

OVERVIEW

ALBERTA ADOLESCENT RECOVERY CENTRE

1. OVERVIEW

The Alberta Adolescent Recovery Centre (AARC) is a long-term treatment program for chemically dependent adolescents from ages 12 to 21 years, and their families.

AARC is a non-profit organization formed by concerned parents and citizens of Calgary to provide treatment to chemically dependent adolescents.

The AARC program offers comprehensive assessment, treatment and aftercare, based on the concepts of:

- Twelve Step Recovery-oriented models - Alcoholics Anonymous/Narcotics Anonymous (AA/NA);
- Positive peer influence;
- Group, family and individual therapy; and
- Use of Recovery Homes *

The AARC program has been developed on the disease precept of chemical dependency. Defining adolescent substance abuse as a psycho-social, genetic, chronic, progressive and relapsing disease affecting every dimension of the adolescent and his/her family members' lives.

The AARC program provides progressive structured levels of treatment from primary recovery through intermediate to advanced recovery. The levels of treatment correlate directly with the recovery steps of AA and NA. As the adolescents progress through the treatment process, they are assisted in developing and expected to present increasing levels of self-awareness, self-esteem, family cooperation, motivation and commitment towards recovery. The adolescent's progression through treatment is dependent upon his/her individual needs and ability to acquire habilitative, non-chemical, coping skills.

At the beginning of treatment, parents are often unable to provide the structure required for the care, control, and safety of their child during recovery. Therefore, the client is removed from the family home, and placed in a Recovery Home during the first level of four levels of treatment, which may last six months. Recovery Homes are operated by families of clients who are further along in their recovery process. ,

The average length of treatment is 12 months, with the adolescent's and family's commitment to a six-month, recommended, but optional aftercare program.

2. REFERRALS AND ASSESSMENTS

- a) Concerned parents, adolescents or other persons may contact AARC at (403) 253-5250 to request assistance.
- b) Once a referral is made, the assessment process will determine the extent of the adolescent's chemical dependency. Youth who meet the admission criteria will receive a full diagnostic assessment to determine an appropriate treatment plan.
- c) Assessment and treatment fees are proportional to income. A family can be referred to the Income Assessment Board for review and payment options, at the discretion of the Clinical Supervisor.

3. SUBSTANCE ABUSE IN ADOLESCENTS

a) The Dynamics of Adolescent Chemical Dependency

- Substance abuse is the primary source of dysfunction.
- Chemical dependency is a highly complex, multi-faceted disease that is chronic and progressive.
- As the disorder progresses, substance abuse becomes compulsive.
- As the youth comes to depend upon the substance as a mechanism for coping with life, impairment occurs in the areas of emotional, social, behavioural, intellectual, and spiritual development. As a result, the adolescent depends upon the substance, instead of learning the skills of self-responsibility.

b) Component of Adolescent Chemical Dependency

- Chemical dependency is the primary disorder. Other problems, such as legal, emotional, behavioural, and social problems will usually not show consistent improvement until the chemical dependency is addressed.
- Adolescent chemical dependency is a disease with a progressive and predictable course. The rate at which the disease progresses is an individualized process. Loss of control may occur within a few months or the progression may take several years.
- Records indicate that over 50% of deaths involving young people are related to accidents involving substance abuse.
- The disease is chronic. Abstinence, combined with treatment, may result in successful remission of the disease. However, the vast majority of individuals who have experienced chemical dependency cannot safely return to the use of substances.
- There is a reciprocal relationship between family problems and the adolescent's chemical dependency. The recovery process must involve all family members.

4. POSSIBLE INDICATORS OF ADOLESCENT ADDICTION

a) Early Stage Of Addiction

- Substance use becomes more regular.
- Increased tolerance to substances.
- Uses substances as a way of communicating or relating to others.
- Decreased attention span.
- Low tolerance for frustration.

b) Middle Stage of Addiction

- Association with peers that habitually use substances.
- Truancy and decreased school performance.
- Lying about whereabouts and leisure activities.
- Using substances to escape reality.
- Increase in time spent using substances.
- Adopts an appearance that is consistent with a "using" lifestyle.
- Family begins to express concern.
- Confrontation by parents.
- Legal problems.
- Increased evidence of loss of control.

c) **Advanced Stage of Addiction**

- Increased risk-taking behaviour.
- Serious legal problems.
- Increased dishonesty.
- Failed attempts to control or stop substance use.
- Suspensions, expulsions, or dropping out of school.
- Obsession with substance use.
- Blaming others.
- Fears and anxieties increase.
- Increased rationalization and denial of behaviour.
- Blackouts.
- Increased withdrawal symptoms.
- Increased concern expressed by parents, teachers, and peers.
- Complete dishonesty.
- Increased loss of self-esteem.
- Increased resentments.
- Isolating behaviour.
- Despair and self-hatred.
- Compulsive substance abuse. *

STAGES OF ADDICTION

ALBERTA ADOLESCENT RECOVERY CENTRE

303 FORGE ROAD S.E., CALGARY, AB T2H 0S9

	STAGE 1	STAGE 2	STAGE 3	STAGE 4	
DRUGS	<input type="checkbox"/> occasional weekends <input type="checkbox"/> SPONTANEOUS USE <input type="checkbox"/> social use <input type="checkbox"/> ALCOHOL <input type="checkbox"/> POT MOST FREQUENT DRUGS USED	Part 1 <input type="checkbox"/> regular weekends <input type="checkbox"/> planned use <input type="checkbox"/> denial (others) <input type="checkbox"/> inhalants	Part 2 <input type="checkbox"/> some weekends <input type="checkbox"/> weekends and regular week [*] ends <input type="checkbox"/> exaggeration <input type="checkbox"/> solitary use <input type="checkbox"/> some paraphernalia <input type="checkbox"/> 9 THC Pos. <input type="checkbox"/> Hash <input type="checkbox"/> Hash oil <input type="checkbox"/> Tai Stick <input type="checkbox"/> Ups <input type="checkbox"/> Downs <input type="checkbox"/> Prescriptions <input type="checkbox"/> O.T.C. <input type="checkbox"/> Blackouts <input type="checkbox"/> O.D.	<input type="checkbox"/> most days <input type="checkbox"/> school or weekdays <input type="checkbox"/> preoccupation <input type="checkbox"/> denial (self) <input type="checkbox"/> much paraphernalia <input type="checkbox"/> mushrooms <input type="checkbox"/> Opiates <input type="checkbox"/> PCP <input type="checkbox"/> Cocaine <input type="checkbox"/> Freebasing Cocaine <input type="checkbox"/> LSD (Mesc., STP, DOM, DMI) <input type="checkbox"/> Crack <input type="checkbox"/> Pos. Cocaine <input type="checkbox"/> many blackouts <input type="checkbox"/> many O.D.s <input type="checkbox"/> flashbacks <input type="checkbox"/> tried to 'cut down'	<input type="checkbox"/> constantly & compulsively <input type="checkbox"/> mostly solitary use <input type="checkbox"/> can't get 'high' <input type="checkbox"/> shooting up <input type="checkbox"/> track marks <input type="checkbox"/> abscess, scabs <input type="checkbox"/> chronic O.D. <input type="checkbox"/> chronic blackouts <input type="checkbox"/> chronic flashbacks
	BEHAVIORS	<input type="checkbox"/> no behaviour changes	<input type="checkbox"/> some moodiness <input type="checkbox"/> attention-getting behaviour <input type="checkbox"/> losing extra-curricular interests <input type="checkbox"/> family tension <input type="checkbox"/> new friends <input type="checkbox"/> new slang <input type="checkbox"/> sex with one boy/girlfriend	S E L F M E D I C A T I O N <input type="checkbox"/> lying <input type="checkbox"/> aggressive anger <input type="checkbox"/> withdrawn <input type="checkbox"/> charming con <input type="checkbox"/> gave up sport <input type="checkbox"/> gave up hobby <input type="checkbox"/> gave up activity <input type="checkbox"/> cheating in school <input type="checkbox"/> temporary grade drop <input type="checkbox"/> school behaviour problems <input type="checkbox"/> family arguing <input type="checkbox"/> MV violations <input type="checkbox"/> stealing from family <input type="checkbox"/> hidden new friends <input type="checkbox"/> dress, hair changes <input type="checkbox"/> language change <input type="checkbox"/> disturbed sleep <input type="checkbox"/> sex 2+ boy/girlfriends	<input type="checkbox"/> attention span decreased <input type="checkbox"/> short, simple sentences <input type="checkbox"/> restless, irritable <input type="checkbox"/> explosive anger <input type="checkbox"/> verbal abuse <input type="checkbox"/> threats <input type="checkbox"/> family physical violence <input type="checkbox"/> peer physical violence <input type="checkbox"/> skipping school <input type="checkbox"/> failing grades <input type="checkbox"/> school suspension <input type="checkbox"/> school expulsion <input type="checkbox"/> school drop-out <input type="checkbox"/> job absences <input type="checkbox"/> job theft <input type="checkbox"/> job loss <input type="checkbox"/> hard face <input type="checkbox"/> druggie appearance <input type="checkbox"/> sloppy appearance & hygiene <input type="checkbox"/> all druggie friends <input type="checkbox"/> druggie slang <input type="checkbox"/> run away <input type="checkbox"/> 2 or more runs <input type="checkbox"/> auto accident <input type="checkbox"/> lost driver's license <input type="checkbox"/> auto theft <input type="checkbox"/> DUI <input type="checkbox"/> shoplifting <input type="checkbox"/> vandalism <input type="checkbox"/> B&E <input type="checkbox"/> A&B <input type="checkbox"/> drug/alcohol <input type="checkbox"/> dealing (minor) <input type="checkbox"/> other <input type="checkbox"/> 1 arrest <input type="checkbox"/> 2-3 arrests <input type="checkbox"/> 4+ arrests <input type="checkbox"/> cough <input type="checkbox"/> headaches <input type="checkbox"/> nosebleeds <input type="checkbox"/> bad acne <input type="checkbox"/> irreg. mens. cycle <input type="checkbox"/> pregnancies <input type="checkbox"/> fatigue <input type="checkbox"/> problem sleeping <input type="checkbox"/> suicide attempts (in ser.) <input type="checkbox"/> casual sex <input type="checkbox"/> group sex <input type="checkbox"/> VDs <input type="checkbox"/> sex animal
FEEELINGS		<input type="checkbox"/> mild euphoric highs	<input type="checkbox"/> euphoric highs <input type="checkbox"/> mild discomfort	<input type="checkbox"/> mild guilt <input type="checkbox"/> sense of loss <input type="checkbox"/> use to medicate bad feelings	<input type="checkbox"/> chronic anxiety <input type="checkbox"/> chronic guilt <input type="checkbox"/> chronic remorse <input type="checkbox"/> chronic shame <input type="checkbox"/> chronic paranoia <input type="checkbox"/> volcanic anger <input type="checkbox"/> deep depression
	EYE TEST	a) Eyes <input type="checkbox"/> bloodshot <input type="checkbox"/> bags b) Pupils <input type="checkbox"/> dilated <input type="checkbox"/> myopic c) Light <input type="checkbox"/> non-reactive d) Tracking <input type="checkbox"/> jerky e) Focus <input type="checkbox"/> drift			

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5. INTERVENTION

How to Approach the Chemically Dependent Adolescent

- Present the facts in an unemotional, non-blaming, and non-judgmental manner.
- Hold the adolescent responsible for his/her behaviour.
- Do not accept excuses or promises that do not include credible solutions for changed behaviour.
- Refer the chemically dependent adolescent to professionals who can provide realistic alternatives for recovery.

6. THE CONTRIBUTION OF RECOVERY HOMES TO SOBRIETY

Families in recovery who are successfully confronting the problems of chemical dependency can play an integral part in supporting the youth in AARC treatment. Individual members of an Oldcomer's family model behavior, which indicates that recovery is possible and works. They provide the Newcomer with hope for their future, and this hope is reinforced by the Oldcomer; a member of the Recovery Home's family. Newcomers can identify with Oldcomers, since they may have encountered many of the same problems of chemical dependency.

Recovery Homes provide a safe and positive environment for the Newcomer to trust again; a key factor in combating denial about addiction. In addition, the parents and Oldcomer are in a position to confront the newcomer's manipulating and conning.

7. STAGES OF TREATMENT

- a) Treatment is comprised of three stages, each of which contains distinct levels. "The Structured Day Treatment Program Overview" as attached is a graphic overview of the stages and corresponding levels, and what is accomplished at each point of treatment.
- b) Within each of the stages of the treatment program are predetermined levels or steps that the adolescent must progress through in order to achieve higher levels of personal responsibility and recovery. Progression through the treatment levels is variable and flexible, depending on acquisition of habitative, non-chemical coping skills and the individual's degree or intensity of concurrent psychopathology.
- c) Adolescents in the AARC Program progress through four levels of treatment before graduating into the Aftercare Program:

Primary Recovery	Level 1 and Level 2
Intermediate Recovery	Level 3
Advanced Recovery	Level 4

Each level focuses on specific issues related to healthy adolescent development and recovery.

- d) The level system co-relates directly with the recovery steps of Alcoholics Anonymous/ Narcotics Anonymous (AA/NA). As clients progress through the level system, they achieve increasing privileges and responsibilities. They are expected to present increasing self-awareness, self-esteem, family cooperation, motivation and commitment to recovery. By the time the client

graduates to the Advanced Recovery, he/she should have achieved an emotional acceptance, understanding and knowledge of the first nine steps of AA/NA and be actively working the remaining steps into his/her recovery program. By the time the client graduates from Advanced Recovery into Aftercare, he/she should have a firm foundation in AA/NA participation, involvement, understanding and commitment, thereby promoting a significantly higher chance of attaining and maintaining successful recovery.

- e) Criteria for advancement to a higher level are based on assessment of behavioral stability, attitudinal reorientation and client and family commitment to ongoing daily recovery from the effects of the disease of chemical dependence.
- f) Success at AARC is not merely abstaining from drugs and alcohol, but developing a winning attitude. This includes facing reality, being responsible and disciplined and contributing to the welfare of others.

8. DEFINITION OF CLIENT LEVELS

Level I	Newcomer status - working on Steps 1, 2, and 3
OTW	Oldcomer Training Week (Newcomer training to move up to Oldcomer status.)
Level II	Oldcomer status - working on Steps 4, 5, 6, and 7
Level III	Oldtimer status - working on Steps 8 and 9
Level IV	Senior Oldtimer status- working on Steps 10, 11, and 12

9. DESCRIPTIONS OF CLIENT LEVELS

a) **Primary Recovery**

The Structured Day Treatment Program involves clients being separated from regular schooling while in Primary Recovery. During this first stage of treatment, due to significant life disruptions and/or lack of social supports, the client requires intensive treatment. This stage of treatment needs to be free from the distractions of work, school and/or social problems in order to focus on recovery. The client returns to either work or school once their behaviour has become stabilized, and they accept and understand the dynamics of the disease of chemical dependency. This return to either school and/or work takes place upon advancement to Intermediate Recovery.

- **Level 1**

The first level focuses on the client's ability to recognize his/her own need to begin a treatment program. The primary therapeutic work is directed towards assisting them in understanding that they have a disease and that his/her life is unmanageable. The client begins to honestly confront the consequences of past behaviours and begins to experience a structured recovery program.

The client's progress is evaluated by the Clinical Team in order to assess and update his/her individual treatment plan. The client resides in the Recovery Home of, and under the supervision of a peer who is a client at a more advanced level of treatment. The client is involved in structured day treatment seven days per week. The primary treatment modality is group therapy, complemented by ongoing one-on-one clinical sessions.

- **Level 2**

At this point of treatment, the focus begins to include working on family issues and rebuilding family relationships. The client returns to his/her own home and begins to put into practice the skills that he/she had been learning that promote positive family relationships. The client is now classified as an Oldcomer and begins to take Newcomers into their home and support their recovery. In addition, the healing process is initiated and the shame and guilt of the past is addressed.

The client continues his/her involvement in the structured day treatment and, at this point, is still in day treatment seven days a week.

b) **Intermediate Recovery**

- **Level 3**

Upon advancement to this stage of the program, the client returns to either work or school. The challenge at this level is to begin to develop healthy relationships in the real world. It is also a time to rebuild damaged relationships. The previous work in their recovery program provides them with the self-confidence to return to environments, which contributed to their difficulties. As they experience success in these arenas, their recovery programs are strengthened.

In returning to the community, in either a work experience or in returning to school, the client encounters the pressures and stresses that contributed to his/her chemical dependence. During this stage, the client must rely on the skills that they have learned to maintain their recovery program, and begin to seek the support of those peers who have successfully managed such pressure by successfully applying the skills developed in the program.

Each client is assisted in planning their recovery program by setting realistic goals and developing effective school study and work habits, in addition to relationship skills. The AARC career program is an integral part of this level. Clients are now involved in intensive after school/work treatment and attend the program Monday to Friday in the evenings and all day Saturday. They have Sundays off to plan leisure activities.

c) **Advanced Recovery**

- **Level 4**

The fourth level focuses on the continued healthy development of family relationships and the attainment of appropriate non-chemical coping and problem-solving skills. The goal is to develop the constructive use of leisure time without the reliance on drugs. They learn that they can have fun without chemicals. They discover the intrinsic rewards of being responsible, disciplined and giving back. They also experience the joy of recovery and are committed to continual growth through their own recovery program.

The adolescent relies less on the day treatment peer group and begins to rely more on community support services and the AA community.

At this stage, they assume greater responsibility for their daily activities and take the initiative in managing their own recovery program. The completion of treatment involves graduation to a drug-free lifestyle.

Clients are now involved in the outpatient stage of treatment. Time in the program is based on individual schedules, given work or school and family commitments. At a minimum, it will involve three days per week after work or school.

c) **Aftercare**

Aftercare is available to all graduates of the AARC Treatment Program and provides access to support recovery groups for all family members. The focus of groups is on relapse prevention and allows the client and/or his/her family long-term access to support and assistance in the maintenance of a recovery program.

The average length of stay in Aftercare is expected to be six months to a year before discharge, regularly scheduled follow-up treatment, which may include recovery groups, family therapy and individual therapy. Additionally, it may involve up to six months in which the clients have access to help in managing his/her recovery and relapse prevention plan. During this period, the client may attend aftercare groups, but less frequently, and only as crisis management. The goal of aftercare is integration into the community support network.

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10. AARC PARENT INFORMATION LIST

When it comes to hiding drugs, alcohol or paraphernalia, adolescents are particularly skilled at finding places. Many parents have believed their homes were drug-free until a thorough search revealed otherwise. Drugs and paraphernalia can be hidden anywhere. The following is a list of possible hiding places:

on top of ceiling tiles	inside clothing
inside drawers, furniture	inside stereo speakers
under TVs, stereos	inside stuffed animals
in plug and light switch boxes	inside books
in old shoes, boots, skates	air vents/heat vents
knapsacks, old school bags	purses
inside battery chambers of toys	deodorant, shampoo bottles
piggy banks	behind posters
cigarette packs	empty vials
under mattresses	box springs
bed frames	school lockers

If you uncover any other ingenious hiding places that we have not covered, please let us know so that we can make other parents aware.

It is advisable to thoroughly search any rooms where the adolescent spent time. Areas such as the basement or garage should also be searched. Some drug-using adolescents have even hidden drugs or alcohol in the bedrooms of younger brothers and sisters. **IT IS CRUCIAL THAT YOUR SEARCH BE THOROUGH.** Anything that remains undetected may harm young children or cause relapse once the adolescent returns home.

The following is a list of drug paraphernalia; what to look for in the adolescent's room. Some articles may be quite obvious to you. Other items may seem to be quite innocent, when, in fact, they may be tools used to prepare, consume or store drugs.

cigarette papers
pipes
burnt knives/flattened spoons
razor blades
small mirrors
bottles with bottoms cut out
empty vials
empty alcohol bottles
lighters
plastic baggies

bales of tobacco
water bongs
needles (any kind)
safety pins
straws
pills
35mm film canisters
propane torches
aluminum foil
empty pens

Attachments:

1. Warning Signs for Drug Problems
2. Do You Think Your Child Needs AARC*
3. Stages of Addiction
4. Structured Day Treatment Program Overview

WARNING SIGNS FOR DRUG PROBLEMS

- Yes No 1. Is your number one activity partying?
- Yes No 2. Do you feel you are a normal drinker/drug user?
- Yes No 3. Have you gotten in trouble because of your drinking/drug use?
- Yes No 4. Have you ever had a loss of memory, said or done things you can't remember, while using drugs/alcohol?
- Yes No 5. Have you had arguments with your family over your drinking/drug use?
- Yes No 6. Do you need alcohol/drugs at parties to have fun?
- Yes No 7. During the day, do you often think about the next time that you can drink or get high?
- Yes No 8. Have you ever had a craving or very strong desire for alcohol or drugs?
- Yes No 9. Do you need more alcohol/drugs now to get a good high than when you were younger?
- Yes No 10. Have you ever felt that you could not control your alcohol or drug use?
- Yes No 11. Do your moods change rapidly when you use drugs/alcohol (e.g., very happy to very sad)?
- Yes No 12. Is the main reason you use alcohol/drugs to get drunk/high?
- Yes No 13. Have you ever gotten into trouble with friends because of your alcohol or drug use?
- Yes No 14. Do you like to play drinking games when you go to parties?
- Yes No 15. Have you ever been asked to go for help because of your alcohol/drug use?
- Yes No 16. Have you ever experienced any withdrawal symptoms following use of alcohol or drugs (e.g., headache, nausea, vomiting, shaking)?
- Yes No 17. Do your parents or siblings have trouble with alcohol and drugs (e.g. over-user)?
- Yes No 18. Have you ever had trouble with the law because of alcohol and drugs?
- Yes No 19. Do you seem to fight or argue more than most kids?
- Yes No 20. When people ask you about your alcohol/drug use, do you feel angry, guilty, or anxious?
- Yes No 21. Have your grades dropped substantially since the start of Junior High?
- Yes No 22. Have you ever skipped school to use alcohol or drugs?
- Yes No 23. Have you ever been suspended from school for alcohol or drug use?
- Yes No 24. Have you ever felt that you were hooked on alcohol and drugs?
- Yes No 25. Have you ever lied about the amount of alcohol and drugs that you use?

If you have answered "Yes" to:

- **three** of these questions, be aware that you are at high risk for the development of the disease of chemical dependencies.
- **four** of these questions, you have a problem with substance abuse. See if you can stop using any mood-altering drugs for 90 days. If you have difficulty with this, you may already be chemically dependent.
- **five or more** of these questions, you already have many of the critical symptoms of chemical dependency. You need to completely abstain from all mood-altering drugs.

DO YOU THINK YOUR CHILD NEEDS AARC?

PARENT QUESTIONNAIRE

Are you concerned about your child's alcohol and/or drug use?

- Yes No 1. Do you find their explanations for irresponsible behaviour or decreasing performance to be unbelievable or implausible?
- Yes No 2. Are they frequently dishonest?
- Yes No 3. Has their personality changed (i.e., are there inappropriate mood swings, hostility, giddiness or irritability?)
- Yes No 4. Has their personality changed?
- Yes No 5. Has anyone expressed concern about their alcohol/drug use?
- Yes No 6. Are they less responsible re chores, schoolwork or being on time?
- Yes No 7. Have you found obvious signs of drug/alcohol use such as bottles, drugs, or paraphernalia?
- Yes No 8. Have they lied about their use of alcohol or drugs?
- Yes No 9. Have their grades dropped or is there decreased interest in school activities?
- Yes No 10. Do they have unexplained periods of depression, anxiety or difficulty with sleep?
- Yes No 11. Have they become withdrawn and uncommunicative?
- Yes No 12. Do they spend a lot of time alone?
- Yes No 13. Do they show a lack of motivation or an apathetic attitude?
- Yes No 14. Have you noticed alcohol or pills missing from your home?
- Yes No 15. Are you missing money, credit cards or valuables that could be converted into cash?
- Yes No 16. Do they seem to have difficulty remembering things?
- Yes No 17. Is there a change in their personal hygiene, dress habits or sleeping and eating habits?
- Yes No 18. Do you ever notice physical indicators of drug/alcohol abuse (i.e., red eyes, dilated pupils, and slurred speech)?
- Yes No 19. Have you observed irrational or explosive behaviour?
- Yes No 20. Are they increasingly secretive about their whereabouts?
- Yes No 21. Are there signs of medical or emotional problems, such as depression, anxiety, suicidal ideation, ulcers, or gastritis?
- Yes No 22. Is there evidence they are involved with the occult?
- Yes No 23. Has their peer group changed to include friends that are involved in drinking, using drugs and partying?
- Yes No 24. Do they become belligerent, angry or defensive when others express concern about their drug use?
- Yes No 25. Are they irresponsible drivers?

If you have answered "Yes" to:

- **four** of these questions, it indicates that your child is exhibiting significant emotional or behavioural problems that may be related to substance abuse.
- **five** of these questions, it indicates that your child probably has a significant emotional or behavioural and/or alcohol/drug problem.
- **six or more** of these questions, it indicates that your child should abstain from all mood-altering chemicals. A professional assessment is suggested in order to determine the extent of the problem.
- Adapted from Dr. Martha Morrison's "Parent Alert."

FEE SCHEDULE

Effective June 15, 2002

AARC WILL NOT TURN ANY CLIENT AWAY BECAUSE OF THEIR INABILITY TO PAY.
(It is the policy of AARC to review each family's financial situation and assess fees based on their ability to pay.)

Assessment Fees

Pre-Assessment Services (Flat Fee)	\$	50.00
Full Assessment Services (Per Hour) *	\$	100.00
Two to Four Day Assessment (flat fee-refundable on admission) (If assessment indicates chemical dependency, but admission is not certain, a two to four day assessment may be arranged.)	\$	500.00
Treatment Fees (Per Day)	\$	125.00
Out-Of -Province Fees (Per Day)	\$	135.00

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