ADAPT
HALTON ALCOHOL, DRUG and GAMBLING
ASSESSMENT PREVENTION & TREATMENT SERVICES

Problem Gambling Day Treatment Program

Information and Referral Package

(August, 2020)

Dear Colleagues and Clients:

Thank you for your interest in the ADAPT Problem Gambling Day Treatment Program. This 5-day program runs Monday through Friday, 9:00am to 2:30pm. It is available to any resident of Ontario.

Our program is facilitated by professional counsellors, who specialize in the treatment of problem gambling. Funded by the Ontario Ministry and Health and Long-Term Care, all services are fully confidential and provided at no fee to the participant.

We encourage participation in the program for individuals who are. . .

- Beginning treatment for problem gambling and would like to establish a solid foundation for ongoing recovery.
- Beginning treatment for problem gambling and would like to stabilize the gambling by accessing a full week of support in a safe setting.
- Trying to reduce or stop his/her gambling and are struggling to meet those goals through outpatient/community counselling.
- Working to stop or reduce gambling, but have had a relapse and would like to intensify recovery efforts.
- Attending other programs and would like to learn and apply new skills and strategies that will further strengthen recovery.
- wanting to attend a gambling recovery program in his/her local community, but does not feel safe in doing so because of concerned about privacy/anonymity.
- Wanting to attend a residential recovery program, specific to gambling, but cannot afford more than a week off work to meet this goal.

The ADAPT Problem Gambling Day Treatment Program also offers a "Family and Friends" workshop for those close to the problem gambler to gain information, education and support. Information will be provided during the day treatment cycle.

We thank you for your interest in this program. Please do not hesitate to call our toll free Intake Line for enquiries or referrals. The number to call is **1-866-783-7073.** We look forward to hearing from you.

Sincerely,

Ashley K Davidson
Program Manager
Problem Gambling & Behavioural Addictions
905-691-2687
adavidson@haltonadapt.org

Intake Continued

Referral Requirements

In order for our program to deliver the best services possible to each client, we ask that the following information be included at the time of the referral. If possible, our staff will develop specialized programming, based on the needs of the participants. Your assistance in helping us to have a clear understanding of the client's needs, goals and challenges is instrumental in enabling the program to best meet the client's needs.

Please include the following documents with your referral:

1) CATALYST Client Profile and Admission Information **OR** ADAPT Client Information form (provided in this package)
2) CATALYST OSAB Required Gambling Data Form **OR** OSAB form (provided in this package)
3) A signed consent to release and disclose information between referring agency and ADAPT (included in this package)
4) A signed consent to allow the ADAPT Day Treatment Program to contact the client directly (included in this package)
5) Safety and Special Needs form (included in this package)

Completed packages can be sent by fax or scanned and emailed directly, please reach out to confirm once you have sent a referral:

Fax: 905-639-6880
Email: adavidson@haltonadapt.org
Attention: Ashley Davidson

Should you have questions, please contact Ashley Davidson at 1-866-783-7073 or 905-691-2687.

Day Treatment Checklist: For Clinicians

- ☐ Client consent
- ☐ Referral package completed
- ☐ Participant has a computer or laptop with camera and microphone capabilities
- ☐ Address provided is current, client agrees to have a binder mailed to their address
- ☐ Client are aware they require a private space
- ☐ Clients preferred program is indicated here: _____

Consent to the Collection, Use and Disclosure of Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

All employees of ADAPT are mandated under law to protect the personal health information/clinical records of every client. Signing this form will allow consent for the sharing/disclosure of your personal health information between the parties noted. This consent/authorization may be withdrawn, upon request, at any time.

I _____ **(D.O.B.** _____ **),**
Print full name dd/mm/yy

of _____, **hereby authorize**
Address of client

_____**To disclose personal health**
Name of person/agency disclosing information

information to _____**.**
Name of person/agency receiving information

This consent applies to information in the records of:

_____ _____
Client name (printed) Date of birth (dd/mm/yy)

_____ _____
Client signature Today's date

_____
Signature of witness

NOTES: This section includes any explicit restrictions/instructions pertaining to the information to be disclosed under this consent.

Problem Gambling Day Treatment Program Referral, Participation and Discharge Planning.

Consent for ADAPT to Contact Program Participant Directly

I _____, **(D.O.B**_____**),**
Print Full Name dd/mm/yy

Hereby authorize ADAPT to contact me directly with the following restrictions:

Contact by PHONE:

- ☐ **Do not contact me by phone.**
- ☐ **Contact me at the following phone numbers only:** _____
  _____
- ☐ **Never leave a phone message.**
- ☐ **Leave a phone message, and identify ADAPT in the message.**
- ☐ **Leave a phone message, but do not identify ADAPT in the message. Leave your name only.**
- ☐ **Leave a phone message, but do not identify ADAPT. Identify yourself as** _____.

Contact by EMAIL:

- ☐ **Do not send anything to me by email.**
- ☐ **Send email to the following address:** _____

This consent applies to information in the records of:

_____ _____
Client Name (Printed) Date of Birth (dd/mm/yy)

_____ _____
Client Signature Today's Date

_____
Signature of Witness

OTHER INSTRUCTIONS FOR CONTACT:

Intake Continued

ADAPT
HALTON ALCOHOL, DRUG and GAMBLING ASSESSMENT PREVENTION & TREATMENT SERVICES

ADAPT Client Information Form

Name: _____ _____ _____
(First) (Last) (Here before? Y/N)

D.O.B: _____ **Gender:** _____ **Last Name at Birth:** _____
D M Y

Principle ☐ **Collateral** ☐ **Client Type (A D G):** _____ **Adult/ Youth/ Family Member**

Referring Source: _____ **Referring Agency:** _____

Language: _____ **Ethnicity:** _____

Address _____

City: _____ **Postal Code:** _____ **Country of Res:** Canada

Address Effective Date: _____

Home Phone:	_____	**Call?** ☐	**Msg?** ☐	**ADAPT name?** ☐
Work Phone:	_____	**Call?** ☐	**Msg?** ☐	**ADAPT name?** ☐
Cell Phone	_____	**Call?** ☐	**Msg?** ☐	**ADAPT name?** ☐
Family Contact:	_____	**Call?** ☐	**Msg?** ☐	**ADAPT name?** ☐

Notes/ Substance Used: _____

Intake Continued

ADAPT
HALTON ALCOHOL, DRUG and GAMBLING ASSESSMENT PREVENTION & TREATMENT SERVICES

Name: _____ **Client Number:** _____
(First) **(Last)**

Client Information

In order to provide the best possible care, we ask that you complete the following questions.

Client type:

- ☐ Client
- ☐ Family Member
- ☐ Non-Ministry Client
- ☐ Non-Ministry Family Member

Issues concerning:

- ☐ Alcohol
- ☐ Drugs
- ☐ Alcohol & Drugs
- ☐ Gambling

Are you required to attend? If yes please indicate.

- ☐ Parole and Probation
- ☐ Family
- ☐ Child Welfare Authority
- ☐ Employer
- ☐ Education
- ☐ Unknown
- ☐ Diversion
- ☐ Safe Schools
- ☐ Other _____
- ☐ No

What is your current legal status?

- ☐ On Probation or Parole
- ☐ Waiting Trial/Sentence
- ☐ None
- ☐ Unknown

What is your current relationship status?

- ☐ Married/ Partner/C Law
- ☐ Unknown
- ☐ Separated/ Divorced
- ☐ Widow/Widower
- ☐ Single (Never married)

What is your current employment status?

- ☐ Full Time
- ☐ Unemployed
- ☐ Part Time
- ☐ Student
- ☐ None
- ☐ Retired
- ☐ Disabled
- ☐ Unknown

What is the highest level of education completed?

- ☐ No Formal Schooling
- ☐ Some College
- ☐ Some Primary
- ☐ Completed College
- ☐ Completed Primary
- ☐ Some University
- ☐ Some High School
- ☐ Completed University
- ☐ Completed High School
- ☐ Unknown

What is your current income source?

- ☐ Employment
- ☐ Family Support
- ☐ Ontario Works (OW)
- ☐ Disab. Ins. (ODSP)
- ☐ Employment Insurance
- ☐ Retirement Income
- ☐ Other _____
- ☐ None

Please check any boxes that apply at this time.

Presenting Issues at Admission:

- ☐ Substance Use
- ☐ Emotional
- ☐ Anger/ Violence
- ☐ Educational/ Employment
- ☐ Child Welfare Involvement (CAS)
- ☐ Concurrent Disorder
- ☐ Accommodations
- ☐ Not Applicable
- ☐ Legal Issues
- ☐ Financial
- ☐ Physical Health
- ☐ Parenting/ Child

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Name: _____ **Client Number:** _____
(First) **(Last)**

Substance Use History

Using the list below, please list presenting problem substances and frequency of use within the PAST 30 DAYS.

Presenting Problem Substance(s)	**Frequency of Use (Within Last 30 Days) - Use Letter Code**
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Letter Codes

A. Did Not Use
B. 1-3/ Month
C. 1-2/ Week
D. 3-6/ Week
E. Daily
F. Binge
G. Unknown

Please check the substances you have used within the PAST 12 MONTHS.

Substances Used in Last 12 Months: (Check all that apply)

- ☐ Alcohol
- ☐ Cocaine
- ☐ Crack
- ☐ Ecstasy
- ☐ Cannabis (i.e.: Marijuana, Hash, Hash Oil)
- ☐ Glue/ Inhalants (i.e.: Glue, Gas, Ether, Nail Polish etc…)
- ☐ Heroin/ Opium
- ☐ Methamphetamine (i.e.: Crystal Meth)
- ☐ Over The Counter Codeine
- ☐ Prescription Opioids
- ☐ Steroids
- ☐ Tobacco
- ☐ Other Psychoactive (i.e.: Anti-Depressants, Anti-Psychotics, Dilantin, Prozac, Lithium, Tranquilizers, Robaxin, Sleeping Pills, Zoloft etc…)
- ☐ Amphetamines/ Stimulants (i.e.: Speed, Ritalin, Wake-Ups, Pseudoephedrine)
- ☐ Barbiturates (i.e.: Downers, Florinal, Seconal, Tuinal etc…)
- ☐ Benzodiazepines (i.e.: Ativan, Clonazepam, Diazepam, Valium, Xanax)
- ☐ Hallucinogens (i.e.: LSD, Angel Dust, Magis Mushrooms, Mescaline, Salvia, GHB, Ketamine)
- ☐ Other Please Specify: _____
- ☐ Unknown
- ☐ None

Gambling History

Gambling identified as a problem? _____ **Y/ N/ Unknown** **Refer to Gambling Counsellor?** _____ **Y/ N/ Unknown**

Please check the activities you have participated in within the PAST 12 MONTHS.

Gambling Activities in the Last 12 Months : (Check all boxes that apply)

- ☐ Bingo
- ☐ Slot Machines
- ☐ Gaming Machines (other than slots)
- ☐ Card/ Table Games – Casino
- ☐ Informal/ Illegal Types of Gambling
- ☐ Horse Races
- ☐ Sport Betting
- ☐ Lottery Tickets
- ☐ Instant Win/ Scratch Tickets
- ☐ Internet Gambling
- ☐ Gambling with Stock Market/ Real Estate
- ☐ Betting on Games of Skill
- ☐ Betting on Outcome of Events
- ☐ None

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Name: _____ **Client Number:** _____
(First) (Last)

Physical Health Status

Visual Impairment: ☐ Yes ☐ No ☐ Unknown **Hearing Impairment:** ☐ Yes ☐ No ☐ Unknown

Mobility/ Physical Impairment: ☐ Yes ☐ No ☐ Unknown **Pregnant:** ☐ Yes ☐ No ☐ Unknown

Have you ever injected drugs? ☐ Yes ☐ No ☐ Unknown **If yes:** ☐ Prior to one year ago ☐ Within 12 months

Have you been admitted to the hospital overnight within the past 12 month for a physical ailment? ☐ Yes ☐ No ☐ Unknown **If yes:** _____ **times**

Mental Health Status

Have you been diagnosed with mental health problems? **Within last 12 months** ☐ Yes ☐ No ☐ Unknown

Diagnosis #1 _____ **In your lifetime** ☐ Yes ☐ No ☐ Unknown

Diagnosis #2 _____

Have you been hospitalized for mental health problems?
Last 12 months ☐ Yes ☐ No ☐ Unknown
Lifetime ☐ Yes ☐ No ☐ Unknown

Have you received counseling/ support/testing for mental/emotional/behavioral/psychological problems?
Currently ☐ Yes ☐ No ☐ Unknown
Last 12 months ☐ Yes ☐ No ☐ Unknown
Lifetime ☐ Yes ☐ No ☐ Unknown

Have you received prescribed medication(s) for mental health problems?
Currently ☐ Yes ☐ No ☐ Unknown

Prescription #1 _____ **Last 12 months** ☐ Yes ☐ No ☐ Unknown

Prescription #2 _____ **Lifetime** ☐ Yes ☐ No ☐ Unknown

Other health conditions? (e.g. Diabetes etc…) ☐ Yes ☐ No ☐ Unknown **If yes, please list:** _____

Family Doctor: _____ **Methadone/ Opioid Substitute Prescribed?** ☐ Yes ☐ No ☐ Unknown

CATALYST OSAB GAMBLING DATA FORM
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1. Are you seeking help for:

___ Your own difficulties related to a family member/significant other's gambling. STOP HERE

___ Your own gambling problem. PLEASE CONTINUE

___ Both. PLEASE CONTINUE

2. Looking back now, for how many years has your gambling affected your life in negative ways?

Years ____ Months ____

3. Please indicate how long it has been since you last gambled:

Years ____ Months ____ Weeks ____ Days ____

4. Please indicate whether:

___ You came to this agency specifically for gambling treatment

___ Your gambling problem surfaced in the course of other treatment

CATALYST OSAB GAMBLING DATA FORM
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5(a) Please indicate how often you engaged in each of the following gambling activities in the past 12 months:

Did not gamble in the past 12 months: ___

		Did not gamble	Less than 1x/month	1-3x/ month	1-2x/ weekly	3-6x/ weekly	Daily	Unknown
1	Played cards							
2	Played Mah-jong							
3	Played live KENO							
4	Played Roulette							
5	Bet on horses, dogs, or other animals							
6	Bet on sports							
7	Bet on dice games (e.g. craps)							
8	Bought lottery tickets							
9	Bought scratch tickets							
10	Bought tear-open tickets							
11	Played bingo							
12	Played stock options/commodities market							
13	Played VLT's							
14	Played slots or other non-VLT's							
15	Internet gambling							
16	Played pool/golf or other game of skill							
17	Sports pools							
18	Bet on random events/informal bets							
19	Other							

5 (b) Please indicate the top three types of gambling problems, using the activity members in 5(a):

Major _____ 1st other _____ 2nd other _____

CATALYST OSAB GAMBLING DATA FORM
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6(a) Please indicate how often you gambled in each of the following locations in the last 12 months:

		Did not gamble	Less than 1x/month	1-3x/ month	1-2x/ weekly	3-6x/ weekly	Daily	Unknown
1	Commercial casino							
2	Charity gaming club							
3	Bingo hall							
4	Race track							
5	Off-track betting location							
6	Internet							
7	Television							
8	Telephone							
9	Lottery kiosk/outlet							
10	Family/friends setting							
11	Social club							
12	Restaurant/ bar							
13	School setting							
14	Work setting							
15	Senior's centre/home							
16	Custody facility							
17	Somewhere else in the community							

6 (b) Please indicate the top three locations for gambling, using the numbers in question 6(a):

Major _____ 1st other _____ 2nd other _____

7. Thinking about the times you gambled in the past 12 months, what percent were:

(a) in Ontario _____ %

(b) In another province _____%

(c) Outside of Canada _____%

(numbers should add up to 100%, zeros not necessary)

PLEASE GIVE TO CLIENT

Welcome to ADAPTs Virtual Group,

We will be using the **zoom healthcare platform**. Sessions are encrypted and password protected however we can never guarantee 100% security online. We request that you do not share our links or record at any time to ensure safety and confidentiality for all. We require all group attendee's to be screened and review our e-consent before session one. If you are logging onto our session it confirms you have read and agree to our E-ADAPT Terms. Below are a few guidelines to help you and other members feel safe and maintain confidentiality during group.

We ask that you secure a private space, arrive on time, and stay for the duration of the group. Please give your full attention and be respectful when others are sharing, no cellphones or televisions on, and do your best to minimize distractions. Do not glorify substance use or gambling, and refrain from smoking or vaping in session. Counsellors may remove you from group if guidelines are not honoured.

TECHNOLOGY

- Access to a computer that has a microphone and video is mandatory.
- You are welcome to use a virtual background as long as it is not distracting or inappropriate.
- Some may also have an option to blur their background.
- Try to find an area with a strong internet signal, if you are glitchy or freezing in session we may ask you to write your responses in the chat box.

CONNECTING IN SESSION

- Share the air! We encourage all members to participate, try to keep sharing to a few minutes.
- If you have questions or would like to contribute use "REACTIONS" and the co-host will unmute you and keep track of order amongst participants.
- Please note you can send messages PRIVATELY to facilitators or to EVERYONE in group.

NEED A BREAK?

- Feel free to take one, if you need to leave we ask you let the co-facilitator know.
- If you need several minutes we ask you exit the meeting to protect confidentiality within the
- group, and re-join when you are ready.
- If you are feeling triggered feel free to share in session, we are here to help OR connect with facilitators following the group!
- **Remember that good group experiences do not just happen, they are the result of the commitment and participation of each member!**

Thank you for your consideration of these guidelines. We look forward to working with you in a safe, healthy and mutually respectful environment.