

## **EMYS Program Review: Intensive Child and Family Services Program 2008 - 2009**

Intensive Child and Family Services (ICFS), part of the Home Based Program along The Priority Access Program, was designed to be a time limited, flexible and intensive service, providing home-based treatment to youths and their families. East Metro Youth Services and Aisling Discoveries Child and Family Centre have continued to maintain a partnership in providing this intensive service to children, youths and their families in the East Quadrant.

Given ongoing assessment of the complex concerns that ICFS clients face, ICFS at EMYS has been providing services with a focus on supporting referred families to manage multiple mental health and behavioural concerns. Through flexible therapeutic interventions and by offering assistance to families in navigating systems of service, ICFS aims to secure best ongoing treatment as appropriate.

Our service enables youth to function effectively in their homes, schools and communities, through the use of flexible mental health interventions. It is designed to help those who are experiencing, or at risk of experiencing:

- the breakdown of relationships at home
- severe difficulties at school that could lead to expulsion
- severe difficulties adjusting within their communities
- difficulties making the transition from a child welfare, young offender or psychiatric health system.

### Major Themes:

There are a number of themes that present with frequency for the ICFS program. Significant mental health issues, both for the youth as well as the parents, continue to present on a regular basis and with increasing complexity. It was observed that clients are more frequently being referred that have mood disorders – more often Bipolar disorder– as well as have Asperger’s disorder and intellectual deficits; however, this did not always mean that the clients and their parents came with a clear diagnosis and obtaining one became a focus of the work. We have also seen several instances where the siblings have been experiencing significant struggles that have impacted the functioning of the family. Similar to last year, school-related issues, specifically attendance and learning needs, was also a dominant theme in the last year often requiring

constant communication with the school staff. Lastly, and not surprisingly, involvement with the family itself in terms of addressing persistent and intense conflict was consistently encountered in both programs.

#### Program Objectives:

The objectives of the ICFS program are to provide a comprehensive assessment of the family and its ecology. Secondly, the ICFS program strives to support families in navigating systems, accessing other services, and helping families to build upon and strengthen the environment of their family and its ecology. Lastly, a major program objective of the ICFS program is to support the family and youth in their process around understanding their needs, strengths, abilities and resources.

#### Program Changes and Successes:

By all accounts, it has been a successful year for the ICFS Program (see support information below from consumers). ICFS workers are exploring and adopting CBT and DBT into their work. Within the last 12 month time frame, the program also saw the introduction of a new supervisor as well as had a student placement from the University of Toronto.

In the spirit of collaboration, staff have created closer relationships with various schools they encounter. The ICFS program has also been able to return to a three month wait for service. To further complement our services, staff offered parent support groups as well as a group for parents whose youth have a mental illness. ICFS staff were also able to take on challenging cases that were referred internally from Whatever it Takes (WIT) and Transitional Support.

#### Program Challenges:

As can be expected, the ICFS Program is not without its challenges. Given the aforementioned increase in complex mental health referrals, staff encountered clients whose overall needs required not only intensive involvement but also greater referral and liaison work with collateral contacts. While such work was of critical importance, it provided an additional challenge to ensuring direct service time was maintained. Related to this, such complexities are also requiring the staff to adopt differing roles and point to the need for further training on working with clients and families that have mental health diagnoses.

Given that the ICFS Program focuses on working with clients within their homes and in their community, the staff are frequently required to travel across the city to meet with their clients, thus translating into some loss in direct service time.

Of further note is the apparent increase in desire by families for more frequent interventions during the follow up phase of both programs. At times, there have even been calls after a file has been closed, post follow-up, that have required a 'booster intervention'.

Finally, as is the case with all programs, there is the continual challenge to seek out evidence-based interventions that are proven to be successful.

### Client Statistics

Clients referred to the ICFS Program were youth who were experiencing the following issues:

- acting out and defiant behaviour;
- non compliance with parental expectations;
- aggression between family members;
- school attendance issues/truancy;
- separation and loss;
- anxiety and depression;
- self harmful behaviours and/or suicidal ideations/attempts;
- prodromal psychosis;
- parental mental health issues impacting care giving abilities; and
- substance use

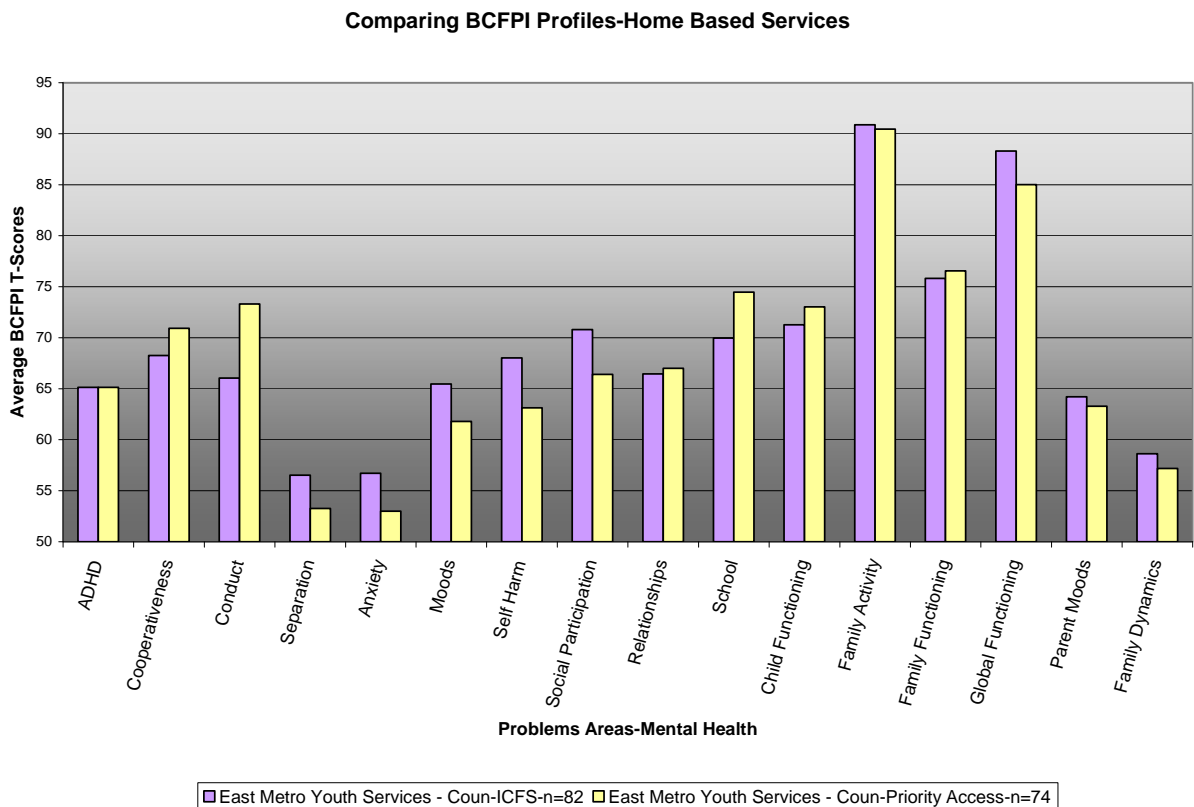
Upon completion of the ICFS program all clients and families reviewed with their worker the interventions that were successfully utilized throughout treatment as well as what other goals require further work. When necessary, clients and families were referred to other service providers, including counselling resources as well as psychiatrists in those instances when clients were assessed as having significant mental health issues. With regards to follow up, it was primarily used to support the gains made during treatment as clients and families sometimes experienced anxiety without having the intense support of the worker as was experienced prior to the follow up phase.

Note: Please note that the data analysis for both programs focused on the calendar year and as a result our numbers may not completely match. However the trends remain the same.

The total number of clients served in the ICFS Program this year has been 34. Most clients were referred by school boards, hospitals or by the families themselves. In addition, the program has also taken referrals from Transitional Support Services and WIT.

Clients that participated in the program ranged in age from 12-18 with the dominant age falling at 17. The ICFS Program client population consisted of 32.3% females and 67.6% males. Clients on average participated in the program for 5 months, with follow up lasting between 6 and 8 weeks.

**Aggregate Data**



The BCFPI data displays aspects of the referral behaviours that youth and families exhibited on entry to the program.

In exploring the above profiles, the majority of clients referred to the ICFS Program struggled within the areas of family activity, family functioning and global functioning.

With regards to the pre and post treatment overall CAFAS scores within ICFS Program, there was a more significant decrease noted in the overall score, dropping from 94.29 to 64.76. When turning to goal achievement, 90.30% of clients and their families either met or partially met their goals.

### **Supporting Information from Consumer Satisfaction Survey**

*“I was very much impressed at how much they respected my daughter as a person and as a client, and how much they involved her in making decisions and setting goals.”*  
(parent; ICFS)

*“I knew who to talk to outside my counsellors if I needed to, but they were understanding enough to go directly to them if I had concerns about the service.”* (youth; ICFS)

*“Amazing women! I’m indebted to them for life. Gifted beyond gifted. They were able to create a level of trust with a teenager who is going through extreme hardships. They deserve cadillacs and vacations. They knew my daughter better than I did. They supported us. I trusted them to make choices when I couldn’t think while in crisis. The support they provided made me feel worthy. They made me feel like I’m normal. They held us together. Took [daughter] to appointments if I couldn’t make it and came into our home when I was barely functioning. I was very much impressed at how much they respected my daughter as a person and as a client, and how much they involved her in making decisions and setting goals. A contact was made available for me to speak to someone else if problems with service arose, but they were understanding enough to go directly to them. I had no idea that EMYS provided these services, and this program saved people’s lives. Government should know how invaluable they/this service are. Big plead to government to never ever underfund these services.”*(parent; ICFS and WIT)

### **Future Directions**

The search for evidence-based practices will continue for the ICFS Program. However, it will also be important to build on the fact that, as has been noted, the majority of client goals are being met or partially met. In recognition of this, the ICFS team will summarize the successful assessment and treatment processes in an attempt to collect evidence-based practices that are successful.

Given the increasing complexity of cases, additional training with regards to how to work with families that are encountering significant mental health needs will be required. Along these lines, enhancing our ability to design with families

realistic and achievable goals that also takes into account motivation levels will be critical.