



Pine Lodge

Addiction Recovery

Pine Lodge Standards of Care - Residential Treatment

(Adapted from BC Ministry of Health Provincial Standards for Adult Residential Substance Use Services - 2011)

(October 2022)

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Pine Lodge Standards for Residential Addictions Services are based on the comprehensive work undertaken by the Ministry of Health, Province of British Columbia as part of the Drug Treatment Funding Program. The standards have been revised to fit Pine Lodge who is in the process of renewal. A new Executive Director (ED) has been hired along with many new staff. In addition, Pine lodge has moved from its rural location into Regina requiring the purchase of a building which has needed significant renovation. A considerable amount of planning and effort by the Pine Lodge Board of Directors (Board) and the new ED has occurred in order to have the inpatient addictions program operational. The Board is committed to implementing a program that will meet the needs of individuals in the province who have substance abuse disorders. The relocation has presented an opportunity for program renewal and a goal to strive for excellence in service delivery. The Board is aware with many new challenges, expectations for the first year of operation need to be realistic and attainable. This document is written with that in mind. Following one year of operations, Pine Lodge is committed to working in collaboration with the Saskatchewan Health Authority, clients, and other stakeholders to review and evaluate the status of the program. From there, this document will be updated with a view towards providing excellence in service delivery for clients with addictions issues.

Pine Lodge provides time-limited treatment in a structured, substance-free, live-in environment. Individuals accessing these services are most likely to be those with more complex and/or chronic substance use for whom community-based treatment services have not been effective. Treatment includes individual, group, as well as psycho-social education and life-skills training. Our residential treatment program provides daily programming that supports clients to examine and work in depth on the underlying causes of their substance use (such as trauma, and grief issues). There is also a focus on identifying and practising skills to deal with issues such as boundary setting, co-dependency, communications, anger management and relapse prevention

The following is foundational criteria for accessing Pine Lodge residential services and supports: (i) The individual is ready, willing and able to actively participate in looking at the impact of their substance use; (ii) The individual has problematic substance use that negatively affects many areas of their life (e.g., health, functioning, family, work, education, housing); and (iii) The individual requires a level of services and support that cannot realistically be delivered in a community or outpatient setting, or requires a supportive environment away from their usual living situation. The foundational criteria inform the outcome of a comprehensive assessment process carried out by qualified practitioners to determine a person's eligibility for residential services.

Pine Lodge Standards for Substance Use Services

Standard have been adopted by Pine Lodge to establish recognized criteria for effective services, to improve information available to people about what they can expect from services at Pine Lodge as well as what is expected of them while in the program.

Research on substance use services and supports shows that appropriate, evidence-informed treatment works. It is effective in reducing problematic substance use, improving health and social wellbeing, and reducing the risk of death due to overdose and infections. It is also associated with reductions in substance use related crime. Therefore, people who use substances, their families, communities, and society at large all benefit from effective substance use services. What is meant, though, by “effective”? Evidence from international clinical research and practice-based experience, as well as from consultations with service providers and clients, offers clear guidance on what makes up effective services and supports. The information below provides a high-level summary of this evidence. It is organized into the same three sections that the standards themselves follow: In the community; At Pine Lodge; and Returning to the community.

In the Community.... Effective treatment begins with assessment of the individual’s needs, strengths, and preferences to determine which substance use service is likely to benefit her or him most. Screening, assessment, and treatment planning are key components of delivering effective and appropriate supports to individuals. Screening is a brief process that determines whether an individual has a substance use issue—and/or related mental health problem—that requires further exploration and intervention. Screening is performed in the community by a service provider trained in substance use screening and assessment practices. Evidence-based screening tools and motivational interviewing is used by staff. If the screening indicates that a person would benefit from substance use services, then a more comprehensive assessment is conducted that explores the individual’s bio-psycho-social-spiritual needs, strengths, and preferences. The assessment will also help to identify the most appropriate service for the individual. The information gathered from the assessment process is used to help develop a treatment plan. Treatment planning should be a collaborative process between the individual seeking service and the clinician. When an individual is eligible for and wants service in a residential setting, the referring person should work with the individual and Pine Lodge to ensure that transition to the residence is adequately planned and prepared for.

At Pine Lodge residence.... Effective services supports the whole person and all of their personal needs – not just the substance use. Of particular importance is the programs’ capacity to support individuals who have experienced trauma and those who have concurrent mental health issues. A strong association has been established by researchers between violence, trauma, and substance use, as well as between trauma and concurrent mental health and substance use problems. There is a consensus among researchers and practitioners that substance use services should be trauma informed. Disproportionately high rates of problematic substance use in First Nations/Metis/and Inuit peoples, for example, are generally

understood to be a consequence of the transgenerational trauma that resulted from the residential school system. Studies also suggest that problematic substance use in women is often associated with physical and sexual trauma.

The therapeutic relationship between the individual and their counsellor is key to positive outcomes. There is growing consensus in the research literature that treatment outcomes for people with problematic substance use are better when the relationship between client and counsellor is flexible, warm, affirming, and honest. ***Indeed, there is strong evidence to suggest that the therapeutic relationship is more predictive of positive outcomes than are the specific treatment interventions used. Positive therapeutic relationships should be founded on a collaborative approach to treatment, in which the supports an individual receives are continuously shaped and informed by their experience and perception of what is working or not working.***

Returning to the community: Building on the individual's success provides the basis for an effective service plan for each individual's return to the community. Evidence suggests that the most successful residential programs are focused from the outset on what happens following discharge or transition from the residential treatment or supportive residential facility. All clients, including those whose discharge is not planned, must be provided with support to help with transitioning to the community. This support should include identifying and linking with appropriate community-based services and agencies. Research and practice-based literature identifies a number of key elements that are important to include in transition planning:

- ways to receive ongoing treatment,
- relapse prevention strategies;
- access to appropriate community services; and
- strengthening personal and social supports.

Transition planning should be a collaborative process between the clients and the service provider. Also important are the individuals' personal supports systems. The final transition plan should reflect the clients' own priorities, wishes and preferences. An individual's transition back into the community is more successful when effective partnerships between the residential program and community-based services and supports are in place.

Standard 1: Screening and Assessment

The individual participates in a screening and assessment process to determine if treatment will be of most benefit to her or him.

Intent

To ensure that individuals referred to the Pine Lodge will best meet their bio-psycho-social-spiritual needs and preferences at Pine Lodge, and the program can most effectively support clients in reaching their treatment goals.

Required Elements

- The individual takes part in an initial screening to gather basic information including their age, gender, contact information and the reason why they may need service
- The individual understands their rights with regard to consent to service and the limits of confidentiality that apply to disclosure of personal information
- Assessments are completed with the awareness that violence and trauma frequently underlie problematic substance use, and the assessor uses a violence- and trauma informed approach to the assessment process.
- If the individual seeking service wishes to have family or other external supports participate in the assessment process, this is facilitated.
- Evidence-based assessment tools supported by the health authority are used to guide the service provider in completing an assessment.
- The following criteria are used in conjunction with the assessment to help determine whether residential treatment is appropriate for the individual: The individual is ready, willing and able to actively participate in looking at the impact of their substance use; The individual has problematic substance use that negatively affects several areas of their life (e.g., health, functioning, family, work, education, housing); and the individual requires a level of service and support that cannot effectively be delivered in a community or outpatient setting.
- With the individual's written consent, relevant aspects of the assessment are shared with any other substance use service or program to which they are referred.
- The referral agent works with the Pine Lodge program and the client to determine whether they are eligible for the program and to complete the referral process.
- If it is agreed that residential treatment is not right for the individual seeking service, appropriate community-based substance use services or other community supports are identified and with the individual's permission, a referral is made.

Notes and Examples....

- The purpose of screening is to see whether someone requires any service and, if so, a comprehensive (wholistic) bio-psycho-social-spiritual assessment should be carried out. The individual's needs are identified, and staff use a motivational interviewing approach to engage and work with the client to help them access the most appropriate service to meet their needs.
- Individuals must give written consent for service. They must also give written consent for the disclosure of personal information and such consent must specify to whom the personal information may be disclosed and how it may be used.

- It is good practice to involve families/supportive others wherever possible because they will be providing ongoing support to the person after their involvement with substance use services is ended.
- Clients must also be informed of the limitations to an individual's right to confidentiality, which include: If the individual is planning to harm her- or himself or others; If the service provider is subpoenaed by a judge to testify in court, or provide clinical notes; and, If the individual is endangering a child or knows of someone who is.
- Ideally, assessment begins in the community when an individual first contacts a community-based substance use service. The Canadian Centre on Substance Abuse's (CCSA) technical competencies for substance use workers describes the skills required for effective screening and assessment, including: the ability to build rapport with and motivate the person being assessed; well-developed questioning techniques; the ability to read non-verbal communication; and knowledge of current practices in the screening and assessment of concurrent mental health issues.
- Bio-psycho-social spiritual assessments incorporate the following domains: Needs and preferences. "Needs" may include family responsibilities, and the type of supports the person requires in order to improve their situation (both substances related and other). "Preferences" includes matters relating to all cultural backgrounds, spiritual beliefs, gender identity and sexual orientation that may be critical to recovery and the type of service from which the individual would most benefit;
- Desired treatment goals and outcomes;
- Readiness to look at the impact of their substance use and associated issues, risks and harms;
- Willingness to be part of a substance use program;
- Ability to actively take part in a program;
- Personal strengths and resources. This may include qualities such as optimism, determination, and hopefulness. It may also include positive and supportive relationships with significant others, spiritual beliefs and healthy community ties;
- Assessment of risk; in particular, suicide risk, self harm, or danger to others;
- Current and previous substance use (including underlying reasons for substance use), and treatment history;
- Current physical health and medical history;
- Current mental health (including, as appropriate, psychiatric diagnosis) and associated history. Concurrent mental health and substance use issues are common among individuals seeking or entering residential treatment. Researchers and practitioners generally recommend that individuals seeking service be

screened for concurrent disorders as part of the assessment and intake process, and on an ongoing basis (especially following detox);

- Physical, developmental and cognitive abilities;
- Current medication use and medication history;
- Social and economic situation (including whether or not the individual is working);
- Language and literacy abilities;
- Family situation, supports and significant others;
- Gender identity;
- Involvement with any other programs or counsellors;
- Involvement, if any, with social services; and
- Involvement, if any, with the criminal justice system.
- Trauma may be linked to a single experience, or to ongoing or repeated events.

Traumatic events have a profound and lasting impact on how an individual sees her or himself, other people and the world. Such experiences can overwhelm an individual's ability to cope or to integrate the thoughts and feelings associated with those experiences. Trauma-informed services are, broadly speaking, characterized by the following features:

- An understanding of trauma is integrated throughout all service components;
- Policies and procedures are designed with an understanding of trauma in mind;
- Trauma survivors are involved in designing and evaluating services; and
- Priority is placed on trauma survivors' safety, choice and control.
- Pine Lodge works with the referral agent and the client to determine if the residential program is appropriate for the person at this time. Pine Lodge does not guarantee someone a place in the residential treatment program.

Standard 2: Informed Decision Making

The individual receives all the information they need to decide about applying to Pine Lodge

Intent

To ensure that individuals are able to make an informed decision about participating in the Pine Lodge residential program and are fully aware of their responsibilities as clients in such a program before they apply. The individual receives all the information they need to make a decision about applying to a residential program.

Required Elements

The individual receives:

- Clear and correct information on Pine Lodge, and its philosophy and approach to treatment.
- Information about prescription fees they may be charged and any financial supports that may be available.
- A list of personal belongings that the individual is expected to bring with her or him, and items that are not allowed.
- Details of all policies and rules that the program has, including:
 - Contact with family members, friends, and significant others.
 - Smoking restrictions: and reasons why a client may be asked to leave the program.
- The individual understands their responsibilities as a client in the program, and reasons why a client may be asked to leave the program.
- The individual receives support from their referral agent to make initial contact with Pine Lodge, to participate in the residence's assessment for service and to begin to establish a relationship with program staff and the individual knows how to get to the program

Notes and Examples...

- At a minimum, individuals will be given up-to-date telephone numbers, contact names, email addresses and websites for Pine Lodge. Making regular contact with an individual who is waiting to enter a program can help to maintain their readiness and willingness to participate in treatment. Contact can be made by phone or in person, as appropriate. The frequency of such contact should be determined by the level of need of each individual awaiting service.
- In collaboration with the individual the program will include external resources to provide basic information on and a safe forum for lesbian, gay, bisexual, two spirited and transgender individuals to discuss gender identity issues and challenges
- Clients will be informed of all items they are allowed to take with them, those they are expected to bring, such as personal hygiene products, and those that are disallowed.
- The referral agent should carefully review all the program rules with the individual seeking service to help ensure that the individual understands and is comfortable with adhering to those expectations/rules.
- Smoking is allowed in designated areas; however, Pine Lodge will provide information and counselling on smoking cessation.
- It is important that the individual seeking service understands that recovery from substance use may take time and will require their active participation. Once the individual has consented to treatment, it is their responsibility to bring as much commitment and effort as possible to the task of changing their substance use.

- It is important that the individual seeking treatment is offered as much support as possible in the transition from Pine Lodge to the community. The referral agent should set up an initial meeting between the individual seeking service and the Pine Lodge program. This may be in person, by telephone or videoconference. Building a trusting relationship between the individual and staff at Pine Lodge begins before the individual arrives at the facility. Community-based services and Pine Lodge have a joint responsibility to promote and facilitate this.
- At a minimum, individuals should be given up-to-date telephone numbers, addresses and maps to Pine Lodge. Once a person has been accepted into a program, they should, wherever possible, be given information on how to access any available practical information with transportation to the program.

At Pine Lodge:

- Pine Lodge provides client centered modalities to ensure each individual receives a quality service.
- Making the decision to go to a residential facility to participate in substance use treatment is a major milestone. For some people, arriving at the facility can be a stressful experience. It is essential that staff and other residents do all they can to make new arrivals feel welcome and safe. Evidence shows that people who leave treatment are most likely to do so within the first few days. Appropriate and sensitive orientation to the program and the facility, combined with particular attention to the intensity of support needed by each individual during the first few days, can help increase engagement with the program.
- Typically, people in a program participate in both structured group activities and individual counselling (provided either on or off-site). For the individual component of the work, it is important to customize care as much as possible for each person. The individual treatment plan is a key element of the treatment process. It is a collaborative and living document that is reviewed regularly and adapted to meet the changing needs and goals of the individual receiving treatment. Effective programs help individuals to make positive changes in all areas of their lives that are directly or indirectly affected by their substance use.
- In addition to providing evidence-informed substance use treatment and supports, we are aware that successful residential programs pay attention to the broader physical, social, emotional, cultural, and spiritual needs of each individual receiving treatment. The Pine Lodge program will take a holistic trauma-informed approach to the interventions and care provided.
- Flexible, warm, affirming, and honest relationships between the clients and program staff will underpin all aspects of the program

- Programs must make effort to ensure that individuals with mental health issues receive sequential or concurrent mental health supports.
- Although the program at Pine Lodge is based on 4-weeks, it is more helpful to regard “completion” as when program staff and the individual receiving service agree that the individual has met their goals or has benefited from the program as much as is possible at the time.

Standard 3: Staff Experience and Qualifications

Pine Lodge program staff have the appropriate training, qualifications and experience for the services and supports they deliver.

Intent

To ensure that all supports, and interventions offered by the program are delivered by appropriately qualified staff. New employees must have the necessary skills knowledge, attitudes and competencies for the roles to which they are appointed, and existing staff will be supported in continual training and development.

Required Elements

- Each member of staff, and volunteers, stay within the scope of the role for which they are adequately qualified.
- Volunteers working at the program receive adequate and appropriate support and supervision for the work they are doing.
- Counselling staff meet the Canadian Centre on Substance Abuse (CCSA) competencies for their specific roles.
- Each staff member receives the necessary supervision to ensure they are meeting the standards for their role.
- Each counsellor will be required to provide core functions as required by the Canadian Addictions Counsellors Certification Federation

Notes and Examples

- At a minimum, students and volunteers are familiar with all the program’s rules, policies and procedures and receive the necessary supervision to help them put these into practice.
- In order to meet this standard, employees will receive recognition and credit for their experience and demonstrated capabilities and will be supported in accessing further training or developmental opportunities where possible to stay current with best possible approaches.

Standard 4 Settling into the Residence

The individual receiving services at Pine Lodge is given the orientation and support the need to settle into the facility and feel comfortable with the program.

Intent

To help ensure that individuals engage with the residential program and make the best possible start to their treatment journey

Required Elements

- When the individual arrives at the Pine Lodge, they are made to feel welcome and are given an orientation to the information and support they need to feel safe and comfortable in the environment
- Within the first day or two of the individual's arrival, they are given the opportunity to review the program's rules and policies with staff, including: Their rights and responsibilities; Rules around visits and other forms of contact with family and friends; and reasons why they may be asked to leave the program.
- Clients are given every opportunity and encouragement to talk with staff about any concerns they may have.
- The clients are encouraged and supported to develop positive relationships with other individuals in the program.
- Wherever possible, individuals with physical and/or cognitive disabilities are supported in accessing all program components. Individuals diagnosed with severe mental illness should not be experiencing acute symptoms of their illness prior to entering the Pine Lodge program

Notes and Examples

- The first 72 hours in a residential facility can be the most challenging. Special care should be taken to ensure that clients receive the support they need during this period. For some this may mean more intense contact with staff and clients in the program, while for others it may mean having some more time alone.
- Any community-based agencies and/or staff with whom the individual is already connected should actively support the individual as they make the transition to the residential facility.
- Sensitive and clear communication between Pine Lodge staff and the individual receiving treatment is important throughout the individual's stay, but particularly so early on.

- To be “safe” means to be free from danger or the risk of harm. Individuals should be confident that they will be free from discrimination and physical, psychological, or emotional violence, and that they are welcome to discuss sensitive personal issues.
- In addition, it is important that clients know that for safety reasons any personal belongings they bring with them to the facility will be searched. While items of value should not be brought to Pine lodge, there is an ability to secure items for safety
- Program clients must know what to do in the event of an emergency (e.g., fire). Instructions will be provided during day one of orientation.
- Current program clients may, where appropriate, provide support during the orientation of new clients.
- If possible, and if the individual wishes, supportive friends, and family members may take part in the orientation. This may enhance the individual’s engagement with the program. It also provides an opportunity for family members and friends to learn about the program. This could take place in person, or in the form of an orientation package that can be provided to families and supportive others outlining components of the program; an overview of policies and rules, including contact with the individual while in the program; and ways to support the person during and after the program.
- Program expectations should be reviewed immediately upon entering Pine Lodge and as required throughout the individual’s stay. To ensure that individuals receiving treatment understand the program rules, staff may ask clients to repeat the rules back, as appropriate.
- Contact with family and friends is permitted at designated times.
- Pine Lodge is free from alcohol and illicit drugs and clients are expected to not use such substances during their stay. However, should an individual lapse and use an illegal substance, or break any other rules, the focus will be on respectful engagement with the individual to retain the client in the program wherever possible.
- Any decision to ask an individual to leave the program will be decided on a case-by-case basis.

Standard 5 Medical Needs

Pine Lodge will arrange access to a physician or nurse while the client is in the program

Intent

To ensure that clients health needs are met while in Pine Lodge

Required Elements

- All clients should have the health assessment form completed by a health professional prior to attending the program.
- A follow up assessment of the individual's health status and use of medications related to their physical, psychiatric and substance dependence needs is completed where needed, and as soon as reasonably possible, after arrival at the residential program.
- The individual's medication plan is reviewed on an ongoing basis.
- All decisions taken as a result of medication reviews are recorded in the individual's personal treatment plan.
- Pine Lodge will support individuals taking existing prescribed medication(s) to continue to take medications that optimize health and support their recovery.
- Pine Lodge has policies and procedures in place to ensure that all medications are stored, dispensed, and administered according to accepted standards and applicable policies, legislation and regulations.

Notes and Examples

- For those clients that may need a further medical assessment shortly after arriving at the facility; the purpose is to check for any changes in the individual's health status and for an assessment of a client's medical needs while in the facility.
- Pine Lodge strives to compile the best possible medication history from as many sources as reasonably possible. The physical and medical assessment takes place as soon as reasonably possible. The assessment is carried out by a physician or a nurse practitioner either on site or by a local walk-in clinic.
- Any decision making relating to prescription medications must be made by a physician or nurse practitioner. For individuals that already have a GP, or have an existing prescription from a doctor, consultation with that physician must occur.
- Pharmacists prepare medications in blister packs for safe storage at Pine Lodge. Individuals may not have access to unscheduled, self-administered medications, unless it is agreed to with the facility (for such items as Epi Pens, asthma inhalers). Individuals may have access to prn medications if monitored and supervised by staff, per a physician's prescription. Over the counter prn may be included in the facility's standing orders such as nicotine replacement therapy.
- A significant proportion of people accessing residential substance use treatment will require prescribed medications for several different reasons. Medications may also form part of an individual's substance use treatment. Examples of concurrent conditions requiring medication include physical conditions such as: asthma, diabetes, arthritis, hepatitis, or HIV/AIDS.

- Mental health conditions requiring medication may include schizophrenia, anxiety, and mood disorders, eating disorders, or other mental health problems with a biochemical basis.
- There is abundant and conclusive evidence that substitution therapies such as methadone maintenance can help individuals to participate in treatment, reduce their illegal substance use, and improve their overall health. If the individual requests changes to their prescribed medication, they are encouraged to contact their own physician.
- Written medication management policies and procedures include:
 - Procedures for dealing with medication errors and adverse medication reactions;
 - Procedures for controlling access to drugs;
 - Known medication allergy information is highlighted in the clients' record;
 - All medications are administered with the authority of a physician;
 - Policy establishing under what circumstances self-medication by the clients is permitted; and
 - Specific routines for the administration of drugs, including standardization of abbreviations and dose schedules.

Standard 6 Treatment Planning

The individual receiving service participates in creating a written personal treatment plan that clearly describes the supports and services they will receive that reflect their needs, goals, and strengths.

Intent

To ensure that treatment planning is a collaborative process that accurately reflects the individual's goals and outlines the work to take place, and that these decisions are clearly documented and regularly reviewed.

Required Elements

- Work on the personal treatment plan, with the individual's full participation, begins as soon as possible after the individual's arrival at Pine Lodge and it is reviewed regularly and updated throughout the individual's stay to reflect their changing situation.
- With the individual's permission, the community agencies and professionals with which they are already connected and/or those identified as part of their ongoing recovery are involved in developing and reviewing the treatment plan.

- The written assessment that was completed prior to entering Pine Lodge is used to help create the individualized treatment plan.
- The individual receives a copy of the treatment plan.
- As well as focusing on substance use, the treatment plan also addresses (as appropriate) the individual's:
 - Physical, mental and emotional wellbeing;
 - Spiritual and cultural practices;
 - Understanding of their substance use and its impacts;
 - Willingness to actively participate in changing their substance use and associated behaviours and thinking patterns;
 - Relationships with family, friends, and others;
 - Life skills development;
 - Connection with their community, including transition planning;
 - Housing needs;
 - Employment, education, and training needs and wishes;
 - Recreational interests (including opportunities for physical exercise);
 - Involvement with the criminal justice system;
 - Involvement with social services; and
 - Other significant issues and/or goals.

Notes and Examples

- Developing the treatment plan is a collaborative process which fully includes the clients. The plan will reflect the goals, preferences, strengths, and needs of the individual receiving service.
- Whenever possible and appropriate, other people who are supportive of the client take part in developing the treatment plan. (These people may include, for example, family, friends, elders, counsellors, social workers.) Regular reviews of the treatment plan should be arranged in advance and detailed in the plan.
- Individuals receiving service should always know in advance who will be present at each review. Clients should be adequately supported to participate fully in, and to understand the outcomes of, each review.
- The treatment plan should focus on reintegrating the individual into the community. This should include working closely with community service providers throughout the individual's stay in residential treatment.
- With the individual's written permission, highlights of the treatment plan are shared with other agencies/professionals and or elders involved in their ongoing support.
- Staff should be aware of the principles of harm reduction and associated interventions. Harm reduction education includes providing information about:

- relapse and relapse prevention,
 - safe sex practices,
 - safer substance consumption practices,
 - reducing use, and
 - possible substitution therapies.
 - It may also include information on services available in certain areas, such as needle exchanges or overdose prevention sites.
- Individuals should be given the opportunity to practise their cultural, spiritual and religious beliefs. This may include contact with their faith community. Pine Lodge will support individuals in observing spiritual occasions, holy days, and festivals.
 - All progress made by the individual receiving treatment should be carefully recorded in the progress notes and treatment plan as developed by the individual and the counsellor. These notes should be signed and dated. Anyone reviewing the treatment plan should be able to easily identify the goals and milestones that were met or modified during the person's stay in residential treatment.
 - Motivational strategies should be used when working with the individual.
 - Strategies that have been identified to improve retention in residential treatment include:
 - Providing more intense support to individuals for the first 72 hours after entry to the program –the period in which they are most likely to drop out of treatment; this support may be in the form of more frequent check in's (1-1) with staff
 - Providing information sessions in the early stages of residential treatment about the program's approach to treatment and recovery, its philosophy and expectations, and the benefits and potential challenges of completing treatment;
 - *Focusing on the individual's, rather than the program's,* immediate concerns;
 - Interacting with individuals in an objective, caring and respectful manner;
 - Providing objective feedback about the individual's problems and the process of change, and, in so doing, fostering credibility and trustworthiness;
 - Developing motivational strategies that focus on the individual;
 - Developing realistic treatment goals that reflect the individual's stage of change which are flexible enough to shift as the individual progresses;
 - Creating an awareness of diversity of the clients in the program, particularly in the group treatment process;
 - Identifying multiple strategies for individuals with multiple problems;
 - Providing case-management services for individuals to provide holistic and ongoing support; and

Standard 7: Evidence-based Practice

The program uses recognized evidence-based supports and treatment to work with individuals on the goals set out in their personal treatment plan.

Intent

To ensure industry best practices are used in the field of residential substance use treatment.

Required Elements

- The program facilitates access to a full range of evidence-informed program content, supports and treatment that are appropriate to the individual's needs and preferences.
- Depending on the program, supports and treatment may be offered in the residence or may be accessed in the community.
- The program takes a violence- and trauma informed approach to all aspects of treatment and care.
- The individual receiving service is given help and support with mental health issues. The program will connect the individual with appropriate supports off-site.
- The individual is given help and tools to strengthen their personal relationships (including, as appropriate, relationships with family members, partners, and friends).
- Pine Lodge will develop and maintain strong linkages and relationships with providers of other health and social services.

Notes and Examples

- "Evidence" includes both evidence-based practice (from research) and practice-based evidence (from clinicians', clients', and programs' experiences and knowledge). Examples include:
 - making research literature available to staff;
 - holding regular training and education sessions; and,
 - taking part in knowledge exchange initiatives with other service providers
 - Recognized community supports are also offered onsite such as 12 step groups. Clients may also access supports in the community through, SMART recovery and 12-step groups. Research suggests that the following psychosocial interventions for substance use issues are particularly effective:
 - Solution Focused

- Motivational Enhancement Therapy;
- Motivational Interviewing;
- Trauma-informed practice;
- Cognitive Behavioural Therapy;
- Relapse prevention and active practice of relapse prevention skills;
- Family work/education;
- 12-Step;
- Peer mentoring;
- Mindfulness-based therapy; and
- Pharmacotherapy
- Providing a range of skills training through techniques such as cognitive restructuring, role play,
 - Skills may include:
 - Communal living skills;
 - Problem-solving skills;
 - Communication skills;
 - Understanding the patterns and triggers to substance use;
 - Coping skills (e.g., dealing with cravings);
 - Boundary setting;
 - Identification of good nutritional choices
 - Stress management;
 - Harm reduction; and
 - Identifying and dealing with emotions and thoughts associated with substance use.
- Where family issues are a contributing factor of an individual's substance use, and where the individual will be returning to their family after leaving residential treatment, it is highly recommended to integrate family therapy into the clients' individual care plan. Linkages and relationships may be built through both informal and formal communication and information exchange. Some examples of formal approaches to relationship-building include regular meetings between representatives of services across the spectrum, individual case conferences, and joint training and education sessions.

Standard 8 Safety

The program is committed to providing a safe, supportive environment.

Intent

To ensure that all clients are safe and respected in the environment

Required Elements

- The program and its staff respect the clients' rights of each person receiving service. It is the responsibility of each client in the program to treat staff and peers with respect.
- Pine Lodge and its staff do everything feasible to ensure the personal safety of each individual receiving service.
- Pine Lodge will implement a complaints procedure that is communicated to staff and clients. Pine lodge will deal with complaints promptly and sympathetically, and individuals will be informed about the outcomes. Making a complaint will not have any negative impacts on a client.
- Pine Lodge will have and implement an Emergency Response Plan.

Notes and Examples

- As an organization Pine Lodge recognizes the rights and freedoms of all individuals and therefore embraces the Canadian Charter of Rights and Freedoms. Treating a person with respect includes, being polite, honouring their diversity and preferences, preserving their dignity, and respecting different cultures and gender identities. It may be helpful to give individuals concrete examples of what respectful behaviour does and does not entail. Such examples may usefully include not using words as weapons, and not being physically aggressive or threatening.
- Staff should not assume that every aspect of a person's behaviour is related to their substance use problem.
- To be "safe" means to be free from danger or the risk of harm. Clients should be confident that they will be free from discrimination and physical, psychological, or emotional violence, and that they are welcome to discuss sensitive personal issues.
- Individuals will be informed that any personal belongings they bring with them to the facility will be secure.
- To be "safe" also means that Pine Lodge will assess for the risk of suicide. If someone is deemed to be at risk, Pine Lodge will:
 - Address the immediate safety needs and provide crisis intervention
 - While the facility is to be free of illicit and unauthorized drug use clients will be closely monitored for possible overdose situations;
 - Identify and document any treatment and monitoring strategies;
 - Help the person access appropriate services, such as emergency crisis teams or mental health professionals, when needed.

- Any suicide attempts or overdose events will be reported to the Saskatchewan Health Authority immediately.
- Naloxone kits will be readily available; if an overdose is suspected Pine Lodge will immediately call 911. Naloxone will be administered by trained employees
- With client consent and where appropriate, it is important to involve their family or supportive others, and any service providers they are working with.

Standard 9 Monitoring and Evaluation

Pine Lodge is committed to ongoing monitoring, evaluation, and improvement in order to ensure that individuals receiving service are provided with effective treatment and supports

Intent

To increase program efficacy, to maintain client and staff satisfaction and reduce waste.

Required Elements

- There are regular opportunities for clients to provide feedback on program activities and interventions.
- There are regular opportunities for other service providers who link with the residential program to provide formal feedback.
- Upon leaving the program, each client is asked to fill out a satisfaction questionnaire. This will be used to help inform the program about how well it is doing and how it can improve.
- Pine Lodge participates in regular contract monitoring and reporting procedures with the Saskatchewan Health Authority.
- Pine Lodge staff participate with the Saskatchewan Health Authority in regular program and outcome-based evaluations.

Notes and Examples

- Client's feedback may be done on an informal basis and may include verbal as well as written feedback. Seeking ongoing clients feedback supports inclusivity and program/clients' collaboration. It allows program staff to make modifications to activities and interventions to best meet group and individual needs. Feedback is intended to measure clients' impressions of the quality of service they receive and how well the program met their needs.

- Pine Lodge has a process to measure client satisfaction. Pine Lodge will work with the Saskatchewan Health Authority to develop and implement appropriate evaluation frameworks and protocols.

Standard 10: Transition Planning

The client will participate in the development of a plan for their return to the community.

Intent

To ensure that each individual's transition back to the community is safe and adequately supported.

Required Elements

- Work on the transition plan begins early in the individual's stay at Pine Lodge and is a collaborative process between the individual receiving service, residential staff, the appropriate community-based resource(s), and, where appropriate, the individual's circle of support (e.g., family, friends and/or supportive others).
- The transition plan reflects the individual's successes, preferences, and ongoing goals, and addresses any concerns they may have about returning to the community.
- The plan may deal with any or all of the following elements, as appropriate to each individual's situation:
 - Ongoing substance use treatment and support;
 - Mental health;
 - Life skills;
 - Relationship with family;
 - Personal and social supports (including community groups);
 - Connection to a family doctor;
 - Spiritual and cultural practices and preferences;
 - Nutritional/exercise
 - Education and/or vocational training; Housing;
 - Employment;
 - Recreational interests (e.g., arts, sports, social activities);
 - Safety from violence and abuse;
 - Probation or parole conditions; and
 - Parenting skills.

- The individual receives a copy of their transition plan, and with the individual's written consent, the plan is shared with the appropriate community-based supports and services. If the individual receiving service chooses to leave, or is asked to leave, the program before completing treatment or achieving their treatment goals, this is managed in a sensitive and respectful way. The individual is also provided guidance and contact information to return to the community.

Notes and Examples

- Preparation for an individual's return to the community should begin early in the treatment process.
- All treatment should be focused on facilitating the person's successful reintegration into the community. Positive existing connections should be continued throughout a person's stay at the facility so that their transition back to the community is adequately supported.
- A significant factor to the success of the individual's transition back to the community is that an appropriate community-based resource participates in the transition planning process. Ideally, this resource is someone with whom the individual is already connected, for example, their referral agent or case manager.
- Should a client have access to Employee Assistance Program, the client will be encouraged to utilize this resource.
- In addition, community services that the individual will access for the first time after leaving Pine Lodge may be actively involved in the transition planning process. It is equally important that the individual's circle of support be involved in transition planning, as these people will be providing ongoing help and care to the individual after they leave the residence. By being involved in the transition planning, family, friends, and supportive others will have the necessary time and knowledge to prepare for the individual's return to the community.
- This involvement could take place in person or via telephone, videoconferencing, and/or online video and voice calls.

Standard 11: Aftercare Treatment and Supports

The program helps each individual receiving treatment to connect with the community-based supports and services identified in their transition plan.

Intent

To ensure that individuals experience a seamless transition from Pine Lodge to the community and are supported in the community to continue building on the progress they have made.

Required Elements

- Pine Lodge actively supports the individual receiving treatment to maintain or establish relationships with the substance use service providers they will work with in the community. The program actively supports the individual to contact other health and social service agencies and community organizations (e.g., primary care, housing, childcare, employment services and support groups) as needed.

Notes and Examples

- This element makes ongoing provision for relationship-building or maintaining existing connections between the individual receiving treatment and the community-based substance use supports and services that they will access after leaving the facility.
- To help ensure continuity of care, individuals who access residential treatment via a referral from an outpatient substance use counsellor, should at the time of referral be given an appointment to see that counsellor upon leaving residential treatment.
- Individuals who enter treatment without having a substance use counsellor will be given support by the program to schedule a post-treatment appointment with such a counsellor before they leave the program.
- Where possible, individuals in residential treatment should be able to begin attending some community-based supports while still in residence.
 - At a minimum, individuals should be given up-to-date and accurate telephone numbers, contact names, email addresses, and websites for ancillary services in the community to which they are returning. These could be part of a leaving package that may also include harm reduction information. Clients will be directed to 211 Saskatchewan for up-to-date information regarding services in their home community.
 - Wherever possible, and as needed, clients are given information on how to access practical and financial assistance with travel back to their community.
 - Access to stable and affordable housing is a concern for many individuals receiving substance use services and supports. Pine Lodge will make attempts to connect clients who are at risk of being homeless with housing services. This will be done early in the clients stay at Pine Lodge.

- Those clients who qualify may be referred to the Pine Lodge Post Treatment Transition program
- When an individual receiving service is a parent of a young child or children, the program will help her or him link to parenting services and supports as required.
- Individuals who identify with a particular population group (e.g., according to ethnicity, gender identity, sexual orientation, faith) will be given support to connect with appropriate groups in the community.
- Clients will be provided with their counsellor's business card and if needed are encouraged to call for support. Furthermore, individuals are encouraged to return to Pine Lodge for a "spend a day" with their counsellor and participate in the programming for that day.

References

Ministry of Health, British Columbia. (2011). Service Model and Provincial Standards for Adult Residential Substance Use Services. Vancouver: Province of British Columbia.

Canadian Centre on Substance Abuse. (n.d.). Core Competencies. Ottawa: CCSA.

Glossary of Terms

Best Practice: A practice that, upon rigorous evaluation, demonstrates success, has had sustainable impacts, and can be replicated in other contexts.

Bio-psycho-social-spiritual Model: The bio-psycho-social-spiritual model has been developed to explain the complex interaction between the biological, psychological, social and spiritual aspects of problematic substance use. It is the model that is most widely endorsed by researchers and clinicians. The model promotes an approach to assessment that seeks to capture the full range of underlying causes of an individual's substance use, including (but not limited to): genetic predisposition; learned behaviour; social factors, such as relationships with family, peers and the larger community; and feelings and beliefs about problematic substance use. Treatment plans developed from such assessments seek to address the impacts of substance use on an individual's physical and mental health, social support circle, and spiritual or moral values.

Cognitive Behavioural Therapy (CBT): A type of psychotherapy that helps individuals to change the way they think and behave in certain situations. It is a widely accepted therapy that can be used to treat any distressing or harmful practice or habit and is commonly used to treat problematic substance. CBT is a goal-orientated process and treatments range from a few weeks to a few months in duration.

Evidence-Informed: The integration of the best available evidence from systematic research with experience, judgment, and expertise to inform the development and implementation of health and social policy and programs.

Family: While the word “family” traditionally refers to persons related by blood, marriage or adoption, it is used in this document in a broader sense to encompass partners (including common-law and same sex), friends, mentors and significant others. Increasingly, the term “family of choice” is being used to describe the circle of supportive and trusted people that an individual has assembled to replace or to augment their family of origin.

Family Therapy: The involvement of spouse, family members and/or significant others in the therapeutic process to improve communication, problem-solving and other skills in the family, and thereby nurture positive change and development. Family therapy emphasizes personal and intimate relationships as an important factor in psychological health.

Harm Reduction: The International Harm Reduction Association defines harm reduction as policies, programmes and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption. Initiatives include needle exchange programs, supervised injection sites, substitution therapies (such as methadone maintenance), health and drug education, and safe housing options. A harm reduction approach to substance use accepts that abstinence may not be a realistic goal for some people.

Limits of Confidentiality: Confidentiality between a healthcare or social service professional and client is not absolute. There are a number of exceptions to the obligations of confidence. In Saskatchewan, the legal limitations on an individual’s right to confidentiality include: If the individual is planning to harm her- or himself or others; If the person providing service is subpoenaed by a judge to testify in court; and If the individual is endangering or neglecting a child or knows of someone that is.

Mindfulness-Based Therapy: A form of psychotherapy sometimes referred to as Mindfulness-Based Cognitive Therapy that combines elements of cognitive therapy with meditative practices and mindfulness techniques. The therapy prioritizes learning how to remain “in the now” and to accept thoughts and feelings without judgement. The aim of the therapy is to enhance clients’ self-knowledge and self-acceptance and ability to deal more effectively with overwhelming thoughts and emotions, and change and uncertainty

Motivational Enhancement Therapy (MET): A client-centred, directive counselling style that promotes positive behaviour modification by helping clients to examine and resolve their ambivalence towards the process of change. The counsellor uses empathic listening, mirroring, and guiding questions to evoke the client’s intrinsic motivation and commitment to change and to help the client develop a sense of self-efficacy.

Peer mentoring: Mentoring is a relationship between an experienced person and a less experienced person for the purpose of helping the one with less experience. Peer mentoring assigns mentees to someone with experience who is comparable to them in a number of possible realms, including age, personal experiences, substance use history, social background, treatment goals and preferences.

Pharmacotherapy: Treatment of disease through the administration of drugs.

Prescribed Medication: A medication that has been prescribed by an authorized physician or nurse practitioner for a patient.

Psychotropic Medications: Drugs that affect the mind/perception, behaviour, and mood. Common types of psychotropics include antidepressants; anti-anxiety agents; antipsychotics; and mood stabilizers.

Relapse: In the context of substance use, relapse refers to the process of returning to the use of alcohol or drugs after a period of abstinence. Relapse is possible no matter how long an individual has been abstinent and is most helpfully regarded as a normal part of the recovery journey.

Relapse Prevention: In the context of substance use, a set of skills designed to reduce the likelihood that a person will return to using alcohol or drugs. Skills include, for example, identifying early warning signs of relapse; recognizing high risk situations for relapse; managing lapses; and employing stimulus control and urge-management techniques.

Role Play: A technique in training or psychotherapy in which clients assume and act out roles to develop particular skills, resolve conflicts and practise appropriate behaviour for various situations.

Screening and Assessment: Screening is a brief process that determines whether an individual has a substance use issue—and/or related mental health problem—that requires further exploration and intervention. A positive screen indicates the need for a more comprehensive assessment. The assessment is a collaborative process between client and clinician that explores the nature and extent of the problem and gathers information to inform the development of a treatment plan.

Solution Focused Brief Therapy: A future-oriented goal directed approach to managing life problems. The focus is on the clients' strengths, resources, and coping abilities.

Trauma-Informed: Trauma-informed services take into account knowledge about the impacts of trauma and paths to recovery from trauma and incorporate this knowledge into all aspects of service delivery, policies and procedures. Trauma survivors are involved in designing and evaluating services; and priority is placed on trauma survivors' safety, choice, and control. Specific trauma-informed interventions are designed to address the consequences of trauma in the individual and to promote and facilitate healing. Treatment programs recognize the interrelationship between trauma and the symptoms of trauma; the survivor's need to be respected and informed; and the need to work in a collaborative and empowering way with survivors (and their significant others where appropriate).

Treatment plan: The treatment plan is a written document developed collaboratively between a clinician and a client for the purpose of informing the client's course of treatment. Typically, the treatment planning process involves the identification of short- and long-term goals for treatment; the most appropriate interventions to meet the client's needs and preferences; and any perceived barriers to treatment. The plan is a living document in which the client's progress, as well as their changing needs and situation, are recorded. 12- Step programs: Self-help group programs that treat substance use problems by following a number of key steps. 12-step programs are comprised of people who work together to overcome their own, and help others overcome, their dependence on substances.

