Root. Reconnect. Return.

Proposed format: Friday arrival plus two program days. Pilot planning assumption: six adult participants. Support-person attendance is optional and must be included in venue capacity, staffing, meals, and cost planning.

Learning objectives

- Identify two grounding or self-management practices to use at home.
- Practice a clear request, a boundary, and a listening response.
- Build a simple weekly routine and one financial or vocational next step.
- Explore communication and choice in an optional, professionally led equine session.
- Complete a 30-day integration plan and identify an ongoing source of support.

Before arrival

The program lead reviews goals, accessibility, dietary needs, emergency contacts, transport, and current support arrangements. The clinical lead determines suitability for clinical sessions and any coordination with existing care, with consent. The equine provider screens horse-related participation and accommodations.

Facilitation approach

Explain each activity, offer a pass or alternative, avoid forced disclosure, and allow breaks. Teach one usable skill at a time. Spiritual reflection is optional. Creative expression is not advertised as art therapy unless delivered by a suitably qualified professional.

Family's Friend is planned as a retreat and reintegration program that complements ongoing care. It is not a detox service, emergency service, or replacement for medical or mental health treatment.

FRIDAY

Arrive & settle

Time	Session and purpose
5:00-6:30 PM	Arrival, lodging and orientation. Explain the schedule, access needs, emergency procedures, consent, privacy limits and horse-area boundaries.
6:30-7:30 PM	Shared dinner. Meet the group without pressure to share a personal history.
7:30-8:15 PM	Welcome circle. Set individual intentions and group agreements; introduce the option to pass.
8:15-8:45 PM	Gentle reflection or journaling. Name one hope and one support need.
9:00 PM onward	Quiet time and rest. Explain how to reach the designated overnight contact.

Participant agreements

Respect names and boundaries. Ask before touching, advising, photographing, or sharing someone else's story. Do not enter horse areas without staff. Confidentiality is requested, but peers cannot guarantee it; facilitators explain applicable limits.

Facilitator preparation

Confirm emergency roles, weather alternatives, equine-session staffing, transport times, and local care contacts. Keep participant information separate from marketing and reporting materials.

The first evening establishes trust through clear expectations, choice, and a calm pace.

SATURDAY

Root & reconnect

Time	Session and purpose
7:30-8:00 AM	Optional gentle movement or seated grounding.
8:00-9:00 AM	Breakfast and transition.
9:00-10:15 AM	Life skills workshop: build a realistic weekly routine and simple spending plan.
10:15-10:45 AM	Break and equine orientation or transport.
10:45 AM-12:15 PM	Optional equine block: provider-led therapy or clearly identified learning session, according to the participant plan. Parallel nature-reflection activity available.
12:15-1:30 PM	Lunch, return travel if needed, and rest.
1:30-2:45 PM	Boundaries and listening: practice a request, a respectful no, and a repair conversation.
2:45-3:15 PM	Break.
3:15-4:15 PM	Nature walk, garden activity or accessible seated reflection.
4:15-5:30 PM	Personal time and voluntary meal preparation.
5:30-6:30 PM	Shared dinner.
7:00-8:00 PM	Reflection circle: what did I notice, what helped, what will I practice?
8:00 PM onward	Quiet time, journaling and rest.

The 90-minute equine block includes orientation, transitions and reflection. Final group size, direct horse contact, staff ratios, transport, and session format are set by the clinical and equine providers; the pilot is ground-based, with no riding planned.

EQUINE COMPONENT

Presence, boundaries & choice

Two clearly defined pathways

Equine therapy is a planned component, delivered by an appropriately licensed mental health professional working with a qualified equine specialist. Separate equine-assisted learning sessions focus on communication, boundaries, and practical reflection; they are educational, not clinical treatment.

Proposed ground-based sequence

• Orient: learn where to stand, how to move safely, and how to stop or step away.

• Observe: notice the environment, the horse, and personal reactions without assigning diagnoses or fixed meanings to horse behavior.

• Engage by choice: a provider-selected activity appropriate to the individual, such as observation, supported grooming, or a simple ground task.

• Reflect: name a specific choice, boundary, or communication pattern that can be practiced in everyday life.

Clinical pathway

The licensed clinician establishes goals, consent, session boundaries, and documentation. The equine specialist manages horse selection, handling, welfare, and environmental safety. Providers decide whether individual, small-group, or observation-only participation is appropriate.

Choice and alternatives

Participants may observe from a safe area, decline horse contact, or use the parallel nature-based exercise without losing access to the retreat. No participant is promised symptom relief or a particular emotional breakthrough.

People and horse welfare

The provider must define suitable horses, rest and workload limits, veterinary and farrier care, safe facilities, weather thresholds, accessibility, staff ratios, and emergency arrangements before sessions are offered.

Terminology reference: PATH International, Therapies Incorporating Equines and Equine-Assisted Services Programs. pathintl.org/programs/therapies-incorporating-equines/ and pathintl.org/programs/. Accessed September 24, 2026.

SUNDAY

Build & begin again

Time	Session and purpose
7:30-8:00 AM	Optional walk, gentle movement or quiet reflection.
8:00-9:00 AM	Breakfast.
9:00-10:15 AM	Purpose and vocational clarity: identify strengths and choose one realistic next step.
10:15-10:30 AM	Break.
10:30-11:30 AM	Creative integration: journaling, drawing or a personal map of supports.
11:30 AM-12:30 PM	Lunch and rest.
12:30-2:00 PM	Family and support workshop: chosen support people join only with advance planning and participant consent. Practice listening, boundaries and specific offers of help.
2:00-2:15 PM	Break.
2:15-3:15 PM	30-day plan: routines, care continuity, resources, responsibilities and follow-up.
3:15-4:00 PM	Closing circle and individual checkout. Confirm safe departure and next contact.
4:00-4:30 PM	Departures.

Family participation is a choice

A family member, partner, friend, or other trusted person may participate where safe and desired. Participants can complete the work independently. Staff do not require forgiveness, reconciliation, or contact with an unsafe person.

If a clinical or safety need exceeds the retreat's scope, the designated lead follows the agreed referral or emergency procedure rather than continuing the activity.

Carry the work home

A one-page integration plan

Prompt	Participant completes
My next 30 days	One achievable priority and why it matters.
Two daily or weekly practices	When, where, and how I will try them.
One practical step	A budgeting, work, education or household action.
My support map	Trusted contacts, existing care, and how I will ask for help.
A boundary to practice	A clear request or limit in my own words.
When things feel difficult	Personal warning signs and the support plan agreed with my care provider, if applicable.
My next check-in	Date, preferred contact method, and consent.

Proposed follow-up rhythm

- Day 7: check how the return home went and help resolve practical barriers.
- Day 30: review the participant's chosen goals and adjust the plan.
- Day 90: invite reflection on continued practice, connections, and unmet needs.

Evaluate honestly

Record attendance, activity choice, completed plans, follow-up response rates, safety events, and participant feedback. Use brief voluntary self-ratings of confidence and connection before and after the weekend. Report the number who responded and missing follow-up data. These measures describe experience; they do not establish clinical effectiveness.

Curriculum is a development draft for review by the program, clinical, and equine leads before delivery.