



# Maniilaq Substance Use Services Client Treatment Contract

Greetings and thank you for allowing us to be a part of your recovery program. We are committed to assisting you in meet your goals. Please, review in detail this contract. It is essential that we work together to make sure your experience is successful. Your team includes people from; Maniilaq, other agencies, your family and anyone else of your choosing. Please feel free to contact me if you have questions, concerns or ideas for how to make our program better. I can be reached at 907-442-7648.

Thank you, Bill Westbrook, LPCS/CDCS, Substance Abuse Treatment Supervisor

Client Name: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Assessed Level of Care: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Referring Agency/Name/Contact Number: \_\_\_\_\_

Maniilaq Case Responsible Provider/s: \_\_\_\_\_

### I agree that I will complete services when I:

- Complete my Treatment Plan
- Improve my family/housing, employment/educational, community life
- Demonstrate a willingness and ability to abstain from all substances
- Complete a minimum of treatment hours (Level 1= 40, Level 2.1=90) over a minimum 12 week period.

### Treatment participation agreement:

We are primarily a group based treatment program. Depending on your needs, you will be offered individual Case Management, Medication Management and Counseling. Discuss this with your Case Manager or Case Responsible Provider. We are committed to the Inupiaq values of; Respect for Others, Cooperation, Sharing and Hard Work. Also, please review and agree to the following.

- I will be on-time and ready to participate in sessions.
- I will turn off my cell phone.
- I will protect the privacy of other clients. What is shared in the group will stay in the group.
- I will be open to new ways and ideas. This includes in the sessions as well as in the home, workplace and community.
- I understand that we are all at different points of our development (clients and staff). Act respectfully and supportively. We have “0” tolerance for aggression, belittling or rude behavior.
- I will do my part to make sure that our program is safe; physically, emotionally and spiritually.
- I will be sober for all sessions (this includes cannabis use).
- If I am unable to respond to these services, I understand that I may be referred to other services (this may include residential care).

MANIILAQ ASSOCIATION | P.O. BOX 256 | KOTZEBUE, AK 99752 | 1.800.478.3312

## Frequently Asked Questions

**Attendance Policy:** Successful participation means that you attend treatment and participate in sessions. Our documentation allows us to mark you as “present”, “excused” or “no show”. Referring agencies often want to know attendance records. “Present” means that you show up on time in body, mind and spirit. “Excused” means that you have arranged ahead of time (not the day of the session) with your Case Manager or Case Responsible Provider a plan that demonstrates a good reason not to be attending a session. “Excused” may also indicate an emergency that causes you to miss a session. Get with your Case Manager or Case Responsible Provider as soon as possible. You will probably be asked to have a letter from the Doctor’s Office, School or other agency that assisted you with the emergency. “No Show” means that you were neither “Present” nor “Excused”. As with everything we do, we are looking for “progress not perfection”. We know when a person is doing the best they can and when they are not yet ready to successfully engage in treatment. If your attendance is interfering with your treatment or our ability to run a successful program, we will discuss this with you and develop a plan to assist.

**How we measure progress:** We will formally review your treatment plan with you at least every 90 days. We understand that there are ups and downs in treatment. Referring agencies frequently want us to let them know if a person is progressing. Sometimes they request “Progress Notes”. We look at progress as improvement in home, employment, educational or community functioning as well as Treatment Plan development. We avoid defining your progress based on isolated mistakes and look for overall patterns of behavior. We also look for your ability to honestly discuss and be accountable for your mistakes. We strive to give you the safety to discuss what is “really going on” without having to worry about us being invested in your failure. If your level of risk escalates to a point where we have concerns regarding your ability to respond to our services, we will discuss this with you and if necessary, refer you to a higher level of care.

**Our Stance on Cannabis Use:** We are fully aware of Alaska Law, as well as the vast research that may suggest medical indications for the use of cannabis. We are an abstinence based program. That means... take a holiday from weed, sample sobriety, see what happens if you practice abstinence for the period that you are in treatment. After a period of withdrawal, you may find that you are able to function fine without it. There are helpful techniques to more comfortably move you toward abstinence. Please ask about these if you are interested in more information. Think, “progress, not perfection”.

**Regarding tobacco or caffeine:** Abstaining from tobacco or caffeine would be amazing and we will certainly support you in that goal. Unless, informed otherwise, it will not be a condition of successful completion.

**Frequently Asked Questions, continued**

**Will information be kept confidential?** We take your privacy very seriously. It would be inappropriate for us to discuss your care without your permission. You will be asked to sign a Release of Information so that we can discuss your care with those that you indicate as necessary. This generally includes; referring agencies, some people in the medical community, and possibly employers or family. There are some exceptions to confidentiality. If your treatment includes the services of a staff member from the Maniilaq mental health service, we will be communicating with them to ensure integrative care. If we are Court Ordered or compelled due to a Medical Emergency, we will have to respond within the legal limits. Only the minimum of information will be shared. Please realize that we cannot guarantee that other clients will follow the expectations of privacy. This may be a topic that you can introduce in your group if necessary.

My signature indicates that I have read or have had read to me the information included in the Treatment Contract. I have been given the opportunity to ask questions.

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Client name and date

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Staff name and date