



## **CAREGIVER INFORMATION PACKAGE**

### *RESIDENTIAL PROGRAMS*

On behalf of the board of directors, management and staff team of the Dave Smith Youth Treatment Centre (DSYTC), I want to sincerely welcome you and your family to our residential treatment facility. We kindly ask that you take the time to carefully read and fully understand the contents of this information package. Both your youth and the DSYTC treatment team need you to be actively engaged in the treatment process as this involvement helps foster improved treatment outcomes for all involved. Understanding WHAT it is we do and HOW we do it is an important first step in this collaboration.

As outlined in the following pages, our clinical programming is, and will continue to be, based on the latest research regarding adolescent addiction treatment. Related to this, our pledge is that we will only provide you and your family the most up-to-date and scientifically validated treatment interventions. We also commit to offering all our services within an environment that is respectful to the rights of your child, and performed by empathic and competent staff whose skills and knowledge are constantly being enhanced.

It is important to recognize that our programs and services are funded by the Champlain Local Health Integration Network (LHIN), the provincial Ministry of Health and Long-Term Care (MoHLTC), as well as the generous citizens of our community who care deeply about youth who require effective treatment and support, in order to overcome their addiction and related problems.

### **HISTORY**

The DSYTC first opened its doors in 1993 as a result of the relentless efforts of a small group of people, led by Ottawa restaurateur and philanthropist, Dave Smith. The organization effectively served hundreds of youth and families each year as a Day Treatment program and in 2009, adjusted its mission statement so to prioritize the delivery of much-needed residential treatment services. The DSYTC currently operates 2 residential treatment facilities for youth 13-21 years of age, a 10-bed facility for young females (Carp Campus) and a 14-bed facility for young males (Carleton Place Campus).

### **BACKGROUND & RESEARCH**

Unfortunately, the realities of residential addiction treatment are often misunderstood, largely as a result of the stereotypical portrayal of such interventions on television and other sources of popular culture. Consequently, treatment myths are embraced and further detrimental stigma is assigned to those youth and families who need our help. In order to

accurately define, promote and provide effective residential addiction treatment, as well as to dispel a number of treatment myths in the process, the DSYTC specifically and purposely adopted a stringent policy of using only “evidence-based” interventions. But what exactly does this mean?

Prior to the 2nd world war, addiction treatment was primarily supported through well-intended faith based organizations or self-help groups, but often with detrimental and contradictory approaches. Treatment outcomes were often poor, yet many of the few who succeeded sought to further their claim that what worked for them would be effective for all others. Over time, some additional insight and understanding was achieved and by the end of the 20th century, treatment for alcohol and drug use “disorders” had become a more significant component of mental health services. Furthermore, addiction treatment secured greater credibility as professionals with a range of experiences and training became increasingly involved in the offering of treatment services (e.g., alcohol and drug counsellors, psychologists, social workers, psychiatrists).

In spite of the increased professionalization of the treatment field, very little research was being conducted in the scientific community regarding the characteristics of addiction, and how best to intervene. It was not until the late 1980s and early 1990s that a number of well-structured and scientifically sound studies began appearing in professional journals. However, the transmission of this new and valuable knowledge to front line practitioners was limited. As recently as 2006, Dr. Michael Dennis, a noted US expert stated that *“accumulating evidence indicates that most of the theories and approaches that are used within the community of practitioners are unsupported by empirical evidence of effects.”* There was reason for optimism, however, because while only 16 reputable addiction treatment studies had been published up to 1997, this number grew to over 200 by the year 2005, albeit with predominantly an adult population focus. The challenge then became to enhance the amount of adolescent-based research and bridge the gap between research and practice.

In 2006, Dr. R. J. Williams from the Addiction Centre Adolescent Research Group in Calgary reported to the American Psychological Association that: *“There are relatively few studies on adolescent substance abuse treatment. Methodologically stronger studies have usually found most adolescents receiving treatment to have significant reductions in substance use and problems in other life areas in the year following treatment.”*

Williams and his group indicated that the following characteristics were essential to effective treatment:

- Procedures in place to minimize dropout and maximize treatment completion rates;
- The provision of comprehensive services beyond substance abuse, including schooling, recreation, vocation and family matters;
- A community reinforcement approach was preferred with family therapy as an important component of the treatment program;
- Mandatory aftercare treatment (post residential discharge);

- Strong therapeutic relationships grounded by high therapeutic skill and an empathic approach.

The Drug Strategies Institute (DSI) of Washington DC had earlier published a treatment program guide for adolescents with addiction problems. *“Treating Teens”* was designed to help parents and others make informed choices about treatment and, in a moment of crisis, avoid rash treatment decisions based on anecdotal reports rather than a clear assessment of what kind of program would best meet their child’s needs. The DSI extracted 9 key elements of effectiveness from treatment programs that demonstrated successful outcomes for participants.

The **9 key elements of effectiveness** form the basis of our clinical treatment model and are listed below:

1. *Assessment & Treatment Matching*
2. *A Comprehensive & Integrated Treatment Approach (e.g., **ACRA**)*
3. *Family Involvement*
4. *Developmentally Appropriate Programming*
5. *Engagement & Retention of Teens in Treatment*
6. *Qualified Staff*
7. *Gender & Cultural Competence*
8. *Continuing Care*
9. *Treatment Outcomes (e.g., program evaluation)*

### **ADOLESCENT COMMUNITY REINFORCEMENT APPROACH (ACRA)**

The core of our residential treatment philosophy and practice is the Adolescent Community Reinforcement Approach (ACRA). Within ACRA, therapists’ use proven cognitive behavioural techniques to work with the youth to investigate and plan how pro-social activities and the reinforcement they provide can and do replace the perceived benefits obtained by the use of alcohol and other drugs. Clinical staff are trained and certified in a series of directive but non-confrontational therapeutic procedures designed to facilitate discussion, even when addressing the most challenging behaviours and attitudes. Specific ACRA procedures include: Goal Setting, Increasing Pro-social Recreation, Drink/Drug Refusal Skills, Relapse Prevention, Communication, Problem-Solving, Job Finding Skills and Anger Management.

The CRA model is one of the few that has been repeatedly recognized over a substantial number of years as being significantly more effective than other clinical approaches. It has been reviewed and endorsed by the Canadian Centre on Substance Abuse (CCSA) and the Center for Substance Abuse Treatment (CSAT) at the US National Institute of Drug Abuse (NIDA). The following quote is an extract from The Canadian Network of Substance Abuse and Allied Professionals, a CCSA initiative:

*“In nearly every review of alcohol and drug treatment outcomes, CRA is listed among the approaches with the strongest scientific evidence of efficacy;*

*however, it is not widely used or even known by many clinicians who treat individuals with addictions. Adding to this disconnect between research and practice is the fact that three of the four commonly-cited meta-analyses of alcohol treatment list CRA as one of the most cost-effective treatments available.”*

ACRA incorporates 4 highly structured components for caregivers, with a goal of enhancing harmony, communication and understanding between parents and adolescents (e.g., Adolescent-Caregiver Relationship Skills). Parental participation in these caregiver sessions is essential to the success of your child’s treatment and we very much welcome and encourage your engagement.

In spite of the family component contained within ACRA, it is an approach that is predominantly focused on the adolescent – as opposed to parents themselves. That is, it engages caregivers so that they can support the adolescent's journey of recovery. For parent/caregiver and/or family specific programming, we offer a program option in partnership with the Sandy Hill Community Health Centre, called the Family Support Network (FSN). We strongly encourage you to investigate this opportunity and more details about FSN can be obtained from your youth’s Addiction Therapist, our Residential Services Manager, the Executive Vice President - Clinical Services, our website, or my office.

## **CLIENT BILL OF RIGHTS**

Our unwavering commitment to our clients is to provide a safe environment in which they can work on their recovery goals. We do not use approaches, techniques, interventions or programming which are demeaning, oppressive, degrading, or abusive. Rather we work from a strength and client-based perspective that is grounded in factors such as encouragement, positive reinforcement, empathy and support, and we have entrenched this commitment within a Client Bill Of Rights

During an individual’s relationship with our agency he or she can:

- Expect to be treated with respect and dignity by all members of our staff;
- Expect that DSYTC staff will respond reasonably to his/her request for service and provide for the continuity of his/her care;
- Expect that DSYTC and its personnel will strive to create an environment where he/she will be treated with respect and dignity by fellow clients/residents;
- Expect that DSYTC and its personnel will treat all information provided in a confidential manner and will not, subject to certain exceptions, release that information to others except with proper consent;
- Expect that members of our staff will be honest and forthright with him/her at all times;
- Expect that his/her treatment plan and objectives will be developed promptly, that the care will be delivered in a competent manner and according to the highest recognized clinical standards, and will be arrived at with his/her cooperation and input;

- Request a change in treatment, a referral to another therapist (where possible) or a termination of treatment if he/she is dissatisfied (in such situations it is incumbent on the therapist to make all reasonable efforts to arrange treatment follow-up elsewhere);
- Request to examine, with some exceptions, his/her clinical record and to request a correction to that record by completing and attaching to the record a “statement of disagreement” concerning any perceived inaccuracies.

It is important to recognize that the existence of a Client Bill of Rights does not mean that clients can do whatever they desire while in our care. With rights come certain basic responsibilities towards both agency staff as well as peers who share the same rights. While staff are obliged to act nonjudgmentally and with empathy, they will also set boundaries and address and correct unacceptable behavior if and when it arises. Ultimately, we must all respect that agency personnel have the right to work in an environment which is free of violence (including harassment) and to set clear and appropriate boundaries which protect their privacy.

### **WHAT ACTIVITIES OCCUR DURING THE TREATMENT STAY?**

While living at our residential facility, clients are required to actively participate in day and evening programming that supports the achievement of treatment goals and recovery. The activities include the following:

- Individual and group therapy.
- Psychoeducational groups on such topics as: emotion control, healthy communication, aggression replacement skills, problem solving, self-esteem enhancement, relapse prevention, positive family relationships, healthy leisure activities, and basic life skills (e.g., cooking, banking).
- Family education, counselling and support.
- Academic programming through the M.F. McHugh Education Centre, where clients are able to earn high school credits based on their individualized education plan (IEP) or receive support for College, University or other academic programming depending on their needs. **Please note that the educational component is not available during the summer months (July & August). Additional clinical programming and pro-social activities occur during the summer months.**
- External partner collaboration (e.g., school personnel, family physician or psychiatrist, social workers, probation officers, etc.).

Our comprehensive treatment approach aims to ensure the active involvement of all supportive individuals who have a genuine interest in the well-being of your child. Each client within our program sets personal goals and objectives and their broader support system is essential in helping them reach and maintain these stated goals.

### **WHAT IS A TYPICAL DAY LIKE IN RESIDENTIAL?**

Although every day is somewhat different, residential treatment is purposely both structured and demanding. Typical activities include a set wake-up and bedtime, as well as

scheduled meals, recreation, chores, academic programs and group and individual programming. Weekends are slightly less prescribed, however we aim to keep our youth clients as busy as reasonably possible so to maximize their treatment gains.

For more details, we invite you to review the weekly schedule provided with this package.

### **ARE CLIENTS LOCKED UP OR RETAINED AGAINST THEIR WILL?**

Our residential sites are NOT lockdown facilities and clients can leave at virtually any time. However, campus doors and windows are alarmed and these alarms alert staff if an adolescent leaves the facility and/or in situations entailing any other breach. Internal common areas and sections of the external site are subject to video monitoring. Alarms and video cameras are solely installed for the safety and well-being of staff and clients alike.

In situations where a client chooses to pre-maturely discharge themselves from residential treatment, staff will contact parents/caregivers and potentially other key stakeholders in a timely manner (e.g., police, probation officers, school personnel, psychiatrist, social worker, etc.) so to help facilitate a safe and smooth transition. Should the client decide to leave at a time when it would be difficult to arrange for a safe transition (e.g., 3AM), clinical staff will work to keep the adolescent comfortable and have them re-assess their decision until a more suitable discharge period.

### **WHAT ABOUT SAFETY?**

It is our absolute priority to create and maintain a safe, structured and consistent environment. To this end, youth clients are continuously supervised and clinical staff have been trained to effectively cope with behaviours prior to them posing any significant threat. Furthermore, DSYTC staff strive to ensure that alcohol and/or drugs are not brought into the facility and it is for this reason that we do perform a thorough search of a client's clothing and suitcase upon admission and following off-site visits.

### **CONTINGENCY MANAGEMENT**

In order to aid clients with the transition from their home environments to living in a residential treatment facility, and to support them during their stay, the DSYTC utilizes contingency management. There is a point system to reward residents for the completion of a number of tasks and routines (e.g., cleaning room) as well as for doing things that are particularly helpful (e.g., assisting another client or staff member). As well, residents can lose points based on their lack of participation in certain tasks and/or for demonstrating negative attitudes or behaviours (e.g., swearing, intimidation). The more points' clients gain, the more privileges they are eligible to receive. This system may directly impact a scheduled off-site family visit as the youth need to obtain and maintain the highest privilege level (Platinum) for an off-site visit to be approved. The use of contingency management is not only intended to help manage client behaviours while in residential care, but reinforce adaptive behaviours and related skills that will be advantageous to the youth in his/her post residential environment.

## WHAT ABOUT COST?

There are no formal fees for our services (unlike if your youth was involved in a private and/or US based facility). However, we do require your help in covering "incidental" expenses that frequently arise. For example, our counsellor-supervised recreation program is a core treatment component, as we know it is critically important to help our clients experience pleasurable activities in a non-using environment. Although some limited funds are available to help subsidize those with the greatest financial challenges, we recommend and request that you provide the following funds for the following activities:

<b><i>Recreational Activities</i></b>	<b><i>\$100 per month</i></b>
<b><i>Personal Effects &amp; Shopping Fund</i></b>	<b><i>\$50 per month</i></b>

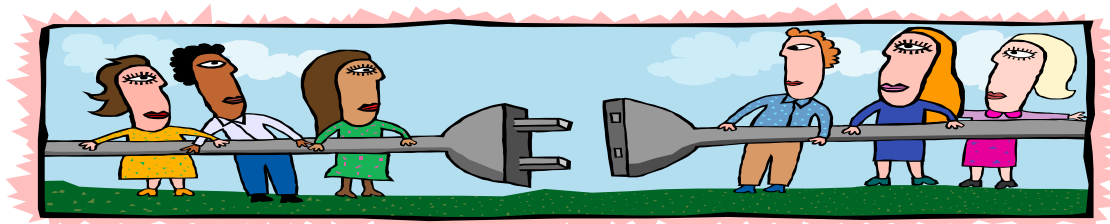
Family involvement and connection is important, but can be difficult for those living significant distances away from our treatment facilities. As such, if you live outside the local calling area, we request that you provide your son/daughter with a long distance calling card.

Lastly, despite the best of intentions of all involved, we know that some clients will want or need to leave our facility prior to the scheduled end of their program. If your residence falls outside the city of Ottawa and you are unable to pick up your child on short notice, we ask that you provide us the funds necessary to purchase a one-way bus or train ticket.

The money we receive for the above expenditures will allow us to maximize our treatment offerings. All funds provided will be accounted for via a signed receipt and will be retained in a secure location. All funds are cashed within 7 days of receipt. All unused funds will be returned at the time of program discharge, unless the youth has been observed or admitted to causing damage to DSYTC facilities or contents. In such instances, proportionate funds will be retained to cover the costs of repair and/or replacement.

## WHAT SHOULD MY YOUTH BRING?

Our services are presently being delivered in comfortable but temporary facilities. We have very limited space for storage for things such as clothes and other personal effects; bedrooms are double occupancy and two clients are required to share a 4 drawer dresser and a small clothes closet. We also have a very small room for the storage of empty suitcases so we ask that only necessities be brought to the facility. While we do not have the space to safely store portable electronic equipment such as laptops, each resident enrolled in our Academic Program is provided a notebook computer which is then used to acquire school curriculum materials so to foster the attainment of school credits while in residential treatment.



## WHAT ABOUT MEDICATION?

Medication may be taken while in residential care, as long as a psychiatrist or physician prescribed it and both the parent/guardian and the adolescent agree with the recommendation. Medications prescribed 30+ days from the admission date will need to be confirmed through the prescribing doctor prior to being approved for use while in residential.

Youth within our residential programs are closely monitored as to their need for a psychiatric assessment as a result of problems such as anxiety, depression, etc. Such an assessment may subsequently lead to a recommendation for medication. Please note that only a physician and/or pharmacist can fully explain the potential benefits and/or risks and side effects of any medication.

Clinical staff oversee the self-disbursement and ingestion of medication as per our medication policy. A youth that refuses or abruptly stops medication for a diagnosed psychiatric condition, resulting in a return of moderate to severe psychiatric symptoms, may render the DSYTC an unsuitable fit for the youth.

## HOW LONG DOES TREATMENT LAST?

In the broader community, the length of addiction treatment services varies by the type of treatment being offered. Often, adolescents will participate in more than one type of treatment (e.g., residential treatment followed by outpatient services). The length of residential treatment at the DSYTC is **3 months**, with a possibility for a 1-month extension. The decision regarding this noted extension is based on the adolescent's progress, clinical needs and personal wishes.

## HOW WILL I KNOW HOW MY YOUTH IS DOING?

You will be encouraged to stay in regular contact with your youth's therapist by way of telephone calls and scheduled meetings throughout residential treatment, and during the aftercare phase. As previously mentioned, you will also be asked to participate in family counselling sessions. The therapist will keep you informed about your child's difficulties and progress. Of course, we are always subject to the rights of your child under the consent to release information legislation, which may prohibit information sharing.



## WHAT ABOUT CONTACTING MY YOUTH WHILE IN TREATMENT?

Your child will be able to receive and place select telephone calls throughout their time in residential treatment. However, in order to avoid programming interruptions and to maintain programming consistency, phone calls are only permitted at select times. More specifically:

**Phone Calls:**                      **Every other day – 1 phone call permitted**                      **3:30 – 7:30pm**

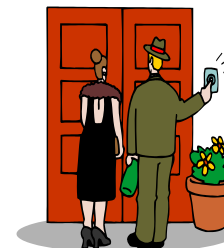


Alternative calling times may be arranged upon specific request.

Parents/caregivers are also encouraged to visit their youth while they are partaking in residential treatment (siblings are also welcome to visit as are extended family members – space permitting). In order to allow us time to coordinate, we ask that visitation appointments be made by the Thursday **prior** to the weekend the visit is scheduled to take place. Every reasonable effort will be made to accommodate visitation requests.

### **Carp Campus**

**Visiting Hours:** Saturday 3:30pm - 5:30pm & 7:00 - 10:00pm  
Sunday 3:30pm - 5:30pm



### **Carleton Place Campus**

**Visiting Hours:** Saturday 3:30pm - 5:30pm & 7:00pm - 10:00pm  
Sunday 3:30pm - 5:30pm

Note: For both campuses statutory holidays may also be used as visiting days. Please contact the designated campus to inquire about holiday visits.

Please note that in order to minimize treatment distractions and potentially on-going and/or inappropriate relationships, clients are engaged by staff in developing an “approved” list of telephone contacts and visitors. Only those individuals on such lists can be contacted and/or invited for a visit.

Both designated telephone times and visiting hours are subject to change, and participation in such activities, while often encouraged, are subject to client choice.

### **WHAT ABOUT HOME VISITS?**

In order to support and facilitate full reintegration and rehabilitation into real life environments, weekend home visits may be provided. These visits generally occur after a minimum of 2 months of residential treatment, and ample notice is provided so that the therapist involved can help the youth and family prepare for a successful visit. Please note that families are responsible for covering all necessary travel expenses that may be incurred as a result of such visits.

### **WHAT CAN I DO TO HELP WHILE MY YOUTH IS IN TREATMENT?**

In addition to participating in the family treatment components of our program (e.g., ACRA caregiver sessions), our caring and professional staff are there to help you. As part of this support, clinical staff will be able to offer information, guidance and recommendations that will help in areas such as healthy communication, rules and expectations, and the rebuilding of trust. While your youth is in formal treatment, this time is an opportunity to

explore the multitude of emotions that accompany addiction, namely anger, fear, guilt and uncertainty. Referral to external support and treatment services may also be provided.

In communicating with your youth while they are in residential treatment, it is important to let him/her know that you appreciate their efforts and offer encouragement for them to continue. It is important to remember that it is normal for adolescents to be ambivalent about stopping their alcohol/drug use and that arguments and ultimatums are rarely effective in convincing adolescents to stop using over the long term. Ask your youth about the changes they are making, openly acknowledge and celebrate these changes, and talk about how you can be supportive.

Research indicates that there are 4 critical practices that parents/caregivers can adopt so to help their youth:

- 1. Role model by not using alcohol or drugs in front of their youth (if at all)**
- 2. Communicate in a positive fashion (i.e., decrease blame and “put downs”)**
- 3. Monitor your adolescents whereabouts (where and with whom)**
- 4. Encourage and promote pro-social activities (and participate together)**

## **WHAT HAPPENS AFTER RESIDENTIAL TREATMENT?**

The most critical period in predicting long-term recovery is the first 90 days following residential treatment, so every effort is made to positively shape this initial post-treatment period. It is during this time that your youth will be able to make additional goal progress, strengthen new attitudes and behaviours, as well as locate people in the community who can and will support the changes they initiated during residential treatment (e.g., family doctors, psychiatrists, teachers, counsellors, coaches, probation officers, church members, non-using friends, AA/NA sponsors and supportive family members).



Relapse is a normal part of the recovery process, however, in order to reduce the risks that lead to relapse, we have assembled a special outreach team of Assertive Continuing Care (ACC) counsellors who will engage your youth and family shortly after residential completion (usually within 48 hours). An introductory meeting, when possible, will occur in advance of residential completion.

Available for both youth who do and do not complete the residential phase, ACC programming extends for up to 12-weeks post-residential discharge and is a critically important component of our treatment offering. ACC team members will primarily fulfill a case management role – “linking” the youth and/or family to any necessary programs and services in the community, as well as offering outreach counselling and support as needed. Given its importance and association to long-term positive outcomes (for program graduates as well as those who leave early), we strongly encourage all residential parents and youth to actively participate in Assertive Continuing Care once the residential stay has ended.

## SHOULD WE REMOVE ALL DRUGS/ALCOHOL FROM OUR HOME?

Many “persons, places, and things” become closely associated with drug use, and avoiding these “triggers” ultimately reduces the risk of relapse (i.e., use). We have found that adolescents who reside in homes in which alcohol and other drugs are openly consumed have lower success rates than adolescents residing in homes with no such use. The removal of such items from your home is not a signal that you do not trust your child, rather it is a sign of your commitment to do everything you can to support your youth’s recovery.

## WHAT CAN WE EXPECT WHEN OUR YOUTH COMES HOME?

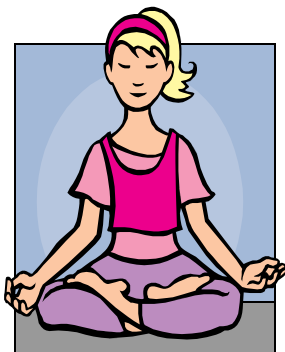
Most parents/guardians are very worried that their youth will return to using drugs or alcohol. Although this is completely understandable, we believe it is very important for parents to assume an attitude of at least “cautious optimism” as a means of projecting hope and support for your child. As well, while you develop and foster an environment of love and support, it is also important to facilitate consistency and structure by way of clear expectations and supervision. Remember that our ACC team member is available to help.

Perhaps the most common concern parents have is their youth’s desire to associate with old “using friends.” While it is not surprising that most adolescents resist changing friends, parents should nurture the development of new and healthy relationships when possible. Consider encouraging your youth to spend time with friends who do not use substances as well as to try new activities (both alone and together as a family). Helping your child identify pro-social activities that will broaden their interests and structure their time will often relieve boredom (a common use “trigger”) and support longer-term recovery.



It is often difficult to find the appropriate balance between wanting to be supportive and trusting while at the same time controlling your child’s life so to keep them safe. One of the keys to establishing proper balance is honest and respectful communication about what you and your child want and need. Once healthy communication and mutual goals are understood and established, future challenges are more easily overcome.

## WHAT ARE SOME SIGNS THAT TREATMENT WORKED?



Recovery can be a long-term process and residential treatment is often a first, although very important step in the process. Ultimately, success is best measured in terms of reduced life problems and enhanced quality of personal and family life.



Some reasonable expectations and indicators of success include:

- Abstinence OR significantly reduced use of drugs and alcohol;
- Aftercare and/or support group participation and follow-up;
- Improved family communication and relationship nurturing;
- Enhanced emotion management (e.g., anger);
- Improved academic and/or work performance;
- Increased pro-social attitudes, behaviors and activities (e.g., recreation);
- Greater clarity and motivation regarding personal goals;
- Reduced drug-culture connections (e.g., past relationships, hangout places, forms of music or dress, etc.);
- Etc.

### **CONCERNS?**

Unfortunately, as much as we aim to avoid them, misunderstandings and/or disagreements do arise from time to time. As such, we want to ensure we provide you a mechanism through which to have your concerns heard. First, you are always at liberty to raise matters with one of our Addiction Counsellors, your child's Addiction Therapist, or our Residential Services Manager, Troy Thompson. In the event that you are not satisfied with any of these avenues, you are invited to contact our Executive Vice President - Clinical Services, Mike Beauchesne at 613-594-8333 x 1211, or myself at 613-831-0011 x 201. A formal complaint policy exists within our organization in order to successfully navigate such challenges and we would be pleased to provide you a copy if desired.

### **QUESTIONS?**

DSYTC residential campuses are staffed 24 hours a day, 7 days a week. If you have any questions, you are invited to contact the therapist that is assigned to your youth at one of the following numbers (personal staff extension numbers will be provided at the admission interview):

#### **Dave Smith Youth Treatment Centre – 613-594-8333**

As clinical staff are constantly involved in programming activities throughout the day and evening, they may not always be available at the time of your call. Please do not hesitate to leave a message and your call will be returned as soon as possible.

Thank you for taking the time to read this important information package. Once again, welcome to the DSYTC, we look forward to serving you.

Sincerely,

Glenn Barnes, MHA, LL.B.

**President & CEO**

***Dave Smith Youth Treatment Centre***