



CAREGIVER ORIENTATION INFORMATION

On behalf of the board of directors, management and staff team of the Dave Smith Youth Treatment Centre (DSYTC), I want to sincerely welcome you and your family to our live-in (formerly called *residential*) treatment facility and related programming.

We at the DSYTC view the “family” as our primary client, and it is for this reason that your treatment involvement is not only encouraged, but is a **required** part of DSYTC programming. Quite simply, we want and need your help! More specifically, we ask that you regularly communicate with our clinicians, actively participate in available caregiver sessions, and attend parent education and/or support sessions if recommended by our clinical team. Doing so will help us better meet your needs, support your youth and help foster a smoother transition when your youth leaves our live-in care. Understanding WHAT it is we do and HOW it is we do it is an important first step in this collaboration.

As outlined in the following pages, our clinical programming is, and will continue to be, based on the latest research regarding adolescent substance use treatment. Related to this and consistent with our mission, our pledge is that we will only provide you and your family the most up-to-date and scientifically-validated treatment interventions. We also commit to offering all our services within an environment that is respectful to the rights of your youth, and performed by empathic and competent staff whose skills and knowledge are constantly being enhanced.

It is important to recognize that our programs and services are funded by the provincial Ministry of Health (MoH), as well as the generous citizens of our community who care deeply about youth who require effective treatment and support in order to overcome their substance use and related problems.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Beauchesne". The signature is fluid and cursive, with the first name "Mike" being more prominent than the last name.

Mike Beauchesne, M.Ed., MBA, CCC
Executive Director
Dave Smith Youth Treatment Centre
www.davesmithcentre.org
A Safe Place For A Fresh Start...

HISTORY

The DSYTC was established in 1993 as a result of the relentless efforts of a small group of people, led by the late Ottawa restaurateur and philanthropist, Dave Smith. The organization helped hundreds of youth and families each year as a Day Treatment program and in 2010, adjusted its mandate to deliver important live-in and aftercare treatment services.

ABOUT DSYTC

The Dave Smith Youth Treatment Centre (DSYTC) is a non-profit, live-in, and community-based charity that is dedicated to helping youth (13-21) and families across Ontario overcome substance use, mental health and related issues and to achieve a healthier lifestyle. With separate evidence-based programs tailored to the specific needs of young men and women, it is the only Centre of its kind in Eastern Ontario.

Our **MISSION** is to provide effective treatment for substance use and mental health challenges, help youth heal and grow, and offer families hope.

Our **VISION** is changing lives, together.

Our **VALUES** are:

COMPASSION

We care deeply about the well-being of everyone connected to the DSYTC. We journey together towards hope, health and happiness.

GROWTH

We strive to do better by investing in our people, expanding our facilities and enhancing our services.

BELONGING

We are a safe and welcoming community, committed to equity, diversity and inclusion.

COMMUNITY

We embrace collaboration and teamwork – inside and outside the DSYTC.

PROGRAMS & SERVICES

The DSYTC is committed to the provision of evidence-based programming. Specific DSYTC programs and services include: comprehensive **assessment**, **live-in treatment** (flexible length of stay), post-live-in **continuing care** as well as **family services** (education, counselling, support). Programming also includes **academics**, **pro-social recreation**, **psychiatric assessment and support**¹ and **primary care** via a Nurse Practitioner.

¹ **Psychiatric assessment** availability is limited and is determined on a case-by-case basis. Please also note that psychoeducational assessments are not provided.

Assessment

The DSYTC utilizes the Global Appraisal of Individual Needs (GAIN) family of assessment tools given their diagnostic, treatment planning and program evaluation benefits, as well as given they are validated for use with adolescents, generate invaluable reports and facilitate the use of evidence-based practice.

Shortly after live-in admission, youth clients complete the GAIN-I. This detailed assessment permits the comprehensive identification of substance use, mental health and other issues, and facilitates the creation of an individualized, thorough and accurate treatment plan which is generated in collaboration with the youth client.

Live-In

The DSYTC currently operates two, 24-hour live-in addiction treatment facilities for youth. Carp Campus is a 10-bed facility for people who identify as female or gender-diverse and Carleton Place Campus is a 14-bed facility for people who identify as male or gender-diverse². Through these separate campuses, we offer comprehensive and evidence-based programming to address the unique needs of each individual we serve. Modalities include individual therapy, group counselling, academic programming, therapeutic recreation and psychiatric support. *NOTE: In early 2024, the Centre will amalgamate into a modern, single-site facility in Carp, with two live-in 'wings' of 15 beds each (30 beds total).*

Within a *harm reduction* context, client safety is our top priority. Therefore, our live-in treatment facilities operate as 100% substance-free environments (including tobacco products). *NOTE: Nicotine Replacement Therapies (NRTs) and smoking cessation programming is available. For pregnant youth and those under 18 years of age, NRTs may not be provided without specific medical consent.*

Continuing Care

In order to reduce the risks that lead to relapse and to facilitate community linkage and support, Assertive Continuing Care (ACC) counsellors engage youth and families immediately after the live-in phase has ended (usually within 24-48 hours). ACC is available to all DSYTC live-in treatment participants (regardless of whether or not program completion was obtained) and extends for up to 12-weeks after live-in discharge (flexible).

Family Services

It is important to emphasize that family matters at the DSYTC. When youth come to our Centre, they are not alone in their journey as caregiver involvement is a critically important part of our treatment process. This involvement includes regular telephone and email contact as well as family counselling.

Academic Programming

Given the relationship between academic achievement and longer-term success in areas of self-confidence and self-efficacy, academic programming is an invaluable part of the DSYTC

² *Trans and gender diverse youth* are supported in programming and specific treatment location placement is determined in consultation between the youth and DSYTC staff.

offering. More specifically, live-in clients receive individualized academic attention and are able to earn high school credits through our partnership with the *M.F. McHugh Education Centre* (Section 23). Support for college, university or other academic programming is also available for those youth who have graduated high school.

Pro-Social Recreation

Healthy and therapeutic recreation is a vitally important and enjoyable aspect of DSYTC programming. Experiencing fun, healthy and pro-social activities in a non-using environment has many benefits, including a reduction in boredom and other drug use triggers. Pro-social activities and the positive reinforcement they provide can and do replace the perceived benefits obtained by the use of alcohol and other drugs – thus supporting youth in achieving their particular substance use goals. Specific recreational outings and activities within live-in treatment include: walks/hikes, sports and games, museums, drama, art, music, sporting events and a variety of other leisure activities.

Psychiatric Assessment & Support

In addition to substance use, the vast majority of DSYTC clients also suffer from multiple mental health conditions. Recognizing this and consistent with established best practices, the DSYTC aims to provide an integrated treatment approach which appropriately identifies and addresses concurrent mental health issues. As such, psychiatric consultation, assessment and treatment (e.g., pharmacotherapy) is available to live-in and continuing care clients (determined on a case-by-case basis).

Primary Care

In partnership with nurse practitioners from two Community Health Centres (North Lanark and Pinecrest Queensway), a variety of primary care and related medical support services are provided to clients.

CLINICAL PHILOSOPHY & APPROACH

Alcohol and drug addiction is not a character flaw or moral failing as a result of a personal choice, but rather is a **health condition** which is a function of biological, emotional, psychological and environmental variables. Addiction is a condition that includes brain chemistry changes, often resulting in altered motivation, impaired emotion and behaviour control, poor problem recognition and interpersonal relationship breakdowns. Substance use during adolescence in particular can impair vital brain maturation processes that take place during those critical developmental years.

We have adopted a **10 Key Elements of Effectiveness** model in which each of the ten elements is satisfied by the use of evidence-based interventions or approaches. DSYTC programming content was compiled with the aid of exhaustive research and expert consultation, and the chosen clinical approaches reflect up-to-date **evidence-based practices**, which are consistent with the goal of the DSYTC becoming a Centre of Excellence.

10 Key Program Elements:*

1. Assessment
2. Attention to Mental Health
3. Comprehensive Integrated Treatment
4. Family Involvement in Treatment
5. Developmentally Informed Programming
6. Engage and Retain Adolescents in Treatment
7. Staff Qualifications and Training
8. Person-First (Culturally Competent) Treatment
9. Continuing Care and Recovery Supports
10. Program Evaluation

**Source: Drug Strategies Institute (updated in 2015)*

Evidence-based clinical approaches utilized by the DSYTC include:

- Adolescent Community Reinforcement Approach (ACRA)
- Assertive Continuing Care (ACC)
- Community Reinforcement and Family Training (CRAFT)
- Cognitive Behavioural Therapy (CBT)
- Motivational Interviewing (MI) / Motivational Enhancement Therapy (MET)
- Seeking Safety (Trauma)
- Collaborative Problem Solving (CPS)
- Dialectical Behavioural Therapy (DBT)

Clinical approaches NOT utilized by the DSYTC include:

- Aggressive confrontation
- Disease model elements which contradict core values (e.g., powerlessness)
- Mandatory 12-step support group/philosophy
- Personal and excessive self-disclosure by clinical staff
- Psychoanalysis
- **Any approaches which are not substantiated via empirical study**

At the DSYTC we aim to provide the most scientifically validated treatment interventions possible and everything we do is subject to continuous quality improvement (CQI).

ADOLESCENT COMMUNITY REINFORCEMENT APPROACH (ACRA)

ACRA is at the core of our live-in treatment practice. Within ACRA, our clinicians use proven cognitive behavioural techniques to investigate and plan how **pro-social activities and the reinforcement they provide can and do replace the perceived benefits obtained by the use of alcohol and other drugs**. Clinical staff are trained and certified in a series of directive but non-confrontational therapeutic procedures designed to facilitate discussion, life skill acquisition and goal attainment.

In individual, group and family counselling modalities, ACRA addresses topics such as:

- Communication
- Problem Solving
- Pro-social Recreation
- Relapse Prevention
- Job Finding
- Anger Management

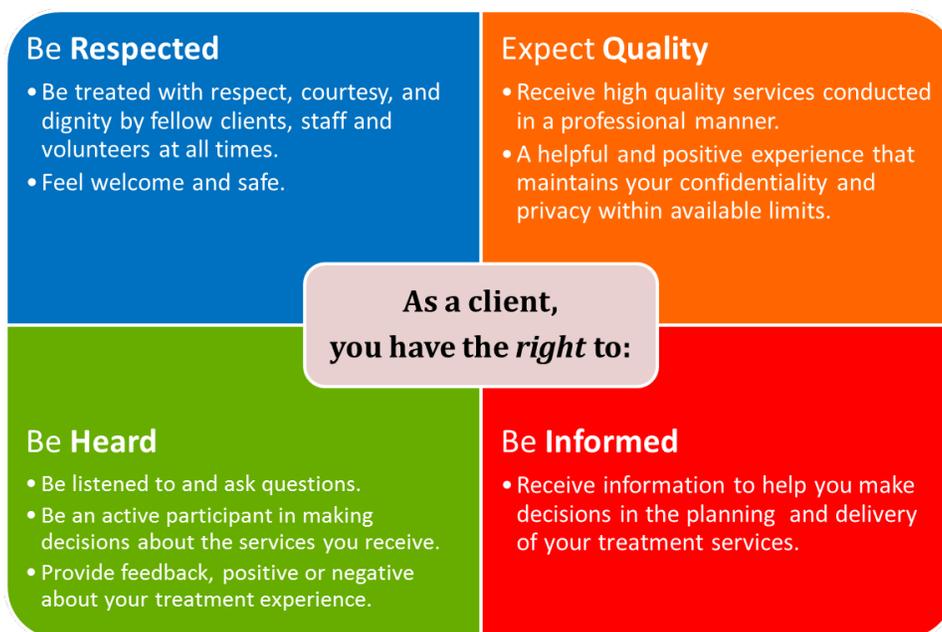
ACRA also incorporates structured sessions for caregivers, with a goal of enhancing relationship harmony and understanding between caregivers and their youth. Out-of-town caregivers can be linked by videoconference to participate in these caregiver sessions.

The ACRA model is one of the few that has been repeatedly recognized over a substantial number of years as being significantly more effective than other clinical approaches. It has been reviewed and endorsed by the Canadian Centre on Substance Abuse (CCSA) and the Center for Substance Abuse Treatment (CSAT) at the U.S. National Institute of Drug Abuse (NIDA). The following quote is an extract from The Canadian Network of Substance Abuse and Allied Professionals, a CCSA initiative:

“In nearly every review of alcohol and drug treatment outcomes, [A]CRA is listed among the approaches with the strongest scientific evidence of efficacy; however, it is not widely used or even known by many clinicians who treat individuals with addictions. Adding to this disconnect between research and practice is the fact that three of the four commonly-cited meta-analyses of alcohol treatment list CRA as one of the most cost-effective treatments available.”

CLIENT RIGHTS & RESPONSIBILITIES

Mutual understanding, healthy communication and respect are hallmarks of any successful relationship – including the therapeutic relationship. As well, and particularly within a live-in treatment environment, the rights of an individual must be balanced by the collective rights of the group, and the attainment of challenging goals often entails joint planning and effort. To this end, we have prepared a formal **Statement of Client Rights and Responsibilities** which aims to accurately capture this necessary balance.



As a client, you have the *responsibility* to:

Be Respectful

- Be respectful of other clients, volunteers, staff members and Centre property.
- Act and communicate in a considerate manner – including avoiding harassment and bullying as well as discrimination based on age, gender, ability, class, ethnicity and sexual orientation.

Actively Participate in Your Care

- Provide accurate and complete information to the Centre so that staff can provide the best possible care and services for you and your family.
- Adhere to established live-in and continuing care program rules and structure.
- Follow the treatment plan developed in consultation with you, to the best of your ability.

At the Dave Smith Youth Treatment Centre (DSYTC), we BELIEVE:

- in the dignity and worth of every individual youth and family;
- that we have a responsibility to engage families in the treatment process;
- that each DSYTC team member must commit to promoting and supporting the healthy development and potential of both youth and their families;
- that we must do all we reasonably can to help youth and families, regardless of the barriers and challenges that may exist.

LIVE-IN SCHEDULE

Although every day is somewhat different, live-in treatment is purposely both structured and consistent. Typical activities include a set wake-up and bedtime, as well as scheduled meals, recreation, chores, academics and group and individual programming. Weekends are slightly less structured, however we aim to keep our youth clients as busy as reasonably possible so to maximize their treatment gains. We also believe that having fun through games and laughter is an instrumental part of the recovery process. For more details we invite you to review the **weekly schedule** available through our Admissions Coordinator.

FREQUENTLY ASKED QUESTIONS

How long does treatment last?

In the broader community, the length of addiction treatment services varies by the type of treatment being offered. Often, adolescents will participate in more than one type of treatment (e.g., live-in treatment followed by outpatient services). The length of **live-in** treatment at the DSYTC is 3 months (90 days or 12 weeks) followed by the very important **continuing care** phase which lasts up to another 3 months. There is some flexibility in that some youth may want and need to stay longer (e.g., 1-month extension) whereas others may be able to complete the program a little sooner. The decision regarding live-in length of stay reduction or extension is based on the youth's progress, clinical needs and personal wishes. As well, given the importance of continuing care in helping youth achieve the best possible outcomes, caregivers are asked to encourage and support their youth's participation in this phase of programming, as well as actively participate themselves.

Are youth clients locked up or retained against their will?

No. Our live-in sites are NOT lockdown facilities and clients can leave at virtually any time given our program is voluntary in nature. We do, however, work to engage and retain youth in treatment so to maximize treatment gains. We also try to restrict when unplanned discharges occur so to ensure any transition out of live-in care is accomplished safely.

In situations where a youth client chooses to prematurely discharge themselves from live-in treatment, staff will contact caregivers and other key stakeholders in a timely manner and as consent permits (e.g., police, probation officers, school personnel, psychiatrist, social worker, etc.) so to help facilitate a safe and smooth transition. Should a client decide to leave at a time when it would be difficult to arrange for a safe transition (e.g., 3AM), clinical staff will work to keep the youth comfortable and have them re-assess their decision until a more suitable discharge period.

It is important to note that the first few days of a youth's stay is often the most difficult. During this time they may be withdrawing from substances, experiencing homesickness, adjusting to new routines and peers, as well as feeling ambivalent about their decision to enter treatment. As such, it is critically important that caregivers partner with DSYTC staff to encourage and support the youth during this difficult period, so that they remain engaged in programming and experience the full benefit of the live-in treatment experience.

To help support your youth in live-in treatment, a caregiver retention guide is provided in Appendix I at the end of this document.

What about safety?

The primary DSYTC priority is to create and maintain a safe, structured and consistent environment for staff and clients alike. To this end, youth clients are closely supervised and clinical staff members have been trained to effectively cope with problematic behaviours that may arise. Of course, interpersonal conflict and related issues can and do arise from time to time, and we are committed to addressing such matters in as timely, effective and fair a manner as possible.

DSYTC team members strive to ensure that drugs and alcohol are not brought into the facilities, and it is for this reason that we perform a thorough search (and potential washing) of client clothing and suitcases upon admission (as well as following any home visits). Also, a combination of internal alarms and video monitoring of common areas are in place to assist in fostering the safety and well-being of clients and staff alike.

Lastly, the DSYTC maintains a very active Health & Safety Committee that continuously examines potential safety threats and helps implement policies and procedures to reduce these risks.

With gender-segregated campuses at DSYTC, what about youth who identify as transgender?

The DSYTC believes in providing a safe and accessible treatment environment for all youth. For trans and gender diverse youth requiring live-in treatment, appropriate treatment placement is determined on a case-by-case basis, in consultation with the client and consideration of the physical and emotional safety and security needs of all involved

What about costs?

There are no formal fees for our services, however government funding does not cover the costs of off-site extra-curricular recreational activities, client spending money (e.g., personal hygiene products, clothing needs, etc.) and emergency return fare. Where feasible, these costs are covered by clients and/or their families. The DSYTC does all that is possible to ensure financial circumstances do not become a barrier to live-in treatment participation - kindly speak to the DSYTC Admissions Coordinator should special accommodation be required.

All funds provided to the DSYTC are accounted for via a signed receipt and are retained in a secure location. All unused funds are returned at the time of program discharge. **If funds are not able to be provided directly to caregivers a money order will be prepared in a timely manner and returned via mail. The total amount required (recreational, spending and emergency travel return costs) is confirmed in discussion with the DSYTC Admissions Coordinator. Please note that in instances where a youth has been observed or admitted to causing damage to DSYTC facilities or property, proportionate funds will be retained to cover the costs of repair and/or replacement.**

What should my youth bring to live-in?

We have limited space for storage for things such as clothes and other personal effects so we ask that only necessities be brought to the facility. **Due to limited storage on site, arrangements for retrieval of any leftover belongings must be made within 14 days of program discharge or belongings are at risk of being recycled or discarded.** There are also some items that are prohibited within our live-in facilities (e.g., electronics with internet, video/audiotaping capabilities, lighters/matches, etc.). **A complete list of approved and prohibited items can be found in Appendix II at the end of this document.**

What about medication within live-in?

Medication may be taken while in live-in care, as long as a psychiatrist or other physician prescribed it upon thorough assessment, and caregivers (where applicable) and the youth agree with the recommendation. Medications prescribed 30+ days from the admission date will need to be confirmed through the prescribing doctor **prior to** being approved for use while in live-in treatment. There will be some occasions where a psychiatric assessment during live-in care will lead to a recommendation for medication.

Clinical staff oversee disbursement and ingestion of medication as per our medication policy. A youth who refuses or abruptly stops medication for a diagnosed psychiatric or other health condition, resulting in a return of significant psychiatric or other health symptoms, may render the DSYTC an unsuitable program fit for the youth.

Please note that only a physician and/or pharmacist can fully explain the potential benefits and/or risks and side effects of any medication

What about contacting my youth in treatment?

Youth clients are able to receive and place select telephone calls throughout their time in live-in treatment. However, in order to avoid programming interruptions and to maintain program consistency and safety, phone calls are only permitted at select times and with select individuals (determined in consultation with the youth).

Caregivers are able to visit their youth while they are involved in live-in treatment. **For more specifics regarding on-site or virtual visits, caregivers are invited to speak with live-in staff.**

In order to ensure the safety of all involved, please be aware of the following on-site visit rules:

- Visitors must comply with any and all COVID protocols in place (e.g., masking).
- Family visits are conducted virtually (e.g., ZOOM) or at times on DSYTC property. Staff will try to provide you and your youth with as much privacy as possible – space permitting.
- Visits are not allowed to occur in vehicles.
- Visitors must check in with staff in advance of the visit and anything brought into the facility must be provided to staff so to be reviewed and approved.
- Clients are not allowed to use a visitor's cell phone, internet-capable device or laptop computer (a laptop is provided to youth clients for academic use while in treatment).

- No outside food or drink is permitted during the visit.
- Visitors are reminded that the DSYTC is a smoke-free facility and that smoking is not permitted anywhere, or at any time.

What about home visits?

In order to support and facilitate full reintegration and rehabilitation into real life environments, weekend home visits are often provided. These visits generally occur after a minimum of 45 days of live-in treatment, and ample notice is provided so that the therapist involved can help both the youth and family prepare for a successful visit. Length of visits vary, but on average they are scheduled to last for 3-5 days including travel time. **In order to qualify for treatment completion recognition, youth are expected to return to treatment after this initial home visit. Please note that families are responsible for covering all necessary travel expenses that may be incurred as a result of such visits.**

What can I do to help while my youth is in treatment?

In addition to encouraging your youth's on-going engagement and participation in all treatment components of our program, our caring and professional staff are here to help you. As part of this support, clinical staff will be able to offer information, guidance and recommendations that will help in areas such as healthy communication, rules and expectations, and the rebuilding of trust. While your youth is in formal treatment, this time is an opportunity to explore the multitude of emotions that accompany substance use, namely anger, fear, guilt and uncertainty. As youth emotionally mature and develop while in our care, it is important for family members to make necessary positive and healthy changes as well. Referral to external support and treatment services may also be provided.

As mentioned, the first few days of live-in treatment are often the most difficult. During this time, your youth may be withdrawing from substances, experiencing homesickness, adjusting to new routines and peers, as well as feeling ambivalent about their decision to enter treatment. **THIS IS COMPLETELY NORMAL AND EXPECTED!** In communicating with your youth while they are in live-in treatment, it is important to let him/her know that you appreciate their efforts and offer encouragement for them to continue. It is worthy to remember that it is normal for adolescents to be ambivalent about stopping their substance use and that arguments and ultimatums are rarely effective in convincing adolescents to stop using substances over the long term. Ask your youth about the changes they are making, openly acknowledge and celebrate these changes (no matter how small they may seem), and talk about how you can be supportive.

Research indicates that there are 4 critical practices that caregivers can adopt so to help their youth:

1. ***Role model by not using alcohol or drugs in front of their youth (if at all)***
2. ***Communicate in a positive fashion (i.e., decrease blame and "put downs")***
3. ***Monitor their adolescents whereabouts (where and with whom)***
4. ***Encourage and promote pro-social activities (and participate together)***

What about after live-in treatment?

The most critical period in predicting long-term recovery is the first 90 days following live-in treatment, so every effort is made to positively shape this initial post-treatment period. It is during this time that your youth will be able to make additional goal progress, strengthen new attitudes and behaviours, as well as locate people in the community who can and will support the changes they initiated during live-in treatment (e.g., family doctors, psychiatrists, teachers, counsellors, coaches, probation officers, non-using friends, AA/NA sponsors and supportive family members).

Relapse is a frustrating but normal part of the recovery process, however, in order to reduce the risks that lead to relapse, we have assembled a special outreach team of **Assertive Continuing Care (ACC)** counsellors who will engage your youth and family shortly after live-in treatment completion (usually within 24-48 hours). An introductory meeting, when possible, will occur in advance of live-in completion. Given its importance and association to long-term positive outcomes (for program graduates as well as those who leave early), **we require that all caregivers and youth commit to actively participate in Assertive Continuing Care once the live-in phase has ended.**

What can we expect when our youth comes home?

Most caregivers are very worried that their youth will return to using drugs or alcohol. Although this is completely understandable, we believe it is very important for caregivers to assume an attitude of at least “cautious optimism” as a means of projecting hope and support for their youth. As well, while you develop and foster an environment of love and support, it is also important to facilitate consistency and structure by way of clear expectations and supervision. Remember that our ACC clinicians are available to help.

Perhaps the most common concern caregivers have is their youth’s desire to associate with old “using friends.” While it is not surprising that most adolescents resist changing friends, caregivers should nurture the development of new and healthy relationships when possible. Consider encouraging your youth to spend time with friends who do not use substances as well as to try new activities (both alone and together as a family). Helping your child identify pro-social activities that will broaden their interests and structure their time will often relieve boredom (a common use “trigger”), and support longer-term recovery. Research demonstrates that participation in family activities improves overall health and reduces family conflict.

FEEDBACK

Unfortunately, as much as we aim to avoid them, misunderstandings and/or disagreements do arise from time to time. As such, we want to ensure we provide you a mechanism through which to have your concerns heard. **Feel free to raise any concerns with your youth’s primary therapist or our *Clinical Director, Courtney Ostapiuk.* In the event that you are not satisfied with any of these avenues, you are invited to contact our *Executive Director, Mike Beauchesne.***

We also very much welcome and appreciate your positive feedback and suggestions for improvement. You can do so by calling 613-594-8333 or via email at feedback@davesmithcentre.org.

QUESTIONS

DSYTC live-in campuses are staffed 24 hours a day, 7 days a week. If you have any questions, you are invited to contact the therapist that is assigned to your youth (personal staff extension numbers will be provided at the time of live-in admission).

As clinical staff are constantly involved in programming activities throughout the day and evening, they may not always be available at the time of your call. Please do not hesitate to leave a message and your call will be returned as soon as possible.

Thank you for taking the time to read this important information package. Additional information including answers to frequently asked questions (FAQs) can be located on our website at: www.davesmithcentre.org.

Once again, welcome to the DSYTC, we look forward to serving you!!!

The DSYTC Team

APPENDIX I CAREGIVER RETENTION GUIDE

While in live-in treatment it is to be *expected* that your youth will request to leave the program before completion. Common reasons for doing so include: feelings of homesickness, discomfort from cravings and/or substance withdrawal, boredom, and dislike of structure and routine. It is important to remember that for many youth, substance use has allowed for a quick escape from such difficult feelings. **Requests to leave treatment are an opportunity to support your youth in using *healthy ways of coping*, and we strongly recommend that you encourage them to complete the program.** Consider the following tips:

- ✓ **DO:** Remind yourself that situations like this rarely require an immediate response (i.e. youth asking to leave treatment). Encourage your youth to take more time to think it over and do not feel pressured to provide a quick answer. Usually the urge to leave will pass. *Take a breath and time before responding.*
- ✓ **DO:** Tell your youth how proud you are of the progress they have made so far and for being able to tell you when they are struggling. Let them know that you care about how they are feeling and give them a chance to express their concerns.
- ✓ **DO:** Send your youth letters of support and encouragement from home. Youth LOVE getting mail and it really brightens their day to know that family and friends are thinking about them, are proud of them and are wishing them well!
- ✓ **DO:** Distract with activities. Suggest that they speak with peers, counsellors or their therapist. Encourage your youth to participate in sports, academics, puzzles, art, music, and other distractions. Remind them that the feeling to leave will likely pass.
- ✓ **DO:** Remind your youth of the successes they have achieved over time and ask them to think about the reasons they wanted to come to treatment in the first place. Remembering these motivating factors helps ease concerns and supports engagement.
- ✓ **DO:** Seek support and coaching from your youth's therapist if your youth does not respond to your suggestions. Inform staff of any specific reasons your youth is providing for wanting to leave. Counsellors work hard to keep your youth engaged in treatment and this information will help them be more effective in doing so.
- ✗ **DON'T:** Believe everything being promised when your youth wishes to leave. Your youth may offer many promises and compromises in order to return home - many that they will not likely be able to accomplish without completing treatment.
- ✗ **DON'T:** Feel like you have to 'rescue' your youth from a challenging situation. Sometimes it may feel like you are helping your youth to escape from discomfort; however this is an opportunity for them to *learn and use coping skills* in a safe and supportive environment.
- ✗ **DON'T:** Underestimate how important you are to your youth's treatment process. Both research and our own surveys demonstrate that youth identify their families and supports as a key motivator for continued participation in treatment!

Do not hesitate to contact your youth's primary clinician for further information and support.

APPENDIX II LIVE-IN ITEMS CHECKLIST

Below is a list of required, prohibited and optional items for you to consider in advance of your admission.

<p style="text-align: center;">Please <u>BRING</u> the following items (REQUIRED):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Transportation money for one way return fare (in-case of emergency). \$ amount TBD based on transportation requirements. <input type="checkbox"/> Recreation money \$300.00 – cash please <input type="checkbox"/> Spending money \$150.00 (maximum) <input type="checkbox"/> Birth certificate <input type="checkbox"/> Social Insurance (SIN) card <input type="checkbox"/> Ontario Health Card (current, non-expired) <input type="checkbox"/> Drug plan benefit card OR drug plan policy # and information (if applicable) <input type="checkbox"/> Medication & valid prescriptions - filled within the last month (including epi-pens, if applicable) <input type="checkbox"/> Personal hygiene products (shampoo, toothpaste, deodorant etc...). <input type="checkbox"/> Weather appropriate clothing (enough to last 7 days as laundry occurs 1x weekly). Attire should casual & dryer safe. <input type="checkbox"/> Swimming shorts/bathing suit <input type="checkbox"/> Indoor slippers <input type="checkbox"/> Indoor gym shoes <input type="checkbox"/> Outdoor shoes (for recreational activities) <input type="checkbox"/> Re-useable and durable water bottle <input type="checkbox"/> Seasonally appropriate jacket, rain proof if possible <input type="checkbox"/> Snow pants (in winter) <input type="checkbox"/> Winter boots (in winter) <input type="checkbox"/> work out clothing <input type="checkbox"/> Hat, mittens & scarf (in colder months) 	<p style="text-align: center;">Please do <u>NOT</u> bring the following items (PROHIBITED):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mouthwash (unless sealed & clearly labeled alcohol-free) <input type="checkbox"/> Lighters or matches (can be grounds for discharge) <input type="checkbox"/> Chewing gum <input type="checkbox"/> Cigarettes <input type="checkbox"/> Colognes, body spray or after shave products <input type="checkbox"/> Hair dye <input type="checkbox"/> Food, drinks or candy <input type="checkbox"/> Pencil sharpeners <input type="checkbox"/> Non-prescription medication (we supply headache relief tablets if necessary) <input type="checkbox"/> Laptop computers (clients are provided a notebook for the academic program) <input type="checkbox"/> Video games or related systems <input type="checkbox"/> Video cameras, cameras, mp3 players or any other devices with picture or video/audiotaping capabilities <input type="checkbox"/> Any device that has wireless internet connection potential <p style="text-align: center;">Some Items you <u>CAN</u> choose to bring (OPTIONAL):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Extra comforter for bed <input type="checkbox"/> IPod/Mp3 player (<i>no camera, audio or videotaping or internet capabilities</i>) <input type="checkbox"/> Headphones <input type="checkbox"/> Postage stamps and envelopes <input type="checkbox"/> Guitar/musical instruments (requires advance approval) <input type="checkbox"/> Reading novels, crossword puzzles, etc. <input type="checkbox"/> Art supplies
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Please note that the DSYTC is a 100% smoke-free environment. Your support and cooperation is very much appreciated!