DAN'S LEGACY FOUNDATION

2022

About Dan's Legacy

Dan's Legacy is a non-profit organization that provides trauma-informed and culturally sensitive counselling and life-skills intervention programs to youth affected by mental health and addictions issues. The majority of our clients are youth in or aging-out of care who have significant barriers accessing Health Authority mental health programs or private counsellors. We go directly to the youth wherever they are, have no wait list and provide our services for free.

The youth find us by referral from friends and family or through our partnerships with other community-based organizations that offer housing, education, recovery or assessment. Our counselling and life-skills programming is holistic, based on Cognitive Behaviour Therapy (CBT), Dialectical Behaviour Therapy (DBT) and Mindfulness.

We have developed several wrap-around programs to support our core counselling program:

- **Fitness**
  - Designed and facilitated by one of our therapists who is also a certified fitness instructor
- **Indigenous Cultural Workshops**
  - Designed and facilitated by an Indigenous Elder & offered in partnership with the Surrey School District's Foundations School, this program helps connect Indigenous youth to community and culture
- **Food Bank/Sunday Haven Community Dinner**
  - The twice-weekly food bank & Sunday hot meal programs, delivered in partnership with Aunt Leah's Place in New Westminster, mitigate food insecurity and help connect our youth clients to community
- **"Intro to Cook" job-skills training**
  - Provides job-skills training in a clinically supported environment to youth aging out of care, Indigenous youth, young women survivors of gendered violence and new Canadians

Dan's Legacy advocates for more resources to be directed to **Harm Prevention** initiatives as effective and sustainable solutions to the opioid health crisis. With these strategies implemented upstream, the need for harm reduction interventions will be greatly reduced.

Key Statistics

Number of therapists	12
Number of social workers & outreach workers	4
Number of youth clients in 2021	450
Client load per therapist	45
Average monthly sessions for counselling team	300
Approximate outreach hours per month	250
Average hospital on-call hours per month	100
Indigenous youth clients	45%
LGBTQ2S+ youth clients	30%
Number of client overdoses per month	15
Average fatalities per monthly overdoses	2
Number of client self-harm situations per month requiring hospitalization	25
Number of youth & young mothers accessing food bank each week	150
Number of youth attending Sunday dinners each week	50

Trauma-informed Therapy

Youth in Care, many of whom have been placed in multiple foster and group homes throughout their childhood, experience *attachment disorders*. These disorders are characterized by an inability to trust others and enjoy positive social interactions, as well as a lack of healthy psychological development. The youth have been exposed to trauma and abuse from birth parents (some of whom were struggling with mental health and addiction issues themselves), and/or inappropriate foster care providers. The unstable and stressful environments both in utero and in which they were raised have also been identified as the precursors for Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD).

Government agencies, regional health authorities and local service providers tend to work in silos. This is one of the primary reasons these high-risk youth end up "falling between the cracks". Currently these youth cannot access therapy in any meaningful way. They do not have the skills or regulated lives to make appointments, show up on the correct date and time for those appointments, and then wait patiently in a waiting room to see the available counsellor provided by a Health Authority.

The reality of their lives is one of homelessness or at best "couch surfing". For others it's the threat of aging out of government care when many supports are instantly revoked. The majority of these youth are dealing with mental health issues and somewhere between 15 and 25 years old they will usually ask for help, but most will never receive it. This is when they begin to self-medicate for the pain with drugs or alcohol. They have become experts in their own problems, but most have no idea of their own potential. When the therapist helps them discover this potential, most of their problems will change in perspective; they will use this insight as a powerful tool to guide them towards a future over which they now have more control.

There are currently hundreds of such youth right on the edge of falling into full-blown addiction, involvement with gangs and criminal activity, risking overdose, or in desperation, attempting suicide. They critically need therapeutic trauma informed and culturally sensitive counselling and life-skills intervention. This is the extremely high-risk cohort that we are closing the gaps in service through the delivery of our specially developed programs.

25% Pre-commitment stage	50% Success with 4-month intervention	25% Need more support
• These clients are not yet ready to commit to the work involved; we maintain contact until such time as they request to participate in our programs. • Either the client or the counsellor decides that they need more time before engaging.	• These clients achieve success learning to reduce self-medicating behaviour and reach their educational, housing and recovery goals after completing the 4-month program (16 sessions) • We provide follow-up maintenance sessions for up to two years.	• Due to the severity of the abuse and trauma experienced by these clients, longer-term counselling and support are necessary to help them achieve the insight and empowerment necessary to overcome their issues.

History

Dan's Legacy was founded in memory of a young man who, after surviving sexual abuse as a teenager, self-medicated with hard drugs in an attempt to numb the psychological pain of the traumatic experience. He received help from substance abuse recovery programs on two occasions but did not have access to essential one-to-one therapy. Tragically, Dan relapsed, overdosed, and died. He was 19.

In 2007, the Foundation became a federally registered Canadian charity. For the first seven years it operated as a family foundation, raising funds to distribute to other non-profit organizations providing recovery and training programs for youth at risk. In January 2014 the Foundation's board decided to provide its own signature therapeutic programs under the operating name of **Dan's Legacy,** and in September, 2017 the society rebranded itself as the Dan's Legacy Foundation.

Dan

August 31, 1986 – August 27, 2006

COVID-19 UPDATE

From the start of the COVID-19 pandemic Dan's Legacy's therapists identified a 50% increase in hospitalizations for our clients from psychosis, overdose and suicide attempts. As many community agencies were closed and social workers abiding by work-from-home directives, we fielded a 50% increase in referrals for our services. Our team of therapists are front-line healthcare workers who continue to meet clients in person, employing all health authority safety and sanitization protocols. Many of our clients are homeless and all are hungry. They have severely compromised immune systems and are particularly vulnerable to opportunistic diseases such as the coronavirus. Our team ensured that those clients who could not come to us were visited in person wherever they were, bringing grocery hampers and hot meals to the therapy sessions. We also provided phones and phone plans to clients to help them stay in touch for virtual counselling sessions and emergencies. And to assist the counselling team, we have added a Social Worker and Youth Worker to our outreach team, ensuring the clients have the wrap-around support critical to their stabilization, when trauma-informed therapy is most effective.

Trauma Informed Recovery – Opioid Treatment

Treat the Trauma First

When a client presents with an opioid addiction resulting from prior trauma, it is imperative that we treat the trauma first and then the addiction. Too often treatment is focused first on the addiction, which can unintentionally set up the client for relapse.

Psychological pain from trauma is as real as pain from a physical injury. However, because the medical model cannot produce scan results that clearly identify psychological pain, there is a tendency to discount it. **Psychological pain is real and is experienced physically.**

Trauma and Youth from Care

The human mind is a wonderful resilient thing. We can overcome incredible issues in childhood if we are not overwhelmed by traumatic events within a home life of chaos and stress.

As children we tend to compartmentalize trauma within our unconsciousness, to repress it, so we can live without it tormenting us every waking moment. We eventually habituate to the pain from the trauma. However, when triggered, we relive our PTSD memories. In fact, many clients have reported that they didn't know they were in pain until they tried an opiate. The immediate relief these clients experienced was so profound that most would never consider quitting until the lifestyle becomes too dangerous.

For youth who have experienced childhood trauma, we usually see the onset of depression, anxiety, eating and sleeping disorders and the beginning of self-medicating behaviours when they are in their late teens or early twenties. This is when these young people first ask for help but don't receive it as therapy is too expensive for most families. It is also unavailable for families living in poverty. For youth who have aged out of foster care – the cohort that needs therapy support the most – it is not only unavailable, but they are so dysregulated from what put them in care, and then from care itself, that we have usually start the process by going to them if necessary.

The greatest predictor for homelessness and addiction in youth is having been raised in foster care, which is a significant precursor in the development of trauma fueled concurrent disorders.

If youth do not receive help when they ask for it - whether at school, from their Social Workers, or from the siloed therapists within the Health Authorities – their coping methods will probably include various forms of self-medicating behaviour. Self-medicating behavior which can begin with THC and alcohol can lead to addiction to opioids or stimulants. This usually starts in their late teens when they first begin to react to prior trauma and if left untreated, they deteriorate into entrenched addiction by their early twenties.

These young people have found relief, albeit dysfunctionally, which is why any promise to help them stop their addiction with abstinence is perceived as a threat. If an accident victim with measurable, definable injuries with X-rays can receive opioids to dull their pain, we cannot condemn a twenty-two-year-old who deals with his severe traumatic psychological pain by self-medicating with street fentanyl, the drug of choice now with this population.

Collaboration Between Therapist and Physician

When a young person reaches out to Dan's Legacy and asks for help, they may not have insight into the origins of their trauma or the psychological agony they are now experiencing. They simply want to change the direction of their life.

We respect their intention, but also know that they will not experience recovery until they have dealt with the cause of their addiction (trauma) and not simply the symptom (opioid addiction).

Our strategy for Trauma Informed Recovery is as follows:

1. The youth client, the therapist and the physician agree to collaborate and create a treatment plan for the client
2. The physician prescribes a medical grade, safe opiate for the client (their drug of choice) while they are engaged in trauma therapy with a competent, trauma-informed therapist
3. Once the trauma work is complete and the youth has gained insight into the traumatic origins of their self-medicating behaviour, the psychological pain can be identified, reframed, and put into perspective.
4. The physician then prescribes an opiate replacement, such as Suboxone, to help the client wean off the opiate dependence along with tapering of the prescription.

Note:

We know that taking high doses of opioids may not provide effective pain relief over a long period of time. The amount of pain relief from opioids is reduced at higher doses due to increased tolerance. Occasionally, opioids can actually cause pain to worsen, and this is known as "opioid induced hyperalgesia".

Therefore, it's imperative that the therapist help educate the client to understand how opioids work and why they are using them. The therapist will also advise the client that the focus of the therapy sessions is to gain insight into trauma before we begin to restrict their medically directed drug-induced pain relief. This will ease their fear of facing their inner demons on their own. And when they are ready using suboxone and tapering to now deal with the rituals around their addiction now that the root cause has been resolved.

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We respectfully and gratefully acknowledge that our work takes place on the unceded and traditional territory of the Coast Salish peoples