



Problem Gambling Day Treatment Program

Information and Referral Package
(July, 2023)

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 3pm. 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,

Scott Swiniarski
Day Treatment Coordinator
Problem Gambling & Behavioural Addictions
905-691-0231
sswiniarski@haltonadapt.org

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: sswiniarski@haltonadapt.org
Attention: Scott Swiniarski

Should you have questions, please contact Scott Swiniarski at 905-691-0231.

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 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:

ADAPT Client Information Form

Name: _____ (First) (Last) (Here before? Y/N)
D.O.B: _____ D M Y
Gender: _____
Last Name at Birth: _____

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: _____

Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (First) (Last) </div>	Client Number: _____
--	-----------------------------

Client Information

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

Client type:

<input type="checkbox"/> Client	<input type="checkbox"/> Family Member
<input type="checkbox"/> Non-Ministry Client	<input type="checkbox"/> Non-Ministry Family Member

Issues concerning:

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Drugs
<input type="checkbox"/> Alcohol & Drugs	<input type="checkbox"/> Gambling

Are you required to attend? If yes please indicate.

<input type="checkbox"/> Parole and Probation	<input type="checkbox"/> Family
<input type="checkbox"/> Child Welfare Authority	<input type="checkbox"/> Employer
<input type="checkbox"/> Education	<input type="checkbox"/> Unknown
<input type="checkbox"/> Diversion	<input type="checkbox"/> Safe Schools
<input type="checkbox"/> Other _____	<input type="checkbox"/> No

What is your current legal status?

<input type="checkbox"/> On Probation or Parole	<input type="checkbox"/> Waiting Trial/Sentence
<input type="checkbox"/> None	<input type="checkbox"/> Unknown

What is your current relationship status?

<input type="checkbox"/> Married/ Partner/C Law	<input type="checkbox"/> Unknown
<input type="checkbox"/> Separated/ Divorced	<input type="checkbox"/> Widow/Widower
<input type="checkbox"/> Single (Never married)	

What is your current employment status?

<input type="checkbox"/> Full Time	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Part Time	<input type="checkbox"/> Student
<input type="checkbox"/> None	<input type="checkbox"/> Retired
<input type="checkbox"/> Disabled	<input type="checkbox"/> Unknown

What is the highest level of education completed?

<input type="checkbox"/> No Formal Schooling	<input type="checkbox"/> Some College
<input type="checkbox"/> Some Primary	<input type="checkbox"/> Completed College
<input type="checkbox"/> Completed Primary	<input type="checkbox"/> Some University
<input type="checkbox"/> Some High School	<input type="checkbox"/> Completed University
<input type="checkbox"/> Completed High School	<input type="checkbox"/> Unknown

What is your current income source?

<input type="checkbox"/> Employment	<input type="checkbox"/> Family Support
<input type="checkbox"/> Ontario Works (OW)	<input type="checkbox"/> Disab. Ins. (ODSP)
<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> Retirement Income
<input type="checkbox"/> Other _____	<input type="checkbox"/> None

Please check any boxes that apply at this time.

Presenting Issues at Admission:

<input type="checkbox"/> Substance Use	<input type="checkbox"/> Accommodations
<input type="checkbox"/> Emotional	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Anger/ Violence	<input type="checkbox"/> Legal Issues
<input type="checkbox"/> Educational/ Employment	<input type="checkbox"/> Financial
<input type="checkbox"/> Child Welfare Involvement (CAS)	<input type="checkbox"/> Physical Health
<input type="checkbox"/> Concurrent Disorder	<input type="checkbox"/> Parenting/ Child

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. _____	_____	<p style="text-align: center;">Letter Codes</p> <p>A. Did Not Use B. 1-3/ Month C. 1-2/ Week D. 3-6/ Week E. Daily F. Binge G. Unknown</p>
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	

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

Substances Used in Last 12 Months: (Check all that apply)	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Ecstasy <input type="checkbox"/> Cannabis (i.e.: Marijuana, Hash, Hash Oil) <input type="checkbox"/> Glue/ Inhalants (i.e.: Glue, Gas, Ether, Nail Polish etc...) <input type="checkbox"/> Other Psychoactive (i.e.: Anti-Depressants, Anti-Psychotics, Dilantin, Prozac, Lithium, Tranquilizers, Robaxin, Sleeping Pills, Zoloft etc...) <input type="checkbox"/> Amphetamines/ Stimulants (i.e.: Speed, Ritalin, Wake-Ups, Pseudoephedrine) <input type="checkbox"/> Barbiturates (i.e.: Downers, Florinal, Seconal, Tuinal etc...) <input type="checkbox"/> Benzodiazepines (i.e.: Ativan, Clonazepam, Diazepam, Valium, Xanax) <input type="checkbox"/> Hallucinogens (i.e.: LSD, Angel Dust, Magis Mushrooms, Mescaline, Salvia, GHB, Ketamine) <input type="checkbox"/> Other Please Specify: _____ <input type="checkbox"/> Unknown <input type="checkbox"/> None	<input type="checkbox"/> Heroin/ Opium <input type="checkbox"/> Methamphetamine (i.e.: Crystal Meth) <input type="checkbox"/> Over The Counter Codeine <input type="checkbox"/> Prescription Opioids <input type="checkbox"/> Steroids <input type="checkbox"/> Tobacco

Gambling History

Gambling identified as a problem? _____	Refer to Gambling Counsellor? _____
Y/ N/ Unknown	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)		
<input type="checkbox"/> Bingo <input type="checkbox"/> Slot Machines <input type="checkbox"/> Gaming Machines (other than slots) <input type="checkbox"/> Card/ Table Games – Casino <input type="checkbox"/> Informal/ Illegal Types of Gambling	<input type="checkbox"/> Horse Races <input type="checkbox"/> Sport Betting <input type="checkbox"/> Lottery Tickets <input type="checkbox"/> Instant Win/ Scratch Tickets <input type="checkbox"/> Internet Gambling	<input type="checkbox"/> Gambling with Stock Market/ Real Estate <input type="checkbox"/> Betting on Games of Skill <input type="checkbox"/> Betting on Outcome of Events <input type="checkbox"/> None

CATALYST OSAB GAMBLING DATA FORM

Page 1

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

Page 2

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

Page 3

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 ADAPT's 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.