



Whiskyjack Treatment Centre Inc. Youth Treatment Referral Package



Whiskyjack Treatment Centre Inc.
P.O. Box 580, Norway House, MB R0B 1B0
Phone (204) 359-8995 Fax (204) 359-6497

Table of Contents

Practice Model – Programs and Services	3
Treatment Program Intake Schedule	4
Weekday Schedule	4
Weekend Schedule	5
WTC Youth Services Intake Form	6
Medical Form	14 & 15

Whiskyjack Treatment Centre Program Policies and Procedures

Practice Model - Programs and Services

Policy Statement

The Whiskyjack Treatment Centre provides effective holistic healing within a safe environment of respect, trust and love through consistent teamwork, unique services and traditional values.

The programs and services of the Whiskyjack Treatment Centre are designed to meet the best interests of the clients. The WTC provides a sheltered environment for the delivery of programs and services oriented towards personal and cultural enhancement and development.

Clients are encouraged to participate in all the programs and activities offered by WTC.

The programs and services are as follows:

- Clinical Services
- Counselling Services
- Cultural and Traditional Teachings
- Education
- Family Program
- Group Educational and Personal Development Program
- Job Readiness
- Land Base Program
- Language
- Personal Life Management
- Recreation
- Recreation Planning
- Substance Abuse Program

Whiskyjack Treatment Centre Program Policies and Procedures

TREATMENT PROGRAM INTAKE SCHEDULE

Intake Date	Discharge Date	Gender
April 22, 2019	August 2, 2019	Female
September 3, 2019	December 17, 2019	Male
January 6, 2020	April 17, 2020	Female

Client's Weekday Schedule

<u>Time</u>	<u>Monday-Thursday</u>	<u>Friday</u>	<u>Time</u>
7:00-7:45 am	AM alert-Shower/Clean Up	AM alert-Shower/Clean Up	7:00-7:45 am
7:45-8:30 am	Breakfast & Chores	Breakfast & Chores	7:45-8:30 am
8:30-9:00 am	Morning Walk	Morning Walk	8:30-9:00 am
9:00-10:15 am	Group Session Counseling Sessions	Group Session Counseling Sessions	9:00-10:15 am
10:15-10:30 am	Break	Break	10:15-10:30 am
10:30-11:50 am	Group Session Counseling Sessions	Group Session Counseling Sessions	10:30-11:50 am
11:50-12:00 pm	Wash up for lunch	Wash up for lunch	11:50-12:00 pm
12:00-1:00 pm	Lunch/chores	Lunch/chores	12:00-1:00 pm
1:00-2:15 pm	School/Counseling sessions	School/Counseling sessions	1:00-2:15 pm
2:15-2:30 pm	Break	Break	2:15-2:30 pm
2:30-3:30 pm	School/Counseling sessions	School/Counseling sessions	2:30-3:30 pm
3:30-4:50 pm	Journal writing/quiet time	Journal writing/quiet time	3:30-4:50 pm
4:50-5:00 pm	Wash up for Supper	Wash up for Supper	4:50-5:00 pm
5:00-6:00 pm	4:50-5:00 pm	4:50-5:00 pm	5:00-6:00 pm
6:00-7:00 pm	Gym/laundry/exercise	Gym/laundry/exercise	6:00-7:00 pm
7:00-8:00 pm	Counseling/Internet	Counseling/Internet	7:00-8:00 pm
8:00-9:00 pm	Sports/Internet/counseling	Sports/Internet/counseling	8:00-9:00 pm
9:00 pm	Wash up/Get ready for pm alert	Wash up/Get ready for pm alert	11:00 pm

Whiskyjack Treatment Centre Program Policies and Procedures

CLIENT'S WEEKEND SCHEDULE

Time	Saturday	Sunday	Time
9:00-9:30 a.m.	AM alert, Shower, Clean-up	AM alert, Shower, Clean-up	9:00-9:30 a.m.
9:30-10:30 a.m.	Breakfast & chores	Breakfast & chores	9:30-10:30 a.m.
10:30-11:00AM	Morning Exercise	Morning Exercise	10:30-11:00AM
11:00-11:50AM	Life Skills Group Session	Life Skills Group Session	11:00-11:50AM
11:50-12:00P.M.	Wash up for Lunch	Wash up for Lunch	11:50-12:00P.M.
12:00-1:00 P.M.	Lunch & Chores	Lunch & Chores	12:00-1:00 P.M.
1:00-4:30 P.M.	▪ Laundry ▪ Traditional teaching ▪ Cultural activities ▪ Life skill activities ▪ Counseling Sessions	▪ Laundry ▪ Traditional teaching ▪ Cultural activities ▪ Life skill activities ▪ Counseling Sessions	1:00-4:30 P.M.
4:30-4:50 P.M.	Journal writing	Journal writing	4:30-4:50 P.M.
4:50-5:00 P.M.	Wash up for Supper	Wash up for Supper	4:50-5:00 P.M.
5:00-6:00 P.M.	Supper & Chores	Supper & Chores	5:00-6:00 P.M.
6:00-7:00 P.M.	Gym / Exercises Counseling Sessions	Gym / Exercises Counseling Sessions	6:00-7:00 P.M.
7:00-10:30 P.M.	Movies Night Sport Activities	Sauna Sport activities	7:00-10:30
10:30-11:00 P.M.	P.M. alert	P.M. alert	9:30-10:00 P.M.
11:00 P.M.	BEDTIME	BEDTIME	11:00 P.M.

Whiskyjack Treatment Centre Program Policies and Procedures

WTC Youth Services Intake Form

This form is to be completed in full when applying to have a client admitted to Whiskyjack Treatment Centre.

Date of Referral: _____

Referral Worker: _____ Position: _____

Address: _____ Postal Code: _____

Phone #: _____ Fax #: _____

Referral Information:

Name: _____

Date of Birth: _____ Present Age: _____ Male: _____ Female: _____

Medical #: _____ PHIN #: _____ Province of Registration: _____

Band Name and Number (10 digit): _____

Social Insurance Number (If available): _____

Treaty Number: _____

Client's Address: _____

Languages Spoken: English _____ Cree _____ Other _____

Languages Understood: English _____ Cree _____ Other _____

Child & Family Services Involvement:

Agency Name: _____

Phone #: _____ Worker's Name: _____

Client Status: Permanent Ward: _____ Temporary Ward: _____ VPA: _____

Family History:

Biological Parents: _____ Guardian: _____

Address: _____ Phone No: _____

Place of Employment: _____ Phone No: _____

(Please list all who are considered siblings by the client, including customary, step and foster siblings)

Name	Age	Health Status	Lives with

Whiskyjack Treatment Centre Program Policies and Procedures

Extended Family:

Maternal: _____ Paternal: _____
Languages (spoken): _____ Other: _____

Education:

1. Does your client go to school? Yes _____ No _____
2. Does your client like school? Yes _____ No _____
3. Highest grade completed? _____
4. Name of School and last year attending this school: _____

Relationships:

5. Does your client live with: Mom _____ Dad _____ Alone _____ Friends _____
Extended Family Members _____ Siblings _____ Mom and Dad _____
6. How does your client get along with his/her family members? _____
7. Who does the client feel closest to? _____
8. Does he/she have any close friends? If so who? _____
9. Does he/she talk to any elders? Is he/she willing to listen? _____
10. Does he/she have a girlfriend or boyfriend? Yes _____ No _____
11. Is he/she sexually active? Yes _____ No _____

Medical History:

12. Does your client have any medical problems? (please identify) _____
13. Does he/she require a medical consent form? _____
14. Family Doctor's Name and telephone number: _____
15. Is your client currently on any medication? Yes _____ No _____
16. Does he/she have any allergies? Yes _____ No _____
17. Has the youth ever been diagnosed with FAS, FAE, or ADHD? Yes _____ No _____
18. Date of last visit to Dentist: _____
19. Date of last visit to Optometrist: _____
20. Date of last visit to Dr/Nurse: _____
21. Does he/she have any children? Yes _____ No _____
22. History of serious illness: _____
23. History of Physical Trauma (ex. Surgery, burns): _____
24. History of Physical Impairments (ex. Deafness, Walking, Blind) _____
25. Alcohol/Drug use by Mother during pregnancy: Yes _____ No _____

Whiskyjack Treatment Centre Program Policies and Procedures

Legal Problems:

26. Has your client ever been in trouble with the law? Yes _____ No _____

27. Was alcohol or any other substances, such as “sniffing” or drugs involved during your client’s legal problems? Yes _____ No _____

28. Is your client currently on Probation or on a court order? Yes _____ No _____

Name of Probation Officer: _____

Phone #: _____ Fax #: _____

Probation Order: From _____ To _____

Conditions: _____

Copy Attached: Yes _____ No _____

Does the client have a history of:

	Yes	No	Suspected	Provide Details
Fire Setting				
Cruelty to animals				
Destruction of property				
Criminal Involvement				
Physical aggression towards adults				
Truancy-Skipping school				
Running from home				
Sleeping disturbances				
Eating disorders				
Bed Wetting				
Adoption/Apprehension				
Self-destructive behaviours				
Portrayed any manner of abuse towards others				
Depression/Suicide Ideation				
Other noteworthy behaviours: Specify (Ex. Hearing voices, abandonment)				

Chemical Use History:

29. At what age did your client start sniffing _____

30. At what age did your client start alcohol _____

31. At what age did your client start using drugs _____

32. Has your client ever used any of the following?

Whiskyjack Treatment Centre Program Policies and Procedures

Substance	Yes	No	How Long (Months/Years)
Gasoline			
Glue			
Cigarettes			
Air Fresheners			
Spray Paint			
Rubber Cement			
Nail Polish Remover			
Hard Liquor			
Marijuana			
Fabric Protector			
Crack/Cocaine			
Beer			
Home Brew			
Prescription Drugs			
Non-Prescription Drugs			
Other:			

33. Has your client ever lost friends because of sniffing/huffing? Yes _____ No _____
34. Has your client ever gotten into physical fights when using? Yes _____ No _____
35. Has your client ever caused serious injury to others? Yes _____ No _____
Please explain: _____
36. Does he/she have any medical, physical, psychological, emotional problems because of the use of solvents/substances? Yes _____ No _____
37. Does he/she feel that they have control over their use of solvents/substances?
Yes _____ No _____ Explain: _____
38. Has he/she ever considered reducing or quitting? Yes _____ No _____
39. Has he/she been in previous any treatment for their use of solvents/substances?
Yes _____ No _____ Where _____ When _____
40. How long did the client stay in the program? _____

Psychological Functioning:

41. Has your client ever spoken or wrote about killing him/herself? Yes _____ No _____
42. Has your client ever attempted to kill him/herself? Yes _____ No _____
43. How many times? _____
44. How did he/she attempt to kill him/herself? _____
45. Has the client frequently gone off on their own when he/she is depressed (unhappy)?
Yes _____ No _____
46. Is the client sad/unhappy? Yes _____ No _____
47. Is there any known history of sexual abuse? Yes _____ No _____

Whiskyjack Treatment Centre Program Policies and Procedures

48. Is there any known history of physical abuse? Yes _____ No _____
49. Is there any known history of emotional abuse? Yes _____ No _____
50. Please explain (ie: At what age? Has it been reported and what is the outcome or current status: _____
51. Is there any history of family violence that this child may have witnessed?
Yes _____ No _____ Please Explain: _____
52. Has your client had any involvement with gangs?
Please Explain: _____
53. Is there any known history of other forms of traumatic experiences? (Including complex grief, bullying)
Yes ☐ No ☐
Please Explain: _____

When a client is in a sober state:

54. Has he/she communicated with spirits that no one can see/hear? Yes _____ No _____
55. Has this happened? Never _____ Sometimes _____ Most of the time _____
56. Are these positive/negative experiences for the client?
Please explain: _____
57. Are there times when people are unable to communicate with the client?
Not at all _____ Sometimes _____ Most of the time _____ All of the time _____
Please explain: _____
58. Has your client ever had any psychological testing or counselling? Yes _____ No _____

Outside Resources:

59. Are there any other agencies involved with your client and his/her family?
Yes _____ No _____
60. If so, which ones and what services do they provide? (for example, community wellness)

Family:

61. Family Activities/Practices: (What do you see as a family?)

62. Family Roles/Relationships: (How they interact with each other?)

63. Status in the community: (How is the family perceived in the community?)

Whiskyjack Treatment Centre Program Policies and Procedures

64. What type of belief system is practised? _____

65. How does he/she spend her leisure time? _____

66. Who are the other support people involved with the family? (example, Elders, Extended Family, Community Groups Community Workers, Community Wellness)

67. Is the client/family aware of the effects of solvents/substances?

Client: Yes _____ No _____

Family: Yes _____ No _____

Community Worker: Yes _____ No _____

68. Does the family believe the client recognizes that he/she has a problem? What steps does the family want to take to address the problem?

69. Has anyone in his/her family or community received treatment for solvent/substance Abuse? Yes _____ No _____ Who _____

70. Are the parent(s) supportive of their child receiving treatment? (refer client consent form) _____

71. Upon the child's completion of the program, what type of support system do you see as effective/useful to help maintain healthy lifestyle of parent and child?

72. Are the extended family members supportive of the family seeking help and/or treatment for themselves or their child?

73. Would the family be willing to come to our Treatment Centre to observe the program in action as part of the intake process? Yes _____ No _____

74. Identify any significant losses or areas that may be affecting the child related to unresolved Grief?

Referral Worker's Recommendations:

Indicate what areas of healing/issues he/she feels that we should concentrate on?

Any additional information that your client or family feels that might contribute to his/her treatment?

Whiskyjack Treatment Centre Program Policies and Procedures

CLIENT CONSENT TO TREATMENT

I, _____, do hereby consent admission to attend the treatment Program at Whiskyjack Treatment Centre.

I agree to cooperate with the following:

- _____ Medical and Physical Examination
- _____ Laboratory Testing
- _____ Prescribed Medical Care
- _____ Psychological and/or Psychiatric Testing
- _____ Treatment/ Treatment Plan
- _____ Family Treatment
- _____ After Care Plan

I agree and consent to being transported to the appropriate referral agency for specified treatment and testing as may be necessary.

Signature of Client: _____

Signature of Parent/ Guardian: _____

Signature of Referral Agent: _____

Signature of Agent: _____

Date: _____

Whiskyjack Treatment Centre Program Policies and Procedures

AUTHORIZATION FOR RELEASE FOR INFORMATION

I, _____, Parent or Legal Guardian of the said
(Name of Parent)

Youth, _____, do hereby give my permission to release
(Name of client)

The following information:

_____ Birth Certificates

_____ Medical Records

_____ School Records

_____ Other Records, as required for Treatment

In respect of: _____
(Name of Client)

(Date of Birth)

(Band and treaty number, if Applicable)

Signature of Parent / Legal Guardian: _____

Signature of Referral Agent: _____

Date: _____

Whiskyjack Treatment Centre Program Policies and Procedures

CLIENT MEDICAL EXAMINATION FORM

Name of client: _____ Medical #: _____

Band and Treaty #: _____

Substance Use Information:

Substance	Yes	No	Length use & comment
Inhalants			
Opiates			
Barbiturates			
Marijuana			
Amphetamines			
Alcohol			
Smoking			

Medical Information:

Physical health/Problems & diseases	Yes	No	Provide Details
Allergies			
Hepatitis			
Diabetes			
Respiratory Conditions			
Heart Conditions			
Tuberculosis			
Physical Disabilities			
STI's/HIV/AIDS			
FASD/Developmental Delays			
Preganancies			
Other medical information			
Vaccinations			Provide Details
H1N1 (Compulsory)			
Flu Shot			

Mental Health

	Yes	No	Explain or Comment
Psychological Disorders			
Depression			
Insomnia			
Other Pertinent Medication			
Client on Psychiatric Medication			
Client on Prescribed Drugs			
Other Information			

Whiskyjack Treatment Centre Program Policies and Procedures

Physical Examination:

	Normal	Abnormal	Comments
Appearance			
E.N.T.			
Hair, Skin, Nail			
Muscular Skeletal			
Respiratory System			
Thyroid			
Cardio Vascular System			
Abdomen/Digestive System			

Is there any kind of medical / disease history that Whiskyjack Treatment Centre should be aware of?

Please comment on any abnormalities that the client may have that will prevent the client from participation in group sessions, one-to-one Counseling and living at the Whiskyjack Treatment Centre Residence for four months.

Date of last X-Ray: _____

CLIENT IN TREATMENT PROGRAM SHOULD BE FREE FROM ALL MIND ALTERING DRUGS. THE CLIENT IS NOT TO BE IN NEED OF ACUTE HOSPITAL CARE AND SHE/HE IS NOT TO HAVE ANY CONTAGIOUS DISEASES.

I have examined this client and find him/her to be able to attend the Whiskyjack Treatment Centre Program.

Name of Physicians/Nurse in charge (print)

Signature of Physician/Nurse in charge

Name of Hospital/Nursing Station

Date

Whiskyjack Treatment Centre Program Policies and Procedures

Authorization for Non-Prescription Drugs

As per Child Care Facilities Licensing Regulations 53-Health and Safety and regulations 54 and 55-medications, we require that “ all non –prescription drugs which are authorized by a qualified physician, licensed prescriber or dispensing pharmacist prior to their administration to individuals in residential care.”

Approval may be in the form of a written standing order, by completion of this form, or through verbal consultation with the physician or pharmacist. Verbal authorizations must be documented and retained in the client’s file.

The following non-prescription drugs may be administered to _____
(Name of Client)

as directed.

Cough Preparations _____

Common Cold Preparations _____

Antihistamines _____

Analgesic _____

Others _____

Indicate any known Allergies:

This authorization should be periodically reviewed and revised as required.

Doctors Name (Please Print)

Date

Whiskyjack Treatment Centre Program Policies and Procedures

Patient: _____

Treaty #: _____

D.O.B: _____

MHSC: _____

Authorization for Release of Medical information

I, _____, the undersigned hereby authorize and direct you to furnish information to _____. Regarding medical attention received by _____.

Date

Signature

Witness

Whiskyjack Treatment Centre Program Policies and Procedures

PARENTAL PARTICIPATION FORM

The Whiskyjack Treatment Centre has mandatory Family
Treatment Component within the clients Treatment Program.

I, _____ and I _____

(Name of Parent/Guardian)

(Name of Parent/Guardian)

Understand that it is important to be involved in the 4 week Family Treatment Program
while our/my child, _____, is in treatment. We/I agree to
participate upon request and to cooperate with the Whiskyjack Treatment Centre Team.
Please provide the Criminal record check and Child Abuse register.

Signature of Parent / Guardian: _____

Signature of Parent / Guardian: _____

Signature of Referral Agent: _____

Signature of Witness: _____

Date: _____

Accreditation Consent Client/Parent Consent

I, _____ agree and consent for my file to be reviewed and to be
interviewed by the Accreditation Team for the Accreditation purposes at the Whiskyjack
Treatment Centre Inc.

Signature of Client

Date

I hereby give consent for child's file to be reviewed and for my child to be interviewed by the
Accreditation Team for Accreditation purposes at the Whiskyjack Treatment Centre Inc.

Signature of Parent/Guardian

Date

Whiskyjack Treatment Centre Program Policies and Procedures

WAIVER FORM

Date: _____

I _____, the parent / Legal Guardian of _____
(Print name) (Print Name)

Give my permission to Whiskyjack Treatment Centre Inc; its members and affiliates; to take *photographs, video images, and any likeness* of my child. I understand the purpose of the images will be used at the discretion of Whiskyjack Treatment Centre Inc; its members and affiliates with the best interest of the client in mind. Any images of my child will not be used for any other related to Whiskyjack Treatment Centre business.

My signing the underlines I agree to the above statement and I understand the purpose of this WAIVER FORM.

Signed: _____ Date: _____ Initial: _____
(Parent/ Legal Guardian)