

# THE YORK CENTRE FOR CHILDREN, YOUTH AND FAMILIES

## DESCRIPTION OF TREATMENT APPROACHES

### INTRODUCTION

The York Centre for Children, Youth and Families (The York Centre) is a children's mental health centre serving the Regional Municipality of York. The York Centre is situated at 11225 Leslie Street, Richmond Hill, Ontario and provides day treatment and support services to Children (4-12) and to Youth (13-18) and their families.

The York Centre is incorporated as a private, charitable corporation governed by a Board of Directors. The Board of Directors is responsible for the policies and finances of the Centre. The volunteer Board of Directors live or work in the region and are representatives of the community.

The York Centre is funded by the Government of Ontario. The Ontario Ministry of Children & Youth Services provides direct funds. The Ontario Ministry of Education provides indirect funds through the local Boards of Education. The York Centre also obtains funds from the United Way of York Region and through private donations or fundraising activities.

### PURPOSE

The intent of this document is to describe briefly the services of the Centre and to provide a philosophical context of treatment.

### TREATMENT PHILOSOPHY

We believe that

- i) children/youth should be provided with opportunities to experience a home, educational and community environment that promotes the development of self-acceptance, age-appropriate independence and satisfaction in relationships;
- ii) children/youth are resilient and have the ability to use a nurturing, stimulating, predictable and safe environment to overcome adversity;
- iii) children, youth and their families need to develop coping skills that lead to appropriate, functional behaviours in society
- iv) where there is a confirmed or suspected medical or psychiatric condition it must be viewed as part of the system influencing the child's development;
- v) families are able to adapt and to alter patterns of communication and/or behaviours in order to meet the needs of family members;
- vi) treatment must be provided in the least intrusive, most enabling manner;
- vii) treatment methodologies must be based on an individualized plan, which is regularly revised as part of a continuous planning process;
- viii) treatment to be effective, must be planned, individualized and implemented by a multi-disciplinary team of professionals and provided in a normalized setting;
- ix) treatment, to be effective, must include the input from the child, youth and family;

## **CLINICAL PROGRAMS**

### **I. Referral and Orientation**

Parents are expected to take the initiative to phone the Centre to establish the initial contact and to request services. Our Intake Worker discusses their needs and if they require services from another provider will offer to “warm transfer” them to that agency. If they are looking for day treatment, they will be invited to our orientation meeting and offered support (either brief treatment or intensive support) while waiting for on-going services.

An orientation meeting date is set. In the Children’s Program, this is a group meeting for parents. In the Youth Program, the identified youth also attends this group meeting with his or her parents/caregiver (s). The agenda of the meeting includes an overview of the services the Centre can provide; the partnership aspect of involvement with the agency; clarification of what treatment is; how treatment planning occurs; and what are the confidentiality practices. Parents are then asked to decide whether or not they wish to proceed and if they do, they are asked to complete the required forms. If they choose not to pursue treatment, or if they wish for some time to make their decision, this is accepted. For Zero-6 services there is a meeting scheduled with parent (s)/caregiver(s) and the child either in the home or at the Centre’s offices.

### **II. Prevention**

The Centre recognizes and supports the concept of primary prevention. Although our resources are limited, we do respond to requests for presentations to parents or professional groups to foster well being.

Secondary prevention is supported through allocation of some resources. The Community Outreach Program is the prime example. Groups on anger management, bullying, anxiety management, self esteem and problem solving skills are made available in schools or other community settings to either identified participants or to an entire class.

Secondary prevention principles also permeate our treatment planning. Where indicated, we use the least intrusive service to promote change. Prior to admission to the Day Treatment Program, every effort is made to avoid disruption of the “normal” schooling process through provision of Support Services, such as Intensive Child and Family Intervention Services. We also provide services in home, in Child Care Centre’s or in Kindergarten programs to families of children under the age of 6 in an attempt to identify needs and build in supports to strengthen the child and families to avoid the necessity of more intensive services in the future.

### **III. Assessment**

Assessment, which is viewed as an on-going process, begins with the gathering of initial information at the first phone contact. At this time we inquire as to the reason the parent is calling and then schedule an orientation meeting for the family to learn of our service and determine if they wish to proceed. After this decision is made all families with children 6 and over participate in the Brief Child and Family Phone Interview (BCFPI) where more information is gathered on the child/youth’s functioning at home, school and in the community. Following this, each family is assigned to a Family Social worker or a 0-6 worker to conduct a more thorough assessment, which includes interview, and

observational data that describes the child/youth and family functioning. Concerns identified by the child/youth, parents and relevant others is an important part of the initial assessment report. Through the admissions process the assessment is formulated and a treatment plan of the least intrusive but most enabling approach is developed with the family. The Centre uses the Child and Adolescent Functional Assessment Scale (CAFAS) at assessment and to evaluate the outcome and effectiveness of treatment. Assessment is an on-going part of the Reviews where progress towards goals is assessed in the treatment process. When more formalized assessment is required, it is carried out through the Centre staff and consultants, or referral is made to an appropriate professional or agency.

#### **IV. Support Services – Intensive Child and Family Services, 0-6 Program**

Support Services constitutes the least intrusive approach to assisting the child/youth and family at The York Centre.

Our Zero to 6 Program works with families of children age of 6 years and under, by providing a combination of group and intensive in-home, in-community services to promote positive early child development and strengthening parenting skills. The goal is to intervene early to prevent the need for more intensive services later in the child's life.

Our Intensive Child and Family Service is provided in the community, either in the home, school, or in other community settings and takes the form and intensity required. This could involve ongoing support to a child/youth and their family who have been assessed and are waiting for a Day Treatment space or for support when a child/youth is leaving the Program and returning to a community school. Intensive and support services can be provided by the Family Social Worker, the Intensive Services Worker or by the Child and Youth Worker or Teacher who are part of their multidisciplinary team. Theraplay or individual counselling may be made available as well.

Through a continuing planning process (Conference System), the attainment of goals is evaluated and a re-formulation of the treatment plan is done on a regular basis. This process may lead to involvement in the more intensive Day Treatment Program, when necessary. At times, support services meet the identified needs, thus reducing the requirement for more intensive services.

#### **V. Day Treatment**

Day Treatment is the most intensive service offered by the Centre. The multi-disciplinary team uses a range of treatment methodologies in the therapeutic milieu. Family work is provided at the Centre or in the home. Individualized treatment plans are developed and regularly reviewed. When the child/youth no longer needs the intensive milieu, the treatment plan offers direction for enrolment within the school system, decrease of family contact, and when appropriate termination of services. When necessary, Support Services, such as Intensive Child and Family Services of the Centre may be provided after Day Treatment.

Children/Youth in Day Treatment have not been functioning well within the school system, the community and their home. The complexity of individual needs has determined their placement in a therapeutic milieu where the daily schedule and routines include many school-like activities, group programs such as Anxiety groups, Social Skills groups, Friends for Life, Separation and Divorce, and via the individualized treatment plans that are particular to the person. Each child/ youth belongs to a group

and identified staff are responsible for that group, however, each child/youth has distinctive goals to achieve. Through the development of a supportive, caring relationship and the use of various treatment methodologies, the staff facilitates the child/youth's realization of those goals.

The Day Treatment Program operates 5 days a week. In the Children's Program, the summer sessions are in the form of therapeutic activity groups and include an academic component for the older group. The youth summer Program operates in July, including an academic component.

## **TREATMENT METHODOLOGIES**

### **Family Intervention**

The family environment is significant in the individual's identity formation. When the need for family intervention is deemed necessary, the particular focus may be child management, family interaction, improved communication, marital or individual counselling.

### **Parents' Groups**

Parents can empower each other and assist in the development of their skills and personal awareness. Group experiences are provided which have a structured, educative format such as parent education groups (Triple P, Parenting your Anxious Child, De-escalating Crisis) or take a more supportive, facilitative approach as in parent support groups, women's group or father's group and Multi-family therapy groups.

### **Individual Counselling**

Through individual counselling, more effective self-management is promoted. Counselling may focus on the development of trust and self-awareness, sharing of feelings, problem-solving, improving play or social skills and behaviour management. Both directive and non-directive approaches are used according to client need.

### **Peer Groups**

Some social skills are best learned through participation in a group. Peer groups vary in size or composition and may focus on age-appropriate sports activities, life skills, communication or interpersonal relationships, such as managing anxiety groups (Friends for Life) and anger management groups. They are staff led and are part of both Day Treatment and Support Services.

### **Theraplay**

Theraplay is a structured play therapy for children and their parents. Its goal is to enhance attachment, self-esteem, trust in others and joyful engagement. The method is fun, physical, personal and interactive and replicates the natural, healthy interaction between parents and young children.

### **Academic Instruction**

The development of learning strategies is important for successful functioning in an educational environment. Through formal and informal assessment, learning weaknesses are identified. Similarly, behavioural problems that impede the learning process are identified. Programming is provided to facilitate the acquisition of learning skills, to accommodate for learning disabilities

where they exist, and to enhance self-esteem through an improved attitude towards educational activities. These are documented in Individual Educational Plans (IEP), which also assist in the transition back to the school system. Individual and small group activities are used to meet child and youth needs and to facilitate their re-entry into a more normalized educational setting.

### **Behaviour Management**

Successful functioning in various environments is an indication of well being. Self-management skills are generally not at an acceptable level when a child/youth is enrolled in Day Treatment. Therefore, the structure of the environment is designed to provide the degree of control needed by the individual to learn appropriate self-management. A range of methods such as 1:1 supervision, crisis intervention, up to and including physical restraint when required, are used within the Program. The emphasis throughout is on learning to take responsibility for self-management.

### **Art & Creative Expression**

For most children, the use of arts and crafts materials is inviting, and therefore a gratifying activity. Through arts and crafts creative expression is encouraged as a means of communication, anxiety reduction and to experience enjoyment.

### **Speech & Language Therapy**

When communication skills do not develop at the expected rate or in a normal way, the development of interpersonal skills is often impeded. Assessment in speech and language development is individualized. Treatment may be in one-to-one sessions or small groups. The development of communication skills is also promoted through the Program milieu.

### **Motor Program**

When motoric development in fine or gross motor skills is uneven or not at age level, children's social development may be impeded. Usually, motor activities are a small group experience with attention to individual differences; however, individualized programming in specific skills development can be provided. Part of this Program is recreational and sport skill focused so that children may be able to enjoy leisure activities. The Together Everyone Achieves More (T.E.A.M.) Program is an excellent example where skills learned can be transferred to teams in the community.

## **FACTORS THAT CONTRIBUTE TO SUCCESSFUL TREATMENT**

### **Community Liaison**

Children, youth and their families, when involved in a treatment contract with us, have ongoing significant links with various other community agencies. Some of these links impact on the treatment process, or alternatively, the treatment process may impact on the family or individual's relationship with another particular agency. It is, therefore, important for Centre staff to liaise with staff in those significant settings. A plan of liaison is developed as part of the service plan. Examples of significant community personnel where liaison is important are teachers, CAS workers, recreationists or any other counselling professionals.

Where The York Centre services are not appropriate or extensive enough to meet client needs (whether newly referred or during a treatment contract), co-ordination with, or referral to other agencies takes place.

## **Continuity of Planning**

Change is a process. To assist our clients in this process, we assumed that a treatment plan is continuous, developmental and includes pertinent concerns from the client, as well as the professionals. Assessment and reassessment to gain a better understanding of the issues, to reformulate goals and to review progress from referral to termination is guided by the conference system.

## **Multi-Cultural Factors**

In our multi-cultural community, families value a range of customs and beliefs. Therefore, from family to family there are differences in the use of special services, expectations for family members or other issues relevant to a client contract with the Centre. In assessment of family functioning and in treatment planning, every attempt is made to understand these variations of values and take them into consideration. Centre professionals are encouraged to be aware of how their own values impact on interactions with families. Mutual respect, as well as regard for differences, is important elements in the development of the therapeutic relationship.

## **Contract for Services**

The York Centre is a “voluntary” not mandated agency. We are involved in a partnership with the child/youth and family and through this partnership, decisions are made to begin, change and terminate treatment. This partnership is balanced between requests for help and support for change, which usually proceeds successfully. However, should they so decide, the family may withdraw from treatment at any point in the process.

## **Multi-Disciplinary Team**

The multi-disciplinary team process brings together the perspectives and knowledge of the many different professionals who make up each family’s team. Through this process, the Centre strives to develop well-balanced, informed treatment plans based on a holistic approach.

## **Health and Well-Being (Normalization)**

Clients of The York Centre have identified their need for specialized services by initiating contact with us. Their need is to move towards a stronger sense of well being and achieve more satisfaction in day-to-day functioning. In Day Treatment, we provide an accepting, supportive environment with age-appropriate activities and experiences that promote self-enhancement and skill development to prepare children/youth to manage in more normalized settings and situations. In our support services, we provide experiences that maximize opportunities for growth. In our service to parents, efforts are made to empower them so they can be effective in their role.

## **CONCLUSION**

This document describes the services available through The York Centre for Children, Youth & Families. These continue to evolve in terms of demand and the changing needs of the community of York Region.

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