



FPS Residential Services

Healthy Homes

Forensic Psychological Services
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Winnipeg, Manitoba
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PHILOSOPHY & OBJECTIVES

The foundation of our practice is the belief that all human beings are inherently worthwhile and important, and individuals who engage in criminal behaviour are members of our community who need to be encouraged and supported to re-enter the community in a responsible and safe manner. We believe people have the capacity to change in response to a therapeutic approach that balances respect, accountability, limit setting, personal growth development, support and genuine caring.

Forensic Psychological Services (FPS) delivers holistic community based treatment, focusing on criminal behaviour as well as the context in which this behaviour occurs; cognitive and mental health deficits, developmental history and trauma, emotional regulation deficits, negative attitudes and distorted perceptions and cognitions, a dearth of healthy pro-social coping skills and efforts to attempt to meet core needs in dysfunctional and destructive ways through criminal conduct. A multidimensional approach to treatment and risk management is incorporated to attend to these various issues and includes individual, group, couple and family therapy; Community Integration Manager therapeutic support hours and life skills programming; experiential group activities for coping-skill development (e.g., Recreational, Horticultural and Wilderness programming); and cultural healing (e.g., Sharing Circles, Sweat Lodge Ceremonies, Traditional Teachings). The treatment modalities employed and the frequency and the duration of therapeutic contact are determined based on the individual's level of risk, need, responsivity issues and the stability of their functioning in the community. We believe this broader holistic approach facilitates risk management and long term desistance and supports clients become productive and contributing members of the community with an enhanced quality of life.

In one's journey to a healthier and safer life, finding a living environment that is affordable, safe, and healthy is often difficult. Many clients do not have the skills and/or knowledge to live independently. FPS Healthy Homes provide supported living environments, ranging in intensity from a high intensity staffed home to a low intensity supported yet largely independent living residence. With the emphasis on individual growth and creating community, clients stay in a healthy, positive, safe home environment where, with the support of staff and each other, they are able to manage their lives in a positive way and work together to develop the skills and knowledge to transition to fully independent living. The healthy homes are viewed as a part of the larger treatment model, offering a therapeutic environment that is oriented to supporting and facilitating the gains being made in the other treatment modalities.

THE HOUSES

FPS currently offers three Healthy Homes; two of these four bedroom homes are located on Bannerman Avenue and one on Atlantic Avenue. Residents each have their own bedroom and share common living space (kitchen, dining room, living room, bathrooms, rec rooms, backyard). Each house contains all

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needed furniture and living supplies (which are added to/replaced on an as needed basis). Each house is equipped with a fridge, a stove, a washer and a dryer, and storage space is available.

STAFFING, SUPPORT & INTENSITY LEVEL

The three FPS Healthy Homes each provide a varying level of support and supervision, ranging from high to low intensity. This multi-level model was designed to attend to the specific needs and levels of functioning of each resident. This model provides the opportunity for residents to come into the level of supportive housing that is best suited to them, and/or to decrease levels over time as their independent living skills and community functioning capabilities increase, further easing the transition to fully independent living and preparing clients for success.

The *Bannerman East Healthy Home* provides high intensity support. This home offers Residential Mentoring and Support Staff (RMSS) who reside full time in the home and are present days, overnight and on weekends. Residents of this house receive individual and group (all the residents together) support time and participate in a variety of in-house programming delivered by our RMSS and CIM team to develop and strengthen social, life and risk management skills (see In-House Programming and Therapeutic Goals). In addition, all residents are involved in out of house individual and group based support, skill building and recreational programming with their primary CIM and the CIM team.

The *Atlantic Healthy Home* provides moderate intensity support. This home offers an independent supported living environment. Residents in this home receiving daily in house contact from our CIM team over the week and telephone and in house CIM contact on weekends as required. Approximately 20 hours per week of CIM support time is dedicated to the provision of house services, in addition to CIM hours allotted to individual clients for out of the home support hours. Residents of this house receive individual and group support time and participate in a variety of in-house programming delivered by our CIM team to develop and strengthen social, life and risk management skills (see In-House Programming and Therapeutic Goals). In addition, all residents are involved in out of house individual and group based support, skill building and recreational programming with their primary CIM and the CIM team.

The *Bannerman West Healthy Home* provides low intensity support. This home is geared towards residents who are nearing transition to independent living or those whose community and residential functioning allow them to reside in a home with less staff support and intervention. Candidates for this placement have developed the core skills for independent living and are largely self-sufficient, however still require some degree of support, monitoring and structure. It is also oriented to those individuals' whose placement is part of a containment plan to support risk management by providing a residence that offers staff support, structure and monitoring. This residence is geared towards supporting further integration, strengthening and maintenance of life skills with less supports prior to independent living.

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Approximately 10 hours per week of CIM support time is dedicated to the provision of house services, in addition to CIM hours allotted to individual clients for out of the home support hours. Residents of this house receive individual and group support time and participate in a lower level of intensity in-house programming delivered by our CIM team to further integrate and reinforce social, life and risk management skills. The creation of a largely independent living situation is intended to provide an environment that creates and cultivates opportunities for individual empowerment and personal development that unassisted living provides, while at the same time offering support and direction related to skill development. In addition, all residents are involved in out of house individual and group based support, skill building and recreational programming with their primary CIM and the CIM team.

For the two independent supported living homes there is a 24-hour/7-day a week emergency number that residents can call and connect with one of our CIM's for any type of support or assistance required.

Our Senior CIM team oversees the management of the three homes which includes house maintenance and operations as well as maintaining the therapeutic environment and functioning of the homes, in-house programming and coordination of our team of CIM's attending the homes. In addition to each client's individual CIM (who provide therapeutic support services outside of the home with their assigned clients), all of our CIM's are active in the homes and provide a wide range of life skill, recreational and cultural programming as part of the Healthy Homes residential experience.

House activities related to creating and maintaining a positive and supportive community among residents and building and strengthening independent living skills occur multiple times per week depending on the level of intensity of the home. Formal house meetings are regularly scheduled (once per week or biweekly based on resident composition). These meetings are attended by all house residents, the RMSS and the senior CIMs, and are used as a way to create an open and healthy house atmosphere where residents are encouraged to deal with any issues or challenges that arise; and to use and develop communication, assertiveness, problem solving, and conflict resolution skills. All house activities including individual chores and responsibilities, recreational events, and cultural programming are detailed on a monthly schedule posted in each house.

Staff psychologists provide ongoing consultation related to client care, mental health functioning and behavioural programming. Psychological consultation occurs in regards to overall house functioning, house program development and delivery, individual client management, crisis intervention and overall staff supervision.

RESIDENT SCREENING

When a room becomes available in a Healthy Home, potential new residents are given priority based upon personal need, compatibility with the other house residents (e.g., specific skills, needs, personality

type), and funding approval. A potential resident is given a tour of the home they would be living in and invited to meet and spend time with the other house residents prior to a final decision being made and the new client moving in. This step provides an opportunity for the new client to be better informed about the living situation they would be moving into and allows existing house residents input into the intake process and builds community between the individuals prior to sharing a living space.

RESIDENTIAL CONTRACT

As part of the intake process, the house philosophy and the conditions and expectations of residency are reviewed with potential residents by a senior CIM, the resident's primary CIM and ideally with the referring worker. These conditions and expectations are detailed in a House Contract. The House Contract follows a standard template so all residents have the same basic expectations and are treated equally. In some cases, conditions unique to a particular client may be added to the contract to address the behavioural issues and risk management needs particular to that individual. The resident, and the worker from the referral agency, have the opportunity to ask questions and to gain any clarification required prior to signing the contract indicating that they understand and agree to the expectations of the house functioning and their behaviour as a resident.

SAFETY

As residents come from a variety of backgrounds with varying skills and knowledge surrounding independent living, discussions about house safety are done in a manner appropriate for the residents' intellectual capability, memory and understanding. Safety issues are considered both from a practical safety perspective in regards to the home and creating a safe living environment. From a practical perspective, each house is equipped with a fire extinguisher and a fire safety plan is discussed with each resident with ongoing refresher discussions. Each house is also equipped with a first aid kit and all residents are shown how to use these materials. A list of emergency contact numbers, phone numbers for FPS staff (including the 24/7 emergency number) and the contact information for other professionals working with the residents are posted by the telephone.

In promoting a healthy and safe living environment, there are house expectations that there be no alcohol or drug use in or surrounding the home, that there be no violence within the home, and that guests (general or overnight) are not permitted unless approved by the treatment and risk management team in advance. The homes have blocks on pay per view pornography stations available through cable and Internet access for computers is not available. Lending between residents (e.g., tobacco or money) is discussed, stressing that lending is ultimately the residents' choice and they do so at their own risk of not being paid back. Although efforts are made to respect resident privacy and for them to be comfortable in their assigned room, an expectation of residing in the house is recognizing that there are times when room checks will occur (e.g., if they are arrested and detained in custody, if they leave the

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home without informing staff and are away for over a 24 hour period without any contact with their supports, if they are exhibiting behaviours of concern that suggest unhealthy coping or increased risk). Residents are made aware that if during a room check anything is found that is in breach of their release conditions, illegal or related to their risk factors this will be shared with their team.

Breaches of Healthy House expectations and rules are managed on an individual case basis. Decision-making is made through collaboration and consultation with all of the stakeholders including the resident who has breached the expectations, that resident's team, the other residents of the home and the FPS team. The goal is to attempt to use infractions as opportunities for learning and further growth and develop creative plans that both offer a consequence and skill-building component. Although this would always be a last and least preferred alternative FPS reserves the right to terminate residency immediately and without notice based on client disruptive behaviour of significant or repeated breaching of house expectations and rules.

The importance of a timely response from staff to any crises that arise within the Healthy Homes is emphasized. Individual meetings or collective house meetings are arranged immediately to address problems/crises on an as needed basis.

IN-HOUSE PROGRAMMING AND THERAPEUTIC GOALS

In-house programming within the Healthy Homes is developed with a therapeutic approach that aims to cultivate an overarching sense of dignity, normalcy and inclusion in the community. This therapeutic programming can be separated into three broad categories: building relationships and developing community; development of independence and life skills; and risk management.

Building Relationships and Developing Community

Regularly scheduled and impromptu house programming and staff contact offers residents the opportunity to foster safe and supportive sharing of both the positive and the challenging experiences of living in the community. Building relationships and developing community builds a range of interpersonal skills, which support healthy community living. As well, the focus on relationship building attends to a host of core need areas that are often central factors contributing to offending behaviour (e.g., attachment difficulties and trauma experiences resulting in feeling disconnected, an absence of trust, sense of abandonment, neglect and hypersensitivity to rejection and feelings of insecurity, inadequacy, and poor sense of self). From a therapeutic perspective, opportunities for staff to role model nurturing, compassion, healthy attachment, being other oriented, communication and problem solving skills are central treatment goals for community integration and risk management.

House activities that aim to build these skills include, but are not restricted to:

- *House Meals:* House meals include communal food preparation and meal sharing. Inclusion of additional FPS clientele occurs occasionally, and special meals are planned to celebrate special occasions such as resident birthdays or the acknowledgement of holidays regularly celebrated within the community. House meals also acknowledge noteworthy celebrations (e.g. anniversaries of sobriety or time out of jail, welcoming a new resident to the home) and at times may include invitations to the residents larger support team. Depending on house composition, house meals may also include preparation of foods specific to the cultural group of the residents.
- *House Recreational Activities:* Specific recreational activities are offered for house residents and can include in house activities (e.g., games, movies) or activities for the housemates to participate in outside of the house. At times, recreational events are held in one of the houses, which allow the house members to host other individuals and creates a positive social environment in the home.
- *Meetings:* House meetings (weekly or biweekly based on resident composition and house stability) are used as a way to create an open and healthy environment within the homes. House related issues are addressed during meetings, and residents are encouraged to develop skills related to communication, assertiveness, problem solving, conflict management and being other oriented.
- *Daily Staff Presence:* FPS staff attends the homes daily and/or as needed to assess the state and dynamics of the home on an individual and collective basis. Staff contact at the home is client centered and focused on engaging the clients in a range of ways to build skills in a variety of life areas.
- *Guests & Collateral Contacts:* Residents are encouraged and supported to invite guests and have members of their team attend the house. We request that family and friends meet FPS staff in advance of attending the home and that there be a process to inform and obtain approval of visits from other house residents. The homes have also been places where volunteer supports (faith based support people, Circles of Support and Accountability) and professional supports have visited with residents or held meetings for informal gatherings or contacts or for resident celebrations.
- *House Environment:* The house environment itself (the quality of the residence, the colours selected, furnishings, upkeep) is all oriented to creating a 'homey' environment in which the residents feel comfortable in and proud of their residence.
- *Traditional Teachings:* Traditional teachings, culture and lifestyle are incorporated into the homes based on resident composition and beliefs. For those residents wishing to follow a cultural and spiritual lifestyle, the staffing, house environment, meals, and in-house programming will include traditional and ceremonial practices.

Development of Independence and Life Skills

As the goal of the homes is to offer a therapeutic environment that is an extension of the treatment programming, the house environment itself is used as a teaching modality/therapeutic intervention and skill building is dynamic and inclusive in a multitude of ways and interactions. Skill building occurs through staff presence and modeling, through staff-client interactions (through individual and resident group activities) and through client-to-client interactions. Teaching and skill building tends to be experiential in nature with daily interactions amongst residents and FPS staff and in-house programming used as a means of providing guidance, direction and role-modeling. Teaching and skill training may also occur through behavioural programs designed to shape and reinforce skill development. The dynamics within this supported environment provide the residents with the opportunity to share their strengths, skills, knowledge and life experience while developing knowledge and abilities to live a healthier and offence free life. Specific activities are facilitated and/or supported by FPS staff and occur on a weekly or biweekly basis depending on the intensity level of support at the home and the resident composition. Skill development specific to enhancing independent living skills include but is not restricted to:

- Management of personal hygiene
- Health care and medication management
- Budgeting and paying bills
- Grocery shopping
- Meal planning and preparation, with attention to dietary needs (e.g., for Diabetic residents)
- Home care, responsibilities and maintenance, including: indoor home care and cleaning as well as outdoor care such as yard maintenance and gardening
- Bus training

Therapeutic goals specific to enhancing healthy living skills include, but are not restricted to:

- Social skill and interpersonal skill development
- Problem solving
- Communication
- Assertiveness
- Delay of gratification
- Appropriate emotional expression and emotion management
- Checking thought processes and perceptions
- Empathy development and being more other oriented
- Being mindful of risk factors and practicing risk management strategies

Risk Management

All residents in the homes have struggled with issues related to anger and aggression and/or inappropriate sexual behaviour. In addition to building a host of healthy life skills to facilitate community adjustment, integration, and improved independent living and life skills, house skill development focuses on risk management issues. Staff monitor, provide feedback and address issues specific to

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individual house residents risk factors and attend to any observed issues related to risk management, including offence precursors (e.g., isolating/withdrawing, not communicating, avoiding, pretending things are going well when they are not, emotional expressional and regulation problems) and high risk factors (e.g., substance use, pornography use, non-compliance, negative/hostile/antisocial attitudes, lack of empathy, problematic fantasies, sexualizing children or women). Residents are encouraged and expected to practice appropriate behaviour within the homes. Residents are assisted in further integrating their understanding and management of their individual risk factors as well as supporting their co-residents to do the same. Timely open disclosure and communication of risk related behaviour is encouraged within this community oriented living environment. Clearly directed protocols are in place to assist each resident in understanding how to respond if they have concerns about another resident engaging in risk related behaviours.

CLIENT PROFILE AND OUTCOME

As of March 2014

Residents

- Total Past Residents: 34
- Current Residents: 8 (5 long term and 3 short term placements)
- TOTAL Residents to date 42

Placements

Short term being less than 1 year

- Short Term Placements: 22 (52%)
- Long Term Placements: 10 (24%)
- Crisis Placements: 10 (24%)

Outcome

- Resident Performance in HH
 - 0 violent or sexual reoffences
 - 1 (3%) non violent/non sexual reoffence
 - 26 (76%) went on to live independently
 - 4 (12%) transitioned to a new residential placement
 - 3 (9%) returned to HH placement

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Funding Agencies

▪ Family Services - Provincial Special Needs Program	13 (31%)
▪ Family Services - Community Living disABILITY Services	3 (7%)
▪ Manitoba Justice - Probation Services	12 (29%)
▪ Child and Family Services	1 (2%)
▪ Manitoba Justice – IRCS	2 (5%)
▪ Winnipeg Regional Health Authority	6 (14%)
▪ Correctional Service of Canada Parole	4 (10%)
▪ Self Referral	1 (2%)