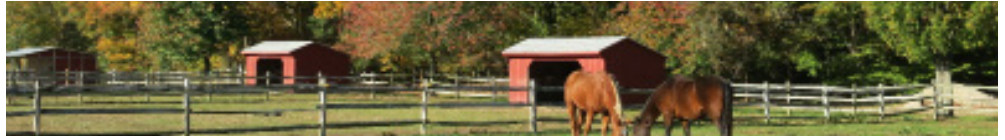


# Managing Challenging Behaviors to Increase Participant Success



**HIGH HOPES**

Horses and Humans Improving Lives



**Date:** **March 16, 2019**  
**PATH Int'l CEUs** **7 DE**

## About:

This workshop is ideal for those seeking an interactive experience to further their understanding of participant behavior and behavior management techniques utilized in the TR and EAAT setting. The objective of this workshop is to provide instructors with an understanding of the functions of behaviors, and how to utilize research based theories and strategies to respond to difficult situations. Participants will work in small groups utilizing strategies to problem solve common issues in the EAAT setting. The topics build upon one another as the day progresses, so at the end of the day each participant can go home with the tools knowing the answer to the big question of, "What do I do when my participant does \_\_\_\_\_?"

## Faculty:

**Kate McCormick**, Special Educator, PATH Intl. Registered Therapeutic Riding Instructor & ESMHL, who also specializes in behavioral assessment.

## Who should attend?

- PATH Int'l Therapeutic Riding Instructors
- Mental Health Professionals
- Education Professionals

## Course:

**This workshop will include discussion and practical exercises to**

- Learn behavior management techniques that will most effectively help your EAAT participants meet their goals in a positive, successful, and safe manner.
- Delve into various behaviors experienced in the TR and EAAT settings stemming from a wide range of disabilities, such as ASD, Sensory Processing Disorder, and working with youth at-risk who struggle with conduct disorders, anxiety, and/or aggression.

## Time:

9:00am - 5:00pm

## Price:

\$125 including light lunch

## To Register:

Please complete attached forms and send with your fee to: **High Hopes Therapeutic Riding, Inc.**  
**36 Town Woods Road, Old Lyme, CT 06371.**  
**(860) 434-1974 x115 Attn:**  
**Sarah Carlson, [scarlson@highhopestr.org](mailto:scarlson@highhopestr.org) or register online at <http://www.highhopestr.org>**

**Reg. Deadline:** **February 2, 2019**

**Course Materials:** Provided at the workshop

## Terms:

**Please check our website for terms & conditions and cancellation policy at <https://www.highhopestr.org>**

Investing in your future



Opportunity, Education & Excellence  
Choose High Hopes - an internationally recognized training facility.

**High Hopes has 45 years of demonstrated success in the field of EAAT & non-profit management:**

- Program, equine, and facility management.
- Business management, marketing fundraising, & board development.
- Volunteer management. We have over 650 volunteers serving our program, facility, equines & development.

**Workshops, certifications and professional development in all aspects of Equine Assisted Activities & Therapies:**

- PATH Intl. Premier Accredited Center since 1979.
- PATH Intl. Approved Instructor Training Course since 1996.
- PATH Intl. Master, Advanced and Specialty Certified mentors.
- Full service indoor and outdoor facility, extensive sensory trails and a dedicated air-conditioned classroom and kitchen facility.

# High Hopes Training & Ed. & Events Calendar and CEU Planner 2018-2019

## October 2018

**Oct 5 Registration Deadline for November 12-15 PATH Intl. OSWC**

**Oct 11, Registration Deadline for November 16-19 ESMHL Workshop**

**October 13, 2018 (also offered in May 2019): The ABCs of Participant Behavior and Behavior Management Techniques in the TR and EAAT setting: PATH Intl. Approved CEUs = 7 DE**

**Have you achieved this year's PATH Intl. CEUs?**

## November 2018

**Nov. 26 Registration deadline for January Approved Instructor Training Course**

**November 12-15, 2018 (also offered in June 2019. PATH Intl. On-site workshop & certification: Approved CEUs = 6 DE; 2 CR; 12 CE.**

**November 16-19, 2018 (also offered in April 2019) PATH Intl. ESMHL workshop & skills test: PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 12 CE.**

**Please join us at the High Hopes Holiday Market November 11, 2018**

## January 2019

**January has lots of deadlines!**

**Jan 2, Registration Deadline for February Advanced Prep. Workshop**

**Jan 23, Registration Deadline for February 9, Sensory & Autism Workshop**

**Jan 24, Registration Deadline for February 16-18 Beyond ESMHL Workshop**

**PATH Int'l Approved Instructor Training Course January 9, 2019 - April 2019.**

*High Hopes is one of only four locations in the United States offering the Approved Instructor Training Course.*

**Jan - Feb, 2019, High Hopes Winter Lecture Series. Check online for more info!**

## February 2019

**February 2, Registration Deadline for March 16, Managing Challenging Behaviors Advanced Prep. Workshop: February 4-6, 2019. PATH Intl. Approved CEUs = 10 Riding CR; 5 DE; 6 CE**

**Sensory Integration & Autism Workshop: February 9, 2019. PATH Intl. Approved CEUs = 7 DE**

**Beyond ESMHL: February 16-18, 2019 PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 8 CE**

## March 2019

**March 1, Registration Deadline for March 23, Volunteer Management**

**March 1, Registration Deadline for March 25, Therapy Horse Workshop**  
**March 6, Registration Deadline for ESMHL April 12-15 Workshop & Cert.**

**Therapy Horse Workshop: March 25, 2019 PATH Intl. Approved CEUs = 7 CE**  
**Managing Challenging Behaviors to Increase Participant Success: March 16, 2019 PATH Intl. Approved CEUs = 7 DE**  
**Volunteer Management: March 23-24, 2019. PATH Intl. CEUs Day one = 7 CE; Day two = 7 Riding CR**

## April 2019

**April 10, Registration Deadline for June 12-15 OSWC**

**PATH Intl. ESMHL workshop & skills test: April 13-16, 2019 PATH Intl. Approved CEUs = 2 ESMHL CR; 6 DE; 12 CE.**

## May 2019

**May 3, Registration Deadline for June 12-15 OSWC**

## June 2019

**Please join us at the High Hopes High Hopes June Benefit June 8, 2019**

**PATH Intl. On-site workshop & certification: June 12-15, 2019 PATH Intl. Approved CEUs = 6 DE; 2 CR; 12 CE.**

High Hopes Therapeutic Riding, Inc.  
36 Town Woods Road, Old Lyme, CT 06371

Contact:

Sarah Carlson, 860.434.1974 x 115  
or [scarlson@highhopestr.org](mailto:scarlson@highhopestr.org)  
or go online: [highhopestr.org](http://highhopestr.org)

## On Demand

**What's this year's plan for achieving PATH Intl. CEUs?**

**Have you thought about On Demand training?**

**PATH Intl. Registered Instructor Certification**

**PATH Intl. Advanced Instructor Certification**

**Non-Profit Business, Development & Administrative Workshop PATH Intl. Approved CEUs = 12 CE**

**PATH Intl. Mentor Training workshop PATH Intl. Approved CEUs = 14 CE**



**HIGH HOPES**

Horses and Humans Improving Lives

**Managing Challenging Behaviors to Increase Participant Success**  
**HIGH HOPES THERAPEUTIC RIDING INC. CONTINUING EDUCATION**  
**HIGH HOPES THERAPEUTIC RIDING INC. REGISTRATION FORM**

Name: \_\_\_\_\_ PATH Intl. Yes/No \_\_\_\_\_ Membership No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Program Affiliation: \_\_\_\_\_ (e.g. *High Hopes TR, etc.*) Role or position: \_\_\_\_\_

How did you hear about this workshop? Facebook  E-Blast  List Serve  PATH CC  Strides  Other Ad

Please register me for the following workshop:

MANAGING CHALLENGING BEHAVIORS TO INCREASE PARTICIPANT SUCCESS

**MARCH 16, 2019 Fee: \$125.00 Registration includes:** A light lunch

**Cancellation and Refund Policy:** High Hopes reserves the right to cancel the workshop and/or the skills test/certification **up to 5 business days after the registration deadline on the front of this flyer** due to insufficient registrants or unforeseen circumstances. In that case all paid registration fees will be refunded in full. Participant cancellations prior to the **registration deadline** will receive a full refund minus a \$75 service fee. No reimbursements will be granted after the **registration deadline**. I have read, understand and accept all High Hopes terms, conditions and cancellation/refund policies in this registration form and on the High Hopes website <http://www.highhopestr.org>

I consent       I Do Not Consent

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Please mail to: High Hopes Therapeutic Riding, Inc. 36 Town Woods Road, Old Lyme, CT 06371. Attn: Sarah Carlson, or register online at <http://www.highhopestr.org>. Upon receipt of this completed form and payment, High Hopes will send you an official letter of welcome and any additional materials necessary.

For questions contact Sarah Carlson at (860) 434-1974 ext. 115, or [scarlson@highhopestr.org](mailto:scarlson@highhopestr.org).

**HIGH HOPES THERAPEUTIC RIDING INC REGISTRATION & RELEASE**  
**PLEASE COMPLETE ENTIRE FORM**

Please Check One: Visitor:  Brd/Cmt Member:  Spec Event Volunteer:  One Day Vol/Group:  T&E course visitor:

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_ State/zip \_\_\_\_\_  
Email: \_\_\_\_\_ In case of Emergency, contact: (Parent if minor) \_\_\_\_\_ Phone: \_\_\_\_\_

**Please indicate any medical conditions or medications we should be aware of in the event of an emergency:**

\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:** In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to: Secure and retain medical treatment and transportation, if needed and release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Date: \_\_\_\_\_ Consent Signature(s): \_\_\_\_\_  
*If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.*

**CONSENT PLAN\*** (to be invoked in the event that your Emergency Contact cannot be reached) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.

Date: \_\_\_\_\_ Consent Signature(s): \_\_\_\_\_  
*If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.*

**\*If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

**PHOTO VIDEO & PUBLICITY RELEASE**

High Hopes takes the privacy of our participants, their families, volunteers, visitors and staff seriously. At the same time we value the use of real images in the promotional and reporting activities which enable us to provide subsidized therapeutic activities. By engaging in activities at High Hopes Therapeutic Riding, Inc. I understand that I/my child/my ward may be photographed, filmed, or videotaped and I hereby give High Hopes Therapeutic Riding, Inc. the unqualified right to take pictures and/or recordings of me/my child/my ward and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge High Hopes Therapeutic Riding, Inc. from and against any and all claims or actions arising out of, or resulting from any use of your image. High Hopes Therapeutic Riding, Inc. shall not be obligated to use, and may elect not to use, any image.

I consent  I Do Not Consent

Date: \_\_\_\_\_  
Consent Signature: \_\_\_\_\_  
Consent Signature: \_\_\_\_\_  
*If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.*

**LIABILITY RELEASE:** I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily

harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a High Hopes volunteer from whatever cause, including but not limited to the negligence of these related parties. The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: \_\_\_\_\_  
Consent Signature: \_\_\_\_\_  
Consent Signature: \_\_\_\_\_  
*If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.*

**CONFIDENTIALITY POLICY:**

At High Hopes, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of High Hopes. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose confidential information to anyone other than High Hopes staff. Volunteers must seek staff

permission before taking any pictures or videos. I have read and understand High Hopes Confidentiality Policy and agree to abide by same.

Date: \_\_\_\_\_  
Consent Signature: \_\_\_\_\_  
Consent Signature: \_\_\_\_\_  
*If volunteer is under 18 years of age, both parent & volunteer/visitor signatures are required.*

**DIVERSITY & ANTI-DISCRIMINATION:**

At High Hopes, everyone is welcome. We do not discriminate on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, disability, sex, gender, gender identity and/or expression (including a transgender identity), sexual orientation, military or veteran status, genetic information, or any other characteristic protected under applicable federal, state or local law. We would be grateful if, you would complete the following to help us ensure we live our intent:

- White
- Hispanic, Latino or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- Other race or ethnicity
  
- Prefer not to answer