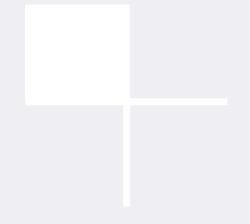
# REAC Centres corporate DIRECTORY

TIMFLETCHER.CA



### THRIVING BEYOND

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### CENTRE CORPORATE DIRECTORY 2021 - 2022 EDITION



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DATE

CLIENT NAME (please print)

#### CLIENT SIGNATURE

RE ACT CENTRE WELCOME LETTER / REF #TF0002

# Welcome!

**RE/ACT** is an independent organization which provides recovery education for addictions and Complex Trauma under the guidance of Tim Fletcher Co.. RE/ACT licences its Intellectual Property from Tim Fletcher Co. and thereby uses this IP under the regulations set forth by Tim Fletcher Co. in all of its endeavours.

Our primary goal in all efforts is to help clients successfully Thrive Beyond Complex Trauma<sup>™</sup>, and effectively employ tools provided by our various programs in order to achieve real, lasting healing. We therefore offer a loving, safe, comfortable environment to anyone who joins or becomes involved with our programs. The documents in following represent how we as an organization aim to outline and further respect the rights and the responsibilities that each person has in order for everyone to work successfully together!

The enclosed forms, standards, policies and procedures have been adopted and implemented by RE/ACT to ensure adherence to the true essence of our brand, our beliefs, our values, and to keep everyone safe, healthy, and growing in all aspects of life.

I wish you the best in starting up and running your own RE/ACT Centre. I encourage you to reach out with questions, comments and encouragement as you and your community continue to grow.

With Love,

Tim Fletcher



# RE/ACT EXPOSITION & RATIONALE

*RE/ACT : Recovery Education for Addictions and Complex Trauma offers safe, loving and respectful environments, and programs that address the biological, psychological, social and spiritual aspects of healing for people who suffer from addictions, trauma and/or spiritual brokenness, that they may experience a measure of freedom from the effects of these while becoming better equipped to face future challenges.* RE/ACT helps those living with addictions process trauma and assists them in developing techniques that lead to better decision-making. We also provides individual peer-mentorship (Phase 1) and counselling (Phase 2 & 3) for participants and ongoing mentorship and teaching for those who are in various stages of recovery from addictions and mental health illnesses.

These RE/ACT environments and programs were developed through a convergence of industryleading research and knowledge, and over 40 years of experience. This research is enclosed, paired with rationale for RE/ACT's various aspects to it's programs. RE/ACT continuously stays at the forefront of this knowledge and with ongoing comparison to analysis of client recovery and success statistics, subsequently continues to improve these programs.

"A 2006 report by the CCSA (Canadian Centre on Substance Use and Addiction) examined the social cost on health care, law enforcement, and loss of productivity in the workplace due to disability and pre-mature death as a result of substance abuse. The report found that the overall cost of substance abuse results in approximately \$39.8 billion nationally, and approximately \$1.5 billion in Manitoba each year. This works out to an estimated cost per person of \$1,267 nationally and \$1,273 in Manitoba. Of the total national cost due to substance abuse, losses to productivity make up \$24.3 billion (61%), health care \$8.8 billion (22%), and law enforcement \$5.4 billion (14%). In Manitoba, health-care costs due to substance abuse amounts to approximately \$324 million per year." (1)

As mentioned above, substance abuse has a huge dollar impact on federal and provincial budgets. Through research, the founders of RE/ACT have learned that the way to address the issue of substance abuse and addictions is to deal with the root of the problem of the affected individuals. Research has shown that 97% of people in addictions experienced childhood trauma and that 0% of people in recovery stay clean and sober if they do not develop healthy relationships and a healthy support network. The goal of RE/ACT is to educate clients about Complex Trauma, help them develop tools to deal with the "fall-out" problems and learn to develop healthy relationships.



This procedure is either for the Office Administrator, or if you are using a Volunteer to do "Security":

### MONDAY ORIENTATION

Office personnel will give you a list of people who are coming in for orientation.

When someone comes in stating that they are here for orientation or they are starting group, have them take a seat in a waiting area and let them know someone will be there shortly to see them.

The person overseeing orientation will arrive to set up the orientation room and to do the orientations once they have all their supplies for the day.

If they ask or say they have to use the washroom, please tell them to wait until the person doing orientation talks with them. (WE HAVE TO GET A SAMPLE FROM THEM FOR DRUG TESTING BEFORE THEY CAN BE PART OF THE ORIENTATION PROCESS).

Once they have been tested, the person overseeing orientation will come and get them and bring them into the orientation room.

### WEDNESDAY ASSESSMENTS

The person overseeing assessments will give the front door greeter a list of people who are coming in for assessments. If it is a busy day, she may also give you a folder with applications of all the people coming in for assessments that day, so that if two people are doing the assessments they can come and get them from the front. Please never leave this folder unattended.

When a person comes in for an assessment, have them take a seat in the waiting area and let them know someone will be there shortly to see them.

If they ask to use the washroom, please tell them to wait until the person doing the assessments talks with them. (WE HAVE TO GET A SAMPLE FROM THEM FOR DRUG TESTING TO COMPLETE THE ASSESSMENT PROCESS).

If they haven't filled out an application, give them one to fill out in the waiting area, and let **them know someone will phone them later to go over their application and schedule an assessment.** 

## GUIDELINES FOR DOCUMENTATION

### PRIMARY PURPOSES FOR RECORDS

- Client services/ clinical practice: identification, case planning, assessment, treatment referral
- Communication/information sharing: within the organization, outside the organization
- Case/ issue management: history, continuity, accountability to supervisor, coordinator and organization, teaching and consultation

### POSSIBLE AUDIENCES FOR CLINICAL RECORDS

- The client
- Courts and Lawyers
- Agencies (i.e. Child and Family Services, Mental Health Services, Employment and Income Assistance, Places of Employment, Group Insurance companies, etc.)
- $\cdot$  Other Staff
- Other: \_\_\_\_\_

### RULES FOR RECORDING CLIENT INFORMATION

(adapted from the Canadian Law of Patient Records, Rosovsky & Rosovsky, 1984)

- Write legibly
- $\cdot$  Write accurately and date wherever possible
- Record concisely
- · Record events chronologically
- · Limit information to that which is relevant
- Record Information immediately or as soon as possible
- · Entries are made only by the individual directly involved
- Sign or initial all entries
- Write in ink
- Use uniform terminology and abbreviations through the institution



- $\cdot$  Do not add editorial comments stay with the facts
- · If 'opinion' is necessary, state it as an opinion "In my opinion..."
- Substantiate opinion and assumptions with the facts
- Review your documentation to ensure it accurately reflects what you are trying to say

### **RECORDING PROCESS**

- Identify the purpose of the report
- $\cdot$  Determine what needs to be said to meet the purpose and possible audience
- $\cdot$  Write with consideration to the purpose and the audience

### THINGS THAT ARE BETTER LEFT UNWRITTEN

- Political, religious, or personal views do not belong in a record unless they have an important and direct bearing on the issue at hand
- Intimate personal details having little or no relevance to the helping process
- Diagnosis or assessments beyond personal expertise (i.e. social workers do not make medical diagnosis, medical professionals do not pronounce legal matters, etc.)
- Gossip
- · Unsubstantiated or unsupported assumptions, opinions or assessments
- · Details which might be damaging to the clients if they were to read it
- $\cdot$  Details not relevant to the case at hand

INCIDENT REPORT FORM / REF #TF00024

# **INCIDENT REPORT**

Reported by:	Date of Report:	
Title/ Role:	Incident No.:	
EMPLOYEE INCIDENT INFORMATION		
Employee Name:	Employee Title/ Role:	
Date of Incident:	Time of Incident:	
Location:		
Additional Person(s) Involved:		
Witnesses:		
Incident description including any events leading up to the incident:		
Employee explanation of events/ circumstances:		



Resulting action executed, planned, or recommended:	
Employee Name:	Employee Signature:
Date:	
Reporting Staff Name:	Staff Signature:
Date:	
HR Rep Name:	HR Rep. Signature:
Date:	

### INCIDENT REPORT PROCEDURE

The purpose of this procedure is to keep the Director informed of what happened and what steps were taken to address the situation.

#### PROCEDURE

- 1. Whenever a conflict or incident occurs, staff, and volunteers are required to write a report on what happened and what they did.
- 2. Incident reports can be acquired by the Director.
- 3. Complete the form, name, date and details of the incident.
- 4. Submit to the Director as soon as possible (the next time that the Director is in).

