



# WOOD'S HOMES

WORKING FOR CHILDREN'S MENTAL HEALTH  
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[woodshomes.ca](http://woodshomes.ca)

We Never Say No. We Never Give Up. We Never Turn Anyone Away.

# Mental Health Supports for Housing First Clients: Putting Therapeutic Principles into Practice



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# Agenda

1. Introducing Exit Reach
2. What Exit Reach Does
3. Case Study
4. Implementation of:
  - Harm Reduction
  - Trauma & Violence Informed Care
  - Client and Family Centered Care
  - Housing First



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# Clinicians

## **Faye Archer Wilson, CCC M.Ed.:**

- Specializes in complex trauma and social justice
- Uses EFT, CBT, Mindfulness, & Integrative approaches

## **Gio Dolcecore RSW MSW:**

- Specializes in complex trauma and addictions
- Gender and sexuality specialist, offering affirmative and narrative approaches to those with diverse identities



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# What is Exit Reach?



- Mobile, flexible mental health support
- Launched in 2015
- Funded by CHF at the request of agencies providing youth housing first placements
- In 3 years the program has offered 100+ clients counselling services



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# What is Exit Reach?

- Provides service to clients (13-24) in all Housing First Programs in Calgary, AB.
- The program is always
  - No fee
  - Voluntary, Safe, Confidential
  - Judgment Free
  - Low barrier to access



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# What does Exit Reach do?

## Direct Services

- Face to face mobile counselling
- Assessments
- Collaborative treatment plans
- Follow Up

## Indirect Services

- Clinical consultations
- Suggested treatment plans
- Group consultations

## Walk In

- Counselling
- Single session therapy
- 1 day each week at Exit Community Outreach



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# Exit Reach & Street Services is Moving



...to **1008 14 Street SE. Woot!**



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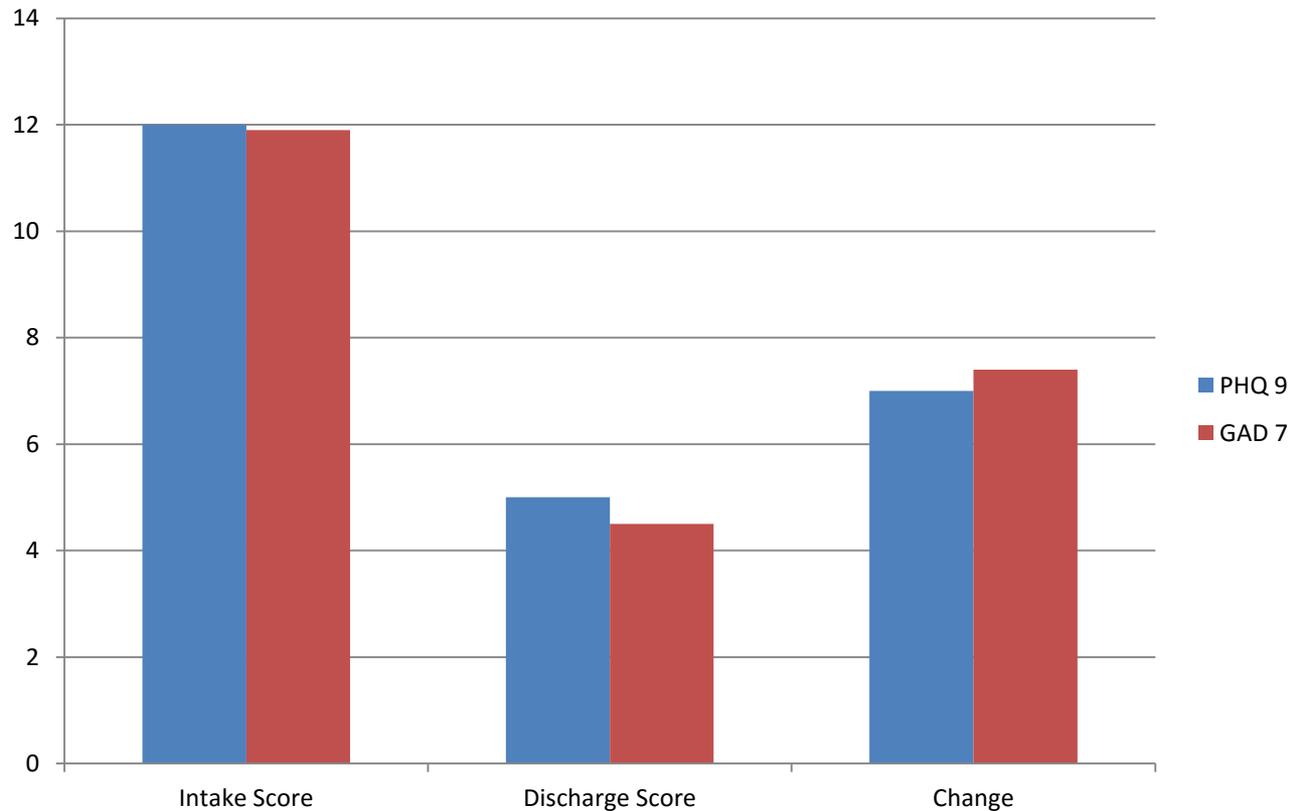
# Who do we see?

- Since 2015:
  - Average age: 20
  - Majority gender: Male
    - 25% identify with a diverse gender and/or sexual identity
  - 71% of clients surveyed at Exit Community Outreach have experienced 4+ ACES



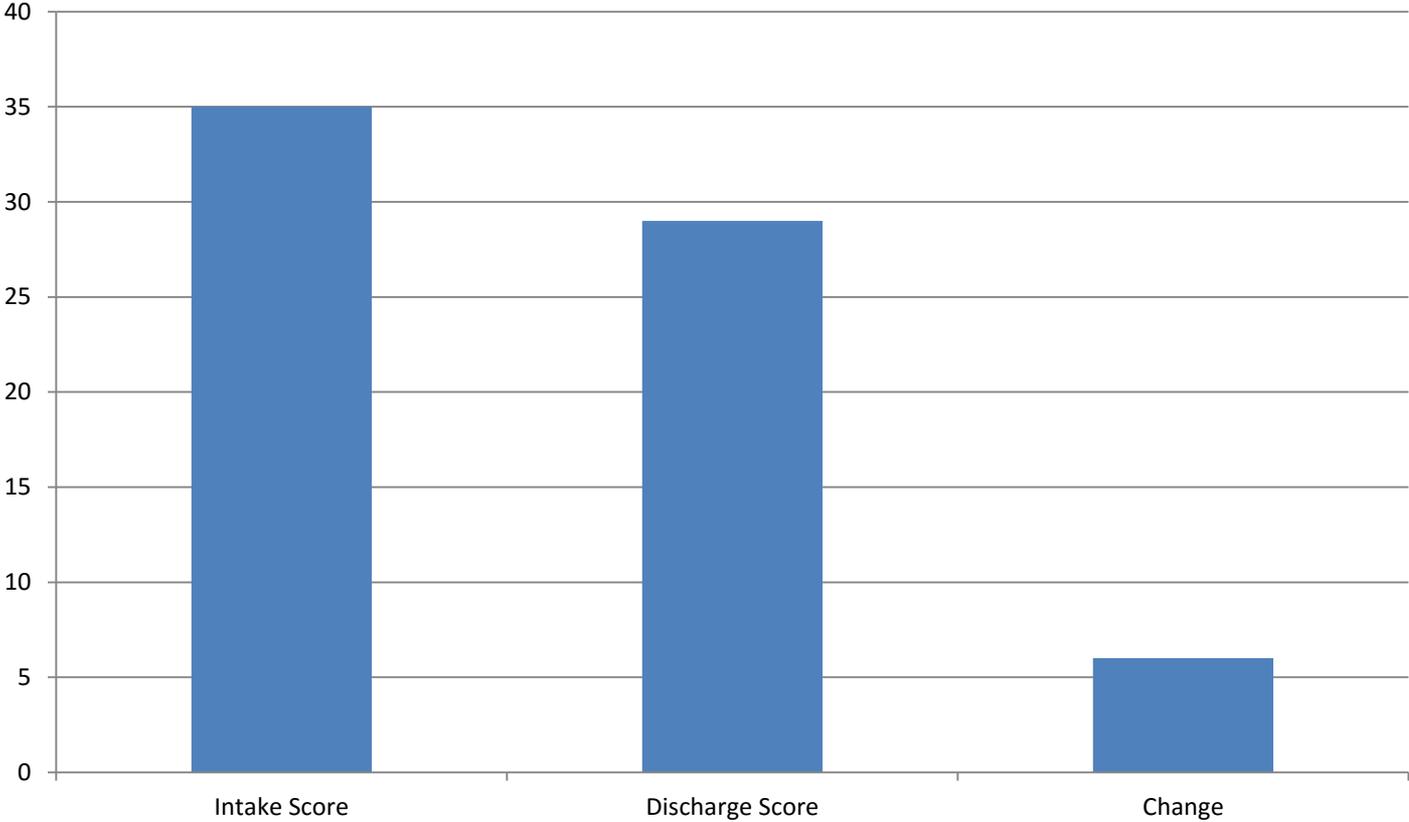
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# Mental Wellbeing Outcomes



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# Calgary Youth Acuity Scale Outcomes



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# Distress Outcomes

## Distress Scale

- Intake score of 5.7; Discharge score of 1.9

## Walk In Client – Distress Scale

- 5.7 at start of session; 2.8 at the end



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# What do clients talk to us about?

- The top 3 presenting concerns for clients accessing face to face counselling include:
  - Addictions
  - Violent victimization
  - Sex work or sexual violence exposure



# What do clients talk to us about?

- The top themes for indirect client care – clinical consultation with supporting agencies:
  - Social isolation or lack of positive supports
  - Lack of engagement/motivation
  - Addiction
  - Conflict resolution



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# Case Study: Roxy

- ~5 years left in youth sector
- Couch surfing in house prone to violence, involved in sex work and wanting to stop
- Using alcohol and drugs on daily basis- self harm?
- Significant childhood abuse & neglect
- Difficulties with attachment in romantic relationships
- Part of the LGBTQ2S community
- Highly protective of younger siblings and pets



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# Implementing Harm Reduction

- An umbrella term for interventions used in the reduction of problematic behaviors
- Practitioner's goals are always secondary; Client's decisions for and against change are always validated
- Explore stages of change/reasons for change
- Highlight discrepancies between what the client wants and negative consequences of actions
- Create SMART goals to achieve meaningful goals



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# Meaningful vs SMART Goals



- Specific
  - What do I want/Why is this important?
- Measurable
  - How will I know when it's accomplished?
- Achievable
  - How can I accomplish this?
- Relevant
  - Is this the right time?/Worthwhile?
- Time Sensitive
  - What can I do today? 2 weeks? 2 months?



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# Implementing TVIC

- **Address safety** – body scans, environmental scans, mindful exercises. Client should describe what they need to feel safe and secure.
- **Collaborative approach**- Client must always be informed of any communication about the client and what is next for them
- **Reflect on how trauma has symptoms** – these behaviors can include substance abuse, anxiety, and depression



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# Implementing TVIC

- **Recognize the impact** of trauma and understand potential opportunities to offer support
- Have a working knowledge of the **signs and symptoms** of trauma in clients and others involved in the system of care
- Ensure physical, emotional and cultural **safety is offered** through the continuum of interventions and interactions for both clients and staff
- Seek and offer **opportunities for choice, collaboration and connection** while working with children, families and other professionals
- Understand and integrate policies, procedures and practices of the organization in everyday work with clients



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# Implementing Client & Family Centered Care

- **Client is an equal partner** in planning and assessing goals.
- Client should **learn about boundaries** and how to uphold their rights and limitations
- Client should **learn conflict resolution** and understand/practice healthy communication
- Be mindful of client's time frame with services and possible need for adult resources



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# Implementing Housing First

- Housing is never an ultimatum
- Housing should be available regardless of client's presenting concerns
- Housing is not a privilege, it is a human right



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# Q&A



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