



FAQ for potential referrals to Impact Youth and Family Substance Use Services

Can a youth be mandated to see a counsellor at Impact by a parent, school, probation officer, doctor, judge, restorative justice or any other authority?

While various authorities may be able to strongly recommend or place conditions on a person to attend counselling, ultimately it is the individual's choice to attend Impact Youth Substance Use Services. When a youth does choose to meet with one of our counsellors, our primary concern is building a trusting relationship with that youth. We do not apply pressure to anyone to use our services. Doing so might make that youth more hesitant to seek counselling services from us (or any other counselling service) in the future.

What if I want to make sure the person I to refer to Impact attends a certain number of counselling sessions, groups or other activities?

As with any counselling service, we do not recommend or advocate for a specific number of sessions. The path to change is different for each person. For some clients, it may make sense to not see us at this point, to see us once, a few times, or for an extended period of time.

We view change not as an event, but as a process that is unique to each individual. Therefore – partly because we have limited resources and high demand for our services – even if you specify a number of sessions, we will collaborate with those you refer to us to determine what makes sense to them.

What if the person I want to refer to Impact doesn't want to go to counselling?

If the person you want to refer is okay with you sending in our referral form, one of our staff will contact them within a few days. When they make contact, they will offer to explore reasons the person may or may not want to try counselling and respect whatever decision is made. Whatever the choice is, our staff strive to make this a positive connection – so the person will feel comfortable contacting us in the future, if they have a need.

Can I find out if a person I referred to Impact has seen a counsellor?

Because of Mature Minor Consent rulings in Canada, youth who are deemed capable of understanding and consenting to services on their own behalf also have the right to the level of confidentiality that they choose. If a client does allow us to share information with you, they may also choose to limit the nature of that information. As an example, a client may only agree to share the fact that they have seen a counsellor, but not the content of anything discussed.

We can confirm that we received your referral form, but beyond that, in most cases, we will need client consent.

What if I have questions not answered by this FAQ?

Please feel free to contact Impact's Executive Director, Brian Gross, at brian@impactabby.com or at 604-897-8066.

Referral Form



Referral Source Information	
Name of Referring Agent	
Agency	
Contact Number and Email	
Date of referral	

Client Demographics							
Name							
Date of Birth							
Address							
Phone Number							
PHN/Care Card #							
Counsellor Preference*	<table border="1"> <tr> <td>Male</td> <td><input type="checkbox"/></td> <td>Female</td> <td><input type="checkbox"/></td> <td>No Preference</td> <td><input type="checkbox"/></td> </tr> </table>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	No Preference	<input type="checkbox"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	No Preference	<input type="checkbox"/>		

*We will make every effort to connect clients with counsellors that meet their preferences.

Reason for referral (Please explain in detail)	If school referral, is student suspended?	Y	N
Is client is aware this referral has been made? (If no, include an explanation of why below)		Y	N

Please send completed form to IMPACT either in person, by email at referrals@impactabby.com or fax to 604-853-1793. After review, a counsellor will contact you and/or the referral. Please call us at 604-853-1766 with any questions about this form or our referral process. You can also consult our referral FAQ: <http://impactabby.com/ReferralFAQ.pdf>

I understand that personal information about this youth may be shared with the IMPACT staff for the direct purpose of determining eligibility for services and nature of services. I consent to the use of information and understand that the IMPACT staff will maintain that information in strict confidentiality. Exceptions to this confidentiality occur when information is revealed indicating danger or actual harm to a child.