ReturnPath™

A Multi-Phase Curriculum for Reflection, Agency, and Intentional Living

Introduction to ReturnPath

A Pilot-Ready, Adaptable Curriculum for Recovery, Reentry, and Behavioral Health Transitions

What ReturnPath Is

ReturnPath is a structured, facilitator-led curriculum designed for recovery, reentry, and behavioral health settings during periods of transition when identity disruption, disengagement, and regression are most common.

Rather than presuming what a participant is "recovering from," ReturnPath helps participants identify what stability, recovery, or change looks like for them, and then supports them in building a practical bridge from their current reality to that future state.

The program is delivered in clearly defined phases and integrates guided reflection, accountability, and intentional forward planning within a psychologically safe environment. Outcomes tracking is built into the structure using standardized assessment tools commonly used in treatment, reentry, and behavioral health contexts.

> *Important clarification: ReturnPath is reflective and educational, not clinical therapy. Facilitators do not diagnose, treat, or define participant conditions.*

Who ReturnPath Is Designed For

ReturnPath is designed for structured environments supporting individuals navigating transition, including:

- Recovery and continuing-care populations (substance-related or otherwise)
- Behavioral health programs focused on stabilization, self-regulation, or life-structure development
- Reentry and justice-impacted populations (pre- or post-release)
- SUD treatment programs (IOP, PHP, residential step-down)
- Recovery housing, diversion programs, or structured peer-support settings

The curriculum is intentionally condition-agnostic. Participants are not required to identify with a diagnosis, label, or singular recovery narrative. Delivery format is adaptable to each organization's preferences — fixed group, rolling enrollment, one-on-one, or hybrid — with facilitator guides designed to support every configuration.

Why ReturnPath Works in Real-World Programs

ReturnPath is built around challenges that cut across diagnoses, histories, and life circumstances during transition:

- **Self-regulation:** recognizing emotional states, interrupting impulsive patterns, and choosing intentional responses
- **Identity stabilization:** clarifying "who I am becoming," beyond past roles, behaviors, or labels
- **Agency and accountability:** ownership of change without shame-based collapse
- **Structure and consistency:** predictable rhythm, routines, and follow-through
- **Forward planning:** defining what stability or recovery means personally and mapping steps toward it

The emphasis is not on prescribing outcomes, but on helping participants define, own, and operationalize their path forward.

Trauma-Aware by Design (Operational Guardrails)

ReturnPath includes built-in safeguards that support emotional safety across diverse participant needs and increase facilitator confidence:

- Delivery format chosen by the organization — fixed group, rolling enrollment, one-on-one, or hybrid — with facilitator guides that include synchronization protocols for each
- No forced disclosure; participants choose what to share
- Facilitator stance: hold structure, pacing, and safety — not advice-giving or interpretation
- Clear boundaries between reflective education and clinical treatment

These guardrails allow ReturnPath to function alongside licensed clinical services without competing with or duplicating them.

Program Structure

ReturnPath is delivered in phases, allowing partners to pilot a limited segment or continue through the full curriculum:

- **Phase 1 – Memoir (Weeks 1–7)**
  Guided reflection focused on identity, accountability, and lived experience
- **Phase 2 – Reflections (Weeks 8–11)**
  Application of insight toward values, decision-making, and intentional behavior
- **Phase 3 – Capstone (Weeks 12–16+)**
  Participant-led synthesis of goals, commitments, and forward action plans

Sessions are typically held weekly (recommended: 120 minutes), with structured reading and workbook activities completed between meetings.

Outcomes & Evaluation

ReturnPath is evidence-informed and not yet evidence-based (pilot outcomes in development). The curriculum includes built-in outcomes tracking using validated, widely recognized assessment tools, selected for relevance across recovery, reentry, and behavioral health contexts:

- **RAS-24 (Recovery Assessment Scale)**

  Measures personal confidence, goal orientation, and perceived progress toward recovery or stability.

- **WHOQOL-BREF (World Health Organization Quality of Life – Brief)**

  Assesses quality of life across physical, psychological, social, and environmental domains.

- **BARC-10 (Brief Assessment of Recovery Capital)**

  Measures the internal and external resources a person has available to initiate and sustain recovery from substance use, including personal strengths, social support, and environmental stability.

Assessments are typically administered at:

- Baseline (Week 1)
- Midpoint (Week 7)
- Completion (program endpoint)
- Optional consent-based follow-up (3 months)

Results are reviewed in aggregate for program evaluation purposes. Individual participants are not identified in reporting.

Assessment Flexibility

ReturnPath is designed to integrate cleanly into existing program evaluation frameworks. Participating organizations may:

- Use the default ReturnPath assessment protocol
- Supplement with their own required assessments
- Align assessment timing with internal QA, licensing, or reporting standards

Assessment selection and configuration are confirmed during onboarding to ensure consistency with each facility's clinical, compliance, or funding requirements.

What a Pilot Typically Looks Like

Most partners begin with a contained pilot designed to evaluate engagement, fit, and operational alignment before making a longer-term decision.

A typical pilot includes:

- One group or caseload (8–12 participants recommended for group formats)
- Existing staff facilitating, with onboarding and support provided
- Organization selects delivery format — fixed group, rolling enrollment, one-on-one, or hybrid
- Minimal disruption to existing schedules or billing structures
- A clear decision point at the end of the pilot

The goal of a pilot is clarity, not scale:

- Does this engage participants?
- Does it integrate cleanly?
- Does it add value beyond existing programming?

Integration & Support

ReturnPath is designed to integrate into existing continuing-care and post-discharge structures without requiring new billing categories or operational redesign.

A Vision of Hope Media provides onboarding, facilitator guidance, and outcomes protocols throughout the pilot period.

Next Step

If ReturnPath may be a fit for your setting, the next step is a short exploratory conversation. Partners are typically asked to consider:

1. Population served (reentry, behavioral health, recovery, or hybrid)
2. Preferred delivery format (fixed group, rolling enrollment, one-on-one, or hybrid)
3. Preferred start window
4. Approximate group or caseload size

Implementation and pricing details are shared after confirming fit.

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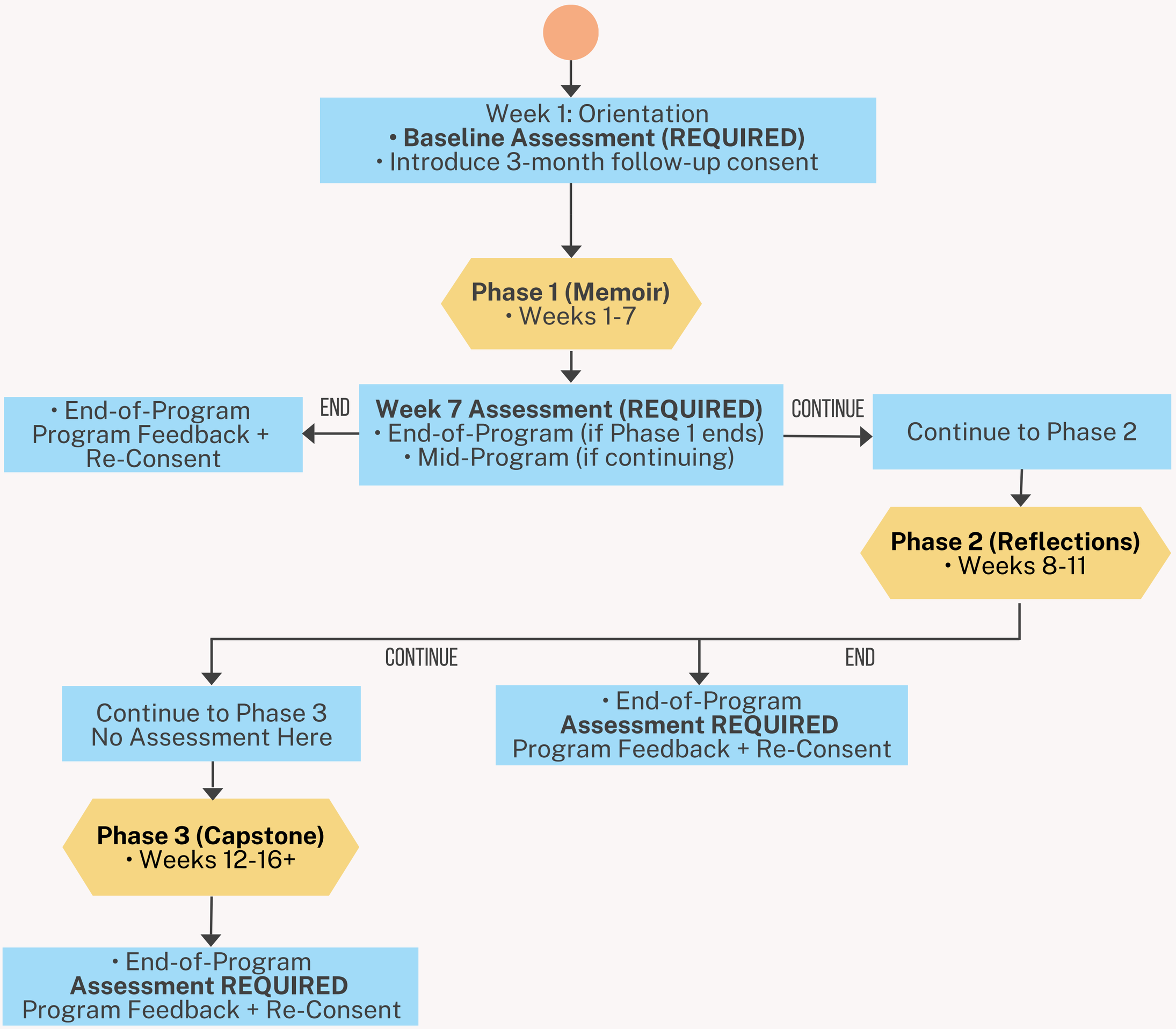
by A Vision of Hope Media™

PROGRAM FLOW

Implementation overview for facilitators and program partners



Transition weeks are not administrative. They mark psychological movement from story → beliefs → integration and forward planning.