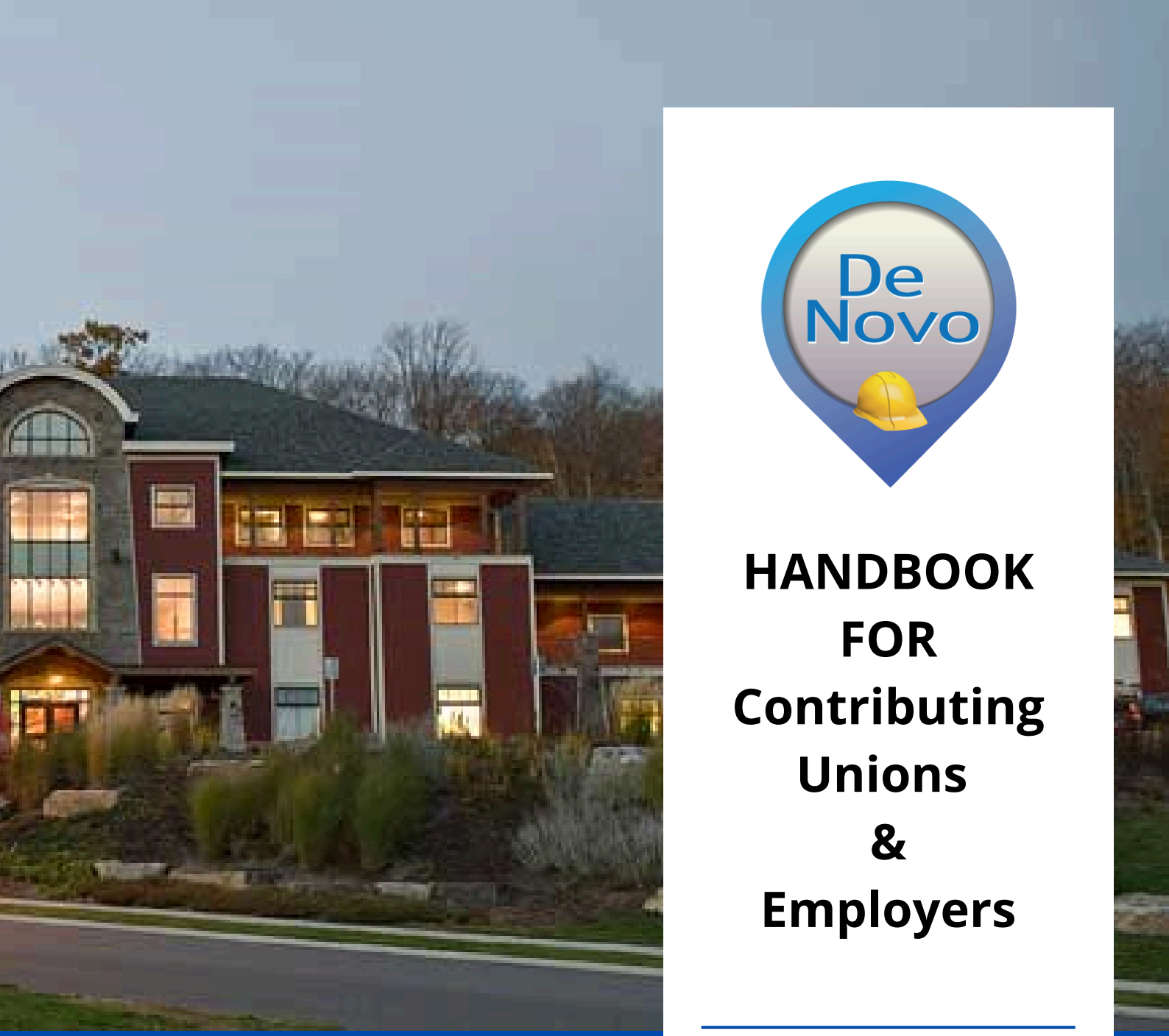

HANDBOOK FOR Contributing Unions & Employers

De Novo Treatment Centre

Accredited by **Canadian Centre for Accreditation** | *Agréé par* **Centre canadien de l'agrément**

{a new beginning}

De Novo is a not-for-profit, drug and alcohol treatment service operated as a partnership between management and unionized members of Ontario's Construction Trades.
We serve unionized construction workers, employers, and their families.

Since 2021, De Novo Treatment Centre has received funding from the Ministry of Labour, Immigration, Training, and Skills Development to conduct research. This manual was developed through Round 5 of the Skills Development Fund.

This Employment Ontario project is funded in part by the Government of Canada and the Government of Ontario.

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Thank you to our project partner, the Provincial Building and Construction Trades Council of Ontario, and our supporters:

- Ironworkers District Council of Ontario
- Association of Millwrighting Contractors of Ontario
- Infrastructure Health and Safety Association
- International Association of Heat and Frost Insulators and Allied Workers, Local 95
- Electrical Power Systems Construction Association
- International Brotherhood of Boilermakers, Local 128
- AECON
- Ontario Erectors Association
- International Brotherhood of Electrical Workers, Local 353

Welcome

This manual was developed with a clear and crucial purpose: to empower you with the knowledge and tools needed to compassionately and effectively address the growing challenges of addiction within our workforce. In the demanding environment of the trades, our members/employees often face unique pressures that can contribute to these issues. This handbook acknowledges that reality and moves beyond judgment, recognizing addiction as a disease that require understanding and support.

Our goal is to provide a quick-reference resource that helps you:

- **Understand** the complexities of addiction.
- **Identify** signs of substance use, abuse and discrimination.
- **Confidently intervene** and make appropriate referrals for treatment and support.
- **Support individuals** through their recovery journey, including successful retention and reintegration into the workplace.

By fostering a culture of support, prevention, and proactive intervention, we can safeguard the well-being of our people, enhance workplace safety, and strengthen our entire community. Thank you for taking this vital step in building a more resilient and caring trades environment.

How to Use This Manual

This handbook is designed as a practical, quick-reference tool. We know your time is valuable, so we've structured it to be easily scannable and actionable.

- **Quick Scan:** Use the bolded keywords and clear headings to quickly find the information you need.
- **Actionable Steps:** Each section provides concise, direct "**Next Steps for the Reader**" to help you find more information about a specific topic.
- **Resource Focus:** Keep this manual handy when you need to make a referral or are looking for support strategies.
- **Continuous Support:** Refer back to the "**RESOURCE LINKS/INFORMATION"** section to continuously improve your ability to support individuals in crisis.

This isn't just a document to read once; it's a living resource to be consulted whenever you encounter questions or challenges related to addiction in the workplace.

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MODULE 1: INTRODUCTION

1.1 What is De Novo Treatment Centre?

De Novo is a substance use treatment centre providing services to contributing Ontario unionized construction workers, employers and employees and their immediate families.

De Novo means a new beginning, and our Centre is a unique partnership between Management and Unionized Members of the Ontario Construction and Building trades, supporting the journey of recovery.

1.2 De Novo Mission, Vision & Values

Our Mission

To provide the highest quality of substance abuse treatment for the Employers, Members within the unionized Construction Industry and their families. We seek to provide hope, strength and tools for our clients in need of a New Beginning, to help them move forward on their journey in recovery.

Our Vision

To be the recognized leader for drug and alcohol treatment in the construction industry of Ontario, and to provide the highest standard of care.

Our Values

Compassion – We are caring, empathetic and non-judgmental.
Continuous Learning – We value continuous learning and seek out training opportunities to develop our skills.
Diversity – We value diversity and approach clients with a supportive and helpful attitude regardless of age, race, gender, sexual orientation, ability and spiritual or religious views.
Excellence – We continually seek to teach from best practices and uphold the highest level of professional and ethical care.
Integrity – We value and provide a confidential service, respecting everyone's individuality and dignity.
Teamwork – We value a team approach, support each other and support our clients.

1.3 Overview of the Programs Offered by De Novo

De Novo Treatment Centre offers 3 different programs:

1. **35-Day Accredited Residential Addiction Treatment Program** – A structured, live-in program that combines group therapy, individual counselling, education, and 12-Step support to help clients build a foundation for long-term recovery. For more details on this program, see Section 1.8.
2. **Distant Aftercare Program** – A follow-up service for graduates of the 35-day residential program, offering virtual counselling and ongoing support to help clients maintain recovery and successfully reintegrate into their personal and professional lives. To Learn more about the Aftercare Program, please see Module 7.
3. **Family Program** – A program for adult loved ones (family members and significant others) of a De Novo residential client, providing education, coping strategies, and supportive resources to

strengthen family systems and promote healing alongside the client's recovery journey. To Learn more about the Family Program, please access: **https://denovo.ca/family/**

The programs are evidence-informed and tailored to workers (and their loved ones) in Ontario's construction and building trades.

1.4 35-Day Accredited Residential Addiction Treatment Program

Residential addiction treatment is an intensive, live-in program designed to help people with substance use disorders remove themselves from environments and triggers that support ongoing use. Because clients stay full-time in the facility, they benefit from structured daily routines, continuous support, and an immersive environment that allows them to focus entirely on recovery without outside stressors. Benefits include stabilization, access to therapeutic care, improvement in mental health, development of coping skills, and greater chance of achieving lasting abstinence.

Key features include:

- Continuous Admissions and Graduations: New clients are admitted, and others successfully complete the program, on an ongoing basis each day.
- The 12-Step approach is central to De Novo's philosophy: There are 12-Step mandatory and optional meetings during the program and clients are encouraged to continue 12-Step involvement as part of the recovery process. To Learn more about the 12-Steps, please see Module 8.
- Therapeutic Modalities: De Novo promotes a 12-Step approach to recovery combined with other proven treatment modalities such as cognitive behavioural therapy (CBT), solution focused therapy, motivational interviewing, person-centered therapy, and the stages of change model.
- Group Sessions: Over the course of the 35-day program, clients take part in more than 60 open educational and relapse-prevention groups.
- One-on-One Counselling: During their 35-day stay, clients participate in 8–10 private sessions with qualified addiction counsellors, providing personalized guidance and support throughout treatment.
- Optional Programming: In addition to the mandatory components of treatment, De Novo offers a range of optional activities to support wellness and recovery. These include:
    - Personal trainer and gym; normally open daily for residents that complete an orientation with the Personal Trainer.
    - Group walks outside, weather permitting.
    - Meditation
    - Pet Therapy with "Wilson" the Golden Retriever from Therapeutic Paws of Canada.
    - Swimming at the local pool
    - Nature Hikes.
    - Art
    - Music: De Novo has several guitars for use.
    - A range of board games, books, and puzzles are available.
    - Recovery oriented reading material is available for purchase.

- Various activities can be purchased at the Tuck Shop including coloring pencils and stress relief coloring books, needle point, beads, various other activities and games, etc.
- Clients also have access to recreational spaces for various outdoor sports and activities. The facility features two lounges equipped with TVs and DVDs for relaxation and social connection.

Nutrition

De Novo Treatment Centre supplies all food that is consumed at the Centre. Menus are prepared by De Novo cooks and follow Canada's Food Guidelines. Good nutrition is an important factor in treatment for substance use and related disorders because it contributes to health, wellness, chronic disease prevention and management. Based on this, De Novo offers 3 healthy, balanced meals thought the day, 2 snacks, as well as fruits, cereal, milk, juices, coffee and tea. We also provide snacks through a vendor machine.

Health Care

While De Novo is not a medical facility, we do have a team of qualified health care professionals including nurses and physicians, supporting client safety and well-being. They address urgent health issues that may arise during treatment, support medication management, provide a weekly clinic for emerging health concerns, and provide holistic support so clients can focus fully on their recovery without neglecting their overall health. The support from the health care team also enables full participation in the program, since clients are more likely to engage in therapy, groups and a healthy routine if their basic health needs are met.

As a combination of its holistic approach, residential clients establish a healthy, well structured, consistent routine. The structured schedule of daily groups, counselling, meals, rest, recreational/fitness and optional programming helps clients build physical and mental health, stability, discipline, and gives a foundation for making recovery sustainable. De Novo research identifies that maintaining a healthy routine after treatment helps support long-term recovery.

1.5 De Novo's Contact Information

The most up-to-date and comprehensive information about De Novo Treatment Centre's programs and services can be found on our website – through www.denovo.ca or by scanning the QR code below. If you are unable to locate the information you need online, please feel free to contact us directly at:

De Novo Treatment Centre
Tel: 705-787-0247
Fax: 705-788-2607
Toll-Free: 1-800-9DeNovo (1-800-933-6686)
87 Forbes Hill Dr. Huntsville, Ontario, Canada. Postal code: P1H 1R1

As part of our commitment to Accessibility, if you require information and materials in a specific format, please contact Admissions at 705-787-0247 or email admissions@denovo.ca.

MODULE 2: ADDICTION

2.1 What is Addiction?

The term *addiction* is often applied broadly to describe behaviours that feel difficult to manage, such as shopping or following a TV series. However, simply enjoying something or experiencing withdrawal does not mean a person has an addiction. The definition used in this handbook refers to problematic use of a substance such as alcohol and other drugs.

One simple way of describing addiction is the presence of the 4 Cs:

- **C**raving
- loss of **C**ontrol of amount or frequency of use
- **C**ompulsion to use
- use despite **C**onsequences.

2.2 Five Drivers of Addiction and Suicide in the Construction Trades

Substance use and mental health issues are becoming increasingly prevalent within the construction and trades industry and are anticipated to be among the highest across all sectors. Addiction and suicide are critical issues for any industry in Canada. However, abusing substances such as alcohol and drugs in the construction industry poses a serious threat to the safety of all employees on the jobsite. The workplace, where people often spend the majority of their day, greatly affects their physical, mental and social well-being.

A research study conducted by De Novo identified five (5) main drivers for both addiction and suicide in the construction industry. Although sometimes differing in order, these reasons were consistently ranked by participants in the top five responses. They are as follows:

Work Habits and Schedule
Long hours, shift work, irregular sleep, and high-risk tasks contribute to fatigue, pain, and stress in construction, increasing vulnerability to substance use and suicide. Access to substances and peer pressure can further compound these risks.

Personal Relationships
Frequent travel, time away from home, and transient work conditions isolate workers from family and friends, weakening personal relationships and support systems. This isolation can lead to loneliness, substance use, or suicidal thoughts.

Stress, Anxiety, and Depression
High-pressure, fast-paced work environments often cause significant stress and psychological distress. When combined with depression or anxiety, these factors can drive workers toward substance use or suicidal ideation.

Finances
Job insecurity, unstable income, and financial pressures represent additional burden for construction

workers. Competitive wages and overtime may also create greater access to substances, reinforcing harmful use patterns.

Discrimination and Abuse
Bullying, harassment, and discrimination—particularly against women, racialized groups, and 2SLGBTQIA+ workers—create hostile work environments that harm mental health and increase risks of substance use and suicide.

It is evident that the above issues are extremely interconnected. All five drivers identified can be seen to influence each other and cause varying degrees of substance use and mental health concerns within the construction and trades industry.

However, there is conclusive evidence that the infrastructure of the workplace can provide a support network that will encourage and promote healthy lifestyle practices at both the individual and organizational level.

2.3 Signs and Symptoms of Addiction

The warning signs of substance dependence can look different for each person and may also vary based on the substance being used. These signals do not always confirm that someone has a substance use issue. However, they can suggest that an employee is struggling and may need support, whether or not the challenge is directly linked to substance use.

The impact of substance use can extend into all areas of life, including the workplace. Possible indicators at the job may include:

- Repeated lateness or unexplained absences
- Frequent minor accidents
- Decline in personal grooming or hygiene
- Reduced productivity
- Involvement in workplace incidents
- Errors or unsafe behaviours on the job
- Sudden or ongoing financial difficulties

Other signs may involve:

- Heightened anxiety, irritability, or low mood
- Difficulty concentrating or thinking clearly
- Memory gaps or blackouts
- Strained personal or professional relationships
- Physical signs such as flushed skin, broken blood vessels, bloated appearance, red eyes with weird pupils, sudden weight changes, needle marks, and frequent nosebleeds.

In some cases, individuals may recognize that their use is creating difficulties, however, they continue despite wanting to stop. They may consume more than planned or at times they intended not

to. Others may not realize that their use has become problematic, which can reflect denial or lack of awareness.

2.4 What is Stigma, Bullying and Discrimination?

Stigma is any attitude, belief or behaviour that discriminates against people.
Stigma refers to attitudes, beliefs, or behaviors that label or judge people negatively based on a particular characteristic or circumstance. Stigma is when an individual *sees someone* in a negative way because of who they are, how they look like, what they experience, or the challenges they face.
Discrimination happens when those negative views translate into unfair or harmful treatment toward a person or group because of those characteristics or circumstances. Discrimination is when an individual *treats someone* in a negative way.
Bullying refers to repeated, harmful behaviours—such as intimidation, humiliation, or aggression—that target an individual or group. It occurs when someone uses power or influence to control, threaten, or demean others, creating a hostile or unsafe environment.

In the trades, minority groups that usually experience harassment include women, Indigenous peoples, immigrants/newcomers, people with disabilities, youth, racialized people, apprentices and people from 2SLGBTQIA+ community. Stigma often appears as offensive language that shames and belittles people. Such language can lead to a cycle of behaviours and attitudes that isolate and marginalize people.

Stigma around substance use is a significant barrier for people who use drugs or people in recovery from addiction. It can prevent them from seeking help because they fear judgment or loss of their job, friends and family.

2.5 Signs of Abuse in the Workplace

Derogatory or demeaning language and behaviors
This can include insults, slurs, jokes about a person's background (race, ethnicity, nationality), appearance, disability, sexual orientation, or mental health. Persistent teasing, mocking, or belittling during tasks or breaks are common indicators.

Exclusion or social isolation
Workers may be excluded from work-related discussions, informal social events, or units of the site crew. They might be ignored, given fewer opportunities to engage in tasks, or left out of tool or work assignments.

Unequal training, promotion, or task assignment
Discrimination can show up when some workers are consistently passed over for development opportunities, higher-responsibility tasks, or leadership roles without clear justification. Workers from underrepresented groups may find themselves permanently assigned to lower-skill tasks.

Frequent conflict or tension in the crew
Ongoing verbal arguments, aggressive language, or frequent conflicts—especially along lines of identity (race, nationality, religion, etc.)—may suggest underlying discrimination or bullying.

Hostile or "poisoned" work environment
Signs include humor, stories, or visuals that are offensive, sexist, racist, or otherwise discriminatory; rumor spreading; unsafe behaviors tolerated when the target is from a particular group; or vague insults that "everyone knows" are directed at someone but are masked as joking.

Physical/psychological symptoms in workers
Workers targeted by stigma or bullying may show increased stress, sleep disturbance, headaches, anxiety, or withdrawal. They may have increased sick days, or their performance and attention to safety may decline.

Reluctance to report mental health issues or ask for help
Workers may avoid disclosing stress, anxiety, or depression due to fear of being judged or perceived as weak. Studies show that in construction, stigma around mental health is often reinforced by masculine norms and job insecurity, which reduces the likelihood of help-seeking.

2.6 Next Steps for the Reader

Addressing workplace violence and harassment in the construction industry is essential to protect the safety and well-being of workers, as well as fosters a positive work environment and supports higher levels of productivity across the workforce. To support your role in the establishment and maintenance of a safer and healthier work environment, below you will find proactive approaches for prevention:

- **Better Understanding the Issue:** Learning more about the findings from De Novo's research regarding stigma, abuse and discrimination will equip you with evidence-based insights to create safer, more inclusive, and supportive workplace (https://denovo.ca/research/).
- **Implementing a Zero-Tolerance Policy:** Establishing a zero-tolerance policy clearly communicates that any form of workplace violence or harassment is unacceptable and will result in defined consequences.
- **Providing Adequate Training and Education:** Offering comprehensive training equips all workers with the knowledge and skills to recognize, prevent, and respond to workplace violence and harassment.
- **Encouraging Reporting Mechanisms and Support Systems:** Creating confidential reporting channels and support services empowers workers to report incidents without fear of retaliation.
- **Promoting a Culture of Respect and Inclusivity:** Fostering respect and inclusivity ensures all workers feel valued, supports positive workplace behavior, and helps prevent violence and harassment.

MODULE 3: REFERRALS

3.1 Who is Eligible for Treatment at De Novo?

De Novo Treatment Centre operates as a partnership between Management & Unionized Members of the Ontario Construction and Building Trades. We serve:

- Unionized members of contributing Unions when their Union representative confirms they are in good standing.
- Owners, managers, and employees of contributing Employers, when their Employer representative confirms they are in good standing.
- Immediate family members of the above individuals are eligible for service:
    - A spouse, common-law partner or live-in relationship for at least two (2) years.
    - A common-law partner as a result of having a child together.
    - A child through birth, adoption, marriage, or legally assigned to be under the care of the individual:
        - ✓ Under the age of 25 years of age.
        - ✓ Dependent adult child as a result of a disability.

3.2 Who can Make a Referral?

The following people can call the Centre to start the admission process:

- Business Owners
- Business Managers
- Business Agents (BA)
- Employer Representatives

3.3 How to Make a Referral?

There are 3 (three) steps for admission at De Novo:

1. **Referral:** To make a referral, Union Business Agent / Representative or Employer contacts De Novo Treatment Centre and confirms that the individual seeking treatment is a Member in Good Standing or an Employee of a contributing Employer, and eligible to enroll in the De Novo program. De Novo requires the first and last name, and date of birth of the individual seeking treatment.
   Self-Referral is also possible - if the client self-refers, authorization for eligibility from the Union or Employer must first be confirmed before proceeding; if the Union or Employer refers, consent to the referral must first be confirmed with the client before proceeding.
2. **Comprehensive Assessment:** Individual seeking services call De Novo to schedule a specific date and time to complete a confidential, comprehensive assessment with a De Novo counsellor. The interview may take approximately 1 hour to complete. It can be completed over the phone, video conference or in person.

3. **Medication Reconciliation Form:** If the individual takes any prescribed or over-the-counter medications or supplements, their health care prescriber or pharmacist must complete a form that summarizes the medications or supplements taken. The completed and signed Medication Reconciliation Form is Faxed (705-788-2607) or Emailed (Admissions@denovo.ca) to De Novo Treatment Centre.

Review: Once the comprehensive assessment has been completed, the Medication Reconciliation Form has been received, and any outstanding questions have been answered, the referral will be reviewed for approval. Once approved, an admission date will be negotiated. Admissions are scheduled Monday through Friday between 8:30 a.m. and 4:00 p.m.

3.4 Alternative Referral Options

When an admission to De Novo is assessed not in the best interest of the client, De Novo reserves the right to facilitate a referral to a partner treatment centre. Conditions can be:

- Conflict of interest with employees of De Novo.
- Any situation that interferes with the person's ability to actively participate in individual counselling and group psychoeducation.
- The individual is not independent with activities of daily living (e.g., bathing, dressing, eating, mobility, medications).
- Complex physical, mental health and/or cognitive needs.
- All referrals under the age of 18 are supported with a referral to a specialized youth treatment centre.
- All referrals under the age of 21 are offered their choice of De Novo Treatment Centre or a referral to a specialized youth treatment centre.
- All female referrals over the age of 18 are offered their choice of De Novo Treatment Centre or a specialized female-only program at a partner treatment centre.
- All referrals that identify as 2SLGBTQIA+ will be offered their choice of De Novo Treatment Centre or a specialized 2SLGBTQIA+ program at a partner treatment centre.

Exclusionary criteria for De Novo Treatment Centre's 35-Residential program:

- The individual is not approved by their Union representative or Employer representative.
- The individual has a documented history of repeated discharges from De Novo or partner treatment centers for behaviours incompatible with residential addiction treatment, such as:
    - Perpetrating physical, sexual, or psychological violence including weapons offences.
    - Possession, use and/or distribution of substance(s), and/or concealment of substance use.
    - Destruction, vandalism or theft of De Novo property, or property of another resident or staff member.

3.5 Next Steps for the Reader

Additional Information: To learn more about the referral process, you are encouraged to access De Novo website (denovo.ca) and read the Program Information and Referral Guide.

Informed Consent: During the referral stage, all clients will sign a 'Consent to Collect and/or Disclose Personal Information and/or Personal Health Information' document for their Union Local or Employer. Before the scheduled admission, you are strongly encouraged to read De Novo's Informed Consent document, which is available on our website. To learn more about the Consent form, please see module 6.3.

MODULE 4: NEXT STEPS AFTER A REFERRAL

4.1 What Happens After a Referral to De Novo?

Once a referral is made to De Novo Treatment Centre, the referred individual—who we'll refer to as the "member/employee"—begins a critical and often challenging period of preparation. This stage is a time for action, getting ready for a 35-day residential treatment stay away from work, home, and family.

Before an admission date can be scheduled, several essential steps must be completed. A member/employee's file must be approved based on the following checklist:

- BA/Employer Referral, confirming that a member is in good standing with the union
- Comprehensive Assessment
- Medication Reconciliation Form
- Consents to communicate with unions/employers
- Consent for virtual care

4.2 What Can Delay a Referral?

While the checklist may seem straightforward, it can present significant hurdles that may delay a member/employee's admission date. Many of these challenges stem from the difficult circumstances a member/employee may be facing, including active substance use, which can make it hard to follow through on even minor commitments.

Here are some common reasons a referral might be delayed:

- **Union Dues:** Members sometimes need to get their union dues up to date to be eligible for treatment.
- **Comprehensive Assessment:** The comprehensive assessment is thorough, often taking an hour or more. Individuals must find time to complete this detailed discussion, which can be challenging due to privacy concerns, busy schedules, or difficulty in discussing personal topics. Critical information like a health card or benefit details may also be needed after the initial call.
- **Medication Reconciliation:** Completing the Medication Reconciliation Form can be complicated, especially for those with chronic illnesses, pain, or multiple health care specialists. Many individuals do not have primary care, making this process even more difficult. The De Novo team is here to help your members/employees navigate this important process.
- **Loss of Contact:** It is not uncommon for individuals to feel uncertain about treatment, leading to inconsistent communication. They may not answer the phone or return calls, which stalls the process.
- **Missed Appointments:** Members/employees may forget check-in calls or miss deadlines for submitting critical information needed to complete their screening.
- **Financial Arrangements:** Arranging finances can be a major challenge. Members/employees may need to navigate layoff paperwork, apply for unemployment benefits, or ensure their loved ones have financial support while they are away.

- **Court Dates:** If an individual has a scheduled court date for a criminal, civil or family matter, their admission may be delayed since they cannot attend court while in residential treatment.

4.3 Ways to Support a Member with a Successful Process

Union representatives and employers play a crucial role in helping members/employees navigate the path to treatment. Their proactive support can remove barriers and significantly increase the likelihood of a successful admission.

Required Actions (Must Do):

- **Confirm Member Standing:** The union or employer must promptly confirm that the member is in good standing and eligible for the referral. If there are outstanding unions dues, this should be communicated clearly to the member and a process for payment or an alternative arrangement should be put in place immediately. Please note that when the union or employer is calling to clear a member, the Centre will require, at minimum, the referred individual's first and last name, phone number, date of birth and gender.
- **Facilitate Communication:** Ensure the individual understands that they have **consented to communication** with the union/employer and De Novo. Be a reliable point of contact for the treatment centre if they need to relay important information to the member/employee.

Recommended Actions (Should Do):

1. **Provide a Supportive Contact Person:** Designate a specific, supportive individual within the union or company who can act as a single point of contact for the member/employee. This person can help them track appointments, paperwork, and other requirements.
2. **Assist with Financial Planning:**
    - **Confirm Layoff Paperwork:** Work with the member/employee to ensure layoff paperwork is clear and correct, explaining the process for short-term disability (if applicable) or unemployment benefits.
    - **Clarify Benefits:** Clearly explain which benefits (e.g., medical, dental) will continue during their treatment stay, and for how long, and other funds that might be available through the local or employer to support members/employees while in treatment.
3. **Offer Flexible Scheduling:** Encourage members/employees to find a quiet, private space and time to complete the phone comprehensive assessment with De Novo without interruption. Employers can offer a private office or allow for flexible work hours for this purpose. Assessments are structured and scheduled with De Novo Treatment Centre. Call the Centre with the individual to schedule an assessment.
4. **Remind and Follow Up:** Gently remind the member/employee of upcoming appointments or required documentation. Given that they may be struggling with active addiction, it is helpful to provide reminders without judgment.
5. **Normalize the Process:** Frame the steps as a standard part of the treatment journey, not as a series of difficult "hoops" to jump through. This can reduce anxiety and encourage the member/employee to engage.

Discretionary Actions (Could Do):

- **Provide Information about Financial Supports:** Offer guidance on how to access unemployment benefits or other financial aid and ensure they have the necessary contact information.
- **Arrange for Medical Form Completion:** If possible, offer to connect the member/employee with a company or union nurse or doctor who can help them consolidate their medical information and fill out the Medication Reconciliation Form.
- **Plan for the Future:** Help the individual understand the return-to-work process after treatment.
- **Practical Support:** Ask the member/employee if they have a plan to attend treatment (e.g., a ride to and from treatment) and plan to support them with this. Depending on a client's admissions times, busing may be a challenge if drop off times do not align with admission times.
- **Start the Work before Treatment:** Encourage your members/employees to start the work before they come to treatment. Individuals do not need to wait until treatment to attend 12-Step meetings, explore their EAP plans for counselling, or if possible, be connected with another individual in the organization who has experience in recovery.

4.4 Next Steps for the Reader

You now have a clear understanding of the referral process to De Novo Treatment Centre and the potential challenges a member/employee may face. As a union representative or employer, your support is crucial in helping individuals successfully navigate this journey.

Here are the key next steps you should take:

- **Initiate Contact with the Individual:** Use the information in this module to have a compassionate and informed conversation with the member/employee. Confirm their understanding of the required steps and offer your assistance.
- **Review the Checklist:** Go through the file approval checklist with the member/employee. Identify any potential hurdles they might face, such as outstanding union dues or difficulty completing the Medication Reconciliation form. Find out where and when the individual may require the most support.
- **Take Action:** Based on your conversation, implement the **Required, Recommended, and Discretionary Actions** outlined in this module. This includes facilitating paperwork, clarifying benefits, and providing a supportive point of contact. This may also look like connecting them with key people in the organization to get the right information they will need.
- **Maintain Communication:** Keep an open line of communication with both the member/employee and De Novo Treatment Centre. Regular, non-judgmental check-ins can make all the difference in ensuring a successful admission. Try scheduling a date for check in every time you meet with the individual.
- **Share Resources:** Remind the member/employee that they can start their recovery journey even before arriving at the center. Encourage them to attend 12-Step meetings, explore their EAP plans for counseling, and connect with other individuals in recovery if possible.

By taking these steps, you can help transform a difficult and ambiguous process into a clear and manageable path toward recovery for your member/employee.

MODULE 5: ADMISSIONS

5.1 Reasons an Admissions Date Might Change

Unforeseen situations can often arise while clients are awaiting their admission date and sometimes, individuals will be asked to reschedule their admission to a later date. Below are common reasons why a client's admission date might change.

Prior to Admission Day

Short-Notice Admission: All clients are asked if they would like to be placed on a Short-Notice Admission List. If they agree and a bed becomes available unexpectedly before the client's scheduled admission date, this client is on the list to be the offered the next available bed and their admission date may be earlier than originally scheduled.

Client Request: At any point, the client may request a deferment of their admission to a later date that aligns with De Novo bed management systems.

Health: If the client experiences a new or worsening onset of contagious or infectious health illnesses/conditions, they will be asked to reschedule their admission.

Sobriety: The client may to reach out to De Novo prior to their arrival and inform us that they have used substances within the 72-hours of sobriety period. In this case, De Novo can support the individual with locating detoxification services and will reschedule the client's admission date.

Court Matters: Prior to admission, any legal matter the client is dealing with should be resolved, or arrangements must be made to address matters after treatment. De Novo cannot accommodate court appearances (virtual or in person) while the client is in residential treatment - they must arrange to have someone appear on their behalf if their court date is within the 35-day stay. If legal matters arise that affect time in treatment, an admission date may be deferred to a later date.

On Admission Day

Lateness: Admissions are scheduled Monday through Friday, between 8:30am and 4:00pm. Clients must be on-time for their scheduled admission date and time. If the client arrives more than 15 minutes late without communication with De Novo staff, their admission might be deferred to another date.

Abstinence: The client must be at least 72-hours abstinent from drugs and alcohol prior to their admission day, and a Drug Screening will be completed upon arrival. If the client is not 72-hours abstinent, their admission will be rescheduled to a later date.

Prohibited Items: A security search is conducted on admission day for prohibited items. If the client is found to be in possession of illicit drugs, drug paraphernalia, alcohol or weapons at the time of the security search their admission will be rescheduled.

Medication (if applicable): The client must arrive at the Treatment Centre with 35 days' worth of their medication and must be stable on all medication for a minimum of two (2) weeks prior to admission, or as otherwise directed by their primary care prescriber. If there are any issues with medications, it may result in an admission date being deferred until medication matters/stability is resolved.

Health Condition/Presentation: Upon admission, a withdrawal assessment may be completed. If the client is experiencing acute health conditions or instability in their health condition (such as experiencing high levels of withdrawals) an admission date will be rescheduled to a later date. This allows the individual time to access health care services to resolve or stabilize their health condition prior to admission. De Novo can support in connecting clients to Withdrawal Management Services.

5.2 How to Support a Member with an Admission Date

After making the decision to attend residential treatment and completing the required steps, the period of time while clients wait for their admission date can be challenging and overwhelming. Individuals benefit from receiving increased support during this transition, and De Novo research shows that support and accommodations from unions and employers are especially helpful. In this section, we explore ways that Business Agents and Employer Representatives can support members or employees with their admission date.

Review De Novo's Website: It is important that you have a thorough understanding of De Novo's admission requirements and documents. Take some time to review information on our website such as the Admission Checklist, Medication Reconciliation Form, and Virtual Services Information Sheet. You can also encourage your individual to visit the Resources section of our website for recovery supports they can access while waiting for admission (http://denovo.ca/resources/).

Treatment Preparation: Encourage your individual to read the Program Information and Referral Guide and Informed Consent to Services documents, located on De Novo's website, to ensure they are fully prepared for Residential Treatment. Our program is abstinence-based, and we require clients have at least 72-hours without alcohol or drug use prior to admission. Individuals may struggle to meet this requirement. De Novo staff can assist in providing information on Withdrawal Management Services.

Workplace Accommodations: Individuals may need time off work or other workplace accommodations to help them prepare for treatment, deal with legal and/or financial concerns, arrange transportation to Huntsville, and plan for personal matters in preparation of being at De Novo for 35-days. Work in collaboration with your individual to determine which types of supports they need, and how to best assist them during this transition – every person and situation is different!

EAP/MAP and Other Referrals: Individuals may not be fully aware of resources and services available to them. Often, benefit packages include health supports that are important in addiction recovery, such as therapy or counselling. Individuals can be referred to EAP/MAP programs for additional support while waiting for their admission. Some organizations also offer financial supports for members or employees – check with your HR department to see what your organization provides!

Check-Ins and Verbal Support: De Novo research shows that union and employer support has a positive impact on an individual's recovery journey, regardless of whether they are currently working or not - Business Agent or Employer Representative offering verbal support, words of encouragement, reassurance about their employment status, and assistance through the admissions process. These actions validate their decision to attend treatment and made a difficult time easier.

Planning for the Future: Prepare for your member/employee's aftercare and case management needs, even before they enter residential treatment. Some individuals may be dealing with homelessness, legal

issues, mental health conditions, or financial difficulties, all of which can hinder their recovery after treatment. Consider these needs early to proactively address potential challenges or barriers.

5.3 Admission Day – What You Need to Know

After a client arrives for their scheduled admission date and time, De Novo staff will welcome the client to the Centre and begin their admission process. This section provides details of De Novo's admission procedures and other important information you need to know.

Step 1 – Identity Confirmation: The client's identity is confirmed with at least one government issued photo identification that includes their First Name, Last Name, Date of Birth, and Visual Identification. Once the client's identity has been confirmed, admission procedures will begin.

Step 2 – Drug/Alcohol Screening: The client is asked to confirm their last day of substance use and the screening is conducted. If they are not at least 72-hours abstinent, their admission will be rescheduled to a later date. During Step 1 and 2, we ask the client's ride to remain at the Centre until the screening is complete.

Step 3 – Documentation: De Novo staff and the client will review the Program Information and Referral Guide, and Informed Consent to Residential Treatment documents. The client's questions will be answered. If the client voluntarily agrees to participate in the Residential Program they will be asked to sign a consent to treatment. If the client wants to include other people or organizations in their treatment, additional consents to share information will be completed (e.g., with family members, lawyers, probation officers, etc.).

Step 4 – Medication Reconciliation: De Novo staff and the client will review their Medication Reconciliation form, and if applicable, confirm they have a 35-day blister-packed supply of all medication. Medications will be labelled and securely stored.

Step 5 – Orientation: At this step, the client has been admitted to the Residential Program. De Novo staff will orient the client to the Centre's services, program schedule, their assigned bedroom, and the Treatment Centre facility. Clients will be taken on a tour of the Centre and introduced to other De Novo staff.

Step 6 – Day Zero: Admission Day is considered 'Day Zero' of the client's 35-day residential program. After orientation is complete, clients will schedule their Day Zero phone call to a person of their choice. The referring agent will receive a letter from De Novo confirming the client's admission to the Program.

Important Information:

- Parking of client personal vehicles at De Novo is not permitted. Clients driving themselves are responsible for finding long-term parking.
- Day one (1) of thirty-five (35) begins on the client's next full day at De Novo. While clients are not required to participate in programming on Day Zero (admission day), mandatory program participation begins the day after admission (Day One).

5.4 Admissions Checklist

Residential addiction treatment at De Novo involves a thorough admissions process, which may include several steps and important details to ensure the client receives the best possible care. Take a look at the admissions checklist below for a high-level overview of the steps required for admission.

- Client has reviewed De Novo's Program Information and Referral Guide and Informed Consent to Services.
- Client has dealt with all financial and/or legal matters, if applicable, before their admission day.
- Client has received blister-packed medications from their pharmacy, if applicable.
- Client has arranged transportation to De Novo for their scheduled admission date and time.
- Client has maintained at least 72-hours of abstinence from alcohol and drug use and has received information on detoxification centres, if needed.

5.5 Next Steps for the Reader

Your role in your member or employee's recovery extends past a referral and the client's admission to De Novo Treatment Centre. Below are some practical next steps for you to consider as you continue to support your member or employee in their recovery journey:

- **Review the Program Information and Referral Guide**, located on our website, to further educate yourself about De Novo's Residential, Aftercare, and Family Programs.
- **Familiarize yourself with your EAP/MAP Programs** and benefits, as well as other community-based resources to offer support to your member/employee. See the Resources Links/Information section of this manual for more information.
- **Start thinking about return to work early**. See Section 6.1 for more information and suggestions on how to prepare a Return-to-Work Plan with your member/employee.

MODULE 6: WHILE IN TREATMENT

6.1 Preparing for a Member to Return to Work

It's never too early to begin preparing for your member/employee to return to work, and while they're in treatment is the perfect time! As we discussed earlier in this manual, workplace support and accommodations from unions and/or employers are especially helpful for individuals in recovery, both before and after Residential Treatment. This section explores how Business Agents or Employer Representatives can prepare for a member/employee's return to work and ensure they feel supported during this transition.

Having a clear **Return-to-Work Plan** is crucial! Work together with your HR team and the member/employee to develop a Return-to-Work Plan that maintains confidentiality, defines job expectations, includes workplace accommodations, and provides support to the individual.

Remember that everyone's recovery is different, and some individuals may need specific accommodations to support their transition back to work. Connect with the member/employee in treatment to identify which specific accommodations they might need and how to best support them on-site. To get you started, a Return-to-Work Plan may include:

Allowing for a break – A short break (1-2 weeks) between completing treatment and returning to work contributes to better recovery and employment outcomes for the individual. Taking this time can help individuals establish a healthy routine, their coping mechanisms, and recovery supports.

Scheduling – Recovery maintenance can consist of regular attendance at 12-Step Fellowship meetings, calls with their sponsor, or appointments for therapy or counselling. A helpful work schedule allows the individual flexibility to fully participate in their Aftercare Programming.

Shifting Crews – People can associate certain people, places, and things with substance use. They will need to avoid these in early recovery to help reduce the risk of relapse. This may include crew members or other co-workers if they used substances together before treatment. Some people may request they are moved to another crew that does not engage in substance use.

EAP/MAP Programs, and Other Resources – Individuals are encouraged to access EAP/MAP programs for ongoing resources and support after they complete treatment. Refer to the Resources Links/Information section of this manual, for other recovery-based supports and services.

6.2 How to Support Members' Loved Ones

Addiction is a family disease. Loved ones are often negatively impacted emotionally, psychologically, and financially. If your member/employee consents, Business Agents and Employer Representatives can take their support a step further and offer support to the individual's family members while they're in treatment. During the referral and admission process, discuss family supports with your member/employee and ask if they require any additional resources for their loved ones.

Maintain Communication – If the member/employee agrees, it is important to maintain communication with their family. They may have questions or concerns related to their loved one's employment status,

union membership (if applicable), access to benefits, and return to work. Consistent communication can help to ease the family's fears and ensure everyone involved is on the same page.

EAP/MAP Programs and Other Resources – If your Union Local or Employer Association has an EAP or MAP program, these benefits often cover family members. Check with your HR department to see if the member/employee's benefits include access for family members, who is eligible (e.g., spouses or dependents) and what services they can access. Refer to the Resources Links/Information section of this manual, for other recovery-based family supports and services.

Financial Supports – Sometimes, the member/employee attending treatment is the sole financial provider for their family. In this case, the family may be stressed or worried about their financial situation while their loved one is at De Novo for 35-days. Check with your HR department to see if your organization provides any financial supports for members/employees who are off work.

De Novo Family Program – De Novo offers a Family Program to support the family members and loved ones of our clients. The focus of this one-day session is on the family member, the disease of addiction, and its impact on the family unit. This program is facilitated once every five weeks, and family members can call De Novo anytime to enroll. Family members of your member/employee can be encouraged to participate in De Novo's Family Program for additional education and supports.

6.3 What Kind of Member Information Can I Access?

De Novo Treatment Centre is committed to protecting the confidentiality of our client's personal health information. We maintain privacy in compliance with the Personal Health Information Protection Act (PHIPA), which establishes rules for the collection, use and disclosure of personal health information. During the referral stage, all clients will sign a 'Consent to Collect and/or Disclose Personal Information and/or Personal Health Information' document for their Union Local or Employer. This allows De Novo to provide Business Agents and Employer Representatives with information related to:

- **Eligibility**: confirming the client's eligibility through your Union Local or Employer Association for their participation in De Novo's 35-Day Residential Addiction Treatment Program.
- **Program Participation**: the client's attendance at, participation in, and graduation/discharge from the 35-Day Residential Addiction Treatment Program.

NOTE: the consent to release form authorizes De Novo to release information to the Union Local and/or Employer, rather than to a specific Business Agent or Employer Representative.

<u>De Novo Treatment Centre DOES NOT disclose any information without the client's expressed permission and consent</u>. Below are details that will help you better understand what kind of member/employee information that can be shared with you.

- During referral, Business Agents or Employer Representatives are required to confirm that the member/employee seeking treatment is in good standing with the organization.
- After admission, the referring Business Agent or Employer Representative will receive a letter via email notifying them that their member/employee has been successfully admitted to De Novo's 35-Day Residential Addiction Treatment Program. This letter will also provide their scheduled graduation date.

- After discharge or graduation from the Residential Program, the referring Business Agent or Employer Representative will receive a letter via email notifying them that their member/employee has left De Novo. This letter will also indicate the number of days in treatment that the individual has completed.

6.4 Next Steps for the Reader

Business Agents and Employer Representatives should have a good understanding of their roles and responsibilities, so they are fully prepared to support their member/employee before, during, and after residential treatment. Below are a few realistic action-items for you to consider while your member/employee is at De Novo.

- **Develop a Return-to-Work Plan** in collaboration with your HR department and the client in treatment. Work together to identify how to best support the individual in their return-to-work transition, and if they will require any workplace accommodations.
- **Take time to educate yourself** about addiction and recovery, the importance of Aftercare, your organization's return to work policies (including collective agreements, if applicable), and consider providing formal training to supervisors and foremen during this transition period.
- **Discuss family supports** with your member/employee during the referral and/or admissions process and ask if they will require any specific resources for their family.
- **Ensure you have read and understood Section 6.3** – What Kind of Member Information Can I Access? Please contact De Novo if you have further questions or need clarification about what kind of information you have access to as a referring agent.

MODULE 7: AFTERCARE

7.1 De Novo Aftercare Options

Aftercare programs play a critical role in supporting individuals after Residential Treatment. These programs are designed to help clients maintain sobriety, prevent relapse, and support long-term sustainability in recovery.

De Novo offers a variety of Aftercare Programming options to each client after completion of the 35-day Residential Program. Clients that complete the program are automatically assigned to the Aftercare Program and can opt out if they do not wish to participate. Clients can customize their Aftercare Program to best fit their recovery needs and goals. See below for a list of De Novo's Aftercare programs.

1. **De Novo Distant Aftercare Meetings** – a 12-week program, with a completion letter available upon the client's request. Weekly meetings take place over Zoom and consist of discussion groups on specific content. This program runs on a continuous basis, and clients can participate for as long as they wish!
2. **Follow-up Calls with De Novo Addictions Counsellors** – scheduled, supportive check-in calls over the 12-months following completion of the Residential Program.
3. **Referral to Alternative Aftercare Locations** – possible aftercare programming at other treatment centres close to a client's hometown. Cost is not covered by De Novo; however, referral information can be provided. This can include sober-living or transitional housing referrals!
4. **Referral to De Novo Alumni Program** – contact arranged between the client and a sober/clean past De Novo client close to the same hometown. This individual acts as another supportive connection for recent graduates in early recovery.
5. **Referral to Bridging the Gap through Alcoholics Anonymous (AA)** – the same type of program as De Novo's Alumni Program, only through AA.

7.2 What is Recovery?

Recovery is generally defined in the dictionary as "a return to a normal state of health, mind, or strength," and "the action or process of regaining possession or control of something stolen or lost." When it comes to recovery from addiction, this concept is dynamic and can be interpreted differently by different individuals. De Novo Treatment Centre believes that sobriety, defined as freedom from mood altering substances, is the goal of treatment and recovery.

When we asked our clients in De Novo's second research project what recovery means to them, participants believed that recovery means: working to become the best version of yourself, abstaining from substance use, and living a healthier lifestyle.

If someone broke their arm, their physical recovery would likely consist of frequent physical therapy, adherence to medications, and follow-ups with their healthcare provider. The same process is true for recovery from addiction – recovery requires ongoing maintenance, daily effort, and dedication.

While everyone's recovery program is different, individuals in recovery typically exercise maintenance through regular participation in 12-Step Meetings and Step Work (Modules 8.3 and 8.5), working with a Sponsor (Module 8.4), or attending counselling or therapy.

7.3 Risk Factors for Relapse

A 'risk factor' is a characteristic or variable that increases risk or susceptibility of lapsing or relapsing. A lapse refers to a temporary slip, or a single episode of returning to substance use after quitting, whereas a relapse is a more severe return to patterns of addiction after a period of abstinence.

Lapses and relapses can be common in recovery from addiction but can also damage an individual's motivation and desire for recovery. Based on De Novo research, there are key risk factors to living a healthy, sustained life in recovery. This section explores some of the risk factors identified.

1. **Being around others who continue to use substances** at home, work or in social circles can be a trigger for clients in early recovery. Individuals can experience peer pressure or feelings of being 'left out', influencing them to lapse or relapse.
2. **Not having employment to return to** can become a risk factor when individuals have long, unoccupied periods of time in their day. They may turn to substance use to counter feelings of boredom or low self-worth.
3. **Undiagnosed or untreated mental health challenges** are a risk because individuals may use substances to cope with poor mental health. This can become a cycle, where substance use then worsens feelings of stress, anxiety, or depression, resulting in additional substance use to deal with these emotions.
4. **Dealing with unresolved legal matters** place additional stress, anxiety, worry and fear on their mental well-being. These feelings can have a negative impact on recovery and create additional risk for relapse.

7.4 Protective Factors for Recovery

A 'protective factor' is a behaviour or characteristic that is associated with decreased likelihood of lapsing or relapsing. Regardless of whether the member/employee identifies with any of the risk factors in the previous section, there are ways for individuals to protect themselves and their recovery after completing Residential Treatment. This section discusses some of the protective factors identified through De Novo's second research project.

1. **Having employment to return to after treatment** benefits recovery by increasing self-worth, providing healthy structure and routine, having financial security, and decreasing negative impacts to mental health and boredom.
2. **Taking a break between treatment and returning to work** to establish a healthy routine, coping mechanisms, and recovery supports.
3. **Having support from unions and/or employers** to establish healthy boundaries within the workplace, *before* and *after* they returned to work.
4. **Family support** to help clients work through triggers or lapses and relapses and to provide emotional support, encouragement, financial assistance, and housing. "Family" can include both biological and chosen family.
5. **Healthy connections/relationships with others in recovery through** recovery-based resources, like 12-Step Fellowships and De Novo Aftercare, reported making new friends in recovery who became important supports for them.

6. **Access to technology and transportation to access recovery-based resources online and in the community,** like 12-Step Fellowship meetings, therapy or counselling appointments, mobile applications, and virtual services that support recovery.
7. **Hobbies/leisure activities that foster healthy hobbies and connections** to avoid boredom, be a distraction from substance use, and decrease mental health concerns. Clients also reported to engage in spiritual activities like spending time in nature, practicing meditation, journalling, smudging, and attending church.

7.5 Ongoing Support for a Member

Recovery is a continuous, lifelong process. Supporting your member/employee throughout their recovery journey not only benefits the individual and their family, but also strengthens the safety, productivity, and overall morale of your Union Local or Employer Association. This section contains some practical recommendations for how you can offer ongoing recovery support to your member/employee.

Regular, confidential check-ins: Meet with your member/employee regularly to ask how they are doing in their recovery and return to work. Offer additional support if they need it.

EAP/MAP Programs: Ensure your member/employee has a good understanding of their EAP or MAP program and other benefits that can support their recovery, like access to therapy or counselling.

Flexibility: As the individual progresses in their recovery journey, their support and accommodation needs may change. Remain flexible with Return-to-Work Plans and workplace accommodations to ensure your member/employee feels supported throughout every stage of their recovery.

7.6 Next Steps for the Reader

While ongoing support is crucial to your member/employee's recovery, training and education are just as important to ensure your Union Local or Employer Association fosters recovery-friendly work environments. This section outlines some recommendations for how you can translate the information you've learned in this manual into practice!

- **Offer ongoing support** to your member/employee after their return to work through regular, confidential check-ins and any further referrals to EAP/MAP programs or other community resources. It is important to communicate to your member/employee that ongoing check-ins are not intended to be disciplinary, but instead are meant to be a supportive, empathetic, and non-judgmental conversation. See the Resources Links/Information section of this manual for a list of substance use and mental health supports that you can recommend to your member/employee.
- **Work to foster an inclusive and respectful workplace** culture by educating all employees about addiction, recovery, and stigma. Consider including addiction and mental health topics at ToolBox Talks or in member/employee onboarding processes.
- Consider taking **crisis prevention and response training** to equip yourself with the knowledge and skills to identify and respond to crisis situations, like mental health or substance use related crises. See Module 9 of this manual for more information.
- **Continuous education is key!** Stay up to date with information as best practices, policies and procedures, and research are constantly evolving. Review De Novo's research on substance use

and mental health in the construction trades, located on our website, to educate yourself further about these topics!

MODULE 8: WHAT IS A 12 STEP PROGRAM?

8.1 Understanding 12-Step Programs

12-Step programs are fellowships of individuals who share a common problem and have found a solution in the **12-Steps**. These programs provide a supportive community for individuals to recover from addiction, compulsions, or other behavioral issues. They are non-professional, self-supporting, and founded on the principle that recovery is possible through a spiritual (not necessarily religious) path and mutual support. It is important to note that these programs are not treatment centres; rather, they are a framework for living a sober/clean and productive life. Workers in recovery often participate in these programs as a continuation of their treatment plan.

12 Step meetings are not governed by any organization or agency but are fully self supporting through contributions of 12 Step members who attend meetings.

What 12-Step Programs Are

- **Peer support groups:** They are communities of individuals who share a common problem and support each other's recovery.
- **A framework for life:** They provide a set of principles (Twelve Steps & Twelve Traditions) for living a productive, sober & clean life.
- **Spiritual in nature:** They are based on the belief that a spiritual awakening is key to recovery, though this is not religious and is defined individually.
- **Self-supporting:** They are funded by member donations and are not affiliated with any outside organizations, political groups, or institutions.
- **Anonymous:** They offer a safe, confidential space where individuals can be open about their struggles without fear of judgment.
- **Social:** 12-Step programs hold conventions and other activities that support cultivating new social circles with other individuals in recovery.

What 12-Step Programs Are Not:

- **Treatment centres:** They are not a substitute for professional medical or therapeutic treatment. They are a complement to it.
- **A quick fix:** The programs are a long-term commitment to a new way of life, not a short-term solution to addiction.
- **A religious organization:** While they are spiritual, they are not tied to any specific religion, and people of all faiths (or no faith) are welcome.
- **Professional services:** They do not employ counsellors, therapists, or doctors. They are run by members for members.
- **Managed by employers:** They are independent fellowships. While an employer can support an employee's participation, they should not dictate it or attempt to manage their involvement.

8.2 The 12-Steps

The **12-Steps** are a set of principles that, when followed, guide a person through their recovery. They begin with admitting a problem, seeking help from a higher power, making amends for past harm, and helping others. The steps are not a linear process but a journey that is often revisited throughout a person's life in recovery. Understanding the general principles behind the steps can help you appreciate the journey your employees are on. For example, Step 1 is about acknowledging powerlessness over the addiction, while Step 12 is about carrying the message to others and practicing these principles in all affairs.

The 12-Steps

1. We admitted we were powerless over our addiction—that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood Him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.
8. Made a list of all persons we had harmed and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we were wrong promptly admitted it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to others, and to practice these principles in all our affairs.

8.3 12-Step Communities and Meetings

12-Step communities are the heart of the program. They are groups of people who meet regularly to share their experience, strength, and hope. They hold meetings that are free to attend and are a safe space where individuals can be open and honest without fear of judgment. Meetings are typically a mix of sharing sessions, where people talk about their struggles and successes, and topic-based discussions. Attending these meetings is a cornerstone of a worker's recovery, as it provides a sense of belonging and accountability.

There are various types of meetings. Some are open, which means anyone can attend, some are closed, which means only those identify as having an addiction can attend, and still, some are birthday celebration meetings where members are celebrating their sober and clean dates.

Supporting an employee's need to attend meetings, even if they're before or after a shift, demonstrates your commitment to their well-being.

8.4 What is Sponsorship?

A **sponsor** is a person who has made significant progress in their own recovery and acts as a guide for a newcomer through the 12-Steps. The relationship is based on trust and is a critical component of the program. The sponsor helps the newcomer understand the steps, navigate challenges, and provides support outside of meetings. The sponsor-sponsee relationship is vital for a worker's recovery, as it provides a one-on-one connection to someone who understands their struggles and can offer real-time advice.

8.5 Step Work

Step work is the practical application of the 12-Steps. It involves an individual working through the steps with their sponsor. This can include writing, reflection, and engaging in difficult but necessary conversations. This process is a significant part of an individual's journey to sobriety, as it helps them address the underlying issues that led to their addiction. It is not something that is completed quickly but is an ongoing process of self-improvement and growth.

8.6 What is 12-Step Service Work?

Service work is a foundational principle of 12-Step programs, as outlined in Step 12. It involves giving back to the community by helping others in the program. This could be as simple as making coffee at a meeting, setting up chairs, or becoming a sponsor. Service work is a powerful tool for recovery, as it shifts the focus from an individual's problems to helping others. This act of altruism reinforces their own sobriety and sense of purpose. It shows the worker is becoming a valuable and contributing member of a community, which often translates to their professional life. Service work teaches individuals skills necessary to be a functioning, contributing member of society, skills that may have been missed in early life for many alcoholics and addicts.

8.7 Common Suggestions

It is not uncommon for individuals in early recovery to receive advice from more seasoned members. One of which is the suggestion to attend 90 meetings in 90 days. A meeting a day for 3 months! This helps individuals become established in 12-Step communities, find a group they plan to attend on a regular basis moving forward, and gives them an opportunity to get to know as many people in their area in recovery as possible. It also helps work through any anxiety one may have about attending meetings and re-enforces a habit of making time for their recovery, each and every day. Addiction is powerful, a strong dose of replacing the habits of drinking and using are needed for success, and a lot of inspiration.

Other recommendations are to find a “home group”. A home group is a group an individual will commit to attending on an on-going basis.

Still more suggestions include not making any major decisions in the first year of recovery. Things like major moves, changes in career, the ending or beginning of new critical relationships can all be difficult to navigate before a person establishes new ways of coping with change. Sometimes change

is unavoidable in the first year of a person's recovery, however the less disruption and more stability a person can get in their first year, the better.

8.8 Why is Total Abstinence Important?

According to 12-Step communities like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), **total abstinence** is considered essential for recovery because addiction is viewed as a **chronic, progressive disease** that affects the body, mind, and spirit. The core belief is that for individuals with this disease, controlled use of their substance of choice is impossible.

Here's a breakdown of the key reasons why total abstinence is emphasized:

The "Allergy" Concept

In the context of AA, the founder, Bill W., described addiction as a physical **"allergy"** to the substance. This isn't a medical allergy in the traditional sense, but an analogy for an abnormal physical and mental reaction. The first use of the substance triggers an uncontrollable craving for more. Because of this, even a single drink or drug can set off a chain reaction leading to a full-blown relapse. Therefore, the only logical solution is to avoid the substance entirely.

The Spiritual Malady

Beyond the physical aspect, 12-Step programs view addiction as a **spiritual malady**. The substance is often used to fill a spiritual void or to cope with feelings of anxiety, fear, and disconnection. The steps are designed to address this underlying issue. Any use of the substance, no matter how small, prevents the individual from engaging with the spiritual work necessary for long-term recovery. It's seen as a barrier to the spiritual awakening or transformation that the program promises.

A New Way of Life

Total abstinence is not just about stopping use; it's about building a **new way of life**. The 12-Steps guide members to develop honesty, humility, and a sense of purpose. This process of personal growth and character development is only possible when the mind is clear and free from the influence of drugs or alcohol. A return to any use of the substance, even in a small amount, signals a return to old patterns of thinking and behavior, which are not sustainable for a healthy and fulfilling life.

The "One Is Too Many" Principle

The 12-Step slogan "**One is too many and a thousand is never enough**" encapsulates the reasoning behind total abstinence. For an addict or alcoholic, the first use is the most dangerous because it leads to a loss of control. The goal isn't to manage the substance use but to gain control over one's life. This can only be achieved by completely removing the substance from the equation. The program offers a framework of support through sponsorship, meetings, and community to help members maintain this commitment.

8.9 Next Steps for the Reader

As a union representative, BA, or employer, understanding 12-Step programs is crucial for effectively supporting your members and employees in recovery. This knowledge empowers you to provide encouragement without interfering in their personal journey.

Here are the key next steps you should take:

- **Acknowledge and Respect Their Journey:** Recognize that a member/employee's participation in a 12-Step program is a vital part of their long-term recovery. Respect the principles of anonymity and confidentiality and never ask for details about what was shared in a meeting. Ask individuals what they need from you, specifically, to support their recovery.
- **Support Meeting Attendance:** Be flexible and accommodating of a member/employee's need to attend meetings. This may mean adjusting work schedules or providing a quiet, private space for virtual meetings. Remember, consistent attendance is a cornerstone of recovery.
- **Encourage Connection:** While you cannot manage or dictate a member's involvement, you can encourage their efforts to build a new support network. This includes their relationship with a sponsor and finding a home group.
- **Do Not Intervene:** Understand that 12-Step programs are peer-led and self-supporting. Your role is to support the individual, not to become involved in the program's operations or principles.
- **Focus on the Big Picture:** The core principles of recovery—honesty, accountability, and service—will positively impact a member’s life both personally and professionally. By supporting their recovery journey, you are helping to create a healthier, more productive, and more reliable employee and union member.

MODULE 9: CRISIS NAVIGATOR – PREVENTION AND RESPONSE

9.1 What is a "Crisis"?

- A crisis in the trades industry is any event or situation that poses a significant threat to the safety and well-being of an individual, the reputation of the organization, financial stability, or the operational continuity of a project or union. These events are often sudden, unexpected, and demand immediate attention to prevent severe negative consequences for those involved. Examples include: **Individual Safety Emergency:** A worker experiencing a severe injury, heat stroke, or medical emergency on a job site.
- **Mental Health Crisis:** A worker showing signs of extreme distress, anxiety, or experiencing a panic attack due to job-related pressure, harassment, or personal issues while on site.
- **Substance Abuse Incident:** A worker found under the influence, or an incident occurring due to impaired judgment, posing a risk to themselves and others.
- **Interpersonal Conflict Escalation:** A dispute between individuals on a job site escalating into a physical altercation, threat, or severe harassment.
- **Personal Hardship Impacting Work:** A worker facing a sudden, severe personal crisis (e.g., family emergency, financial destitution) that significantly impairs their ability to perform duties safely and effectively.
- **Unforeseen Site Hazards:** An individual encountering an unexpected, immediate danger (e.g., structural collapse risk, gas leak, exposed live wire) that requires immediate protective action and support.

9.2 Crisis Prevention – Building Resilience

Crisis prevention safeguards lives, protects assets, maintains reputation, and fosters a stable, productive work environment, reducing the far-reaching impact of crises.

- **Clear Policies & Procedures:** Establish and consistently enforce up-to-date safety protocols, guidelines, and communication channels. Ensure these are easily accessible, clearly understood, and regularly reviewed with all team members and union representatives.
- **Regular Training:** Implement ongoing and mandatory training programs covering critical areas such as:
    - Safety: Comprehensive job-specific safety procedures, hazard identification, and emergency response.
    - Conflict Resolution: Skills for de-escalation, mediation, and respectful communication to manage interpersonal disputes.
    - First Aid & Emergency Response: Certified training for physical emergencies.
    - Mental Health Awareness: Training to recognize signs of distress in oneself and others, and knowledge of available support resources.
- **Open Communication Channels:** Foster an environment of transparent and consistent dialogue. Encourage active listening and provide formal and informal avenues for all parties (management, union, members, employees) to voice concerns, provide feedback, and report potential issues without fear of reprisal.

- **Conflict Resolution Skills:** Actively promote and develop conflict resolution skills among leaders and members/employees. Equip individuals with the ability to address disagreements constructively, mediate disputes, and de-escalate tension, thereby preventing minor issues from developing into significant crises.
- **Risk Assessments:** Conduct routine and thorough assessments to identify potential crisis points *before* they escalate. This includes evaluating:
    - Work Environment Hazards: Identifying physical dangers and unsafe practices.
    - Interpersonal Dynamics: Recognizing areas of potential conflict, harassment, or bullying.
    - Operational Vulnerabilities: Assessing weaknesses in processes, equipment, or supply chains.
    - External Factors: Monitoring economic shifts, regulatory changes, or community relations that could impact operations.

9.3 Early Intervention – Spotting the Signs

This section highlights the importance of recognizing and acting on early indicators of distress or emerging problems, particularly concerning mental health and substance abuse.

Recognizing Warning Signs

Be vigilant for changes in an individual's behavior, appearance, or work performance that could signal a struggle with mental health or addiction. These may include:

- **Performance Changes**: Significant drop in work quality, missed deadlines, or increased errors.
- **Attendance Issues**: Frequent tardiness, unexplained absences, or leaving work early.
- **Behavioral Shifts**: Increased irritability, mood swings, withdrawal from colleagues, or uncharacteristic aggression.
- **Physical Appearance**: Neglect of personal hygiene, unexplained weight changes, or appearing fatigued or unwell.
- **Safety Lapses**: Increased near-misses, disregard for safety protocols, or repeated minor injuries.
- **Social Isolation**: Avoiding team interactions, eating alone, or declining social invitations.
- **Financial Distress**: Expressing significant money troubles or asking for loans from colleagues.
- **Subtle Impairment**: Slurred speech, unsteady gait, smell of alcohol, or unusual energy/lethargy.

Being Prepared

Being prepared and understanding the importance of pro-actively addressing signs of crisis can increase trust and stability within the workplace. Some preventative measures include:

- **Active Listening & Observation**: Business agents and leaders must be present and attentive. Regularly observe team members, engage in casual conversations, and listen actively to concerns, even those not directly related to work tasks. A supportive presence can encourage individuals to open up.

- **Timely Action**: Emphasize that early, small actions can prevent larger, more severe problems. Addressing concerns promptly, with empathy and a focus on support, can make a significant difference in an individual's journey to recovery and prevent a situation from escalating into a full-blown crisis.
- **Documentation**: Discreetly and objectively record observations and interactions when concerns arise. Focus on factual behavior or performance changes, not assumptions. This documentation is crucial for consistent follow-up and for outlining a clear history if further support or intervention becomes necessary.

9.4 Crisis Response – When It Happens

This section outlines immediate steps to take when a crisis, especially one involving an individual's mental health or substance use, occurs on the job site.

- **Activate the Plan**: Immediately refer to your organization's established crisis response protocol. Know who to contact (e.g., designated supervisor, union representative, HR, emergency services, EAP). A swift and coordinated response is crucial.
- **Prioritize Safety & Well-being**: The immediate priority is always the safety of the individual in crisis and everyone else on site.
    - For physical danger: Secure the area, remove hazards, and provide immediate first aid if trained. Call 911 if there's a medical emergency.
    - For behavioral crisis: Create a safe space, de-escalate the situation calmly, if possible (without putting yourself at risk), and prevent further harm.
- **Secure the Scene/Information**: If the crisis involved an incident, secure the immediate area to prevent further harm or loss of evidence. For individual crises, protect their privacy and dignity while gathering only essential information to ensure proper support.
- **Communicate Effectively (and responsibly)**:
    - Internal: Share clear and concise information with essential personnel only. Avoid speculation or gossip. Focus on support and resources available.
    - External: If the crisis has wider implications, designate a single, trained spokesperson for any external communication (e.g., media, family, authorities).
    - Protect the individual's privacy while adhering to legal and organizational requirements.
- **Fact-Finding & Assessment**: Swiftly gather accurate information about the incident.
    - Who is involved? What happened? When? Where?
    - Avoid making assumptions or judgments. Focus on observable facts and behaviors.
    - This initial assessment helps determine the appropriate next steps and necessary resources.
- **Decision Making**: Make calm, informed decisions based on the gathered facts and established protocols. Involve relevant experts (e.g., medical professionals, EAP, HR, legal) as needed. The goal is to stabilize the situation and provide appropriate support.
- **Legal & HR Consultation**: Involve legal counsel, union representation and HR early, especially if the crisis involves safety incidents, policy breaches, or potential legal ramifications. They can ensure compliance, protect rights, and guide the proper handling of sensitive situations.

9.5 Post-Crisis Management – Recovery & Learning

This section focuses on the critical steps following an immediate crisis response, aiming to support recovery and leverage the experience for future prevention.

- **Stabilize & Support**: Once the immediate crisis has passed, focus on returning to normalcy and providing ongoing support.
    - Individual Support: Ensure the affected individual(s) receives appropriate follow-up care (e.g., medical, counselling, union representation, EAP services). Facilitate a safe and supported return to work, if applicable, with accommodations as needed.
    - Team Support: Address the emotional impact on colleagues who witnessed or were involved in the crisis. Offer debriefing sessions, counselling, or peer support.
    - Operational Stability: Resume normal operations gradually, ensuring all safety measures are reinforced and that the work environment feels secure.
- **Debrief & Review**: Conduct a thorough, objective review of the crisis and the response. This is not about blame, but about understanding.
    - Gather Perspectives: Speak with all key individuals involved, including the affected person (with their consent and appropriate timing), witnesses, responders, and decision-makers.
    - Analyze What Happened: Document the timeline, contributing factors, and the immediate actions taken.
- **Identify Lessons Learned**: Based on the debrief, pinpoint what worked well and what could be improved.
    - Successes: What aspects of prevention, early intervention, or response were effective?
    - Challenges: Where were the gaps in policies, training, communication, or resource availability?
    - Root Causes: For issues related to mental health or addiction, explore systemic factors that might contribute to such crises and how they can be mitigated.
- **Update Plans & Policies**: Integrate new insights and lessons learned into your existing crisis prevention, early intervention, and response strategies.
    - Revise Protocols: Update safety manuals, emergency plans, and EAP referral processes.
    - Enhance Training: Modify or create new training modules based on identified needs (e.g., specific mental health first aid, advanced de-escalation).
    - Improve Resources: Ensure easily accessible and up-to-date lists of mental health services, addiction support programs, and community resources.
- **Rebuild Trust & Morale**: Crises can erode trust and morale. Proactively work to heal and strengthen relationships.
    - Transparent Communication: Share insights from the review process (without breaching privacy) and explain how improvements are being made.
    - Show Empathy: Acknowledge the impact of the crisis on individuals and the team.
    - Foster a Culture of Support: Reiterate the organization's commitment to worker well-being and a safe, inclusive environment.

Post-crisis, it is important to understand what occurred. This can be done by trying to be supportive in the present moment, understand what happened and plan for the future. This begins bridging a professional relationship in which rapport is built. Rapport helps foster positive workplaces.

9.6 Skills Checklist for Crisis Intervention

This checklist provides key skills and approaches to develop for effectively handling individuals in crisis. Consider these areas for personal development and team training.

Active Listening with Empathy: Fully focus on understanding the individual's perspective and feelings without judgment. Reflect their feelings and summarize their statements to show you're engaged.

Supportive Approach: Maintain a non-threatening, calm, and respectful demeanor. Position yourself to ensure safety and comfort, avoiding direct confrontation or invading personal space.

Cultural Sensitivity: Recognize and respect diverse cultural backgrounds, beliefs, and communication styles. Understand how cultural factors might influence an individual's reaction to stress or their willingness to seek help.

Trauma-Informed Approach: Understand that an individual's current behavior may be a response to past trauma. Focus on creating psychological safety, trustworthiness, peer support, collaboration, and empowerment rather than re-traumatizing them.

Avoid the Power Struggle: Resist the urge to argue, debate, or exert authority over someone in distress. This can escalate the situation. Instead, focus on validating their feelings and offering choices.

Emotional Escalation Awareness: Learn to identify the stages of escalation behaviour (e.g., defensiveness, confrontational, refusing, releasing, intimidating) to anticipate behavior and apply appropriate de-escalation techniques.

Setting Limits: Provide clear, simple, and reasonable boundaries to maintain safety, while still offering choices and maintaining respect. Example: "I need you to lower your voice so we can talk, or we'll have to take a break."

Fail-Safe Options: Always have a backup plan or an alternative course of action if an initial intervention strategy isn't working or if the situation escalates. Know when to disengage and seek additional support.

Integrated Experience: Recognize that mental health, addiction, and physical well-being are interconnected. Approach individuals holistically, understanding that an issue in one area can profoundly affect others. Also, understanding where you and your approach comes into play when improving a situation, or escalating it.

Decision-Making Framework (Crisis-Specific): Develop a mental or documented framework for rapid, ethical decision-making during a crisis. This involves quickly assessing risk, identifying available resources, considering potential outcomes, and acting decisively.

Resource Navigation: Know your organization's Employee Assistance Program (EAP) details, local mental health services, addiction support groups, emergency services contacts, and union health and wellness programs. Be ready to provide relevant referrals and info, with key contact information.

Self-Awareness & Stress Management: Understand your own triggers and stress responses when dealing with challenging situations. Practice self-care to maintain your own emotional resilience and effective response capabilities.

9.7 Next Steps for the Reader

This module has equipped you with the framework to understand, prevent, and respond to crises. The true value, however, comes from applying this knowledge. Your immediate actions can save a life, protect your team, and strengthen your organization's resilience.

Immediate Action Plan

- **Conduct a Self-Assessment:** Use the provided "Crisis Navigator" model to evaluate your current readiness. On a scale of 1 to 5, how prepared is your organization to handle a mental health or substance abuse crisis? Identify at least one area where you can make an immediate improvement.
- **Identify Your Resources:** You can't navigate a crisis alone. Take a moment to locate and save the contact information for your **Employee Assistance Program (EAP)**, local mental health services, and addiction support lines. Know exactly who to call when a crisis occurs.
- **Schedule a Policy Review:** Pull up your union's or company's safety manual and crisis communication protocols. Do they clearly outline steps for a behavioral health emergency? If not, make a note to schedule a meeting with key stakeholders to discuss adding these essential protocols.
- **Start a Conversation:** The next time you are in a meeting with your team or colleagues, take a moment to discuss one of the key takeaways from this module. For example, you could ask, "What are we doing well to support our members/employees' mental health?" or "What's the one thing we could improve in our safety training?"

By taking these tangible steps now, you're not just reading about crisis management—you're actively building a safer, more supportive environment for everyone.

RESOURCE LINKS/INFORMATION

Phone Numbers and Crisis Lines

Suicide Crisis Helpline – call or text 9-8-8 anytime, from anywhere in Canada.

211 Ontario – Information and referral for community, government, social, and health services, including mental health. Call 2-1-1 or toll-free at 1-877-330-3213.

ConnexOntario – provides information about mental health, gambling, and addiction services available. Call 1-866-531-2600 or text CONNEX to 247247.

Health811 – visit their website or call 8-1-1 to speak to a registered nurse.

Victim Support Line – get 24/7 access to information and referrals for victims of crime across Ontario. Call toll-free at 1-888-579-2888.

First Nations and Inuit Hope for Wellness Line – support available to all Indigenous people across Canada. Call 1-855-242-3310.

LGBT Youthline – Affirming, anonymous peer support and resources for 2SLGBTQ+ youth across Ontario. Call 1-800-268-9688 or text 647-694-4275.

Trans Lifeline – community support and resources for trans people. Call 844-330-6366.

Black Youth Helpline – resources and support for all youth, and specifically Black youth. Call 416-285-9944 or toll-free at 1-833-294-8650.

Assaulted Women's Helpline (Ontario) – 24/7 crisis counselling and referrals to services, shelters, legal advice, etc. Call toll-free at 1-866-863-0511.

Nellie's Women and Children Crisis Line – a safe space where women and their children are empowered to create a new path. For the general line, call 416-461-8903 or call 416-461-1084 for the crisis line.

Support for Male Survivors of Sexual Abuse – 24/7 crisis and referral services. Call toll-free at 1-866-887-0015.

Websites

HeadsUpGuys – an online, anonymous resource specifically designed for men, and their families, to prevent the continued erosion of men's mental health and deaths by suicide. Visit www.headsupguys.org for more information.

Families for Addiction Recovery (FAR) Canada – provides support and education for families struggling with addiction. Visit www.farcanada.org for more information.

ConnexOntario – provides information about mental health, gambling, and addiction services available in Ontario. Visit www.connexontario.ca for more information.

Canadian Mental Health Association – provides resources and information on mental health. Visit www.cmha.ca for more information.

Centre for Addiction and Mental Health – provides education, information, and resources about addiction and mental health. Visit www.camh.ca for more information.

Programs

Alcoholics Anonymous – a fellowship of people who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. Visit www.aa.org for more information.

Narcotics Anonymous – a global, community-based organization that offers recovery from the effects of addiction through working a twelve-step program. Visit www.orscna.org for more information.

Cocaine Anonymous – similar to AA and NA, Cocaine Anonymous is a fellowship of recovering addicts who maintain their individual sobriety by working with others. Visit www.ca.org for more information.

Al-Anon – is a mutual support program for people whose lives have been affected by someone else's drinking. Visit www.al-anon.org for more information.

Alateen – a part of the Al-Anon Family Groups, Alateen is a fellowship of young people (mostly teenagers) whose lives have been affected by someone else's drinking. Visit www.al-anon.org/newcomers/teen-corner-alateen/ for more information.

SMART Recovery – Self Management and Recovery Training (SMART) Recovery is an evidence-informed recovery method grounded in Rational Emotive Behavioural Therapy (REBT) and Cognitive Behavioural Therapy (CBT), that supports people with substance dependencies or problem behaviours to build and maintain motivation, cope with urges or cravings, manage behaviours, and live a balanced life. Visit www.smartrecovery.org for more information.

BounceBack – a free skill-building program managed by CMHA. It is designed to help adults and youth 15+ manage low mood, depression, anxiety, stress or worry. Delivered over the phone with a coach and through online videos, you will get access to tools that will support you on your path to mental wellness. Visit www.bouncebackontario.ca for more information.

Breaking Free – a confidential wellness and recovery support program for alcohol and drugs. Breaking Free is an evidence-based digital behaviour change program that allows people to recognize and actively address the psychological and lifestyle issues that are driving their use of alcohol or drugs, so helping to support their recovery. Visit www.breakingfreeonline.ca for more information.

Ontario Structured Psychotherapy Program (OSP) – offers free, publicly funded, short-term cognitive behavioural therapy (CBT) with a psychotherapist, providing practical and goal-oriented support. CBT teaches people how to change their patterns of behaviour and thinking, which can help improve mental health and make it easier to cope with difficult emotions and situations. Visit

https://www.ontariohealth.ca/clinical/mental-health-addictions/structured-psychotherapy for more information.

Mobile Applications (Apps)

Everything AA – a free app that contains recovery-based readings, podcasts, and information. Available on iOS and Android.

AA Meeting Guide – a free-of-charge AA meeting finder app. Available on iOS and Android.

NA Meeting Search – a free app to help locate in-person or virtual NA meetings. Available on iOS and Android.

I Am Sober – a free sobriety tracker app. Available on iOS and Android.

Insight Timer – a free app that contains a variety of guided meditations to help reduce anxiety, improve sleep, or gain awareness. Available on iOS and Android.

NOTES

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87 Forbes Hill Dr. Huntsville ON. P1H 1R1
TF: 1-800-933-6686 P:705-787-0247
F: 705-788-2607
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