



## Trauma Informed Equine Assisted Learning Mini-Module 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 Module or Retreat
- 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.



**BRIDGEPOINT**  
CENTER FOR EATING DISORDERS

**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 Mildred, SK. S0L 2L0 Fax: (306) 935-2251 Email: [bridgepoint@sasktel.net](mailto:bridgepoint@sasktel.net) Phone: (306) 935-2251



## BRIDGEPOINT CENTER FOR EATING DISORDERS

### **PART A - Basic Information** (Filled out by applicant)

<b>Program applying for:</b>				
<b>Dates:</b>				
<b>Client name:</b>				
<b>Date of Birth:</b>				
<b>SHSP Number:</b>				
<b>Current Address:</b>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Box/Street</td> <td style="width: 33%; text-align: center;">City, Province</td> <td style="width: 33%; text-align: center;">Postal Code</td> </tr> </table>	Box/Street	City, Province	Postal Code
Box/Street	City, Province	Postal Code		
<b>Phone Numbers: Home</b>	<b>Work:</b>			
<b>Cell:</b>				
<b>Client email address:</b>				
<b>Next of Kin: Name:</b>				
<b>Relationship:</b>	<small>Next of kin will be contacted in emergency situation</small>			
<b>Address:</b>				
	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Box/Street</td> <td style="width: 33%; text-align: center;">City, Province</td> <td style="width: 33%; text-align: center;">Postal Code</td> </tr> </table>	Box/Street	City, Province	Postal Code
Box/Street	City, Province	Postal Code		
<b>Phone Numbers: Home:</b>	<b>Work:</b>			
<b>Cell:</b>				
<b>Counsellor's name:</b>				
<b>Phone:</b>	<b>Email:</b>			
<b>Physician's name:</b>				
<b>Phone:</b>	<b>Email:</b>			
<b>Date:</b>				
<b>Signature:</b>				

***BridgePoint is a Scent Free Facility***

## **PART A - Getting to know you**

1. a) What are your supports?

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b) If you are working with a counsellor what issues are you currently working on?

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2. Do you have any health issues or concerns?

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3. Do you have any allergies?

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4. Describe your current experience with food.

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5. What other information would you like us to know about you?

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Printed Name:

Signature

Current Phone Number:

Date: