

## Mission Statement

Giving Hope Today.

We will achieve this mission by providing programs and services that encourage positive life-changing experiences, promote wellness, encourage excellence, build character and inspire faith for all people who come into our sphere of influence.



Do not be conformed to this world, but be transformed by the renewing of your minds, so that you may discern what is the will of God—what is good and acceptable and perfect.

**Romans 12:2 (NRSV)**

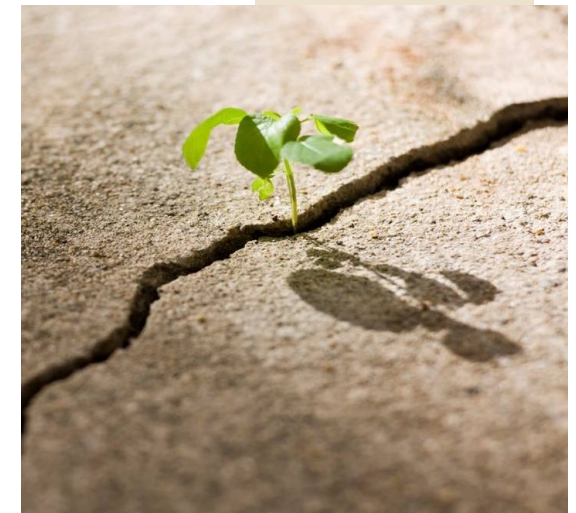


Giving  
Hope  
Today

The Salvation Army  
Addictions & Residential Centre

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Men's Residential  
Addictions  
Recovery Program

# The Program

## Program

The Transformations Addictions Recovery Program is a 4 month inpatient holistic, abstinence-based program patterned on the Minnesota Treatment Model (12-Step) that uses module based learning, group counseling, individual counseling. The program is held at our Addictions and Residential Center in Edmonton. The Salvation Army has a spiritual component to the program where chapel services, and spiritual counseling & resources will be utilized. Community involvement, service and some life skills training are included in the program.

## Eligibility

Men, aged 18 or older, whose primary addiction is to alcohol and/or drugs, are eligible. Clients must have completed detox before entering the facility and must be physically and mentally stable. All applicants must complete an application form which includes a recent physical followed by a personal interview.

## Application Process

Contact the Transformations Intake Counsellor and request an application package. Complete and return the intake application to the Intake Counsellor and an interview will be arranged. All documentation and the interview will be required to be completed before acceptance into the program. If accepted into the program an admission date will be given to you. During the

initial days of the program you will be provided with an orientation and be required to participate in various assessments. The program is an intensive 4 months. You will not be permitted to work. Random drug and alcohol screening will be done. Continued participation in the program is subject to adherence to the rules of the program and abstinence.

## Faith Based Principles

**Care** is holistic, involving care for the body, mind, spirit and relationships.

**Community:** healing is possible through relationships

**Change** is possible. It comes from within. Capacity for change is part of the image of God.

**Hope** is a catalyst, giving energy for change and faith.

## Our Commitment

We are committed to respect in all aspects of our ministry – with clients, with fellow workers and with the community at large. We respect differences among people and the right of every individual and community to make choices and decisions based on unique individual beliefs and community norms. As a result, we expect individuals in the recovery process to self-determine their own choices concerning their recovery. We will respect their dignity and individuality, recognize their merit, and provide conditions for services, work and worship that are safe and clean.

## Healthy Living

Recreation and healthy living are necessary elements of recovery. Physical exercise is encouraged and recreational activities are planned each week.



## Giving Back

Clients build self-esteem by giving back to the community through facility upkeep, daily chores, summer camp improvements, and assisting other community agencies.



## Fees

Daily fees include accommodation, meals, and program costs. Clients who require funding assistance will be directed to funding agencies for support.



## Transformations Program

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### Frequently Asked Questions

#### 1. Who is the Transformations program for?

Men aged 18 or older who are experiencing difficulties related to a variety of substances: alcohol, stimulants, inhalants, depressants and hallucinogens. Clients must be substance abuse free for a minimum of 10 days (e.g., as verified by physician, hospital, detox center). The Transformations Program is “**not**” a concurrent disorders program.

To participate in the Transformations program client’s must be medically and psychologically stable and require no medical appliances such as IV’s, oxygen, wheelchair, walker, etc.

NOTE: The Salvation Army does not discriminate based on any disability. These restrictions are predicated upon the structure of the facility which has no elevators, and upon the capacity of staff who are not qualified to care for persons with complex medical issues.

Therefore, clients must be fully ambulatory including being able to navigate stairs unassisted, care for their own personal hygiene, and participate in housekeeping duties.

Clients must have a Grade Twelve or GED literacy to fully participate in all aspects of the program and fully benefit from the services offered.

#### 2. What is the Zero Tolerance Policy?

To ensure the health, safety, and well-being of all our clients and staff and to maintain program integrity, Transformations has a zero tolerance policy regarding the use of alcohol, drugs, participation in gambling activities, violence and/or abusive behaviour towards other clients or staff. If a client is requested to take a breathalyzer or drug screen they must comply or face possible discharge from the program. Individuals who test positive or are found to be using while in the program may be refused access to the facility and/or will be discharged from the program.

The Transformations program has a restricted tobacco use policy. The Salvation Army Addiction and Recovery Centre is a smoke free and scent free environment. Studies have shown that smoking cessation during addictions treatment shows promise in aiding long-term sobriety and abstinence. Transformations staff will assist clients in smoking cessation.

#### 3. What does the program cost?

The Program Fees include the program, meals, and accommodations. All other expenses (toiletries, clothing, etc.) are the personal responsibility of the client.

Transformation clients are required to pay for the cost of the program, meals, and accommodation, a month in advance.

Upon intake, a client will pay all fees associated with the program for all days from their first day of intake up to and including the last day of the month.

Program Fees for the following month are due on or before the 15th day of the current month.

Example: A client who joins the program on the 5<sup>th</sup> of the month is required to pay the daily fees for the 6<sup>th</sup> through to the end of that calendar month.

On the 15<sup>th</sup> of that same month, the client is required to pay for the fees for the entire following month.

Any client who is discharged or self-discharges, is not eligible for a refund of fees.

#### **4. What are the goals of the Transformations program?**

Transformations program objectives include:

- Sobriety: Increase in skills that promote abstinence from substance use
- Health: Manage/reduce the side effects of chronic substance abuse
- Wellness: Improvement in daily functioning and promote a healthy lifestyle
- Restoration: Successful family, community and job reintegration

#### **5. When does the Transformations program operate?**

Program services can be accessed throughout the year providing program space is available. The duration of the intensive, residential treatment program is 4 months.

#### **6. Where is the Transformations Program?**

Program services are delivered at the Salvation Army Addictions & Residential Centre, 9611 – 102<sup>nd</sup> Avenue, Edmonton, AB.

#### **7. How does the Transformations program work?**

The Transformations Program uses a bio/psycho/social/spiritual treatment approach. Services are provided by a co-ordinated treatment team which includes: a Program Manager, Addictions Counselors, Program Facilitators, and a Chaplain. The program utilizes a community based approach which involves both the client and his family in the treatment plan.

#### **8. Why should a person participate in the Transformation program?**

Substance abuse/addiction can be a life-long problem affecting individuals, their families, and their communities. The Transformations Program is based on the latest research in the field of addictions treatment. Services are provided by trained and certified staff who work to assist clients and their families to re-take control of their lives and achieve a healthy future.

Transformation staff are dedicated to ensuring our clients are safe, secure, healthy, well cared for, as they learn and develop essential recovery and life skills.



## Transformations Intake Form

### CLIENT IDENTIFICATION

Name: \_\_\_\_\_ DOB \_\_\_\_\_  
*(Last) (First) (Middle) yyyy.mm.dd*

Address: \_\_\_\_\_  
*(Apt/Street Number) (City and Province) (Postal Code)*

Phone #: \_\_\_\_\_ SIN: \_\_\_\_\_  
*(Home) (Cell)*

### CLIENT INFORMATION

AB Health #: \_\_\_\_\_ AISH File # \_\_\_\_\_ Income Support File # \_\_\_\_\_  
Status Card #: \_\_\_\_\_

Do you Receive Financial assistance for a Psychological Disability?  YES  NO

Do you Receive Financial assistance for a Medical Disability?  YES  NO

Name financial assistance provider and details: \_\_\_\_\_

Education Level Attained: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Primary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Name*

Phone #: \_\_\_\_\_  
*Home Work Cell*

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
*Name*

Phone #: \_\_\_\_\_  
*Home Work Cell*

### INTAKE WORKER

Intake Worker: \_\_\_\_\_ Job Title \_\_\_\_\_  
*Name*

### CONSENT FOR RELEASE OF INFORMATION

I, \_\_\_\_\_ of \_\_\_\_\_  
*Print Name City/Town*

Authorize The Salvation Army Transformations Program to obtain or release information contained in this Intake Application for the purpose of sharing information with other health professionals, agencies, or institutions involved in the Assessment/Placement/Treatment process.

Applicant Signature \_\_\_\_\_ (Date) \_\_\_\_\_  
*yyyy.mm.dd*

Witness Signature \_\_\_\_\_ (Date) \_\_\_\_\_  
*yyyy.mm.dd*



**RISK ISSUES**

Current Suicide Ideation  YES  NO

Details \_\_\_\_\_

If "Yes", when?

\_\_\_\_\_ *yyyy mm dd*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Suicide Attempt  YES  NO

Details \_\_\_\_\_

If "Yes", when?

\_\_\_\_\_ *yyyy mm dd*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Suicide Ideation  YES  NO

Details \_\_\_\_\_

If "Yes", when?

\_\_\_\_\_ *yyyy mm dd*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Deliberate Harm to Self  YES  NO

Details \_\_\_\_\_

If "Yes", when?

\_\_\_\_\_ *yyyy mm dd*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Violent Behaviour  YES  NO

Details \_\_\_\_\_

If "Yes", when?

\_\_\_\_\_ *yyyy mm dd*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fire Setting/Damage  YES  NO

Details \_\_\_\_\_

If "Yes", when?

\_\_\_\_\_ *yyyy mm dd*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sex Offender  YES  NO

Details \_\_\_\_\_

If "Yes", when?

\_\_\_\_\_ *yyyy mm dd*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CURRENT SYMPTOM CHECKLIST

Rate intensity of symptoms currently present

**None** - Symptom not present at this time

**Mild** - Impacts quality of life, but no significant impairment of day-to-day functioning

**Moderate** - Significant impact on quality of life and/or day-to-day functioning

**Severe** - Profound impact on quality of life and/or day-to-day functioning

	None	Mild	Moderate	Severe
substance abuse				
self-mutilation				
aggressive behaviors				
irritability				
violent temper				
conduct problems				
oppositional behavior				
agitation				
depressed mood				
poor grooming/hygiene				
poor concentration				
guilt				
sleep disturbance				
hyperactivity				
fatigue/low energy				
mood swings				
emotional trauma victim				
physical trauma victim				
sexual trauma victim				
appetite disturbance				
laxative/diuretic abuse				
elevated mood				
anorexia				
paranoid ideation				
dissociative states				
somatic complaints				
delusions				
hallucinations				
emotionality				
generalized anxiety				
panic attacks				
hopelessness				
phobias				
social isolation				
worthlessness				
other (specify)				





Family Alcohol/Drug Abuse History (*Check all that apply*)

- Father  YES  NO
- Mother  YES  NO
- Spouse/Partner  YES  NO
- Step-Parent/Live-in  YES  NO
- Uncles/Aunts  YES  NO
- Grandparents  YES  NO
- Siblings  YES  NO
- Children  YES  NO
- Other (list) \_\_\_\_\_  YES  NO

<i>Intake Worker Notes</i>

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your longest period of abstinence? \_\_\_\_\_

Have you ever attended:

Alcoholics Anonymous  YES  NO Cocaine Anonymous  YES  NO

Narcotics Anonymous  YES  NO Overeaters Anonymous  YES  NO

If you are not currently attending, why did you stop? \_\_\_\_\_  
 \_\_\_\_\_

**CLIENT GOALS**

What goals does the client hope to reach while in treatment (substance misuse, educational/vocational, spiritual, emotional, physical, family, etc).

- 1 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 2 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Answer the question: "The most important goal for me right now is?"  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMOTIONAL/PSYCHIATRIC HISTORY**

Prior outpatient psychotherapy?  YES  NO

If "Yes" Longest treatment

From To Therapy Provider & Location

List all Therapy Providers

From To Therapy Provider & Location

From To Therapy Provider & Location

From To Therapy Provider & Location

Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?  YES  NO

If "Yes" Longest treatment

From To Therapy Provider & Location

List all Therapy Providers

From To Therapy Provider & Location

From To Therapy Provider & Location

From To Therapy Provider & Location

Diagnosis

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intervention/Modality

\_\_\_\_\_  
\_\_\_\_\_

Beneficial?

\_\_\_\_\_  
\_\_\_\_\_

Is there a history of any of the following in the family?

- Emotional Problems  YES  NO
- Alcohol Abuse  YES  NO
- Drug Abuse  YES  NO
- Behaviour Problems  YES  NO
- Depression  YES  NO
- Mental Illness (list)  YES  NO

\_\_\_\_\_

## IMMEDIATE FAMILY HISTORY

### Marital Status

- Single, never married  YES  NO  
 Engaged for months  YES  NO  
 Married for years  YES  NO  
 Separated for years  YES  NO  
 Divorce in process  YES  NO  
 Divorced for years  YES  NO

### Intimate Relationship Status

- Never been in serious relationship  YES  NO  
 Not currently in relationship  YES  NO  
 Currently in serious relationship  YES  NO

### Relationship Satisfaction (*Check all that apply*)

- |                                  |                          |                                      |                          |
|----------------------------------|--------------------------|--------------------------------------|--------------------------|
| Very satisfied with relationship | <input type="checkbox"/> | Prior marriages (partner)            | <input type="checkbox"/> |
| Live in for years                | <input type="checkbox"/> | Somewhat satisfied with relationship | <input type="checkbox"/> |
| Satisfied with relationship      | <input type="checkbox"/> | Dissatisfied with relationship       | <input type="checkbox"/> |
| Prior marriages (self)           | <input type="checkbox"/> | Very dissatisfied with relationship  | <input type="checkbox"/> |

Describe any past or current significant issues in intimate relationships

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Describe any past or current significant issues in immediate family relationships

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List all Persons Current Living in Client's Home

Name	Age	Sex	Relationship to Client

List Children Not Living in Home with Client

Name	Age	Sex	Relationship to Client

How frequently do you visit your children not living with you? \_\_\_\_\_

**MEDICAL HISTORY**

Describe Current Health       Good    Fair    Poor (describe) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List Name of Primary Care Doctor \_\_\_\_\_  
 Name Phone

List Name of Psychiatrist \_\_\_\_\_  
 Name Phone

List All Current Medications - psychiatric & non-psychiatric

Medication	Current	Past	Dose/Frequency	Response & Adverse Effects

List All Known Allergies \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Describe any serious hospitalization or accidents

Date	Age	Description

Describe any abnormal medical test results

Date	Age	Description

**LEGAL HISTORY**

Check all that apply and list details

Currently on Probation/Parole

\_\_\_\_\_  
\_\_\_\_\_

Arrests - not substance related

\_\_\_\_\_  
\_\_\_\_\_

Arrests - substance related

\_\_\_\_\_  
\_\_\_\_\_

Jail/Prison time

\_\_\_\_\_  
\_\_\_\_\_

Describe most recent legal issue

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION & EMPLOYMENT**

High School Completed  YES  NO

If "no", last grade completed \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

University/College/Trade School completed  YES  NO

If "no", number of years completed \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_

Currently Employed

If "No", length of unemployment \_\_\_\_\_

Explain \_\_\_\_\_  
\_\_\_\_\_

If "Yes", Current Employer \_\_\_\_\_

Position \_\_\_\_\_  
\_\_\_\_\_

**INTERVIEWER COMMENTS: LEVEL OF MOTIVATION FOR TREATMENT**

Do you believe the client is aware and has the motivation required to participate in a residential treatment program?

Explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_