



COMMUNITY
SERVICES

see what's possible...

Clinical Counselling Services Annual Report 2025-2026

1. About us

PLEA's Clinical Counselling program has delivered individual and family counselling for more than sixteen years. Originally developed through the Tri Cities and Ridge Meadows Integrated Youth Services, the program has since expanded. Today, our clinicians provide counselling through various MCFD contracts as well as internal initiatives such as U-Turn and Adult Services.

All counsellors are Registered Clinical Counsellors (RCCs) with the BC Association of Clinical Counsellors (BCACC). The counselling team provides accessible, trauma-informed, culturally sensitive, strengths-based support aimed at fostering holistic well-being. This includes promoting mental and physical health, resilience, coping, emotional regulation, and communication, while also strengthening family relationships, supporting healthy connections, empowering client strengths and addressing substance use challenges.

Our counselling team brings a wide range of skills and expertise across multiple therapeutic approaches to address areas such as trauma, child and adolescent mental health, neurodiversity, suicidal ideation, substance use, grief and loss, and parent-teen relationships. Our Clinical Counsellors are trained in modalities including Person-Centered Therapy (PCT), Cognitive Behavioural Therapy (CBT), Solution-Focussed Brief Therapy (SBFT), Acceptance and Commitment Therapy (ACT), Art Therapy, Interpersonal Psychotherapy (IPT), Emotion-Focused Therapy (EFT), Internal Family Systems (IFS), Play Therapy, Narrative Therapy, Eye Movement Desensitization and Reprocessing (EMDR), and somatic based approaches.

2. Who we served...

Adult Services

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	14	10	27	26	19
# of adults served	13	10	25	23	19
% women	31	30	19	27	69
% men	62	60	70	65	26
% self-identified as transgender	7	10	11	8	5

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Charitable Registration
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% self-identified as Indigenous	100	90	93	81	95
Average age when cases were opened	30	27	29	31	29
Average # of days on the waitlist by opened cases (N = # of opened cases)	30 (N=1)	49 (N=1)	35 (N=7)	31 (N=14)	55 (N=5)

U-Turn Specialized Youth Services

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	27	23	24	43	51
# of children and youth	27	23	22	34	33
# of caregivers	-	-	2	6	12
Average # of days in service by discharged cases (N = # of discharged cases)	449 (N=12)	300 (N=12)	300 (N=12)	306 (N=30)	391 (N=31)
Average monthly caseload	16	12	13	19	28
Average # of days on the waitlist by opened cases (N = # of opened cases)	35 (N=11)	177 (N=11)	86 (N=13)	54 (N=23)	53 (N=17)
Participants (children and youth)	2025-26	2024-25	2023-24	2022-23	2021-22
% female	59	43	42	36	29
% male	37	48	50	46	59
% self-identified transgender	4	9	8	18	12
% self-identified as Indigenous	59	65	67	56	45
Average age when cases were opened	16	16	15	15	15

Tri Cities Youth Services

Youth Counselling Services

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	41	56	51	35	30
# of youth	41	54	49	32	30
% young women	59	59	53	66	62
% young men	37	37	39	31	34
% self-identified as transgender	4	4	8	3	3
% self-identified as Indigenous	19	19	18	20	17
Average age when cases were opened	16	15	15	16	16

Average # of days in program by discharged cases (N = # of discharged cases)	194 (N=33)	256 (N=33)	169 (N=25)	139 (N=19)	277 (N=23)
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Parent Support Counselling Services

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	14	17	11	14	6
# of youth / families	14	17	11	13	6
% young women	79	53	55	64	33
% young men	21	47	45	36	50
% self-identified as transgender	0	-	-	-	17
% self-identified as Indigenous	0	-	9	29	17
Average age when cases were opened	36	21	24	22	14
Average # of days in program by discharged cases (N = # of discharged cases)	246 (N=11)	232 (N=8)	433 (N=6)	315 (N=7)	468 (N=5)

Mediation Services

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	11	12	15	8	10
# of youth / families	11	12	15	8	10
% young women	45	58	53	38	70
% young men	55	33	34	50	20
% self-identified as transgender	0	9	13	13	10
% self-identified as Indigenous	9	17	33	25	50
Average age when cases were opened	19	15	15	20	15
Average # of days in program by discharged cases (N = # of discharged cases)	142 (N=5)	220 (N=10)	157 (N=8)	280 (N=5)	211 (N=7)

Family Counselling Services

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	14	29	36	44	61
# of youth	14	29	36	44	59
% young women	43	62	61	64	54
% young men	57	34	33	32	41
% self-identified as transgender	0	4	6	5	5
% self-identified as Indigenous	0	17	22	11	11
Average age when cases were opened	20	17	17	16	15
Average # of days in program by discharged cases (N = # of discharged cases)	268 (N=11)	282 (N=20)	277 (N=24)	270 (N=25)	275 (N=40)

TriCities Practicum Services

Profile	2025-26	2024-25
# of cases	18	10
# of youth / families	18	10
% young women	56	50
% young men	44	50
% self-identified as transgender	1	0
% self-identified as Indigenous	6	10
Average age when cases were opened	14	15

Ridge Meadows Youth Services

Profile	2025-26	2024-25	2023-24	2022-23	2021-22
# of cases	25	27	20	27	43
# of youth served	25	27	20	26	41
% young women	64	70	70	67	65
% young men	28	22	20	29	26
% self-identified as transgender	8	8	10	4	9
% self-identified as Indigenous	24	37	40	22	28
Average age when cases were opened	18	18	17	17	17
Average # of cases per month	11	13	10	11	15

Average # of days in service by discharged cases (N = # of discharged cases)	227 (N=18)	246 (N=15)	231 (N=12)	179 (N=23)	170 (N=170)
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3. How We Did...service delivery

Adult Services

In previous years, Adult Services participants primarily accessed counselling through external service providers. In 2021, the introduction of a full-time RCC enabled the expansion of in-house Clinical Counselling services, including in-office and outreach sessions, as well as caregiver training and clinical consultations to program staff. Office-based services are offered in both Tri Cities and Abbotsford.

During this reporting period, counselling services saw an increase of 47 service hours and supported four additional clients compared to the previous year, alongside a reduction in wait times. Services addressed a broad range of client needs, including harm reduction, trauma processing, grief and loss, living with FASD and mental wellness, strengthening confidence, building healthy relationships, improving communication, navigating family dynamics, and working toward education and employment goals. Services also incorporated creative and culturally meaningful approaches such as beading and therapeutic drawing by the clinical counsellor who is a Professional Art Therapist.

U-Turn Specialized Youth Services

The team continued to support the U-Turn Specialized Youth Services program with therapeutic counselling services that are trauma-informed, multi-modal and individualized. Counselling services are provided to participants and caregivers at any of PLEA's counselling offices or on an outreach basis. The Clinical Counselling service has also been able to integrate with U-Turn's wrap-around approach and provide an integrated service in collaboration with the caregiver, Services Coordinator and the Program Manager. This harmonized approach and close teamwork creates an optimal experience for participants.

This year saw a substantial expansion in counselling services, with service hours nearly doubling and wait times significantly reduced, enhancing accessibility for clients. The team delivered holistic, client-centered supports that fostered emotional awareness, self-expression, and resilience. Key areas of focus included building emotion regulation, assertive communication, and healthy boundaries; strengthening peer and family relationships; and supporting autonomy, intrinsic motivation, and a growth mindset. Counselling further addressed mental health and substance use, while integrating trauma-informed practices such as co-regulation, processing of fears, and the development of safe emotional containment, alongside meaningful connections to culture and identity.

The counselling team also provided various trainings to both staff and Caregivers in the U-Turn Specialized Youth Services teams. Trainings provided included Trauma Informed Practice for caregivers, and a training to staff and caregivers related to building, healing, and strengthening attachment.

Tri Cities Youth Services

Tri Cities Counselling Services has maintained a collaborative relationship with Tri Cities MCFD social workers and CYMH clinicians for over sixteen years, receiving referrals and providing coordinated care. Services are delivered both in-office and through outreach to increase accessibility. Priority is given to participants facing the greatest barriers to accessing support, and the program is designed to address a wide range of complex needs.

The team delivered holistic, client-centered supports using a whole-system approach, engaging not only the individual youth but also adults/caregivers and broader support networks to strengthen communication, alignment, and consistency across environments. This collaborative model contributed to more sustainable outcomes by reinforcing positive change within the family system. Services included individual counselling, family counselling, parent counselling and parent-teen mediation to strengthen communication, repair relationships, and support effective conflict resolution. Key areas of focus included the development of emotion regulation, assertive communication, and healthy boundaries; enhancement of peer and family relationships; and the promotion of autonomy, intrinsic motivation, adolescent development, and a growth mindset. Counselling interventions also

addressed mental health and substance use concerns, while incorporating trauma-informed practices such as co-regulation and the development of safe emotional containment. Emphasis was placed on fostering meaningful connections to culture and identity, alongside building cohesive and resilient family systems.

The total number of clients served through the Tri-Cities Youth Services program decreased by approximately 21% compared to the previous year (124 clients to 98 clients). This included a reduction in new referrals, with 69 received this year compared to 96 in the previous year. The decrease in referral volume contributed to reduced wait times, with services initiated within approximately 1–3 weeks, including for prioritized referrals. This also allowed for greater flexibility in managing extension requests increasing service duration.

Ridge Meadows Youth Services

Ridge Meadows Services continues to provide individualized counselling to children, youth, and families through both office-based and outreach supports. Grounded in trauma-informed and attachment-based frameworks, services aim to strengthen mental health and behavioural outcomes while addressing risk factors that can impact family stability and lead to out-of-home placements. The program works collaboratively with MCFD social workers in Ridge Meadows to ensure services remain coordinated and responsive to community needs.

A system-based, client-centred model was used to support youth in collaboration with caregivers and broader supports, strengthening communication, consistency, and family functioning. Services included individual and family counselling, parent support, and parent–teen mediation, focusing on relationship repair, conflict resolution, and improved engagement. Key interventions targeted emotion regulation, communication skills, and healthy boundaries, while supporting autonomy, adolescent development, and resilience. Trauma-informed approaches were embedded throughout, with attention to co-regulation, mental health, substance use, and cultural identity.

The total number of clients served through the program was reduced this year, including a reduction in new referrals, with 9 received this year compared to 24 in the previous year. The decrease in referral volume contributed to reduced wait times, with services initiated within approximately 1–3 weeks, including for prioritized referrals. This also allowed for greater flexibility in managing extension requests which increased service duration.

Counselling Practicum Students

The Clinical Counselling program remains committed to supporting practicum students from master's-level counselling programs, reflecting our dedication to community engagement and the development of future clinicians.

Through structured clinical supervision from the Clinical Supervisor, students gain hands-on experience while completing required practicum hours and receiving ongoing feedback in collaboration with their academic institutions. Supported by the full Clinical Counselling team, students benefit from a rich learning environment grounded in mentorship and shared knowledge. Their involvement has enhanced service capacity, contributed to reduced wait times, and introduced valuable new perspectives.

Students are actively involved in all aspects of the program from counselling services to clients, team trainings team meetings to group supervision including case conceptualization presentations. With client consent, session recordings are used to support learning and supervision. Each practicum concludes with a final project that contributes to the continued growth and innovation of the program.

This year, the program welcomed one practicum student from City University, who provided 8 months of service and received referrals from TriCities CYMH team, which resulting in 225 hours of service to 18 youth and their families. In addition to delivering counselling support, the student also contributed to the agency's recruitment efforts in collaboration with the Human Resources department.

4. How we did...against the goals we set ourselves

1. To operate the program at full staffing capacity to ensure continuity and quality of service delivery.

Achieved. The program remained a full staffing capacity with the exception of a 60-day gap transition period of one counsellor leaving and new hire's first day, as well as a 90-day gap due to a leave of absence due injury (not work related) for one staff.

2. The team will continue to draw on internal expertise to develop and deliver workshops across various PLEA programs, in response to identified needs and requests.

Achieved. The program provided Trauma Informed Practice trainings to both New Hires and Caregivers, Attachment training for staff and caregivers, and Trauma Informed Boundaries to KidStart mentors.

3. Develop formal policies and procedures to guide the placement, supervision, and integration of counselling practicum students within the program.

In progress. Policy and procedures were developed and are in process of being approved by the Director.

4. Develop an outcome measurements strategy for the counselling program in line with the agency's strategic plan.

Achieved. The outcomes measurements project is completed. The outcomes survey is set to launch in May 2026.

5. Selected accomplishments...

1. One Clinical Counsellor completed coursework through Internal Family Systems Counselling Association (IFSCA)'s and received the designation "IFS Informed."
2. The Clinical Supervisor and a Clinical Counsellor continued to provide Trauma-Informed Practice & Boundaries Training for new hires of the agency twice a year; and multiple Trauma-Informed Practice trainings for Caregivers for Adult Services and U-Turn caregivers.
3. The Clinical Supervisor and a Clinical Counsellor provided trainings for U-Turn program staff and caregivers on Building, Healing, and Strengthening Attachment.
4. Clinical Counsellors provided Trauma-informed Boundaries presentation to KidStart mentors twice this year.
5. Two clinical counsellors provided counselling sessions in Mandarin to 6 clients.
6. Seamless transitions with MCFD referrals that transitioned to U-Turn referrals ensuring continuity of counselling services for the youth without disruption. This supported ongoing therapeutic engagement, strengthened consistency in support, and minimized service disruption.
7. Over the course of this year, a resource corner was developed that features individualized visual flashcards, a variety of coping tools, and sensory toolkits tailored to enhance self-regulation and engagement. These resources were developed to better address and support neurodiverse and sensory needs.

6. Selected Stories....

From Rupture to Repair...

Juno's family was referred to through MCFD in November 2024 following an incident in the family home that ultimately led to his placement in the PLEA's U-turn program. Upon entry into MCFD care, a formal no-contact order was established between Juno and his parents, Erin and Benjemin, due to physical abuse. To address the resulting trauma and the breakdown of the family unit, Juno was referred to PLEA Counselling Services for individual support due to abuse and family breakdown, while Erin and Benjemin were also referred to PLEA Counselling Services to learn about positive parenting strategies, adolescent brain development, and attachment-based communication.

The family faced a complex web of emotional and systemic barriers, compounded by their experience as immigrants navigating an unfamiliar social service system. Language barriers and cultural differences initially created a significant gap in understanding the legal and clinical expectations placed upon them. Juno entered the program in a state of deep crisis, reporting intense feelings of hate, resentment, and "cultural shame" toward both his parents and himself. This emotional distress led to severe isolation and a withdrawal from school to avoid the perceived judgment of his community. Simultaneously, Erin and Benjemin were navigating the weight of pending legal charges while struggling to reconcile their traditional parenting values with Western adolescent development models. The no-contact order, while necessary for safety, initially left all parties trapped in a cycle of guilt and linguistic isolation, unsure of how to advocate for themselves.

A multi-disciplinary care team—including service coordinators, youth support workers, caregivers, and clinical counsellors—collaborated to implement a holistic safety and care plan that prioritized cultural safety. Family members attended weekly counselling conducted in their native language, which allowed them to process trauma and explore alternative strategies without the language and cultural barrier. Juno worked diligently on mastering emotional regulation and participating in traditional holiday celebrations to restore his cultural connection. Simultaneously, Erin and Benjemin engaged in intensive counselling to identify how their own immigrant histories and attachment backgrounds influenced their parenting. Parents also worked on understanding adolescent brain development, learning communication strategies and healthy boundary setting.

The progress achieved through these parallel interventions is remarkable. One of Juno's most significant personal achievements was completing Safe Talk training; he successfully applied these skills to help a friend in crisis, transforming his own pain into a desire to protect others. For the parents, the completion of their clinical goals facilitated a major shift in the legal landscape: the no-contact order was modified to allow for weekly supervised family sessions that focus on the active restoration of trust and emotional safety. Educational milestones have also been restored, as Juno is now set to graduate this June with clear plans to attend post-secondary school, signaling a move from a state of "survival" to a future of "thriving."

This family has demonstrated an extraordinary capacity for resilience and self-determination in the face of significant cultural displacement. Juno's transition from deep isolation to becoming a peer-supporter and leader in his own care plan highlights his incredible self-efficacy. Erin and Benjemin have matched this growth with a consistent willingness to take accountability and bridge the cultural gap in their parenting styles. Their collective motivation to break negative cycles while honoring their roots has been the primary engine of their success. The bravery required by both the son and the parents to move past resentment and embrace vulnerability is the defining strength of this case.

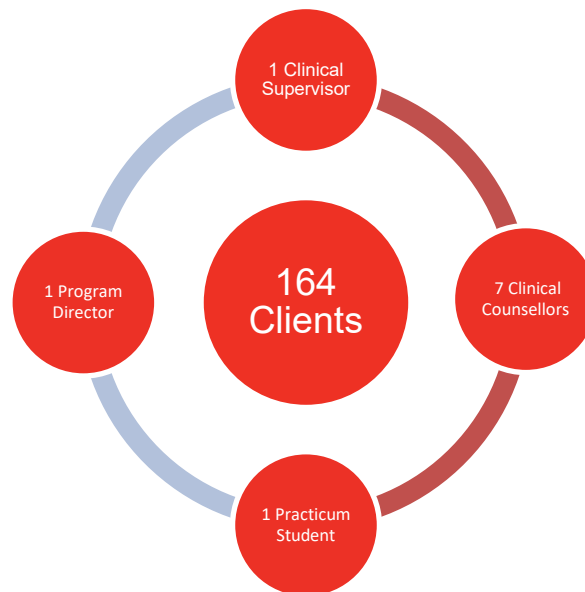
The family now reports a fundamental shift in their dynamic, moving from reactive conflict to a relationship grounded in mutual respect and understanding. Through the ongoing family sessions, Juno and his parents are actively rebuilding a bond of trust that was previously fractured by both trauma and the stress of immigration. They have demonstrated a high level of motivation to maintain their progress and are working constructively toward the goal of transitioning from supervised meetings to unsupervised contact. By prioritizing emotional safety, empathy and effective communication, the family is successfully navigating the path toward reunification and long-term stability.

7. Biggest challenges...

Over the past year, service delivery has continued to adapt to changes within the broader system. A decrease in referrals from Tri-Cities MCFD and MCFD Ridge Meadows has resulted in a lower overall number of service hours provided, creating an opportunity to reflect on capacity and explore ways to optimize engagement and outreach.

At the same time, ongoing staffing transitions within MCFD, similar to those noted in the previous year, have shaped the collaborative landscape between Clinical Counsellors and Social Workers. Despite these changes, teams have remained responsive and flexible, working to maintain continuity of care. These evolving dynamics have highlighted opportunities to strengthen communication and coordination, particularly in relation to wraparound and case management supports for clients.

8. Our team...personnel



9. Our team...learning undertaken

We continue to practice our philosophy of person-centred, strength-based services and trauma informed practice. We continue to include regular training for our staff such as: Trauma-Informed Practice, MANDT, Living Works Suicide Prevention training, Level 1 First Aid, Human Trafficking, and Naloxone training.

Guided by the presenting needs and concerns of clients, counsellors participated in targeted professional development and training to build capacity for providing effective, evidence-based support. The following professional development activities were completed this year:

- Stepping Stones course through Internal Family Systems Counselling Association (IFSCA)
- Indigenous Trauma Informed Practice with Len Pierre Consulting
- Webinars: Decolonize? We are not there yet, by Jennifer Lee-Kobel in conversation with Bhupie Dulay and Abby Chow; Deconstructing Racism: Strategies for Organisational Change by Dennis McDermott and David Sjoberg; Transforming Organizations: The Crucible for Change by Dr. Cheryl Ward; A Decolonized Approach to Secure Attachment: Historical Perspectives by Linda Thai; A Decolonized Approach to Secure Attachment: Expanded View of Attachment by Linda Thai; Mapping the Nervous System: Understanding Survival Responses and the Path to Regulation by Linda Thai; Neurodiversity and

Trauma-Informed Practice with Mary Klovance; Indigenous Trauma Informed Practice with Len Pierre Consulting.

- Youth Services Training Day: Neurodiversity –ADHD, ASD & Cultural Training
- Youth Services Training Day: Navigating Challenging Conversations- Charmaine Hammond
- Youth Services Training Day: Response Based Practice - Centre for Response-Based Practice
- Somatic Trauma Therapy Training (online) –
- ADHD Clinical Services Provider Training (online)
- Play Therapy Training (online)
- Certified Autism Specialist, with Beginner-to-Advanced training in Neuro-Affirming Care (online).
- IFS therapy modules: integrating the internal family systems model across clinical applications (online)

10. Our team.....relationships

All Counsellors are active members of BCACC (British Columbia Association of Clinical Counsellors) with RCC (Registered Clinical Counsellor) designations.

One of the counsellors holds MCP-AT: Art Therapist designation through Canadian Art Therapy Association.

Clinical Supervisor holds RCC-ACS (Registered Clinical Counsellor – Approved Clinical Supervisor) with BCACC.

The counselling team participated in the following agency committees this past year:

- Culture, Diversity and Accessibility
- Joint Health and Safety

The following are the community relationships and partnerships the team collaborated with this past year:

- Tri Cities and Ridge Meadows MCFD Youth teams
- MCFD Youth First team
- MCFD North Fraser Youth Justice team
- MCFD North Fraser Indigenous team
- Tri-Cities Child and Youth Mental Health
- SHARE Family and Community Services
- School District #43
- School District #42
- MOSAIC
- Valley House
- Fletcher House
- Maple Ridge Youth Emergency Shelter
- TriCities Foundry
- City of Coquitlam

11. Next year's goals...

1. Further collaboration with MCFD teams to support an increase in appropriate and timely referrals.
2. Identify and source specialized clinical training for counselling team to ensure responsiveness to client needs and emerging presentations.

3. Launch and integrate standardized outcome measurement tools across all new counselling files to enhance evaluation of client progress and service effectiveness.

12. For more information...

Contact Nadia Contreras, MA, RCC-ACS – Clinical Supervisor at 604.362.9854 or email ncontreras@plea.bc.ca