# Responding to the Needs of CYAC Clients:

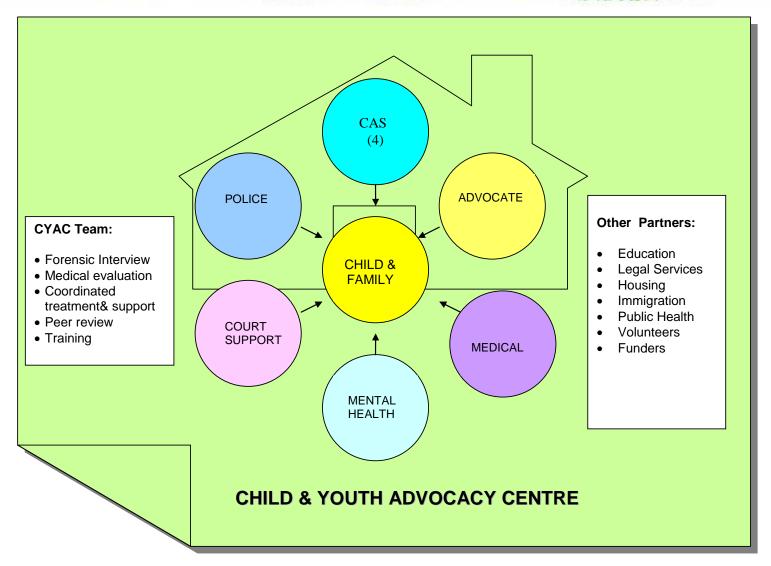
# Boost CYAC Mental Health Services Team

#### **Kaitlin Winslow**

MA, CCC, Registered Psychotherapist Child and Family Clinician



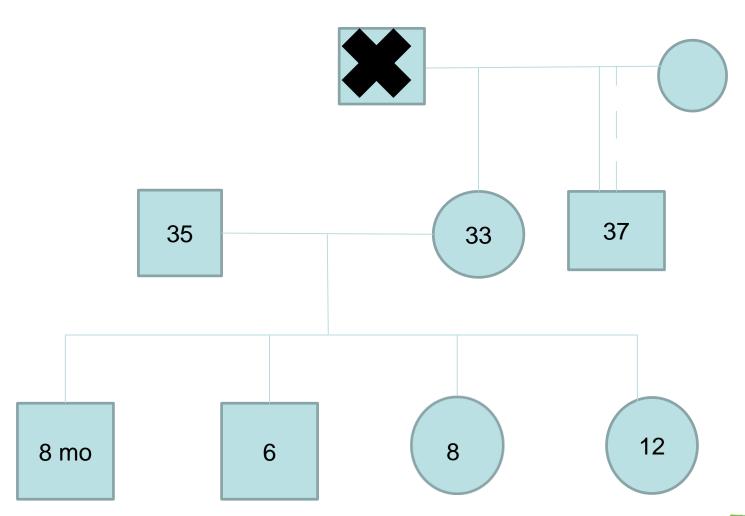
## The Child Is Always The First Priority





## The Smith Family

(all names and identifying information have been altered to protect family's confidentiality)





## **Boost Accredited Facility Dogs**

Iggy Aria Jersey





#### The Advocate

#### The Advocate:

- orients the family to the centre
- reviews confidentiality/obtains consents for service and sharing of information



- provides support to family members until all interviews are completed
- shares questions/concerns raised by the family, and [potential] crisis/mental health concerns; if immediate crisis support is identified, facilitates introductions between a clinician and family
- liaises between the family and the MDT members
- provides ongoing referrals as required
- participates in: debriefs and case reviews, providing information and relevant updates; and weekly Advocate-Clinician meetings to assign cases
- with consent, same advocate provides court preparation and court support to child, youth or family



## Why Include Mental Health Services

- ➤ Well established (i.e., ACE Study) that childhood exposure to abuse, neglect and potentially traumatic events constitutes a major threat to a child's development, as well as to long term physical, mental and behavioral health as they grow into adulthood (Anda et al., 2006; Dube et al., 2005; Felitti et al.,1998; Smith et al., 2005; Thornberry et al., 2001).
- ➤ Therefore, quick identification and early intervention after disclosure of childhood abuse and trauma is an important goal.
- ➤ Brief, immediate, trauma focused and family strengthening therapeutic interventions have demonstrated effectiveness in reducing traumatic stress symptoms and reducing odds of development of PTS symptoms and presentation (Hahn et al., 2015)
- Early intervention also provides support and education to caregivers and other safe important adults to foster community of support and referral to other supportive services to enhance protective factors for child or youth.

## Why Include Mental Health Services

- Mental health clinicians from partner agencies SCAN, Radius Child and Youth Services and Boost CYAC provide both clinical consultation and therapeutic services. Clinical consultation is provided to the Multidisciplinary Team (MDT) before, during and/or after the investigation.
- Mental health clinicians also provide brief therapeutic services to children, youth and their families. All families are offered up to 8 sessions that focus on building safety and stability by offering psychoeducation and developing coping strategies. Clients and caregivers who would benefit from additional support are referred to longer term services.
- Have knowledge of and communication with other community mental health agencies and support services to ensure families have access to options of services that are diverse and inclusive of family's needs.



#### **Boost CYAC Mental Health Services**

- Brief Individual, Dyadic, Caregiver and Family Therapy
- Consultation to the MDT
- Crisis intervention (Suicide Risk Assessments)
- Establishing safety plans
- Care coordination
- Needs Assessment and Referral to Other Supportive Services
- Trauma-Focused brief therapy services that include:
  - Psychoeducation
  - Prioritizing Safety and Stability
  - Development of coping skills and managing trauma symptoms
  - Enhancing communication within families and fostering protective factors and resilience
  - Strengthening community of support
  - System navigation and advocacy
- Group Services



## **Group Programs**

- CARE: 10 week group for caregivers that provides psychoeducation on impact of trauma, coping strategies, and parenting after trauma
- CONNECT: 10 weeks for caregivers that focuses on attachment/family interactions/skills development.
- Sole Expression: A Trauma-Informed Hip Hop Dance Group
- Art Therapy Groups



#### **Treatment Modalities**

- Child and Family Traumatic Stress Intervention (CFTSI)
- Acceptance & Commitment Therapy (ACT)
- Attachment, Self-Regulation & Competency Model
- Creative Arts Therapies (drama and art)
- Dialectical Behavior Therapy (DBT)
- Mindfulness
- Narrative Therapy
- Sensorimotor Psychotherapy
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Dyadic Developmental Psychotherapy
- Emotion Focused Family Therapy



## **Weekly Case Presentation Meeting**

- Child & Youth Advocates and Mental Health Services Team meet together with CYAC Manager to review cases and discuss appropriate services and referrals.
- > Recently adapting this meeting to also include child protection in these weekly meetings when appropriate and with family's consent.
- Consider family's consent to services, safety concerns, presenting concerns or symptoms, family's goals, family's request for services based on culture, religion or language, geographic location and increasing accessibility to services, therapeutic modality and fit, identify trauma history to scaffold safe and supportive therapeutic process (acute vs. developmental or complex trauma).
- Make recommendations for case reviews.
- Either assign case based on availability or fit, or referral to collateral services.

#### **Case Reviews**

- Case reviews track and monitor cases, provide support and promote shared responsibility through the sharing of appropriate information.
- Case review participants are limited to those actively involved and with an agency where a youth/caregiver has signed consent for the sharing of information.

#### The goals of a case review are to:

- provide a comfortable and safe place to discuss cases, including family strengths, safety concerns, barriers to accessing services, connection to supportive services;
- address the needs of children and their families in an appropriate, timely, efficient and coordinated manner;
- offer consultation to the MDT; and
- determine courses of action and facilitate process.



#### Challenges For Mental Health Services Team

- Role of the Advocate vs. MH clinician: not duplicating services and providing clarity for families.
- Coordinating Case Reviews
- CYAC physical space can sometimes be experienced as unsafe for families – triggering, traumatic reminder, etc.
- Not a convenient location for all families.
- Not always able to provide services in family's first language or have service provider to meet cultural needs, need partnerships with community agencies.
- Important for clinical roles to be seen as separate from other systems for family – family is our client and our services strive to work within an anti-oppressive framework.
- Addressing Complex Trauma in Brief Therapy Framework.

#### **Benefits Of Inclusion of Mental Health Team**

- Enhancing trauma-informed understanding of family's experience and presentation
- Better understanding of each partner's role and responsibilities.
- Allowed for continuity of care and coordination as family goes through various systems as needed.
- Increasing access to mental health services when families need them most.
- Families aware of where to contact if and when ready and open to therapeutic services.
- Decreasing time and number of families on wait lists.



### **Benefits Of The Multidisciplinary Team**

- Mental health clinicians and Advocates onsite to provide immediate service and support.
- ➤ Joint training and collaborative support enhances relationships and coordinated response to investigations (e.g., forensic interviewing, traumainformed practice, enrichment opportunities).
- Can mitigate and combat staff burn out by working with a MDT.
- Include family's mental health and wellness into their process through police, child welfare and criminal justice systems.



# **Courage Ceremony**





#### REFERENCES

Anda, R.F., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood. A convergence of evidence form neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(4), 174-186.

Dube, S., Anda, R., Whitefield, C., Brown, D., Felitti, V., Dong, M., & Giles, W. (2005). Long term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, 28(5), 430-438.

Felitti, V.J., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245-258.

Hahn, H., et al. (2015). Findings of an early intervention to address children's traumatic stress implemented in the child advocacy center setting following sexual abuse. *Journal of Child & Adolescent Trauma*, 9 (1). doi: 9.10.1007/s40653-015-0059-7.

Smith, C.A., Ireland, T.O., & Thornberry, T.P. (2005). Adolescent maltreatment and its impact on young adult antisocial behavior. *Child Abuse and Neglect*, *29*(10), 1099-1119. Doi: 10.1016/j.chiabu.2005.02.011.

Thornberry, T.P., Ireland, T.O., & Smith, C.A. (2001). The importance of timing: the varying impact of childhood and adolescent maltreatment on multiple problem outcomes. *Development and psychopathology*, *13*(4), 957-979.

