



# Nightwind Treatment Centre

Kihew House, Sturgeon County, Alberta  
Grandmother Turtle House, Westlock, Alberta

## Referral Package

**Nightwind Treatment Centres**  
**26130 Twp. Rd. 572**  
**Sturgeon County, Alberta**

**Fax: 1-780-961-3420**

**Email: [info@nightwind.ca](mailto:info@nightwind.ca)**

*Our Mission: To build capacity in young women to regain a healthy sense of self-identity and the skills necessary to create harmony and balance in their relationships with family, friends and the community.*



## Introduction

Nightwind Treatment Centre (NWTC) is a unique healing facility designed to meet the needs of referral agents, youth, their families, and communities. NWTC provides clear, congruent, and in-depth treatment created for youth and their families. The vision is to have culture and spirituality as the core essence of all programming within the centres, and to combine with best practices in the treatment and healing of trauma.

Over the years, we have continued to enhance our services to meet the needs of youth, families, case workers and the communities we serve. From humble beginnings as a small group care facility NWTC has grown to include two separate healing centres. **KIHEW Program** that fosters a cultural and western framework that supports youth in their individualized healing journey and our **Grandmother Turtle House (GMTH)** program that supports stabilization and/or transitioning to independent living. Although NWTC has always provided support to families of youth in our care, we are now in the process of further expanding a family program.

As we continue to grow and learn we are continuously grateful for the guidance we have received spiritually, and remain open to the needs of our youth and all those involved in their care. After all, youth started as our priority over ten years ago and youth remain the core of all that we do.

## **Guiding Principles of NWTC**

NWTC is guided by principles of holistic treatment. The principles we use respect both cultural and evidence-based practices that integrate the mental, physical, emotional, and spiritual aspects of the whole self. NWTC guiding principles are:

- Emphasize the distinction of beliefs and traditions;
- Integrate evidence-based practices aligned with trauma-informed care;
- Recognize Indigenous healing practices and cultural as important to developing self-identity, and give clients the opportunity to be exposed to cultural and traditional methods of treatment;
- Effective Treatment requires us to infuse cultural practices, treatment and trauma-informed care into everything we do;
- Respect the individual healing preferences of all clients;
- A systems approach to treatment is carried out with the understanding that a clients' support network is essential to meaningful and lasting change;
- Teaching and modeling healthy coping strategies and building resiliency to support clients with significant issues including addiction-orientated attitudes and behaviours, and
- The client will graduate from treatment possessing self-determinism, attitudes and skills that can be generalized to their home and community following treatment.

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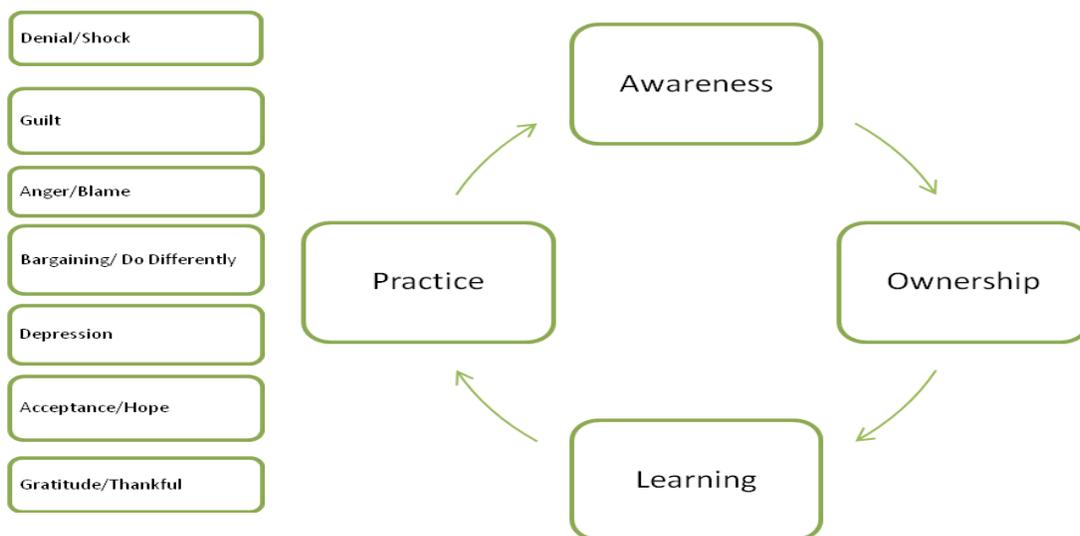


## Stages of Treatment

Based on therapeutic research for residential care, Aboriginal Healing Foundation found clients in treatment responded well to a healing model combining both cultural and clinical services for Aboriginal people. NWTC's healing model focuses on four phases known as **STAGES** (Spiritual Transformation towards an Awareness and Guidance of Emotional Self) integrates the 7 Traditional Values (Humility, Honesty, Kindness, Caring, Respect, Sharing and Courage), and the twelve steps of Alcoholics Anonymous to enhance our healing framework. In addition to traditional Indigenous healing and treatment approaches, NWTC integrates other evidence-based approaches through a focus on trauma-informed care.

These four stages are useful in learning about oneself, others and clients' environment. The **STAGES** of treatment can be done four to six months if clients are receptive, motivated and open to change. These **STAGES** are interchangeable and can allow for the client to continue to use and apply to all areas of their life after treatment and are continuous. For example, learning new things once they have mastered a concept. Clients are able to reflect on their own progress or treatment duration when using these **STAGES**.

Clients continue to go through these **STAGES** each time they learn new things about themselves. This model continues to increase self-awareness that is life-long. In treatment, once a client enters these **STAGES**, the process becomes easier and quicker. Stages of Grief and Loss are intertwined with the **STAGES** of Treatment because it allows the client to learn how to grieve/heal from any type of loss and work towards having hope. Loss can include breakdown in family, sexual abuse, death etc.



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**Fee for Service**

The per diem rate for the treatment beds at the Nightwind Treatment Centre is three hundred seventy-nine dollars and eighty-eight cents per day (\$379.88) for the duration of the clients' stay.

**Per Diem Breakdown:**

1. Staff	Management Clinical team (Therapist, supervision) Program Manager Cultural Coordination Team Leader Child and Youth Care Program Attendants	\$223.01
2. Client Costs	Food Client travel Cultural Program Program Material Recreation Personal Needs	\$99.87
3. Facility	Utilities Physical space Maintenance and Repairs Fuel and Insurance	\$45.00
4. Administration	Human resources, Finance and Clerical support	\$12.00

**Per Diem Summary:**

1. Staff	\$223.01
2. Client Costs	\$ 99.87
3. Facility	\$ 45.00
4. Administration	<u>\$ 12.00</u>
	\$379.88

**Nightwind Treatment Centre** will be responsible for the following:

1. Providing clothing incidentals such as underwear and socks, as well as personal hygiene items. The client's clothing needs must be to standard when they enter the NWTC program or a plan from the case worker to bring it to standard. Any additional clothing that a client requires over and above incidentals is the responsibility of the referring agency. This includes funding for clothing should a client require additional clothing due to growth, or for seasonal changes. Also, our program is based on a minimum estimate of 4-month placement and up to 1 year. However, clothing needs will be reviewed every 4 months should the client remain in the program for an extended period of time.
2. Transport clients to medical/dental/optical services
3. Therapeutic/counselling services
4. Cultural program
5. Program recreation (funding for recreation beyond that which is provided in the standard Nightwind Treatment Centre programming is the responsibility of the referring agency. i.e. – skiing, personal recreational equipment, equine therapy, etc.).

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**Section 1: REFERRAL AGENT INFORMATION**

Referral Date:			
Referral Agent Name:		Position:	
Organization:			
P.O. Box/Address:		Town/City:	
Province:	Postal:	Email:	
Telephone:	Fax:	Cell phone (optional):	
How long have you worked with the youth?			
Identify the circumstances that lead to the referral, including any critical incidents:			

**Section 2: CLIENT & GUARDIAN INFORMATION**

Surname:		First Name:		Middle Name:	
Date of Birth(mm/dd/yy):		Current Age:		Gender:	
Health Care No. (6 digit):		Band No. (Treaty):			
Mother's Name:		Father's Name:			
Home Address:		Community:			
Province:		Postal:			
Telephone (home):		Cell:			
<b>Legal Guardian Information:</b>					
Legal Guardian(s):					
Relationship to client:		(Bio/adoptive parent/child welfare authority)			
Length and time as Guardian:					
Address:		Ph# (home):			
City/Town:		Cell #:			
Postal Code:					
<b>Child and Family Services Involvement:</b>					

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Has the client ever been involved with a Child & Family Services Agency: Yes or No			
Is the client currently in care: Yes or No		Indicate expiry date on any court orders:	
If yes, indicate: <input type="checkbox"/> Permanent ward <input type="checkbox"/> Voluntary placement Agreement <input type="checkbox"/> Family Services <input type="checkbox"/> Temporary Ward <input type="checkbox"/> Under Apprehension <input type="checkbox"/> Other:			
<b>Placement History:</b> *Please provide placement history*			
Name of Agency Guardian	Dates	Length	Details of Placement breakdown
<b>Inter-department, Inter-agency Involvement:</b>			
Has the youth been involved with the criminal justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide details:			
Is the youth currently on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide details:			
Is the youth currently under a court order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide details:			
Has the client been involved with any of the following professionals: Social Services, Court Worker, Mental Health Worker, Therapist (psychologist, psychiatrist, social worker) or RCMP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide details:			
<b>Community Resources Available to Client &amp; Family:</b>			
Name:		Title:	
Phone:	Fax:	Email:	
Name:		Title:	
Phone:	Fax:	Email:	
Name:		Title:	
Phone:	Fax:	Email:	
Name:		Title:	

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Phone:	Fax:	Email:		
<b>Section 3: MEDICATION INFORMATION</b>				
Has the youth been diagnosed with FAS, FAE or ADHD? Yes or No				
If yes, what medications are prescribed?				
Date of last visit to Dentist:				
Date of last visit to Optometrist:				
Date of last Medical visit:				
Current Medical Doctor telephone #:		Fax #:		
Allergies:		History of Serious Illness:		
History of physical trauma (i.e. surgery, burns):				
History of physical Impairments (i.e. deafness, walking, vision, fainting):				
Alcohol /Drug use by Mother during Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Suspected <input type="checkbox"/> Unknown				
Does the youth have a history of suicide attempts? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, when was the last attempt?		Methods used?		
<b>Social /Behaviour History:</b>				
Please list relevant history:	Yes	No	Suspected	Provide Details
Fire setting				
Cruelty to animals				
Destruction of Property				
Physical Aggression				
Sexual Aggression				
Verbal Aggression				
Truancy-skipping school				
AWOL				
Sleeping disturbance				
Eating disorders				
Bed wetting				
Self-destructive behaviours				
Abuse towards others				
Depression/Suicide ideation				
Other behaviours (abandonment, hearing voices, psychosis)				

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<b>Substance Abuse Experience:</b> Has the youth tried any of the following?					
	Yes	No	How often	Age of first use	Last Date used
Gasoline					
Glue/Lacquer					
Propane					
Nail Polish/Remover					
Paint/Air Freshener					
Contact Cement/Hairspray					
Marijuana					
Hash					
Alcohol					
Pills (Prescribed/un-prescribed)					
Cocaine					
Crack					
Ecstasy					
Crystal Meth					
Other: Specify					
<b>Traits and Views:</b>	Yes	No	Provide Details:		
Unhealthy & destructive Behaviours					
Disrespects the law					
Withdrawn					
Depressed					
Happy					
Emotionally Expressive					
Spirituality					
Age Appropriate Communication Skills					
<b>Concerns:</b>	Yes	No	Provide Details		
Eating Disorders					
Anti-Social					
Self-Harm					
Neglect/Abandonment					
Grief					
Anger/Rage					
Shame					
Anxiety					
Depression					
Psychosis					

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Sleeping difficulties			
Impulsive Behaviours			
Learning Difficulties			
Head Injury			
Developmental Delay			
FASD (suspected)			
FASD (diagnosed)			
<b>Clients Interests:</b>			
	Yes	No	Provide Details
Aboriginal traditional Practices			
Church Groups			
Sports/Physical Activity			
Arts & Crafts			
Music			
<b>Coping Mechanisms:</b> What are the youths observed/current positive coping mechanisms?			
1.			
2.			
3.			
4.			
<b>Medical Conditions:</b>			
	Yes	No	Provide Details:
Current diagnosis of infectious disease			
Health problem/Disability			
Seizures			
Hepatitis			
Diabetes			
Respiratory Conditions (i.e. asthma)			
Heart Conditions			
TB			
Physical Disability			
Psychological Disorders			
Hyperactivity / A.D.H.D			
Self-harm			
<b>Prescription Medication:</b>			
Name of Medication	Medication dosage	How long	Reason for Medication:

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**Section 4: EDUCATION INFORMATION**

Is the youth in school	Yes	or	No	Last attended regularly:	
Name of School:				School Address:	
Last grade completed:				Functional Grade Level at Present:	
Has your client experienced school success in the past?					Yes or No
Has your client been through any psychological assessments or psycho-educational assessments? <b>**If yes, please send a copy with referral package**</b>					Yes or No
Does your client have an Individualized Program Plan from their previous school? <b>**If yes, please send a copy with referral package**</b>					Yes or No
Any additional comments regarding education:					

**Section 5: RISK & PROTECTIVE FACTORS**

Has the client ever experienced any of the following?	Yes	No	Provide Details:
Physical Abuse			
Emotional Abuse			
Sexual Abuse			
Spiritual Abuse			
Neglect/Abandonment			
Physical Abuse			
<b>Relationships:</b> With whom does the youth have significant relationships?	1.		
	2.		
	3.		
	4.		
	5.		
Does the youth have close friends (please circle one):			Yes or No
If yes, does the youth abuse substances with these friends (please circle one):			Yes or No
Who does your client feel closest to?			
<b>Familial Relationships:</b>			
Name of Family Member	Age	Relationship to client	

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I, \_\_\_\_\_, do hereby consent admission to attend the treatment program at Nightwind Treatment Centre.

I agree to cooperate with the following:

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

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

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 7: AUTHORIZATION FOR TELEPHONE CONTACT**

Clients admitted into Nightwind Treatment Centre are encouraged to have contact with family members whom are involved in their life and play a healthy influence on them. It is up to the case worker to provide us at Nightwind Treatment Centre an approved contact list for their client.

Please provide us with a few contacts with whom you would like your client to have telephone contact with. Please be advised that you can add or remove contacts throughout your client’s stay at Nightwind Treatment Centre. Also note that if you wish for your client to have telephone contact with a parent and/or sibling to be on speaker phone for safety, please advise us and we will do so until trust can be gained.

Name:	Relationship to Client:	Phone #:

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 8: AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, Parent or Legal Guardian of \_\_\_\_\_, does hereby give my permission to release the following information:

- Birth Certificates     Medical Records  
 School Records     Other Records, as required for Treatment

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 9: AUTHORIZATION FOR NON-PRESCRIPTION DRUGS**

The Child Care Facilities (other than Foster Homes) Licensing Regulation requires that all non-prescription drugs be authorized by a qualified physician, dispensing pharmacist, or registered nurse prior to their administration to individuals in residential care.

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

The following non-prescription drugs may be administered to \_\_\_\_\_ on an “as



required" basis.	(Client's name)				
	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Cough Preparations			Common Cold Preparations		
Antihistamines			Analgesics/Painkillers (Aspirin /Ibuprofen)		
Laxatives			Vitamins		
Others			Common Cold Preparations		

Indicate any known allergies: \_\_\_\_\_ . This authorization will be periodically revised as required.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 10: PARENTAL PARTICIPATION**

Family participation in the treatment program is highly recommended and encouraged.  
 I, \_\_\_\_\_ and \_\_\_\_\_ agree to participate with my child(ren) during their program at the Nightwind Treatment Centre upon request.  
 \*Note: In the event that parental participation is not available, please indicate who else may be available or interested in participating in the family portion of the treatment program.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 11: CONSENT TO CONDUCT ROOM SEARCHES**

I do hereby consent and authorize the Nightwind Treatment Centre's Staff to search the room of my child, \_\_\_\_\_, for the purpose of safety, with or without their presence.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 12: INFORMED CONSENT TO VIDEOTAPE**

My signature below means that the following points have been explained to me, and I agree with them and give my permission to be videotaped:

- I don't have to be videotaped and my counselling won't be affected if I refuse.
- I can change my mind at any time during or after the session.
- I have the right to review this videotape with my counsellor.
- This tape may be viewed during counselling supervision groups at Nightwind Treatment Centres (NWTC) as a way to help train counsellors.
- The tape will stay confidential within the supervision group at NWTC and will not be shown to anyone else.
- The original copy of this consent form will be kept in my records at NWTC. or my guardian may contact the NWTC at any time with questions or concerns.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 13: CONSENT TO PHOTOGRAPH**

Sometimes NWTC takes photos of the clients at various activities, for inclusion in displays or Student projects. (Client's names will not be included). We also require a recent picture for our emergency binder and client file. These photos will remain with file or be destroyed upon the client leaving the program.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 14: WAIVER AND RELEASE FORM FOR EQUINE RELATED ACTIVITIES**



I understand that there are inherent risks with regard to equine activities and I have full knowledge of the nature and extent of these risks. I acknowledge that equine-related activities and/or programs include the potential for injury. I consent to participation in all related events and hereby waive liability, from any injury or loss occasioned by client, without limitation. I hereby request that the participant named above assumes the unavoidable risks inherent in all horse-related activities. I have read and understood this release.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 15: ROOM SHARING CONSENT (Kihew House Only)**

I consent to room sharing during treatment at Kihew House and that all program rules and expectations with regard to room sharing will be followed.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 16: THERAPEUTIC SERVICES**

Clinical services are guided by a psychologically current and culturally relevant model that speaks to NWTC client issues and needs.

**Therapeutic Goals:**

- Addiction awareness
- Social awareness-relationship building strategies and social skills
- Develop positive self-concept and a healthy sense of self
- Health education and healthy choices
- Parental re-attachment
- Emotional expression
- Communication and problem-solving strategies
- Building empathy
- Grief and Loss
- Healthy Relationships

**Therapeutic Approach:**

- Client-Centered
- Narrative and Solution Focused techniques
- Integrated Youth Development
- Trauma informed practices
- Creative Art Expression
- Culturally informed therapeutic techniques
- Experiential opportunities
- Recreational activities

Individual therapy occurs a minimum of once per week, often more depending on the client’s needs. Each client participates in Group therapy four days a week. All clients have the right to confidentiality and privacy and the right to refuse therapy. Each client is provided with informed consent during their first counselling session which outlines the boundaries around confidentiality at NWTC. Each client’s therapeutic treatment plan and progress are managed by the clinical team which includes the NWTC staff Psychologist, Clinical Coordinator, Cultural Coordinator and Program Coordinator/Supervisor.

In all discussions with the counsellor, I have a right to expect that anything I discuss in counselling will remain confidential, with some specific exceptions listed below. Care will be taken to respect and guard my right to confidentiality, but I understand that there are a few cases where confidentiality may not apply. I understand that the following are examples of situations in which my information may be shared with someone else:

1. If I have been or am being neglected, abused, or harmed.
2. If I am thinking of harming myself or someone else.
3. If a court requests access to my records under certain circumstances.
4. When the therapist collaborates with other professionals about how to help me, in which case only necessary information would be shared. For example, this may include a psychologist or other therapist.
5. When the therapist receives written permission from the client and/or legal guardian.
6. If the therapist becomes ill or must leave suddenly, notes may be transferred to another therapist.
7. If the therapist believes that the sharing of information with others is in my best interests.



My therapist upon intake will be: \_\_\_\_\_ and my cultural support person will be: \_\_\_\_\_.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 17: RESTRICTIVE PROCEDURES**

NWTC believes in a positive behaviour approach and employs a continuum of behavioural management strategies to prevent challenging behaviours. Restrictive procedures are used after all other behavioural interventions have been appropriately applied. In rare circumstances, physical restraint will only be used when an individual, or others, are at serious risk harm. NWTC strictly prohibits the following forms of discipline:

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Locked Confinement – isolation with a mechanical lock</li> <li>• Mechanical Restraints</li> <li>• Corporal Punishment</li> <li>• Humiliation and degrading Punishment</li> <li>• Physical and/or psychological punishment</li> <li>• Medication for the purposes of punishment</li> <li>• Deprivation of a child’s rights</li> <li>• Painful adverse stimuli used in behaviour modification</li> <li>• Assignment of tasks that endanger safety</li> </ul> | <ul style="list-style-type: none"> <li>• Direct or indirect psychological or mental abuse</li> <li>• Extensive or inappropriate use of approved behaviour techniques</li> <li>• Intentionally harmful or abusive practices</li> <li>• Sleep deprivation</li> <li>• Chemical restraint</li> <li>• Withholding of meals</li> <li>• Withholding physical exercise and movement</li> <li>• Withholding spiritual observances</li> <li>• Withholding visits with Family or Child and Family Services Worker, Child’s Advocate</li> </ul> |
|---|---|

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 18: UNPLANNED DISCHARGE**

Once a client has been admitted to the treatment program, NWTC allocates staffing and supports to the client as appropriate to ensure their success. The referral agent agrees to provide NWTC with at minimum 10 service days notice regarding discharges and at a least 10 days at the contracted daily rate in lieu of no notice for unplanned discharges.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 19: DAMAGES**

I agree to restitution in situations of property and/or facility destruction. I will be invoiced reasonable costs to repair and/or replace damage.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 20: DISCONTINUATION OF SERVICES**

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Clients present as high risk to self or others, or demonstrate behaviours that sabotage another client’s treatment progress.</li> <li>2. Repeated runaways, that ultimately present a safety risk.</li> <li>3. Repeated use of substances within the treatment environment which ultimately indicate no treatment readiness.</li> <li>4. Violence towards staff or peers to a degree that is considered a danger.</li> </ol> | <ol style="list-style-type: none"> <li>5. Program non-compliance (repeated).</li> <li>6. Sexualized acting out/exploitation.</li> <li>7. Inappropriate or inaccurate referral information, which results in the placement being invalid.</li> <li>8. Repeated willful damage of center and equipment.</li> <li>9. If the program cannot meet the needs of the client (i.e., severe ADHD or other disorders) that need to be addressed by referring them on.</li> </ol> |
|--|--|

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 21: INFORMED OF RIGHTS & RESPONSIBILITIES**

I understand as an individual in treatment, that I have the following rights:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. The Right to be treated with respect and dignity at all times.</li> <li>2. The Right not to be subjected to corporal punishment. The includes not being detained in locked premises or lockup unless for personal safety or to protect other persons.</li> <li>3. The Right to access the Office of the Child Advocacy and Human Rights Advocacy Services.</li> <li>4. The Right to access and receive visits from legal counsel, Ombudsman of Alberta, Child and Family Advocacy Services and elected officials.</li> <li>5. The Right of privacy with respect to mail, personal property and reasonable, personal privacy.</li> <li>6. The Right to choose, participate and receive religious and/or spiritual instruction and experiences.</li> <li>7. The Right to participate and receive quality treatment which meets the client’s specific needs.</li> </ol> | <ol style="list-style-type: none"> <li>8. The Right to receive quality, well balanced nutrition in keeping with traditional lifestyles and preferences.</li> <li>9. The Right to receive appropriate medical care.</li> <li>10. The Right to receive quality education consistent with individual aptitudes and abilities.</li> <li>11. The Right to participation in healthy recreational activities as part of treatment.</li> <li>12. The Right to make a formal grievance/complaint and receive appropriate follow-up.</li> <li>13. The Right to live and learn in a safe environment free of hazards, harassment and abuse.</li> <li>14. The Right to be informed of the responsibilities that correspond with the rights as listed above.</li> </ol> |
|--|--|

Along with these rights, I agree to the following responsibilities:

The behavior of clients and staff at the NWTC are guided by the following rules:

1. Participate in treatment, recreation, exercise and school activities.
2. Treat my room and residence with respect. This includes not destroying property, eating in the dining room only, no outside footwear in the house and keeping room free of offensive material.
3. Comply with cell phone and internet use: No cell phone use and no social media use is permitted at Kihew House. Cell phone use and social media use is permitted depending on the level of treatment at GMT.
4. Treat my roommates with respect. This includes: music in common areas is at reasonable level, no entry into areas you are not invited into and keep common areas clean. the recreation area is to be kept at a reasonable level. No music at all during meals or program activities.
5. Use language that is respectful including no swearing.
6. All clients are to complete their assigned chores.

Behaviour that will not be tolerated:

1. Possession of firearms or any other prohibited weapon(s).
2. Possession of alcoholic beverages, illegal drugs or related paraphernalia.
3. Possession of prescription and non-prescription medication.
4. Insubordination towards NWTC staff and/or refusal to follow instructions, or observe and abide by the house rules.
5. Fighting, brawling, horse play or other behaviours that could cause harm or injury to others.
6. Wilful damage to NWTC equipment or the facility.
7. Having any Outside visitors with the exception of parents/guardians or those preapproved.
8. Sexual relationships between the clients.
9. Smoking.
10. Leaving the NWTC grounds without permission.
11. The restricted areas are out-of-bounds for clients, unless under the supervision of NWTC staff.
12. Destruction of property beyond the Centre.
13. The observation and acceptance to the house rules covers the entire treatment period.
14. Bullying behaviour toward others.

**Client Initials**

**Parent/Guardian Initials**

**NWTC Staff Initials**

*Our Mission: To build capacity in young women to regain a healthy sense of self-identity and the skills necessary to create harmony and balance in their relationships with family, friends and the community.*



**Section 22: CONFLICT RESOLUTION**

The following principles underlie conflict resolution at NWTC:

- Soft on people and hard on issues. When resolving conflict, we must focus on the issues at hand and avoid making conflict personal.
- Shift from positions to interests. Focus away from your positions on an issue and look at conflict in terms of what you need or want in a situation and why.
- Timing is essential to effective conflict resolution. Create time to appropriately address conflict. If you are immediately upset, make sure you calm down before addressing the issue. Yet, the longer situation goes unresolved, the more frustration builds. Sooner is almost always better.
- Take your concern directly to the individual you have a concern with. Don't talk with others about your conflict unless you are consulting with a supervisor. The exception to this principle is when you are making a disclosure of illegal activity or abuse.
- Narrow the focus of your concern without bringing up lists of concerns. Harboring resentment inhibits trust and leads to suspicion. Limiting the discussion to one issue encourages an open discussion and keeps the lines of communication open in the future. Dumping a long list of offenses can lead to frustration and resentment.
- Always look for the good and don't assume the worst. Assume there is more to the story, and that any harm done was not intentional. Try to begin by explaining information about a situation that is of concern. Continue by communicating what the situation "seems" to be and then ask, "Is what I have shared on target or is there more I should know?" Seek clarity and a solution through a genuine desire to understand.

Parents/guardians/caseworkers may contact the Program Manager directly with concerns. Clients may complete a client grievance procedure as shared in the Resident Handbook, or they can speak with any staff member for assistance. Clients also have the right to access the Child and Youth Advocate and their caseworker if they have a complaint.

<b>Client Initials</b>	<b>Parent/Guardian Initials</b>	<b>NWTC Staff Initials</b>
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**Section 23: FINAL SIGNATURE**

I have read, understand and agree to the initialed sections. I also understand that consent can be withdrawn at any time and that I can ask questions regarding the commitments made here by contacting a member of the Service Team.

<b>Print Name of Client/Participant:</b>		
<b>Signature of Client/Participant:</b>		<b>Date:</b>
<b>Print Name of Parent/Guardian:</b>		
<b>Signature of Parent/Guardian:</b>		<b>Date:</b>
<b>Signature of NWTC Staff:</b>		<b>Date:</b>