

## Annotated Resources for Guiding MWSU Treatment Program Trauma Informed Care

1. **Brown, V.B. (2018). *Through a trauma lens: transforming health and behavioural health systems*. New York: Routledge.**

*Through a Trauma Lens* aims to understand and highlight successful examples of health, mental health, substance abuse treatment, and other service delivery systems that have implemented an integrated trauma-informed service model. This innovative volume draws on the author's first-hand experience working alongside a number of local and state organizations as well as a nationwide survey of notable trauma-informed models. Structured around illustrative case studies, chapters that correspond to stage of adoption, and strategies for cultivating staff support, this valuable new resource include examples and strategies to be applied in any treatment or service setting.

2. **Butler, L.D., Critelli, F.M., & Rinfrette, E.S. (2011). Trauma informed care and mental health. *Directions in Psychiatry*, 31, 197-210.**

To be trauma informed is to understand the involvement and impact of violence and victimization in the lives of most consumers of mental health, substance abuse, and other services. It is also to apply that understanding in providing services and designing service systems to accommodate the requirements and vulnerabilities of trauma survivors and to facilitate their participation in treatment. This lesson will explain the difference between trauma informed care and trauma specific interventions, briefly review trauma history prevalence among consumers of mental health services, describe the development of a trauma informed perspective in mental health, and discuss how standard clinical practices may inadvertently retraumatize those with trauma histories. This lesson will also outline the central features of a trauma informed organization/department and the 5 principles of trauma informed practice. Given the prevalence of traumatic experiences, especially those during development, and their long standing effects on patients' lives, the trauma informed perspective offers a compelling and humane organizing principle for conceptualizing and addressing many of the problems and challenges facing those seeking mental health and other services.

3. **Esfeld, J., Pennings, K., Rooney, A., & Robinson, S. (2021). Integrating Trauma-Informed Yoga into Addiction Treatment. *Journal of Creativity in Mental Health***

As adjunctive therapy, yoga is commonly integrated into addiction treatment. However, conventional yoga practice does not intentionally address the underlying trauma that many with addictive use disorders have experienced. Considering the growing body of evidence highlighting the significant role trauma plays in the development and exacerbation of substance use disorders, it is imperative that treatment approaches address trauma and addiction symptoms simultaneously. In this article, the authors explore the interplay of trauma and addictive use disorders, discuss how yoga is currently being implemented in addiction treatment, define trauma-informed yoga, and highlight the need for addiction treatment to be trauma-informed. Finally, we present a conceptual guide for incorporating and implementing trauma-informed yoga into addiction treatment.

4. **Hill, R. & Harris, J. *Principles and practice of Group Work in Addictions*. New York: Routledge.**

How can the group setting be used to treat those with drug and alcohol problems?

Many professionals working across a variety of addictions settings find themselves working in groups and tackling complex issues; however, there is often very little initial training or on-the-job support to help them in this challenging task. *Principles and Practice of Group Work in Addictions* has been written with the aim of addressing the key areas in working with drug and alcohol misuse while providing practical solutions to the more common problems that emerge in group work.

Drawing on the expertise of clinicians who work in the field of addictions, this book offers readers practical advice for everyday practice. Divided into three sections it covers:

- core group work in addictions

- practical issues and solutions to common problems
- specific issues within the field of addictions.

**5. Harris, M., & Falot (2001). *Designing trauma-informed addiction services. New Directions for Mental Health Services, 89, 57-73.***

Because addictive disorders are so common among women who have experienced prolonged sexual and physical abuse, it is especially important to design addictions services that meet the needs of female trauma survivors. Substance abuse and its relationship to violence and victimization are considered along with suggestions for modifying or changing traditional programs. Without these changes, providers rely on programs and methodologies that run the risk of retraumatizing women and perpetuating a life of abuse and addiction.

**6. Judith Herman (2018). *Group Trauma Treatment in Early Recovery: Promoting Safety and Self-care.* Guilford Press.**

This book describes a supportive group treatment approach for survivors just beginning to come to terms with the impact of interpersonal trauma. Focusing on establishing safety, stability, and self-care, the Trauma Information Group (TIG) is a Stage 1 approach within Judith Herman's influential stage model of treatment. Vivid sample transcripts illustrate ways to help group participants deepen their understanding of trauma, build new coping skills, and develop increased compassion for themselves and for one another. In a large-size format for easy photocopying, the volume provides everything needed to implement the TIG, including session-by-session guidelines and extensive reproducible handouts and worksheets. Purchasers get access to a companion website where they can download and print the reproducible materials from the book, as well as an online-only set of handouts and worksheets in Spanish.

**7. Judith Herman (2015) *Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror. Basic Books. A Member of the Perseus Books Group.***

*Trauma and Recovery* is revered as the seminal text on understanding trauma survivors. By placing individual experience in a broader political frame, Harvard psychiatrist Judith Herman argues that psychological trauma is inseparable from its social and political context. Drawing on her own research on incest, as well as a vast literature on combat veterans and victims of political terror, she shows surprising parallels between private horrors like child abuse and public horrors like war.

**8. Najavits, L. (2001). *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse.* New York, NY: Guilford Press.**

This manual presents the first empirically studied, integrative treatment approach developed specifically for co-occurring PTSD and substance abuse. For persons with this prevalent and difficult-to-treat dual diagnosis, the most urgent clinical need is to establish safety--to work toward discontinuing substance use, letting go of dangerous relationships, and gaining control over such extreme symptoms as dissociation and self-harm. The manual is divided into 25 specific units or topics, addressing a range of different cognitive, behavioral, and interpersonal domains. Each topic provides highly practical tools and techniques to engage patients in treatment; teach "safe coping skills" that apply to both disorders; and restore ideals that have been lost, including respect, care, protection, and healing. Structured yet flexible, topics can be conducted in any order and in a range of different formats and settings. The volume is designed for maximum ease of use with a large format, lay-flat binding, and helpful reproducible therapist sheets and handouts

**9. Rothschild, B. *Help for the helper.* New York: WW Norton and Company.**

Therapist burnout is a pressing issue, and self-care is possible only when therapists actively help themselves. The authors examine the literature from neurobiology, social psychology, and folk psychology in order to explain how therapists suffer from an excess of empathy for their clients, and then they present strategies for dealing with burnout and stress.

**10. Van Der Kolk, B. (2014). *The body keeps the score.* Penguin Books.**

Renowned trauma expert Bessel van der Kolk has spent over three decades working with survivors. In *The Body Keeps the Score*, he transforms our understanding of traumatic stress, revealing how it literally rearranges the brain's wiring—specifically areas dedicated to pleasure, engagement, control, and trust. He shows how these areas can be reactivated through innovative treatments including neurofeedback, mindfulness techniques, play, yoga, and other therapies. Based on Dr. van der Kolk's own research and that of other leading specialists, *The Body Keeps the Score* offers proven alternatives to drugs and talk therapy—and a way to reclaim lives.

## Two-eyed seeing approach

**11. McKenzie, H., Dell, C., & Fornssler, B. (2016). Understanding addictions among indigenous people through social determinants of health frameworks and strength-based approaches: a Review of the research literature from 2013-2016. *Current Addiction Reports*, 3, 378-386.**

Recent Findings: Research indicates that Indigenous people, particularly youth, carry a disproportionate burden of harms from problematic substance use in relation to the general population in Canada. While much research continues to focus on the relationship between individualized risk factors (i.e., behaviors) and problematic substance use, increasingly researchers are engaging a social determinants of health framework, including Indigenous-specific determinants. This includes strength-based approaches focusing on protective factors, including the role of traditional culture in Indigenous peoples' wellness. Summary: Since focusing on individualized risk factors and deficit-based frames are inadequate for addressing Indigenous peoples' health, recent research engaging a social determinants of health framework and strength-based approaches is promising.

**12. Ross, R. (2014). Indigenous Healing: Exploring traditional paths. *Penguin Books Ltd, London*.**

Rupert Ross explores this indigenous world view and the determination of indigenous thinkers to restore it to full prominence today. He comes to understand that an appreciation of this perspective is vital to understanding the destructive forces of colonization. As a former Crown Attorney in northern Ontario, Ross witnessed many of these forces. He examines them here with a special focus on residential schools and their power to destabilize entire communities long after the last school has closed. With help from many indigenous authors, he explores their emerging conviction that healing is now better described as "decolonization therapy." And the key to healing, they assert, is a return to the traditional indigenous world view. Ross sees the beginning of a vibrant future for indigenous people across Canada as they begin to restore their own definition of a "healthy person" and bring that indigenous wellness into being once again. *Indigenous Healing* is a hopeful book, not only for indigenous people, but for all others open to accepting some of their ancient lessons about who we might choose to be leaders. Appropriate throughout a range of disciplines, including Health Studies, Indigenous Studies, Public and Population Health, Community Health Sciences, Medicine, Nursing, and Social Work, this engaging text broadens the social determinants of health framework to better understand health inequality. Most importantly, it does so by placing front and center the voices and experiences of Indigenous peoples

**13. Rowan, M., Poole, N., Shea, B., Mykota, D., Farag, M., Hopkins, C., Hall, L., Mushquash, C., Fornssler, B., & Dell, C.A. (2015). A scoping study of cultural interventions to treat addictions in Indigenous populations: methods, strategies and insight from a Two-Eyed Seeing Approach. *Substance Abuse Treatment, Prevention, and Policy*, 10, 16, 1-9.**

This paper describes the methods, strategies and insights gained from a scoping study using a “Two-Eyed Seeing” approach. An evolving technique, Two-Eyed Seeing respects and integrates the strengths of Indigenous knowledge and Western sciences, often “weaving back and forth” between the two worldviews. The scoping study was used to inform a tool for measuring the impact of culturally based addictions treatment services on wellness in Indigenous populations. It formed part of a three-year study, Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment. The scoping study identified and mapped literature on cultural interventions in addictions treatment, and described the nature, extent and gaps in literature.

**14. Wright, A.L. (2019). Using Two-Eyed Seeing in research with Indigenous People: An Integrative Review. *International Journal of Qualitative Methods*, 18, .**

The Two-Eyed Seeing approach has been advocated for use in research with Indigenous people as it creates a space for Western and Indigenous ways of knowing to come together using the best of both worldviews to aid understanding and solve problems. Foundational literature presents its use as a promising way to promote ethical exchanges between Indigenous and non-Indigenous people, but the practical application of its concepts to research remains vague.

**15. Honouring Our Strengths: A Renewed framework to address substance use issues among First Nations People in Canada. [https://www.thunderbirdpf.org/wp-content/uploads/2014/02/Honouring-Our-Strengths-2011\\_Eng1.pdf](https://www.thunderbirdpf.org/wp-content/uploads/2014/02/Honouring-Our-Strengths-2011_Eng1.pdf)**

The tipi is one cultural structure among many that holds our sacred knowledge and cultural Indigenous evidence base. It is a structure with meaning, which by its design, holds teachings about living life and reflects the values that guide the implementation and interpretation of this renewal framework and its elements. Honouring Our Strengths, like the tipi, communicates a comprehensive circle of elements, with a strong cultural base that requires partnerships, programs, services, and infrastructure to come together to support stronger connections to family and community. It also recognizes that collaboration amongst partners is necessary to address social determinants of health and the environment around and within our communities. These strengths and the sense of shared identity will help to ensure that we move forward and yet stand strong as we embrace change for the future.

## DBT for Substance Use

**16. Abdulkadir, H., & Callender, K. (2020). Meta-Analysis of Dialectical Behaviour Therapy (DBT) for Treating Substance Use. *Research on Education and Psychology (REP)*, 4(Special Addition), 74-87.**

Dialectical Behavior Therapy (DBT) is an evidence-based treatment approach used to treat a variety of psychological issues. In this meta-analysis study, we examined six between-groups studies based on DBT for the reduction of substance use symptoms. We aggregated the findings of these studies at the post-treatment assessment as well as follow-up assessment. DBT groups were superior to alternative treatment and waitlist groups in the remission of substance use symptoms or increase in substance use abstinence. When we compared DBT to comparison groups at the follow-up assessment scores, we observed no significant differences. However, when we removed one study conducted outside of the United States (U.S.) run the analysis with U.S. samples only ( $j = 5$ ), we obtained significant differences between DBT and comparison groups (treatment and waitlist groups). Our findings suggest that DBT is an effective approach in the treatment of substance-related issues, as evidenced by post-treatment assessment and follow-up assessment. We provided implications for clinicians, counselors, researchers, as well as institutions and organizations

**17. Dimeff, L., & Linehan, M., (2008). Dialectic Behavior Therapy for Substance Abusers. *Addiction Science in Clinical Practice*, 4, 2, 39-47.**

Dialectical behavior therapy (DBT) is a well-established treatment for individuals with multiple and severe psychosocial disorders, including those who are chronically suicidal. Because many such patients have substance use disorders (SUDs), the authors developed DBT for Substance Abusers, which incorporates concepts and modalities designed to promote abstinence and to reduce the length and adverse impact of relapses. Among these are dialectical abstinence, “clear mind,” and attachment strategies that include off-site counseling as well as active attempts to find patients who miss sessions. Several randomized clinical trials have found that DBT for Substance Abusers decreased substance abuse in patients with borderline personality disorder. The treatment also may be helpful for patients who have other severe disorders co-occurring with SUDs or who have not responded to other evidence-based SUD therapies

**18. Linehan, M. M. (2015). DBT skills training manual. New York: Guilford.**

From Marsha M. Linehan--the developer of dialectical behavior therapy (DBT)--this comprehensive resource provides vital tools for implementing DBT skills training. The teaching notes and reproducible handouts and worksheets used for over two decades by hundreds of thousands of practitioners have been significantly revised and expanded to reflect important research and clinical advances. The book gives complete instructions for orienting individuals with a wide range of problems to DBT and teaching them mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skills

**19. Linehan, M., Schmidt, H., Dimeff, L., Craft, C., Kanter, J., & Comtois, K. (2009). Dialectical Behaviour Therapy for Patients with Borderline Personality Disorder and Drug-Dependence. American Journal on Addictions, 8, 4, 279-292.**

A randomized clinical trial was conducted to evaluate whether Dialectical Behavior Therapy (DBT), an effective cognitive-behavioral treatment for suicidal individuals with borderline personality disorder (BPD), would also be effective for drug-dependent women with BPD when compared with treatment-as-usual (TAU) in the community. Subjects were randomly assigned to either DBT or TAU for a year of treatment. Subjects were assessed at 4, 8, and 12 months, and at a 16-month follow-up. Subjects assigned to DBT had significantly greater reductions in drug abuse measured both by structured interviews and urinalyses throughout the treatment year and at follow-up than did subjects assigned to TAU. DBT also maintained subjects in treatment better than did TAU, and subjects assigned to DBT had significantly greater gains in global and social adjustment at follow-up than did those assigned to TAU. DBT has been shown to be more effective than treatment-as-usual in treating drug abuse in this study, providing more support for DBT as an effective treatment for severely dysfunctional BPD patients across a range of presenting problems. (Am J Addict 1999;8:279-292)

**20. Linehan, M. (1997). Validation and psychotherapy. In A. C. Bohart, & L. S. Greenberg (Eds.), Empathy reconsidered: New directions in psychotherapy (pp. 353-392). Washington, DC: American Psychological Association.**

Describe the meaning and use of validation in DBT [dialectical behavior therapy] / start first with a definition of validation / contrast that definition with definitions of empathy / discuss the meaning of validation by describing 6 levels of validation / discuss the importance of both types of validation / importance of validating emotional, cognitive, physiological, and action response patterns will be discussed / 5 functions of validation are presented (PsycINFO Database Record (c) 2019 APA, all rights reserved)

**21. Linehan, M., Bohus, M. & Lynch, T. R. (2007). Dialectical behavior therapy for pervasive emotion dysregulation. In Gross, J. (Ed.), Handbook of emotion regulation (pp.581-605). New York: Guilford.**

The aim of this chapter is to describe the application and the theoretical rationale of a set of emotion regulation skills developed within the context of DBT. The data for the efficacy of DBT in

treating disorders characterized by pervasive and difficult-to-manage emotion dysregulation is extensive, including eight randomized clinical trials conducted across five independent research teams. DBT is considered the front-line treatment for BPD and, thus, by extension can be considered a comprehensive treatment for emotion dysregulation.

**22. Robins, C.J., & Chapman, A.. (2004). Dialectical behavior therapy: Current status, recent developments, and future directions. *Journal of Personality Disorders*, 18(1), 73-89.**

Dialectical behavior therapy (DBT) was developed as a treatment for parasuicidal women with borderline personality disorder and has been adapted for several other populations. This article describes standard DBT and several adaptations of it and reviews outcome studies with borderline patients in outpatient, inpatient, and crisis intervention settings, borderline patients with substance use disorders, suicidal adolescents, patients with eating disorders, inmates in correctional settings, depressed elders, and adults with attention-deficit/hyperactivity disorder. This treatment outcome review is followed by discussion of predictors of change in DBT, possible mechanisms of change, and current developments in theory, practice, and research.

**23. Stotts, A., Northrup, T. (2015). The promise of third-wave behavioural therapies in the treatment of substance use disorders. *Current Opinion in Psychology*, 2, 75-81.**

Substance use disorders (SUDs) are common and frequently complex, with overlapping medical, legal, social and psychiatric problems. Innovative treatment models to address the full range of problems in new ways using common principles are needed. Third wave behavior therapies such as Acceptance and Commitment Therapy (ACT) and Dialectical Behavior Therapy (DBT) comprise novel approaches and methods that have great potential to address complex substance abuse cases. These treatment models derive from contextual and behavioral science and have a common emphasis on developing empirical, principle-driven methods for approaching unwanted or distressing psychological and physical experiences common to substance use and other disorders. RCTs targeting substance use with ACT and DBT have been conducted across varying populations, including various target substances (opiates, methamphetamine, polysubstance) and settings (prisons, methadone clinics, residential treatment, and outpatient). Despite methodological heterogeneity, ACT and DBT have compared favorably to passive and active control conditions. Further research is needed, however, with larger samples and active control conditions, along with studies of treatment mechanisms, to inform and shape theoretical models and substance abuse treatment protocols for enhanced efficacy.

## CBT for Substance Use

**24. Baranowsky, A., (2015). *Trauma practice: tools for stabilization and recovery*. Hogrefe Publishing.**

Clearly written and detailed, *Trauma Practice* provides the reader with an array of techniques, protocols and interventions for effectively helping trauma survivors. This book will help you address the (cognitive, behavioral, body-oriented, and emotional/ relational) aftermath of trauma using impactful care approaches. In addition to presenting the foundations of CBT trauma treatment, the authors also provide step-by-step explanations of many popular and effective CBT techniques developed through the lens of phased trauma therapy. Interventions include Trigger List Development, 3-6 Breath Training, Layering, Systematic Desensitization, Exposure Therapy, Story-Telling Approaches, as well as new approaches inspired by recent research on neuroplasticity such as Picture Positive, Corrective Messages from Old Storylines, and Thematic Map. Completely new sections are devoted to forward-facing trauma therapy, and clinician self-care. This is a manual that you will find useful everyday in your trauma practice.

**25. Davies, P., Reynolds, M., Drummond, C., Tarrier, N., & Kouimtsidis, c. (2007). *Cognitive-Behavioural Therapy in the Treatment of Addiction: A Treatment Planner for Clinicians*.**



Treating individuals with a substance misuse problem can be challenging, especially if clients present with multiple problems related to the main addiction. Clinicians can feel at a loss as to where to begin, or revert to an attempt to treat underlying problems - ignoring damaging aspects of the substance misuse itself. At times referral to specialists may seem the only responsible way forward. Written by a team of clinical academics in the field of addictions, *Cognitive-Behavioural Therapy in the Treatment of Addictions* is a ready reference for clinicians that offers a brief, evidence-based, collaborative approach that starts here and now. Client and therapist embark together on a journey to tackle the problem in a practical way. The book includes session tools, worksheets and daily thought record

**26. Hides, L., Samet, S., & Lubman, D. (2010). Cognitive behavior therapy (CBT) for the treatment of co-occurring depression and substance use: Current evidence and directions for future research. *Drug and Alcohol Review*, 29, 5, 508-517**

**Issues and Approach.** The high rates of co-occurring depression and substance use, and the negative impact of this on illness course and outcomes have been well established. Despite this, few clinical trials have examined the efficacy of cognitive behaviour therapy (CBT). This paper systematically reviews these clinical trials, with an aim of providing recommendations for how future research can develop a more robust evidence base for the treatment of these common comorbidities. Leading electronic databases, including PubMed (ISI) and PsychINFO (CSA), were searched for peer-reviewed journal articles using CBT for the treatment of co-occurring depression and substance use. Of the 55 articles identified, 12 met inclusion criteria and were included in the review. **Key Findings.** There is only a limited evidence for the effectiveness of CBT either alone or in combination with antidepressant medication for the treatment of co-occurring depression and substance use. While there is support for the efficacy of CBT over no treatment control conditions, there is little evidence that CBT is more efficacious than other psychotherapies. There is, however, consistent evidence of improvements in both depression and substance use outcomes, regardless of the type of treatment provided and there is growing evidence that the effects of CBT are durable and increase over time during follow up. **Conclusions.** Rather than declaring the 'dodo bird verdict' that CBT and all other psychotherapies are equally efficacious, it would be more beneficial to develop more potent forms of CBT by identifying variables that mediate treatment outcomes. [Hides L, Samet S, Lubman DI. Cognitive behaviour therapy (CBT) for the treatment of co-occurring depression and substance use: Current evidence and directions for future research.

**27. Linehan, Marsha. Cognitive-Behavioural Treatment of Borderline Personality Disorder**

For the average clinician, individuals with borderline personality disorder (BPD) often represent the most challenging, seemingly insoluble cases. This volume is the authoritative presentation of dialectical behavior therapy (DBT), Marsha M. Linehan's comprehensive, integrated approach to treating individuals with BPD. DBT was the first psychotherapy shown in controlled trials to be effective with BPD. It has since been adapted and tested for a wide range of other difficult-to-treat disorders involving emotion dysregulation. While focusing on BPD, this book is essential reading for clinicians delivering DBT to any clients with complex, multiple problems.

**28. McHugh, R., Hearon, B., Otto, M. (2010). Cognitive-Behavioral Therapy for Substance use Disorders. *Psychiatric Clinical North American*, 33, 3, 511-525.**

Cognitive behavioral therapy (CBT) for substance use disorders has demonstrated efficacy as both a monotherapy and as part of combination treatment strategies. This article provides a review of the evidence supporting the use of CBT, clinical elements of its application, novel treatment strategies for improving treatment response, and dissemination efforts. Although CBT for substance abuse is characterized by heterogeneous treatment elements—such as operant learning strategies, cognitive and motivational elements, and skills building interventions—across protocols several core elements

emerge that focus on overcoming the powerfully reinforcing effects of psychoactive substances. These elements, and support for their efficacy, are discussed

**29. Morin, J-F., Harris, M., & Conrod, P. (2017). A Review of CBT Treatments for Substance Use Disorders. *Oxford HandBooks*,**

This review article presents a summary of the existing literature on well-established CBT treatments for substance use disorder. It provides an overview of the origins, procedure, and evidence for six CBT treatment models: relapse prevention (RP) and mindful-based relapse prevention (MBRP), guided self-change (GSC), community reinforcement approach (CRA), behavioral couples therapy (BCT), and personality-targeted brief interventions. Common intervention components include orienting clients towards a meaningful goal, teaching necessary skills to reduce substance use and successfully achieve the goal, and establishing plans to face potential relapses, which generally appear to produce moderate to large effects across contexts and substance-related outcomes.



[Men] WEST WING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	May 28, 2018	May 29, 2018	May 30, 2018	May 31, 2018	June 1, 2018	June 2, 2018	June 3, 2018
6:30 - 7:45	Breakfast						
8:30	MORNING MEDS						
8:30 - 8:45	Healing room for men						
9:00 - 10:30	Group Therapy	Group Therapy	Body Mindfulness	Long Ago People's Place (10am to 3pm) *Clients be prepared to leave promptly at 10am *LPO is required *Kitchen will provide food *RA's need to bring	Totem Stories with Rhoda (10am to Noon/1pm to 3pm) *Please include Rhoda on Meal Form	Xhastin Healing land based camp with Yvonne Jack (10am to 3pm)	Millenium Trail Walk
10:30 - 10:45	Break	Break	Break				
10:45 - 12:00	Distress Tolerance 2A	Distress Tolerance 3A	Hospice				
12:00 - 1:00	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time				Detox Meeting (1pm-2:15Pm)
1:00 - 2:15	Distress Tolerance 2B	Distress Tolerance 3B	Relapse Prevention 1A				
2:15 - 2:30	Break	Break	Break				
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy				
3:15 - 3:30	Break	Break	Break				
3:30 - 5:00	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time				Personal processing and counselling time
4:30	Walk	Walk	Walk	Walk	Walk	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15)	House Meeting & Welcome Craft *Optional Linen Change	Shopping & CGC	In-house movie night	In-house movie night	In-house Activity RA Lead: Grove
9:00 - 10:00	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

WEEK 1

<b>[Women] EAST WING</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	Apr. 23	Apr. 24	Apr. 25	Apr. 26	Apr. 27	Apr. 28	Apr. 29
6:30 - 7:45	Breakfast						
8:15 - 8:30	Healing room for women						
8:30	MORNING MEDS						
9:00 - 10:30	Group Therapy	Group Therapy	Body Mindfulness	Group Therapy	Group Therapy	Millenium Trail Walk	10:30 - 12:00 Library
10:30 - 10:45	Break	Break	Break	Break	Break		
10:45 - 12:00	Distress Tolerance 2A	Distress Tolerance 3A	Elder Visit with Ida	Relapse Prevention 2A	Emotional Regulation 1A		
12:00 - 1:00	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	BRUNCH	BRUNCH
1:00 - 2:15	Distress Tolerance 2B	Distress Tolerance 3B	Relapse prevention 1A	Mindfulness 1	Emotional Regulation 1B	2:30pm-4pm Library	Xhastin Healing land based camp with Yvonne Jack
2:15 - 2:30	Break	Break	Break	Break	Break		
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy		
3:15 - 3:30	Break	Break	Break	Break	Break		
3:30 - 5:00	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time		
4:30	Walk	Walk	Walk	Walk	Walk	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15)	House Meeting & Welcome Craft *Optional Linen Change	In-house Activity	Shopping & CGC	In-house movie night	In-house movie night
9:00 - 10:00	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

WEEK 1

<b>[Men] WEST WING</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	Apr. 30	May. 1	May. 2	May. 3	May. 4	May. 5	May. 6
6:30 - 7:45	Breakfast						
8:30	MORNING MEDS						
8:30 - 8:45	Healing room for men						
9:00 - 10:30	Group Therapy	Group Therapy	Body Mindfulness	Group Therapy	Group Therapy	10:30 - 12:00 Library	Personal Reflection *Optional Trade Show @ CGC (11am)
10:30 - 10:45	Break	Break	Break	Break	Break		
10:45 - 12:00	Emotional Regulation 2A	Emotional Regulation 3A	Hospice	Relapse Prevention 2B	Healthy Relationships 1A		
12:00 - 1:00	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	BRUNCH	
1:00 - 2:15	Emotional Regulation 2B	Emotional Regulation 3B	Relapse prevention 1B	Mindfulness 2	Healthy Relationships 1B	Wildlife Preserve (1:30pm) *Bus Tour starts at 2pm	2:30pm-4pm Library
2:15 - 2:30	Break	Break	Break	Break	Break		
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy		
3:15 - 3:30	Break	Break	Break	Break	Break		
3:30 - 5:00	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time		
4:30	Walk	Walk	Walk	Walk	Walk (Mae Bachur Animal Shelter)	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15) In House Activity RA: Joseph	House Meeting & Welcome Craft *Optional Linen Change	Shopping & CGC	In House Movie Night	In-house movie night *Optional AA Meeting (7pm @ Hospital)	In House Activity TSW
9:00 - 10:00	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

WEEK 2

<b>[Women] EAST WING</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	Apr. 30	May. 1	May. 2	May. 3	May. 4	May. 5	May. 6
6:30 - 7:45	Breakfast						
8:15 - 8:30	Healing room for women						
8:30	MORNING MEDS						
9:00 - 10:30	Group Therapy	Group Therapy	Hospice	Group Therapy	Group Therapy	Personal Reflection *Optional - Trade Show @ CGC (10am)	10:30 - 12:00 Library
10:30 - 10:45	Break	Break	Break	Break	Break		
10:45 - 12:00	Emotional Regulation 2A	Emotional Regulation 3A	Body Mindfulness	Relapse Prevention 2B	Healthy Relationships 1A		
12:00 - 1:00	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	Lunch Time/ Individual Time	BRUNCH	BRUNCH
1:00 - 2:15	Emotional Regulation 2B	Emotional Regulation 3B	Relapse prevention 1B	Mindfulness 2	Healthy Relationships 1B	2:30pm-4pm Library	Wildlife Preserve (1:30pm) *Bus Tour starts at 2pm
2:15 - 2:30	Break	Break	Break	Break	Break		
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy		
3:15 - 3:30	Break	Break	Break	Break	Break		
3:30 - 5:00	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time		
4:30	Walk	Walk	Walk	Walk (Mae Bachur Animal Shelter)	Walk	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15) In House Activity TSW	House Meeting & Welcome Craft *Optional Linen Change	In House Activity TSW	Shopping & CGC	In-house movie night	In-house movie night
9:00 - 10:00	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

WEEK 2

<b>[Men] WEST WING</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	May. 7	May. 8	May. 9	May. 10	May. 11	May. 12	May. 13
6:30 - 7:45	Breakfast						
8:30	MORNING MEDS						
8:30 - 8:45	Healing room for men						
9:00 - 10:30	Group Therapy	Group Therapy	Elder Visit with Joyce Smarch	Group Therapy	Group Therapy	10:30 - 12:00 Library	N60 Combative Arts (10:30-11:30)
10:30 - 10:45	Break	Break	Break	Break	Break		
10:45 - 12:00	Healthy Relationships 2A	Healthy Relationships 3A	Body Mindfulness	Relapse Prevention 2C	Healthy Living 1A		
12:00 - 1:00	Lunch Time	Lunch Time	Lunch Time	Lunch Time	Lunch Time	BRUNCH	BRUNCH
1:00 - 2:15	Healthy Relationships 2B	Healthy Relationships 3B	Relapse prevention 1C	Mindfulness 3	Healthy Living 1B	Detox Meeting (1pm-2:15pm)	2:30pm-4pm Library  Community Garden Visit (4pm-5pm)
2:15 - 2:30	Break	Break	Break	Break	Break		
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy		
3:15 - 3:30	Break	Break	Break	Break	Break		
3:30 - 5:00	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time *Smoking Cessation - Sandra Duncan	Personal processing and counselling time	Personal processing and counselling time	Free Store Drive (2:30pm-4pm)	
4:30	Walk	Walk	Walk	Walk	Walk (Mae Bachur Animal Shelter)	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15)	House Meeting & Welcome Craft *Optional Linen Change	Shopping & CGC	In-house movie night *Optional NA	In-house movie night	In house Activity TSW
9:00 - 10:00	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

WEEK 3

<b>[Women] EAST WING</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	May. 7	May. 8	May. 9	May. 10	May. 11	May. 12	May. 13
6:30 - 7:45	Breakfast						
8:15 - 8:30	Healing room for women						
8:30	MORNING MEDS						
9:00 - 10:30	Group Therapy	Group Therapy	Body Mindfulness	Group Therapy	Group Therapy	Community Garden Visit (10:30am)	10:30 - 12:00 Library
10:30 - 10:45	Break	Break	Break	Break	Break		
10:45 - 12:00	Healthy Relationships 2A	Healthy Relationships 3A	Elder Visit with Joyce	Relapse Prevention 2C	Healthy Living 1A		
12:00 - 1:00	Lunch Time	Lunch Time	Lunch Time	Lunch Time	Lunch Time	BRUNCH	BRUNCH
1:00 - 2:15	Healthy Relationships 2B	Healthy Relationships 3B	Relapse Prevention 1C	Mindfulness 3	Healthy Living 1B	Detox Meeting (1pm-2:15)  Library (2:30pm-4pm)	N60 Combative Arts (1pm-2pm)
2:15 - 2:30	Break	Break	Break	Break	Break		
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy		
3:15 - 3:30	Break	Break	Break	Break	Break		
3:30 - 5:00	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time	Personal processing and counselling time		Free Store Drive (2pm-4pm)
4:30	Walk	Walk	Walk	Walk (Mae Bachur Animal Shelter)	Walk	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15)	House Meeting & Welcome Craft *Optional Linen Change	In-house Activity TSW	Shopping & CGC	In-house movie night	In-house movie night *Optional NA
9:00 - 10:00	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

WEEK 3



<b>[Men] WEST WING</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	May 14, 2018	May 15, 2018	May 16, 2018	May 17, 2018	May 18, 2018	May 19, 2018	May 20, 2018
6:30 - 7:45	Breakfast						
8:30	MORNING MEDS						
8:30 - 8:45	Healing room for men						
9:00 - 10:30	Group Therapy	Group Therapy	Body Mindfulness	Group Therapy	Group Therapy	10:30 - 12:00 Library	Personal Reflection
10:30 - 10:45	Break	Break	Break	Break	Break		
10:45 - 12:00	Healthy Living 2A	Healthy Living 3A	CAIRS *Bring coffee/LPO	Relapse Prevention 2D	Resilience and Trauma 1A		
12:00 - 1:00	Lunch Time	Lunch Time	Lunch Time	Lunch Time	Lunch Time	BRUNCH	BRUNCH
1:00 - 2:15	Healthy Living 2B	Healthy Living 3B	Relapse prevention 1D	Mindfulness 4	Resilience and Trauma 1B	Detox Meeting (1pm 2:15pm)	Detox Meeting (1pm 2:15Pm)
2:15 - 2:30	Break	Break	Break	Break	Break		
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy		
3:15 - 3:30	Break	Break	Break	Break	Break		
3:30 - 5:00	Personal Counselling	Personal Counselling	Personal Counselling	Personal Counselling	Personal Counselling	Bowling (3pm-5pm)	2:30pm-4pm Library
4:30	Walk	Walk	Walk	Walk	Walk (Mae Bachur Animal Shelter)	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15)	House Meeting & Welcome Craft	Shopping & CGC	In-house movie night *Optional NA	In-house Movie Night	In-house Activity TSW
9:00 - 10:00	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine	Prepare for bed/ bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

Week 4

<b>[Women] EAST WING</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>
	May 14, 2018	May 15, 2018	May 16, 2018	May 17, 2018	May 18, 2018	May 19, 2018	May 20, 2018
6:30 - 7:45	Breakfast						
8:15 - 8:30	Healing room for women						
8:30	MORNING MEDS						
9:00 - 10:30	Group Therapy	Group Therapy	CAIRS *Bring Coffee/LPO	Group Therapy	Group Therapy	Personal Reflection	10:30 - 12:00 Library
10:30 - 10:45	Break	Break	Break	Break	Break		
10:45 - 12:00	Healthy Living 2A	Healthy Living 3A	Body Mindfulness	Relapse Prevention 2D	Resilience and Trauma 1A		
12:00 - 1:00	Lunch Time	Lunch Time	Lunch Time	Lunch Time	Lunch Time	BRUNCH	BRUNCH
1:00 - 2:15	Healthy Living 2B	Healthy Living 3B	Relapse prevention 1D	Mindfulness 4	Resilience and Trauma 1B	Detox Meeting (1pm-2:15pm)	Detox Meeting (1pm-2:15pm)
2:15 - 2:30	Break	Break	Break	Break	Break		
2:30 - 3:15	Group Therapy	Group Therapy	Group Therapy	Group Therapy	Group Therapy		
3:15 - 3:30	Break	Break	Break	Break	Break		
3:30 - 5:00	Personal Counselling	Personal Counselling	Personal Counselling *Smoking Cessation with Sandra	Personal Counselling	Personal Counselling	2:30pm-4pm Library	Bowling (3pm-5pm)
4:30	Walk	Walk	Walk	Walk (Mae Bachur Animal Shelter)	Walk	Walk	Walk
5:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper
5:15 - 5:45	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
5:45 - 6:45	Homework	Homework	Homework	Homework	Homework	Homework	Homework
7:00 - 9:00	Smart (7-8:30) or AA	AA In-house (6-7:15)	House Meeting & Welcome Craft	In-house Activity TSW	Shopping & CGC	In-house movie night	In-house movie night *Optional NA
9:00 - 10:00	Prepare for bed/bedtime routine	Prepare for bed/bedtime routine	Prepare for bed/bedtime routine	Prepare for bed/bedtime routine	Prepare for bed/bedtime routine	Prepare for bed/bedtime routine	Prepare for bed/bedtime routine
10:00	In Room	In Room	In Room	In Room	In Room	In Room	In Room

Week 4

[illegible]

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MWSU-ISTP Week 1 East	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	11-Oct	12-Oct	13-Oct	14-Oct	15-Oct	16-Oct	17-Oct	18-Oct
7:30 - 8:30	Wake-up and Get ready for the day/Breakfast/Smudge Room/Gym							
8:30 - 9:00	MORNING MEDS & Personal Reflection							
9:30-10:15	Intake	Personal Cell phone time 8-10am	Group check in Heather & Amanda	Trauma Sensitive Yoga	Group check in Heather&Amanda	Group check in Heather&Amanda	Personal Cell phone time 8-10am	Personal Cell phone time 8-10am
10:15-10:30		Break	Break	Break	Break	Break	Break	Break
11:00-12:00		Beaded keychains - traditional skills 10-12	Mindfulness 1	Smoking Cessation	Experiential Outing	Safety & Resilience 1A	Self-directed tasks (TV, journaling, etc)	Long Ago People's Place Arrive 11am Leave 3pm **Pick Up Packed Lunches from Kitchen**
12:00-1:00	Lunch Time	Lunch Time	Lunch Time	Lunch Time	Lunch Time	Lunch Time	Brunch	
1:00-2:00	Intake	Berry picking and walk - Fish Lake road 1-3pm	Expressive Art 1- 1:40pm 1:45- 2pm Welcome	Visiting Elder - Sandra	Defense Mechanisms	Safety & Resilience 1B	Research Forest Walk 1-3pm	
2:00-2:30			Break	Break	Break	Break		
2:30-3:00			Closing Group	Closing Group	Closing Group	Closing Group		
3:00-4:00			1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building		
4:00-5:00			Reflection/Self- Care Activities	Reflection/Self- Care Activities	Reflection/Self- Care Activities	Reflection/Self- Care Activities		Reflection/Self- Care Activities
5:00-6:00	Supper	Supper	Supper	Supper	Supper	Supper	Supper	Supper
6:00-6:30	Welcome Meeting 7pm	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time
6:30-9:00		CGC 7pm	In-house Programming	Vision Boards with TSW's	CGC 7pm	In-house Programming	In-House Movie Night	In-House Movie Night
9:00 - 10:00	bedtime routine	bedtime routine	bedtime routine	bedtime routine	bedtime routine	bedtime routine	bedtime routine	bedtime routine





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MWSU-ISTP Week 5 East	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
	9-Nov	10-Nov	11-Nov	12-Nov
7:30 - 8:30	Wake-up and Get ready for the day/Breakfast/Smudge Room/Gym			
8:30 - 9:00	MORNING MEDS & Personal Reflection			
9:30-10:15	Group check in Heather & Amanda	Group check in Heather & Amanda	Trauma sensitive yoga	Letting Go Ceremony
10:15-10:30	Break	Break	Break	Break
11:00-12:00	Healthy Relationships 2A	Healthy Relationships 3A	Lumel Studios 11-12	GRAD! 11:15 - 12:15 *In EAST wing
12:00-1:00	Lunch Time	Lunch Time		Lunch Time
1:00-2:00	Healthy Relationships 2B	Healthy Relationships 3B	Elder Visit - Sandra	Pack your belongings! Prepare for discharge by creating a safety plan with a TSW. Transportation is available
2:00-2:30	Break	Break	Break	
2:30-3:00	Closing Group	Closing Group	Closing Group	
3:00-4:00	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	
4:00-5:00	Reflection/Self- Care Activities	Reflection/Self-Care Activities	Reflection/Self- Care Activities	
5:00-6:00	Supper	Supper	Supper	
6:00-6:30	Cleaning Time	Cleaning Time	Cleaning Time	
6:30-9:00	Legacy Project!	Surveys	Drumming with Lonnie <del>7:15pm- 8:15pm</del>	
9:00 - 10:00	bedtime routine	bedtime routine	bedtime routine	
10:00	In Room	In Room	In Room	
STAT				

<b>MWSU-ISTP</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>
<b>Week 5 West</b>	<b>9-Nov</b>	<b>10-Nov</b>	<b>11-Nov</b>	<b>12-Nov</b>
7:30 - 8:30	Wake-up and Get ready for the day/Breakfast/Smudge Room/Gym			
8:30 - 9:00	MORNING MEDS & Personal Reflection			
9:30-10:15	Group check in Ricki & Melissa	Group check in Ricki & Melissa	Lumel Studios 9:30-10:30	Letting Go Ceremony
10:15-10:30	Break	Break	Break	Break
11:00-12:00	Healthy Relationships 2A	Healthy Relationships 3A	Trauma sensitive yoga	GRAD! 11:15 - 12:15 *In EAST wing
12:00-1:00	Lunch Time	Lunch Time		Lunch Time
1:00-2:00	Healthy Relationships 2B	Healthy Relationships 3B	Elder Visit - Andrew	Pack your belongings! Prepare for discharge by creating a safety plan with a TSW. Transportation is available
2:00-2:30	Break	Break	Break	
2:30-3:00	Closing Group	Closing Group	Closing Group	
3:00-4:00	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	
4:00-5:00	Reflection/Self- Care Activities	Reflection/Self- Care Activities	Reflection/Self- Care Activities	
5:00-6:00	Supper	Supper	Supper	
6:00-6:30	Cleaning Time	Cleaning Time	Cleaning Time	
6:30-9:00	Legacy Project!	Surveys	Drumming with Lonnie 6pm - 7pm	
9:00 - 10:00	bedtime routine	bedtime routine	bedtime routine	
10:00	In Room	In Room	In Room	
			<b>STAT</b>	

Legacy Project!  
Surveys!





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MWSU-ISTP Week 5 East	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	7-Jun	8-Jun	9-Jun	10-Jun	11-Jun
7:30 - 8:30	Wake-up and Get ready for the day/Breakfast/Gym/Healing Room				
8:30 - 9:00	MORNING MEDS & Personal Reflection				
9:30-10:15	Group check in Ricki & Melissa	Group check in Ricki & Melissa	Trauma sensitive yoga *Return Yoga Supplies to TSW desk	Group check in Ricki & Melissa	Celebration! 9:30am *In EAST wing
10:15-10:30	Break	Break	Break	Break	Break
11:00-12:00	Relationship Skills 3 Conflict	Life Skills 2 Money Smart	Bloodties	Letting Go Ceremony	
12:00-1:00	Lunch Time	Lunch Time		Lunch Time	Lunch Time
1:00-2:00	Expressive Art	Life Skills 3 Eating well	Elder Visit - Sandra	Healthy Living 4 Community Supports	Pack your belongings! Prepare for discharge by creating a safety plan with a TSW. Transportation is available
2:00-2:30	Break	Break	Break	Break	
2:30-3:00	Closing Group	Closing Group	Closing Group	Closing Group	
3:00-4:00	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	
4:00-5:00	Reflection/Self-Care Activities	Reflection/Self-Care Activities	Reflection/Self-Care Activities	Reflection/Self-Care Activities	
5:00-6:00	Supper	Supper	Supper	Supper	
6:00-6:30	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	
6:30-9:00	Canada Games Centre 7pm	Legacy Project	Canada Games Centre 7pm	AA - Bridging the Gap 7-8pm	
9:00 - 10:00	bedtime routine	bedtime routine	bedtime routine	bedtime routine	
10:00	In Room	In Room	In Room	In Room	

MWSU-ISTP Week 5 West	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	7-Jun	8-Jun	9-Jun	10-Jun	11-Jun
7:30 - 8:30	Wake-up and Get ready for the day/Breakfast/Gym/Healing Room				
8:30 - 9:00	MORNING MEDS & Personal Reflection				
9:30-10:15	Group check in Shari & Haley	Group check in Shari & Haley	Bloodties	Group check in Shari & Haley	Self directed time
10:15-10:30	Break	Break	Break	Break	Break
11:00-12:00	Life Skills 2 Money Smart	Relationship Skills 3 Conflict	Trauma sensitive yoga *Return Yoga Supplies to TSW desk	Healthy Living 4 Community Supports	Celebration! 10:30am *In WEST wing
12:00-1:00	Lunch Time	Lunch Time	Elder Visit - Andrew *Wolfe Creek - bring meals from kitchen	Lunch Time	Lunch Time
1:00-2:00	Life skills 3 Eating Well	Expressive Art		Letting Go Ceremony	Pack your belongings! Prepare for discharge by creating a safety plan with a TSW. Transportation is available
2:00-2:30	Break	Break	Break	Break	
2:30-3:00	Closing Group	Closing Group	Closing Group	Closing Group	
3:00-4:00	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	1-1 Counselling (once weekly) <b>OR</b> Social/Comm Building	
4:00-5:00	Reflection/Self- Care Activities	Reflection/Self- Care Activities	Reflection/Self- Care Activities	Reflection/Self- Care Activities	
5:00-6:00	Supper	Supper	Supper	Supper	
6:00-6:30	Cleaning Time	Cleaning Time	Cleaning Time	Cleaning Time	
6:30-9:00	In-House Programming Jerry	Canada Games Centre 7pm	Legacy Project / Surveys	AA - Bridging the Gap 8-9pm	
9:00 - 10:00	bedtime routine	bedtime routine	bedtime routine	bedtime routine	
10:00	In Room	In Room	In Room	In Room	

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## EAST Balsam Treatment Program - Week Two Oct 11 – Oct 17



[illegible]

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[illegible]

[illegible][illegible]

<b>EAST Balsam Treatment Program - Week Five Nov 1 – Nov 7</b>							
<b>Time</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
<b>EAST Primary</b>							
9:30 – 10:30	Group Therapy	Group Therapy	9:30-10:30 Yoga	Letting Go Ceremony	<b>GRAD</b>		
10:30 – 11:00	Break	Break	Break		Break		
11:00 – 12:00	WORKSHOP Healthy Relationships 2A Trust	WORKSHOP Healthy Relationships 3A Conflict, I statement	10:45-11:45 <b>BLOODTIES</b>				
12:00 – 1:00	Lunch	Lunch	Lunch	Lunch	Lunch		
1:00 – 2:00	WORKSHOP Healthy Relationships 2B Communication skills	WORKSHOP Relationships 3B Injury & Repair	Visiting Elder  Sandra	WORKSHOP Stages of Change OR Pros/Cons?	Prepare to transition home (Pack your bags, make a plan with the TSW's, arrange transportation, etc.)		
2:00 – 2:30	Break	Break	Break	Break			
2:30 – 3:00	Closing Group	Closing Group	Closing Group	Closing Group			
3:00-4:00	1-1 counselling OR social/com building	1-1 counselling OR social/com building	1-1 counselling OR social/com building	1-1 counselling OR social/com building			
4:00-5:00	Regular Walk / Modified Walk	Regular Walk / Modified Walk	Regular Walk / Modified Walk	Regular Walk / Modified Walk			
5:00-6:00	Supper	Supper	Supper	Supper			
6:30-9:00	TSW Programming	CGC 7pm	Movie Night	AA – Bridging the Gap 7pm			
9:00-10:00	Bedtime routine	Bedtime routine	Bedtime routine	Bedtime routine			



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