

Logic Model for Day Treatment Program

The day treatment programs provide an academic/treatment program for designated youth focusing on academic preparation and treatment interventions to overcome their mental health difficulties in order to assist them with their reintegration back to mainstream school/work force.

Components

-segments of service
-reflect common purpose

- Intake and Assessment
- Goal Setting and Treatment Planning
- Psychological/Psychiatric Assessment if needed
- Treatment Implementation- CBT, DBT, Family Therapy, Psycho education, Therapeutic Milieu, Activation, individualized educational support and treatment program, life/social skills training
- Discharge Planning- Gradual Integration to mainstream, alternative education or work skills program, Case Management and Advocacy, Follow up for six months

Target Group

-to be addressed by activities
-mandate, population, intensity

14-18 years old youth in need of a specialized school placement due to mental health, behavioural, socio emotional or learning problems

Activities

-what program does to work towards desired outcomes

- Intensive home based Individual and family therapy offered by therapists,
- Group therapy (CBT and DBT) offered by CYW and therapists, Groups on Adolescent Life Skills (GOALS) provided by CYW
- Youth Engagement Model , Strength Based Approach, multidisciplinary team work/support
- Collaboration with TDSB and other relevant service providers
- Clear and consistent structure in a therapeutic milieu, academic support from special -Ed teacher

Outcomes

-short and long-term objectives
-related to activities and within control of the program participants

Short term goals: Demonstrated improvement in social/life skills, emotional regulation skills, interpersonal effectiveness skills and distress tolerance skills, improved attendance and academic work completion, more compliance with classroom rules/expectations.
Long term goals: Successful Integration into mainstream/alternative school or work placement, transfer of skills gained to the new program, decrease in the severity/intensity of mental health/relationship problems.

Day Treatment Program Review

East Metro Youth Services provides four day treatment programs for high school youth aged 14-18. One program is offered at Wexford Collegiate Institute, 2 programs are offered at Sir Robert L. Borden B.T.I. and the other program is located at 184 Galloway Road.

Each day treatment program provides both an academic component and a treatment component. The treatment component includes a GOALS period (Groups on Adolescent Life Skills) 3 days a week, DBT (Dialectical Behaviour Therapy) skills group once a week, a Violence Intervention Program (VIP) module once a week, weekly primary sessions with the child and youth worker and intensive home based individual and family therapy with the therapist as well as consultation with consulting psychiatrist on a regular basis.

Program Themes

The primary goal of the day treatment program is to help clients overcome whatever obstacles they face that prevent them from being successful in mainstream school settings. This is accomplished by providing an individualized and flexible treatment/academic program to achieve their individual goals and by offering 6 months of follow-up to ensure a successful transition to mainstream, alternative or work programs.

Program Objectives

The main objective is to assist the youths' integration into the mainstream school or to successfully enter the workforce. Individual treatment goals are designed to assist in the transition from our program to the mainstream school or work program. Successful treatment is evidenced by improved social skills, relationships (family, peers and authority figures), conflict resolution, mood regulation and psycho education about their mental health needs.

In the event that these objectives can not be met in our program, the treatment team assists the youth and their families to find an appropriate program that will meet their treatment needs. At times clients are referred to other suitable programs to better meet their academic/ treatment needs. For example, clients with very low academic functioning are referred to programs such as Maple wood high school or The Griffin Centre. Clients who need more intensive treatment are referred to programs such as The Adolescent Residential Rehabilitation program at Whitby Mental Health Centre, residential programs (city and farm location) through other service providers and to secure treatment facilities such as Syl-Apps Youth Centre.

Program Successes

There were various program successes this year, both in terms of successful discharge and integration as well as collaborative initiatives to support credit recovery. 28 clients were discharged from the various day treatment programs during this report period. 32% of these discharged clients have been successfully integrated to mainstream schools, 17% were successfully integrated into alternative programs and 7% to the workforce. The program staff, in collaboration with the TDSB consultants, assisted and advocated for these clients to enter the school of their choice. 32% of the discharged clients were successfully reintegrated back into their home schools or the schools of their choice and it should be noted that this is significantly higher when compared to the previous years.

This year, the schools appeared more receptive to admit our clients due to the fact that individual and family support was still being provided following discharge from the program. This highlights the importance of the follow up program in assisting clients to enter and maintain their placement in the mainstream or alternative programs. There are a number of current youth (9) that were integrated into the host school for 1-2 classes with the goal of being fully integrated to the mainstream school setting for the following school year. The consumer satisfaction survey results provide further evidence as to the program successes, indicating that the vast majority of clients and parents are satisfied with the services they received from the various day treatment programs. There were many positive comments regarding the “mutual decision making process” and “the involvement of youths in their treatment planning”.

Another success that occurred was with regards to obtaining academic credits through alternative means. This year, the day treatment students began working in the VIP multimedia and journalism program on level 3 once a week. In conjunction with the TDSB teacher and the multimedia/journalism staff, the work completed by the students counts towards an academic credit. Similarly, 2 of the programs now attend the YMCA once a week in order to obtain their Phys-Ed/ Health and Nutrition credit. In addition to credit recovery, these programs support the participation of the students in community activities outside of the classroom as many have had challenges spending a full day in the classroom.

Program Challenges

One of the challenges to the programs is that the youth that are often segregated from and unable to access the resources the TDSB offers. In addition, two of the three school based programs are located in portables (these programs are not located in the host school's main building), which may create isolation and stigma. As the fourth program (Galloway program) is not attached to a mainstream school, gradual integration is made more difficult.

There were also various challenges with regards to staffing, discharging and more generally, the complex nature of the clients being served. The discharge planning for older youth with minimal credits continued to be an ongoing challenge. For example, the CIC (Continuous Intake Co-op) Program and other co-op programs are not available to section 23 students. There have also been major challenges in terms of staffing at the Borden program. These changes made it extremely difficult to effectively implement the treatment model. Thirty-nine percent (39%) of the discharged clients were discharged prematurely from the combined programs due to unexpected family moves, physical assault towards a mainstream teacher and/or active refusal to participate in the treatment program.

As the ensuing data shows, the program serves youth with complex-needs and multiple problems. Despite the intensive treatment provided at the day treatment programs, some of these youth need more intensive support such as a residential placement and secure treatment due to their higher/complex needs. Most of these youth are not academically driven, and as such, would benefit greatly from attending a co-op program or supervised work placements.

Program Changes

There were several program changes this year. One major change was the closure of our Timothy Eaton section program and the opening of the second program at Sir Robert L. Borden. This program has become the pilot site for the implementation of Dialectical Behaviour Therapy (DBT). The other 3 programs began implementing a DBT skills group once a week at the start of the second semester. Another change included 4 new CYW placement students. This enabled each program to have a CYW student at the program everyday of the week.

A consistent challenge we have faced in previous years was ensuring adequate follow-up. This was also a theme in last year's Consumer Satisfaction Survey results. Consequently, we have implemented a six months intensive follow up to clients and families upon discharge. This enables the clients to continue to build on their successes that they acquired while at the program. The therapists also assist in resolving conflicts/difficulties that may occur either at school, home or in the community, post-treatment.

Another change was with regards to the implementation of Dialectical Behaviour Therapy (DBT). Some of the program staff received intensive training and have begun utilizing DBT with some day treatment clients. Consultation is also provided to ensure model fidelity. In addition, 3 day treatment staff were trained in e-counseling and this new modality was offered to some of our day treatment clients. However, there was some reluctance given that the e-counseling was asynchronous and we are examining ways to improve this for the future.

Client Statistics

In general, the youth that are referred to the program have externalizing or internalizing difficulties. Most of these youth have one or more diagnoses such as Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Obsessive Compulsive Disorder, Bipolar Affective Disorder, Schizophrenia, Psychosis, Anxiety Disorders, Major Depression, Conduct Disorder, Learning Disability and Personality Disorder. In addition, most of these youth have relationship difficulties with peers, authority figures and family members.

The age range of clients is from 14-18. Recent statistics indicate that majority of the clients referred to our programs are older, but they have not earned many credits. The main referral sources are TDSB, TCDSB, CAS, CCAS, Shoniker clinic and self referral. The ratio of male to female referral is 4 to 1. Generally, clients at Borden stay for one school year and for Galloway and Wexford, clients tend to stay longer (1-3 years) due to their mental health difficulties.

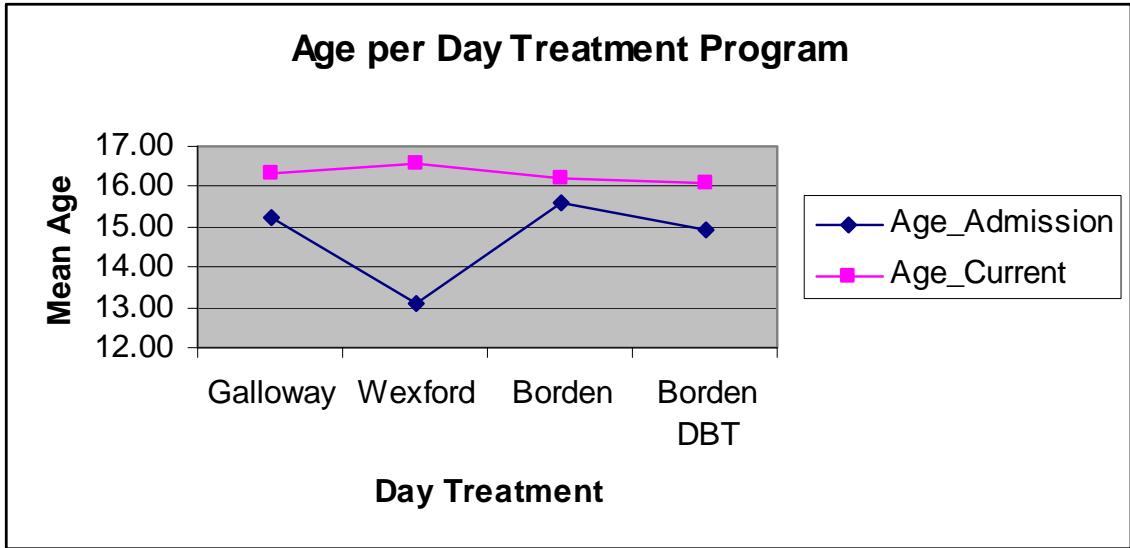
Exit plans for clients include being referred to work skills programs, co-op programs, and integration into either alternative school programs or the mainstream school or transfer to different programs such as residential placement through different agency to better meet their clinical needs.

Follow-up includes meetings with the client and family (at first on a weekly basis and then over time perhaps bi-weekly or as needed), assisting the youth with the transition to the new work/ school program by providing support to the clients as well as co-ordinating services with the host school/ work place.

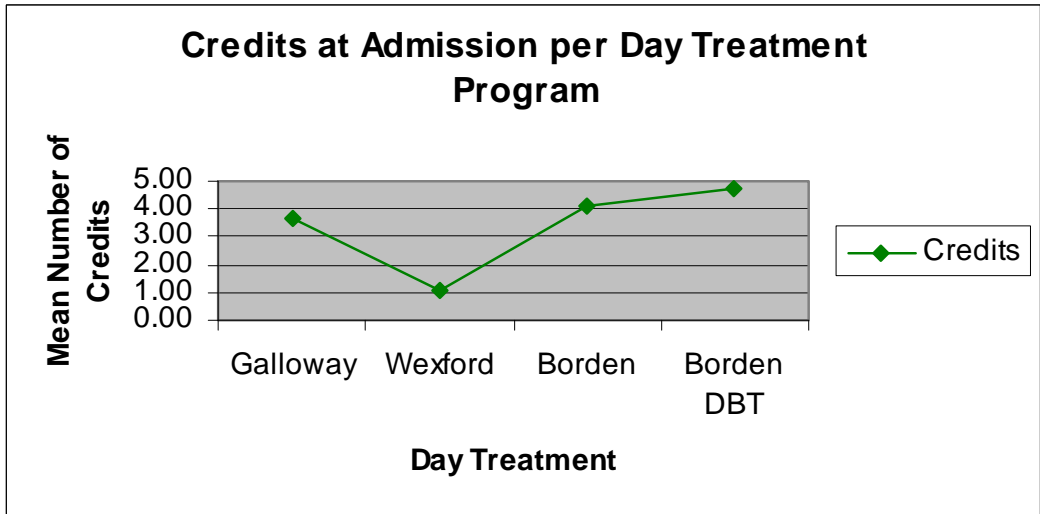
Aggregate Data

The following data is based on the year 2008 from January to December and does not include clients who are also receiving residential treatment with EMYS. Of the 41 clients included in the data set sample, 29.27% of clients (n = 12) were in the Galloway program, 21.95% of clients (n = 9) in Wexford, 24.39% of clients (n = 10) in Borden, and 24.39% of clients (n = 10) in Borden DBT. Overall, 46.7% of clients (n = 7) started the program in September 2008, and 53.3% of clients (n = 8) were discharged early (post 1/2 days); others had already been attending the day treatment program during previous years.

As seen below, clients in the Wexford program were significantly younger and had fewer credits at admission as most of them started in grade 9.



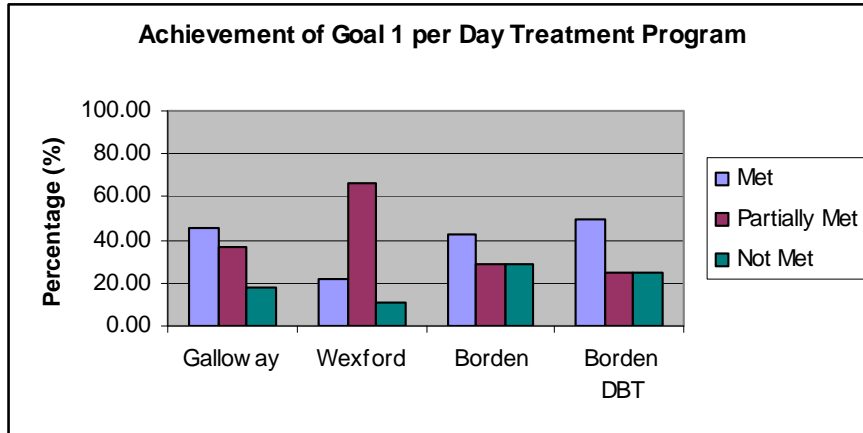
As indicated in the graph below, the students at Wexford have fewer credits at admission due to the fact that the majority of students are entering their program when they are starting grade 9. It should be noted that the majority of the students in other day treatment programs start the program when they are older (16-17 years old) with few credits.



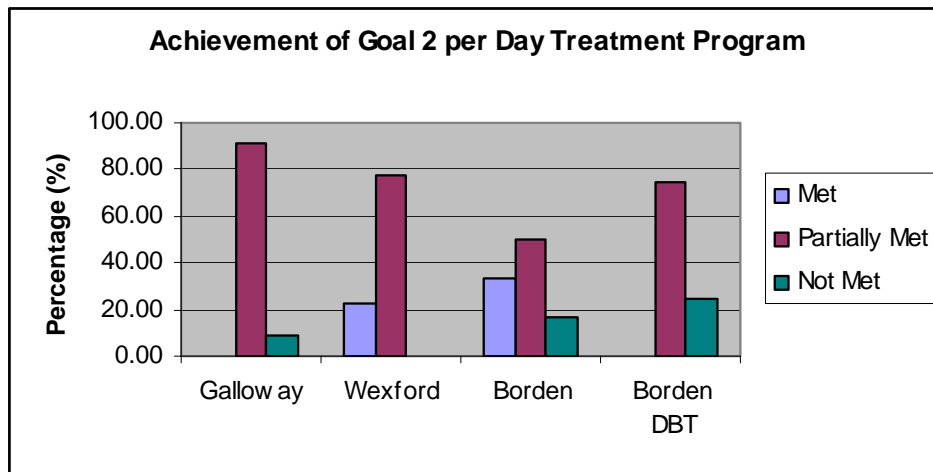
Data for the four goals was not available for all 41 clients, but for 35, 34, and 29 clients per each of Goals 1 through 3, respectively. Overall, the same number of clients fully and partially met Goal 1 across all programs, whereas significantly more clients partially met Goals 2 and 3 relative to those who fully met and did not meet these goals (Goal 2: $p < .001$; Goal 3: $p < .05$). This is due to the fact that the majority of the clients are still actively involved in treatment and they are still working on their goals. A number of clients did not engage in treatment during the initial assessment period and were

therefore discharged from the program. There were also a number of clients who fully met their goals and were successfully transitioned to other programs.

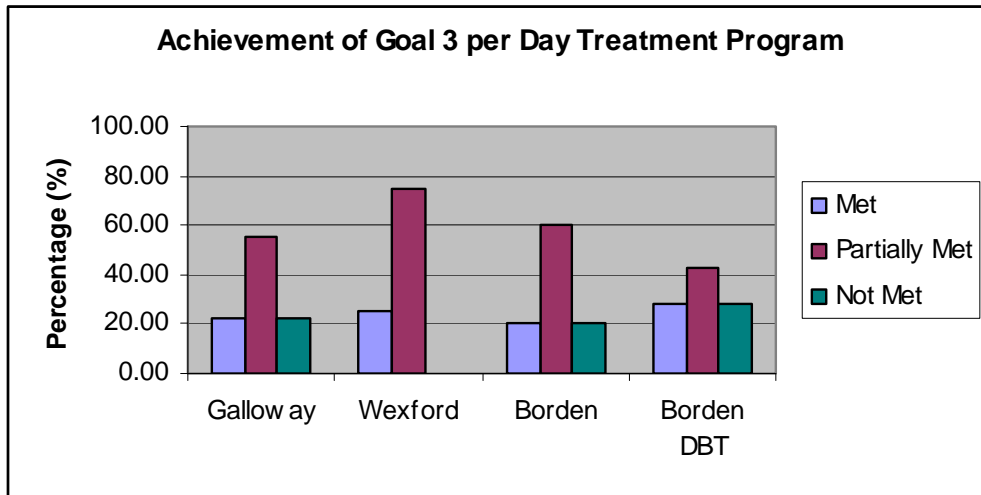
Goal 1 is universally reintegrating the clients back to mainstream or alternative school program or to the workforce.



Goal 2 is usually related to the psychological well being of the client such as, dealing with anxiety, depression etc.



Goal 3 most often related to family relationships



RELATIONSHIP BETWEEN AGE, CREDITS, & GOAL ACHIEVEMENT

In order to facilitate interpretation of results, Goal variables were recoded so that: **0 = Not Met, 1 = Partially Met, and 2 = Met.**

Please note that correlations are statistically significant if p-values or Sig. (2-tailed) values are less than .05, and nearly significant (i.e., a trend) if p-values or Sig. (2-tailed) values are less than .10. Please interpret with caution as the sample sizes (N) are small.

Correlations: Across Day Treatment Programs

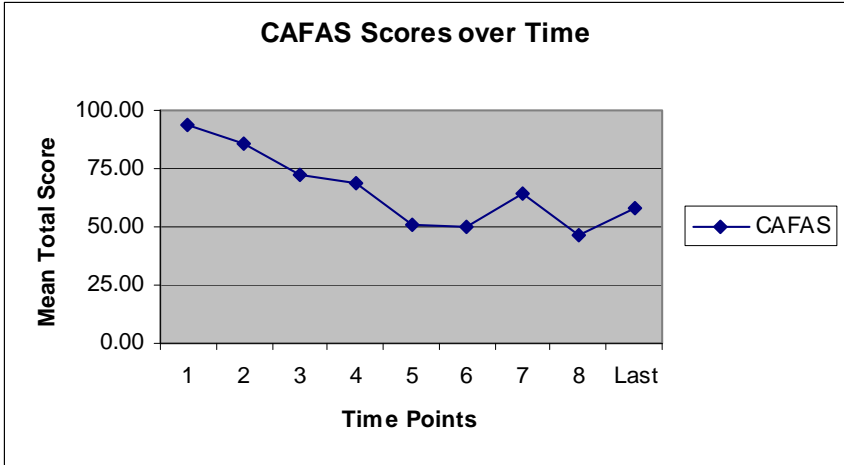
Correlations

		Age_ Admission	Credits_ Admission	Goal__1	Goal__2	Goal__3
Age_Admission	Pearson Correlation	1	.642**	-.011	-.353*	-.213
	Sig. (2-tailed)		.000	.950	.041	.268
	N	41	41	35	34	29
Credits_Admission	Pearson Correlation	.642**	1	.283	-.096	.136
	Sig. (2-tailed)	.000		.100	.590	.482
	N	41	41	35	34	29
Goal__1	Pearson Correlation	-.011	.283	1	.487**	.718**
	Sig. (2-tailed)	.950	.100		.003	.000
	N	35	35	35	34	29
Goal__2	Pearson Correlation	-.353*	-.096	.487**	1	.668**
	Sig. (2-tailed)	.041	.590	.003		.000
	N	34	34	34	34	29
Goal__3	Pearson Correlation	-.213	.136	.718**	.668**	1
	Sig. (2-tailed)	.268	.482	.000	.000	
	N	29	29	29	29	29

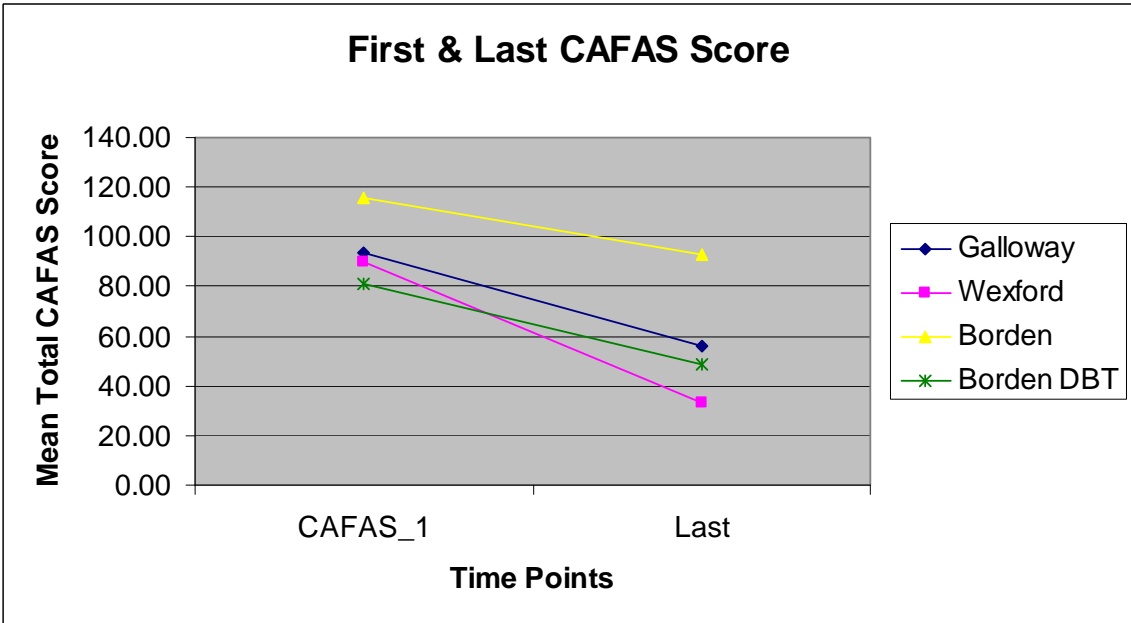
** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

As indicated in the table, there is a positive correlation between age and credits at admission. Overall, across all four Day Treatment Programs, a significantly negative correlation emerged between Age at Admission and Goal 2 achievement (socio-emotional and psychological well being of the client such as dealing with anxiety, depression etc.). This negative relationship suggests that clients who are younger at admission are more successful in achieving Goal 2, or in other words, clients who are older at admission are less likely to achieve Goal 2. This would suggest intervening as early as possible to provide day treatment services is most effective. Also, a trend emerged ($r = .28$, $p = .10$) suggesting that clients who have more credits at admission are more successful in achieving Goal 1 (reintegrating the clients back to mainstream or alternative school program or to work force).



With regards to CAFAS scores at Time 1 (entry) and Time 2 (most recent but not exit), the results indicate significant improvements across all programs



Future Directions

To sum up, the challenges mentioned previously related to older age of admission and lack of academic motivation have impacted the service delivery model. Many of our clients are older/more complex with a limited number of credits and many of these clients are either gang involved or potentially at risk of becoming involved. The noted successes in this year’s review, particularly as regards credit recovery through

alternative means, such as our own multi-media program provide some positive direction that can support future credit recovery. Moving forward, one of the central goals will be to continue in this vein and support more of our clients for successful transitioning.