



## Trauma Informed Equine Assisted Learning Retreat for Eating Disorder Recovery

**Horses do the work of teaching and healing.** Equine-Assisted Learning is a powerful, professional and effective approach, proven to have a positive impact on individuals of all ages.

The program will incorporate equine therapy into a BridgePoint-style retreat to begin trauma-informed healing of eating disorder behaviours. The focus of horses teaching and healing is not riding or horsemanship although horse care is sometimes a part of the activities.

Equine Assisted Learning is a highly effective, interactive modality involving a certified equine assisted learning coach, multi-disciplinary team, participants and horses. The participants engage in activities with the horses and are given an opportunity to explore and process connected thoughts, feelings and behaviors. Sessions are about self-discovery, relationships and communication. This offers unique opportunities for growth that are often not available through other methods and modalities.

The goals of the program are to increase the quality of life by providing enhanced trauma-informed programming and recovery of eating disorder behaviours by providing tools for healing to increase health outcomes and quality of life.

Participants will stay onsite at our innovative eating disorder recovery center in Mildred, Saskatchewan. All food and accommodation will be provided.

**Cost:** Free of charge for Saskatchewan residents with a valid Saskatchewan Health Card

### Program Prerequisites:

- Medical and psychiatric stability
- Previous completion of at least Module 1 (Preference given to completion of Module 2. Must have attended at least a retreat in the last year)
- No allergies to dust or horses
- Stamina to participate in activities in close proximity to horses and in potentially adverse weather conditions

**To Apply:** Fill in Part A and supplementary paperwork. Read and sign liability waivers and photo releases.



## Trauma Informed Equine Assisted Learning Supplementary Paperwork

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1. Equine Assisted Learning is an effective approach proven to have positive impact in each individual's unique life journey. What is your intention in attending this Equine assisted learning retreat?

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2. Please list and explain the roadblocks you identify that are currently in the way of moving forward in your healing journey.

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3. Share the growth and changes you have experienced in your recovery journey to date.

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4. What tools/strategies have you been practicing in an effort to manage challenges/obstacles that arise?

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5. In what way do you anticipate this program building on your previous BridgePoint experience?

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Please return completed form as legibly as possible and return to: Intake Co-ordinator, BridgePoint Center  
Box 190 Milden, SK. S0L 2L0 Fax: (306) 935-2251 Email: [bridgepoint@sasktel.net](mailto:bridgepoint@sasktel.net) Phone: (306) 935-2241



**Program Applying For :**

- Retreat** Date: \_\_\_\_\_ Alternate Date: \_\_\_\_\_ (maximum of 3 programs applied for at a time)  
 **Module 1** Date: \_\_\_\_\_ (Parts B & C are required for Modules, or as requested)  
 **Module 2** Date: \_\_\_\_\_  
 **Module 3** Date: \_\_\_\_\_

**Referral Source:**  Self-referral  Referring Professional Former Health Region: \_\_\_\_\_

Referral Contact Info: \_\_\_\_\_

**Applicant Information**

**Name:**

Male  Female  
 Other \_\_\_\_\_  
 Preferred Pronoun: \_\_\_\_\_

**DOB:**

**AGE:**

**Health Card #:**

Issuing Province:

Expiry:

**Address:**

Box/Street

City, Prov

Postal Code

**Contact Information**

Please provide phone numbers where messages can be left.

Home Phone:

Cell Phone:

Work Phone:

**Email Address:**

**Preferred Method of Communication:**

Phone Call

Email

Other

**Safety Contact**

Which Whom BridgePoint may share/receive your information.

**Name:**

Contacted in emergency situation or early departure from program

Home Phone

Cell Phone

Relationship:

Street Address/City:

Email:

**Health Care Provider, Person or Agency**

**Doctor:**

Phone:

**Counsellor:**

Phone:

- I acknowledge that BridgePoint is a peanut free and scent sensitive facility and will **not** bring scented products or peanuts.  
 BridgePoint is not a medical facility and I will be able to maintain medical and psychiatric stability during programming.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed form as legibly as possible and return to: Admissions, BridgePoint Center  
 Fax: (306)935-2241 Email: [bridgepoint@sasktel.net](mailto:bridgepoint@sasktel.net) Box 190 Mildred, SK. S0L 2L0 Phone: (306) 935-2240

**INCOMPLETE OR ILLEGIBLE APPLICATION FORMS WILL NOT BE PROCESSED**

Please note that we are not a crisis line and do not provide any emergency services.

## Eating Disorder Behaviours

### What eating disorder symptoms or behaviours have you experienced?

Overeating/binging	<input type="radio"/> None	<input type="radio"/> Past	<input type="radio"/> Current	Frequency:
Purging (vomiting/laxative use, etc.)	<input type="radio"/> None	<input type="radio"/> Past	<input type="radio"/> Current	Frequency:
Under-eating/restricting food intake	<input type="radio"/> None	<input type="radio"/> Past	<input type="radio"/> Current	Frequency:
Excessive or compulsive exercise	<input type="radio"/> None	<input type="radio"/> Past	<input type="radio"/> Current	Frequency:
Ongoing dieting or calorie counting	<input type="radio"/> None	<input type="radio"/> Past	<input type="radio"/> Current	Frequency:
Use of diuretics, laxatives, or diet pills	<input type="radio"/> None	<input type="radio"/> Past	<input type="radio"/> Current	Frequency:
Changes in weight during the past year	<input type="radio"/> Gain	<input type="radio"/> Loss	<input type="radio"/> Stable	How Much:
Other:	<input type="radio"/> None	<input type="radio"/> Past	<input type="radio"/> Current	Frequency:

Daily Reported Food Intake:  Less than 1 meal/day  1 meal/day  2+ meals/day (including snacks)

Describe your current experience with food:

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Years with disorder: \_\_\_\_\_ Current Diagnosis (self-perspective): \_\_\_\_\_ Age first self-diagnosed: \_\_\_\_\_

## Current Health

Current or ongoing medical or mental health concerns:

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Date of last GP Visit: \_\_\_\_\_ Any concerns: \_\_\_\_\_

Date of last physical: \_\_\_\_\_ Any concerns: \_\_\_\_\_

Amenorrhea  Yes  No Date of Last Period: \_\_\_\_\_

Have you ever been hospitalized?  Yes  No If yes, date of last admission/duration/reason: \_\_\_\_\_

Diabetes  Pregnant (#weeks \_\_)  Substance Use/Dependency  Mobility Issues  CPAP Machine

Special Accommodation Requests: \_\_\_\_\_

Appointments during programming \_\_\_\_\_ (must be approved and arranged prior to admission.)

Medical Marijuana Usage (must be approved for use onsite prior to admitting. Send prescription and licence with application.)

Allergies (List type/severity/Tx) \_\_\_\_\_  Epi-pen

Service Animal Type: \_\_\_\_\_ Contact BridgePoint to request approval and for separate application. Cannot attend without prior approval.

**What plays an integral part in your recovery? What other supports or resources would be helpful?**

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### Current Supports:

<input type="radio"/> Mental Health Team	<input type="radio"/> Psychologist	<input type="radio"/> Therapist
<input type="radio"/> Psychiatrist	<input type="radio"/> Dietitian	<input type="radio"/> Day Program
<input type="radio"/> Self-help groups	<input type="radio"/> Group Home	<input type="radio"/> Others

What other treatments have you accessed in the past? Or since you were last here? What are you working on with your supports?

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PARTICIPANT NAME: \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Profile (FOR STATISTICAL USE - DOES NOT FORM PART OF YOUR RECORD)**

Check all that apply:

<input type="checkbox"/> Depression	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Hoarding	<input type="checkbox"/> Obsessive compulsive	<input type="checkbox"/> Other:
<input type="checkbox"/> Social isolation	<input type="checkbox"/> Manias, mood swings	<input type="checkbox"/> Stealing/shoplifting	<input type="checkbox"/> Memory problems	<input type="checkbox"/>
<input type="checkbox"/> Chronic thoughts of suicide	<input type="checkbox"/> Perfectionism	<input type="checkbox"/> Sexual compulsivity	<input type="checkbox"/> Substance use/addiction	<input type="checkbox"/>
<input type="checkbox"/> Suicide attempts (past year)	<input type="checkbox"/> Attention deficit disorder	<input type="checkbox"/> Bipolar	<input type="checkbox"/> Borderline personality	<input type="checkbox"/>
<input type="checkbox"/> Trauma/PTSD	<input type="checkbox"/> Schizophrenia	<input type="checkbox"/> Trichotillomania	<input type="checkbox"/> Sensory disorder	<input type="checkbox"/>
<input type="checkbox"/> Gambling addiction	<input type="checkbox"/> Shopping addiction	<input type="checkbox"/> Dissociative identity	Other:	Other:

**Personal History of Known Abuse/Trauma**

<input type="checkbox"/> Physical	<input type="checkbox"/> Verbal	<input type="checkbox"/> Emotional	<input type="checkbox"/> Sexual	<input type="checkbox"/> Neglect
<input type="checkbox"/> Adverse Childhood Events	<input type="checkbox"/> Financial	<input type="checkbox"/> Spiritual	Other:	

**Personal History of Self Harm/ Suicide Attempts**

<input type="checkbox"/> Past history of Self Harm	<input type="checkbox"/> Present Self Harm	<input type="checkbox"/> No history of Self Harm	<input type="checkbox"/> Past Suicide Attempt	<input type="checkbox"/> Recent Suicide Attempt (2 months)
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**Quality of Life- Where has the eating disorder had the greatest impact on your life?**

<input type="checkbox"/> Employment	<input type="checkbox"/> Relationships	<input type="checkbox"/> Housing/Food Insecurity	<input type="checkbox"/> Financial	<input type="checkbox"/> Spiritual
<input type="checkbox"/> School	<input type="checkbox"/> Social/recreational	<input type="checkbox"/> Legal	<input type="checkbox"/> Other	

**External Agency Diagnosis (DSM-5 Feeding and Eating Disorders): Check one below (most recent diagnosis)**

Age diagnosed: _____	<input type="checkbox"/> Anorexia (AN)	<input type="checkbox"/> Bulimia Nervosa (BN)	<input type="checkbox"/> Binge-Eating Disorder (BED)
<input type="checkbox"/> Other Specified Feeding or Eating Disorder (OSFED)	<input type="checkbox"/> Unspecified Feeding or Eating Disorder	<input type="checkbox"/> No formal diagnosis	Other:

Occupation: \_\_\_\_\_ Highest Level of Education: \_\_\_\_\_

<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disability – SAID	<input type="checkbox"/> Disability – work plan	<input type="checkbox"/> Student
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Marital Status: \_\_\_\_\_ Children: Age/Sex \_\_\_\_\_

Family of Origin (Is there anything about your family that would be important for us to know?)

**Internal vs. External Motivation**

Out of 100%, what percentage of you is motivated to be here for yourself vs others? Yourself \_\_\_\_% Others \_\_\_\_% (adds up to 100%)

What strengths do you bring with you to BridgePoint and your recovery? ie. Humor, perseverance, tenacity, stubbornness, etc

Client Identified Resources: Who or what plays an integral part of your recovery? i.e pets, spirituality, music, friends, etc?

**What other information would you like us to know?**

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You will be contacted about the status of your application. Spots are not confirmed until verbal or written confirmation is provided.**



## ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY

*Every Person Must Read and Understand this Waiver Before Participating in Equine Activities*

The following waiver of all claims, release from all liability, assumption of all risks, agreement not to sue and other terms of this agreement are entered into by me \_\_\_\_\_ (the Participant) with and for the benefit of BridgePoint Center Inc., its directors, officers, employees, volunteers, business operators, agents and site property owners or lessees (collectively the "Host"). Without limiting the generality of the foregoing, "Equine Activities" includes travel offsite, interaction and being in close proximity to horses during programing in accordance to instructions provided by the "Host" to the Participant.

**Initial Each Item below after Reading and Understanding each item:**

- \_\_\_\_\_ 1. I am aware that there are inherent dangers, hazards and risks (collectively "Risks") associated with "Equine Activities" and injuries resulting from these "Risks" are a common occurrence. I am aware that the "Risks" of "Equine Activities" mean those dangerous conditions which are an integral part of "Equine Activities", including but not limited to: (a) the propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people or objects; (b) the unpredictability of an equine's reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects; (c) the potential for other participants to behave in a negligent manner that may contribute to injury to themselves or others, including failing to act within their abilities to maintain control over an equine.
- \_\_\_\_\_ 2. I freely accept and fully assume all responsibility for all "Risks" and possibilities of personal injury, death, property damage or loss resulting from my participation in "Equine Activities".
- \_\_\_\_\_ 3. I agree that although the "Host" has taken steps to reduce the "Risks" and increase the safety of the "Equine Activities", it is not possible for the "Host" to make the "Equine Activities" completely safe. I accept these "Risks" and agree to the terms of this waiver even if the "Host" is found to be negligent or in breach of any duty of care or any obligation to me in my participation in "Equine Activities".
- \_\_\_\_\_ 4. In addition to consideration given to the "Host" for my participation in "Equine Activities", I and my heirs, next of kin, executors, administrators and assigns (collectively my "Legal Representatives") agree: (a) to waive all claims that I have or may have in the future against the "Host"; (b) to release and forever discharge the "Host" from all liability for any personal injury, death, property damage, or loss resulting from my participation in the equine activity due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error in judgment of the "Host"; and (c) to be liable for and to hold harmless and indemnify the "Host" from all actions, proceedings, claims, damages, costs demands, including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with my participation in "Equine Activities".
- \_\_\_\_\_ 5. I agree that this waiver and all terms contained herein are governed exclusively and in all respects by the laws of the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host". I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory of Canada and I agree that no other court can exercise jurisdiction over the terms and claims referred to herein. Any litigation to enforce this waiver will be instituted in the Province or Territory of Canada in which the "Equine Activities" are provided by the "Host".
- \_\_\_\_\_ 6. I confirm that I have had sufficient time to read and understand this waiver in its entirety. I understand that this agreement represents the entire agreement between myself and the "Host", and it is binding on myself and my "Legal Representatives".

Name \_\_\_\_\_ Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

(Signature of Participant) \_\_\_\_\_