the Pegasus Farm Program**

Please reflect on the numerous ethical issues presented in The Perils of Pegasus Farm and connect with your EAP teammate to answer the following questions. Your responses will help in the development of an understanding of how EAP practitioner teams identify ethical issues and resolve ethical dilemmas.

#### **Within the context of The Perils of Pegasus Farm:**

1. What are the top three ethical issues that your team would address immediately?
  - A. How would your EAP team resolve the first issue?
  - B. How would your EAP team resolve the second issue?
  - C. How would your EAP team resolve the third issue?
2. What ethical issues should Jack consider?
3. What ethical issues should Sally consider?
4. What ethical issues should Maria consider?
5. Should the ethical issues considered by Jack, Sally, and Maria be resolved by each individual or by the EAP team?

6. What are the potential consequences for Jack, Sally, and Maria if the ethical issues are not resolved?
  
  7. You realize that the Pegasus Farm program is open for business in your area!
    - A. How would your EAP team respond?
    - B. How would you make this decision?
  
  8. How was the experience of identifying and analyzing ethical issues?
    - A. Do you prefer to make ethical decisions individually or as part of a team?
    - B. Did working as part of a team influence your decision-making process?
  
  9. Do you have any other comments or feedback about The Perils of Pegasus Farm?
- 

*Step 2 complete! Well done.*

*Moving on to Step 3: Please return your completed responses to Lisa at*

*[LLK64@umsl.edu](mailto:LLK64@umsl.edu). You will be contacted to schedule a short interview to discuss your experience of this exercise. Don't forget, after the interview your team will be eligible for a drawing for two Amazon gift cards!*

*Thank you for participating!*

**Appendix D: Interview Protocol****INTERVIEW PROTOCOL****PART I:****INTRODUCTION & SUGGESTED TALKING POINTS**

Good morning (afternoon). My name is Lisa Krystosek. I am currently a doctoral student in the counselor education program at University of Missouri-St. Louis. Thank you for agreeing to participate in this study. The purpose of this research is to develop an understanding of how teams of practitioners identify and address ethical issues encountered within the scope of equine-assisted psychotherapy practice. I would like to talk to you because you are working as part of a team of practitioners currently practicing equine-assisted psychotherapy.

**INFORMED CONSENT INSTRUCTIONS**

There are no right or wrong answers or any answers considered to be desirable or undesirable. Your participation is completely voluntary and I would like you to feel comfortable with saying what you really think and how you really feel. If you feel uncomfortable at any time during the interview, please let me know and we can take a break. You are also free to end this interview at any time. Before we get started, I would like to confirm that you have read and signed the informed consent form.

**AUDIO RECORDING INSTRUCTIONS**

If you are comfortable, I will be audio-recording our conversation. This will allow me to capture all of the details of the interview but still carry on an attentive conversation with you. I assure you that all your comments will remain confidential. Only the research team, which consists of myself and my advisor, Dr. Rocco Cottone, will know who participated in this study. We will be compiling a report which will contain all Participant comments without any reference to identifying information

**PART II:****INTERVIEW QUESTIONS (Guided by the Study Research Questions)**

[Questions will be directed to the team as a whole and/or to each team member, as appropriate]

**I. Participant Team Information:**

- A. What is each team member's role?
  - i. MH certification and background.
  - ii. ES certification and background.
- B. How long has your team been practicing equine-assisted psychotherapy?

**II. Identifying Ethical Issues and Dilemmas**

- A. How did your team identify the ethical issues contained in the Perils of Pegasus Farm exercises?
- B. Review and document Participant Team responses to the exercise.

**III. Resolving Ethical Issues and Dilemmas**

- A. How did your team resolve the ethical issues contained in the Perils of Pegasus Farm exercise?
- B. To what degree (as a %) did your team discussion of the issues influence one or more of the ethical decisions made?
  - i. How was a decision influenced by the presence of your EAP teammate?
  - ii. How was your confidence in the decisions made affected by the presence of your EAP teammate?
- C. How do you address multicultural issues that arise within the scope of your equine-assisted psychotherapy practice?

**IV. Utilization of Decision-Making Models**

- A. What kind of ethical decision-making model or process did your team use to address ethical issues that came up in response to the dilemmas presented in the exercise?
- B. How was each team member involved in the decision-making process?

**V. Wrap-up**

- A. Do you have any insights or comments about ethics or decision-making related to this case that you would like to share with me?
- B. Do you have any questions before we end this interview?

**CLOSING THE INTERVIEW**

Thank you. I really appreciate your participation. If you have any questions or concerns, please feel free to contact me.