

*Peterborough Youth Services,
Kawartha Pine Ridge District School Board and
Peterborough Victoria Northumberland and Clarington Catholic District
School Board*

DAY TREATMENT PROGRAM

EDUCATION AND COMMUNITY PARTNERSHIP PROGRAM (ECPP)

PROGRAM DESCRIPTION

DRAFT Day Treatment Program – As of December 2021

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Introduction

This program description is intended to provide a clear description of and rationale for the PYS Adolescent Day Treatment Program. The Day Treatment component of this service is provided in collaboration with the Kawartha Pineridge District School Board (KPR) and Peterborough, Victoria Northumberland and Clarington Catholic District School Board (PVNCC) and delivered within Peterborough Region. The Individual and Family Intensive Service component of the program is delivered by PYS staff within our program, community and family home and is based upon current best practice. In this document, we provide the reader with the various contexts in which the program is situated from agency mandate and priorities, governmental and legislative expectations to what the research and evidence tells us is good practice. We will also provide the reader with as much detail as we can around what the program is, how it works, roles and responsibilities of the staff and who it best serves.

PYS' Strategic Plan 2018-2021

Vision: For youth to realize their potential

Mission: To provide accessible, youth-focused services that engage youth in a respectful, professional, therapeutic relationship to foster emotional and social health.

Values

- Change is in the hands of the client (young person) and is fostered through a therapeutic alliance. This connection creates an opportunity to generate hope, the courage to face difficult issues and support to make adjustments that can be uncomfortable and frightening.
- Client centered, client directed counselling creates a foundation for change that is balanced with individual, family and community wellbeing and safety.
- Every young person has the right to be treated with dignity and respect and to receive services that are sensitive to their individual strengths, needs, identity, culture, sexual orientation, gender identity, ability, race, income, relationships, and developmental stage. Clients need services that establish trust between the young person and Peterborough Youth Services.
- Developing a therapeutic understanding by creating space to explore the client's thoughts, feelings, life events and circumstances, as well as their strengths and resources, supports and facilitates growth and change.
- Respecting the right to confidentiality of the young person and family (except where this right is taken away by law), is one of the foundations for creating a trusting, therapeutic alliance.
- Every young person deserves a community of people interested in their welfare that forms an essential source of support for them. We believe that our services are most effective when we are able to form appropriate partnerships and collaborations with this support network and, when needed, to support and encourage the creation of this support system.
- Every young person who is eligible, has an equal right to our services. We strive to eliminate any barriers a young person might be experiencing preventing access in a timely and effective manner. Service is most effective when offered in a flexible and responsive manner in order to meet the unique and diverse needs of the individuals as well as the community we serve.
- The young person we work with has the right to service delivered by a multidisciplinary team that is informed by relevant research and practice literature.
- Clinical decisions are a shared responsibility between the client, clinician, clinical team and clinical supervisor. This is reflected in our commitment to make clinical discussions and supervision, both individually and as a team, a priority.

Goals

Goal #1: Strengthened Organization, Culture and Philosophy

Goal #2: Cross-Sector Collaboration and Innovative Program and Service Delivery for Reduced Wait Times and Mentally Healthy Youth in Peterborough

KPR's Strategic Plan 2019-2022

Vision: We are an innovative and responsive educational community focused on student achievement, well-being and success for all; we value the diversity and uniqueness of all students, employees and community members. We are ambassadors of public education.

Mission: We inspire our students to excel in learning, to succeed in life, and to enrich our communities.

Values

- Achievement, wellbeing, and success for all;
- Caring, inclusive schools that meet students' unique needs;
- Equity, diversity, and the dignity and humanity of all people;
- Indigenous history, culture and perspectives;
- Character and citizenship skill development;
- Collaboration with parents, partners and community members; and
- Continuous improvement, service excellence and accountability to the public

Strategic Priorities & Goals

Goal #1: We inspire our students to excel in learning

Goal #2: We inspire our students to succeed in life

Goal #3: We enrich our communities

PVNC's Strategic Plan 2021-2025

Vision: Creating a culture of faith, hope and love to ensure equity and well-being

Mission: To accompany our students as we strive for excellence in Catholic Education.

We educate students in faith-filled, loving, safe, inclusive schools to develop the God-given abilities of each person

Values/Pillars

Being Creative: (Faith)

Being Well: (Hope)

Being Community: (Love)

Strategic Priorities & Goals

Inspiring Faith

- We will enhance connections between the home, school, parish and community in order to provide outreach and see the face of God in each person we serve.
- We will find unity in the body of Christ and see God in the natural environment through Liturgy and the Mass.
- We will use various resources including Auditing our Catholic Schools and A Pastor's Journal to identify ways that we can continue to be the Christ light for others and build community through symbols, words and actions.

Valuing Relationships

- We will create an environment in all workplaces that has at its core "the art of accompaniment," keeping Jesus at the centre of our community as we model ministry, acceptance and love.
- We will foster a sense of respect for the unique expertise and strengths of each individual, acknowledging and celebrating the efforts of our students and staff and working to ensure they feel valued, empowered and supported.
- We will demonstrate servant leadership by creating inclusive learning and work environments grounded in gratitude and empathy for the work that we do and the people we serve.

Nurturing Mental Health and Well-being

- We will engage in professional development for creating healthy interpersonal relationships/ partnerships, workspaces and classrooms.
- We will enhance collaborative efforts across our organization directed at working as a cohesive team to bring about ideal work and learning environments.
- We will strive to be open, humble, and receptive to opportunities for learning and personal growth that build our individual knowledge.

Providing Excellence in Teaching and Learning

- We will teach students to think critically, ask questions and communicate their thinking.
- We will continue to support deep inquiry learning and Universal Design for Learning (UDL) to ensure all students can achieve success.
- We will focus on student strengths and identify areas for growth using assessment for, as and of learning.

Ensuring Equity

- We will provide staff with the necessary space and time to engage in reflective dialogue, identify personal learning goals and engage in learning through an equity lens.
- We will review curriculum resources through a culturally relevant and responsive pedagogy lens to critically evaluate the resources we use to ensure materials represent diverse perspectives.
- We will use the Student Census Survey Data and Equity Continuum Resource (OISE) to inform our Catholic Board and School Improvement goals on an annual basis.

Expanding Technology

- We will provide all students with appropriate technology and implement a balanced inquiry-based model of online and in-person learning so that students can clearly make their thinking visible and use technology where most impactful.
- We will facilitate ongoing learning and increase the confidence of educators and students with up to-date, real-world applications and technologies that meet industry standards and will support our students well into the future.
- We will ensure students and staff are provided with a growing repository of applications, programs and learning opportunities that meet safety and privacy requirements as they competently employ technology to demonstrate their thinking and learning.

Protecting the Environment

- We will prioritize environmental education learning expectations in all schools by providing the necessary staff training to build capacity among teachers and leaders, ensuring that environmental topics in the current K-12 curriculum documents be taught and assessed for all students.
- We will strive to certify all schools in an environmental stewardship program.
- We will develop short and long-term environmental plans for the Board, creating a multi-disciplinary resource committee on the environment and reporting to the Board of Trustees twice per year to assess the progress being made toward the established goals.

Maximizing Resources

- We will ensure efficient and equitable allocation of staff and regularly review all teaching and learning resources in our schools so that our staff and students have the best possible support.
- We will maintain effective corporate risk management practices and search for opportunities to improve operational efficiencies.
- We will enhance our engagement in authentic and transparent consultation on the use of resources with stakeholder groups

Ministry of Health - Child and Youth Mental Health

In 2020, the Government of Ontario moved Child, Youth and Family Mental Health Services to the Ministry of Health. The [Roadmap to wellness: a plan to build Ontario's mental health and addictions system](#) is our current guiding document. The key features of this plan are based upon 4 Pillars:

1. [Pillar one – improving quality: enhancing services across Ontario](#)
2. [Pillar two – expanding existing services: investing in priority areas](#)
3. [Pillar three – implementing innovative solutions: filling gaps in care](#)
4. [Pillar four – improving access: a new provincial program and approach to navigation](#)

PYS' Day Treatment is classified by the Ministry of Health as an Intensive Treatment Service. Intensive treatment services focus on reducing the severity of and/or remedying the mental health problems of children and youth that are psychological, emotional, social and behavioural-related. These services differ from counselling and therapy with respect to the intensity of the service needed to meet the child/youth's identified needs. Intensive treatment services are designed to:

- Reduce the severity of mental health problems;
- Strengthen coping and resilience;
- Enhance awareness and understanding of the problem;
- Improve functioning at home, school and in the community; and
- Stabilize and transition the individual to less intensive or intrusive treatment services.

Intensive treatment services are targeted to children and youth who have been diagnosed/identified with mental health problems that impair their functioning in some or many areas. Many of these children/youth will require intensive intervention either for a defined period of time or periodically throughout their life span, to maintain functioning in their home, school and/or community.

Intensive treatment services should be provided in the least restrictive settings, in local communities and as close to home as possible (e.g. community, school, or licensed residential setting such as a core service provider setting, group home or foster home). Services should be delivered with minimal disruption to the continuity of family, school, and community life. These services should be customized to meet the individual needs of each child, youth and family, matching the level of need with the appropriate intensity of service. There should be flexibility in the provision of intensive treatment services. This will help ensure smooth and timely transitions for children and youth to less intensive and disruptive forms of treatment and support as their needs fluctuate.

Maintaining education is important for child and youth mental health and well-being. Every effort should be made to minimize school transfers and maintain education programming. Within intensive treatment services, there may also be Education and Community Partnership Program (ECPP) program attached to the core service (e.g., day treatment services and intensive out-of-home services) and delivered as part of an integrated service plan. ECPP programs provide educational programming and treatment to students who cannot attend regular classrooms because of their need for care, treatment or rehabilitation. These services are intensive full- or part-time services delivered jointly by core service providers and district school boards. ECPP educational programs are often provided in a classroom setting, which can be located in a core service provider setting, school, custody facility or other settings.

The treatment component is delivered in collaboration and coordination with the education component, and both are provided intensively (three to six hours daily). These services require formal partnerships between district school boards and core service providers. The educational programming is delivered by school board employed teachers and in some boards by educational assistants. Treatment is delivered by core service provider staff.

Reflecting the significant needs of children/youth accessing these services, intensive treatment services may be accessed singularly or combined to form an integrated service that is responsive to the changing needs of the child/youth. Given the nature of these services, they are likely to be supported by a multidisciplinary team and/or a collaborative team of service providers, including cross-sectoral partners (e.g., health and education). Intensive treatment services may also be supported by special needs coordinated service planning, intensive case management and service resolution. Specific elements

available in a particular community will vary based on local conditions and the needs of children/youth in that service area.

Intensive community-based treatment and day treatment services are provided to children and youth who have mental health needs (e.g., psychological, behavioural, social, emotional, and self-regulation) that require intensive therapeutic services. The delivery of intensive community-based/day treatment service may occur through various settings within the community (e.g., community agency or school environment).

Intensive community-based treatment services are provided within the context of the family, culture and community. A range of treatments can be provided through intensive community-based treatment services (e.g., wraparound services and family therapy). In addition, services may be supported by respite care, where it is part of an integrated service plan to meet the intensive service needs of a client and used to promote positive family functioning, avert or delay crises, reduce the need for or risk of longer out-of-home placement or to avoid placement breakdown when a child or youth is involved with a children's aid society and/or to support the continuity of a youth justice order/placement.

Day treatment services offer an intensive therapeutic approach that can provide children and youth with treatment and the necessary skills to successfully function in school settings. As with the delivery of other core services, within this category there are a variety of elements that may be delivered either as stand-alone services, or as part of an integrated service plan with a range of strategies (e.g., individualized supports and family/group therapy). In general, the delivery of day treatment services requires an environment where psychiatric, psychosocial and academic problems are addressed by multi-disciplinary teams. Some models approach service delivery on a graduated plan, slowly reducing the focus on therapy and increasing linkages with the school system – as the child/youth's mental health needs diminish and their functioning improves.

Children/youth receiving day treatment services may continue to reside with their families and receive treatment throughout the day (e.g., an 8 a.m. to 8 p.m. program) or the service may be provided in conjunction with out-of-home services (e.g., residential treatment).

Ministry of Education Guidelines

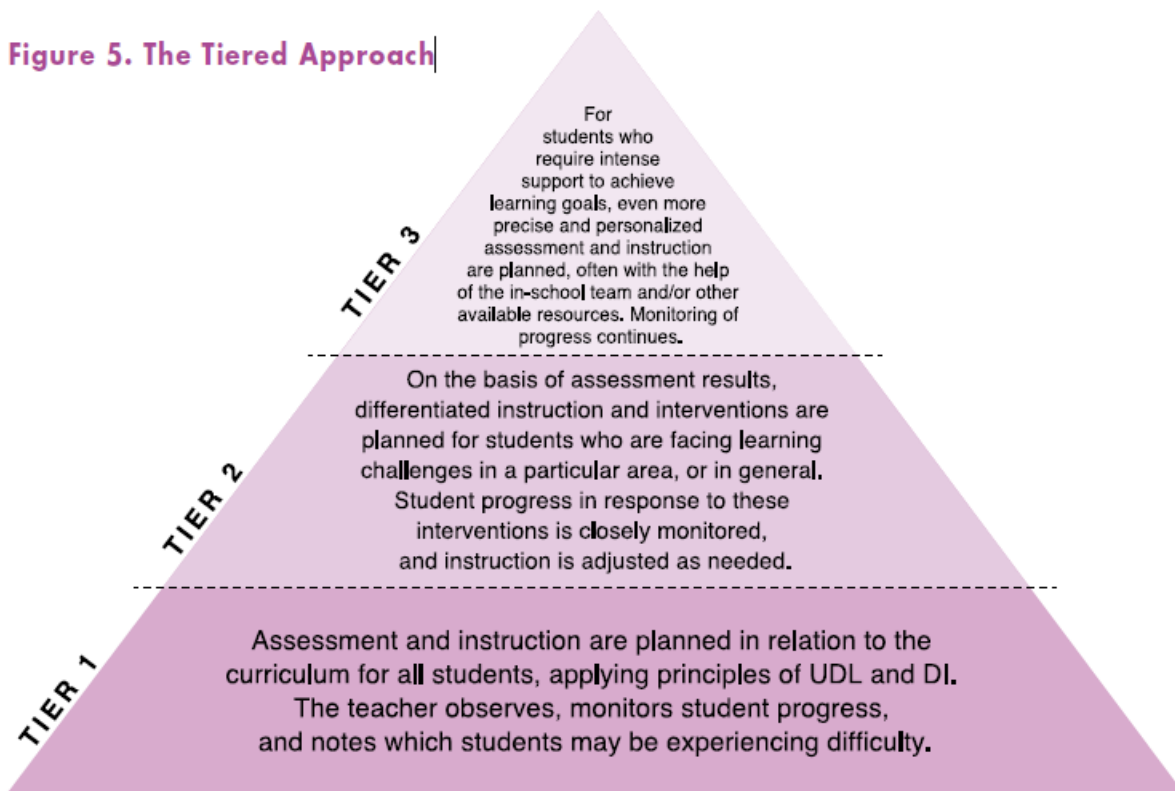
As outlined in the Ontario Ministry of Education's Guidelines for Approval and Provision of an Education and Community Partnership Program (ECPP) 2020-21 The government of Ontario expects all qualifying children and youth to attend school when possible. Where a child or youth has special education needs, these needs should be accommodated, if possible, through programs and services offered through the schoolboard/school. ECPP is only for children and youth who cannot attend schools because of their primary need for care, treatment and/or rehabilitation services.

Children and youth in an ECPP are among the most vulnerable and are at risk of not completing elementary and/or secondary education. Although these children and youth have primary needs other than education, the Ministry recognizes that maintaining continuity of education during periods of care, treatment and/or rehabilitation complements and supports treatment objectives and improved life outcomes for these children and youth.

Education Programs must be designed to recognize the primacy of the care, treatment and/or rehabilitation needs. Accordingly, ECPPs are based on a collaborative model for sharing responsibilities between the school board and the ECPP Facility. The school board provides the educational programming and the ECPP Facility provides the care, treatment and/or rehabilitation services. In Enhanced Education and Treatment (EET) Education Programs, ECPP staff who are employed directly by school boards carry out this responsibility. Educational outcomes for children and youth benefit from the skills and experience of both the ECPP Services and Education Program staff working together.

Similar to the MCYS Continuum of CYMH Needs Based Services and Supports, the Ministry of Education has developed a tiered approach to servicing children within the education system. ECPP programs such as the Day Treatment Program have been designated a Tier 3 program for students who require intensive support.

Figure 5. The Tiered Approach



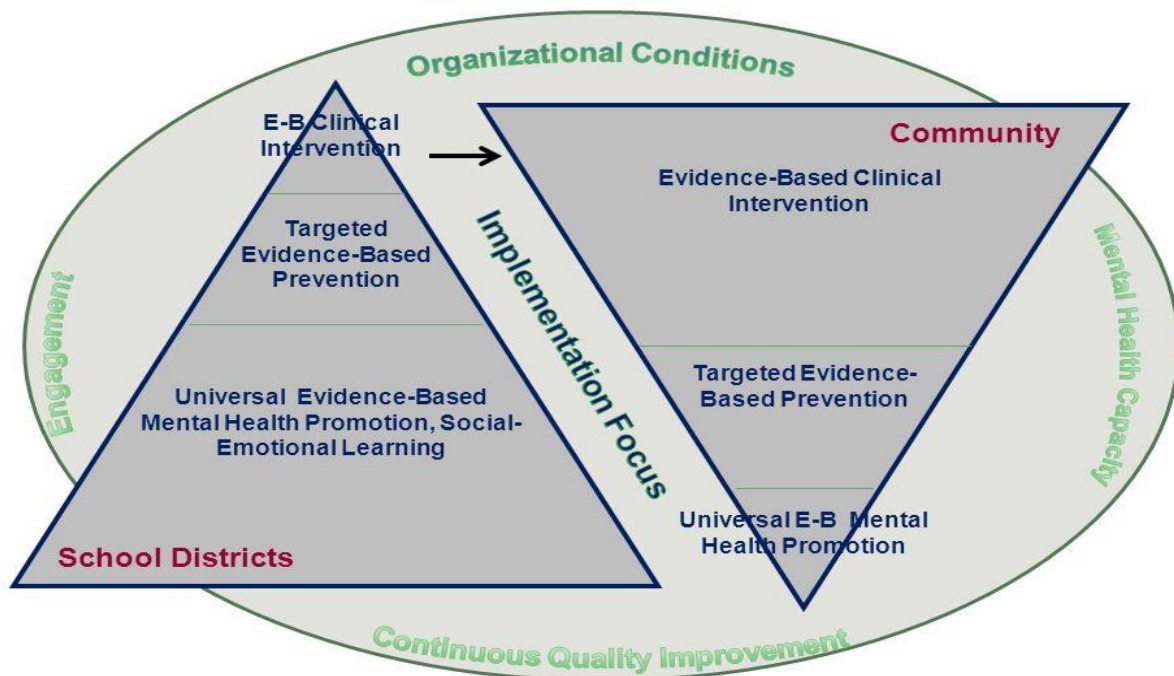
ECPP education programs are based on a collaborative model between the school board and the facility. The school board provides the educational programming and the facility provides the care, treatment and/or rehabilitation outcomes.

As such, joint planning and multi-disciplinary teams should be used to ensure consistent and continuous support for students in these programs in achieving their learning and care, treatment and/or rehabilitation outcomes.

Supervision, guidance and learning can only be accomplished through the co-operative development of individual plans for each student. In both preparing and applying these plans, education often becomes interwoven with the social and medical programs provided.

Students in ECPP education programs may be among the most vulnerable and at risk of not completing elementary and/or secondary education. Although some of the students served within these programs have primary needs other than education, there is recognition and agreement that maintaining continuity of education during periods of care, treatment and/or rehabilitation complements and supports treatment objectives and supports improved life outcomes.

Tiered Support in Systems of Care



Note: As noted in the sections above, Day Treatment services are referred to differentially by various stakeholders (Day Treatment, Education and Community Partnership Program (ECPP) and Section 23). For the duration of this document, the term “Day Treatment” will be used to include all of these designations and provide clarity and consistency.

Child and Youth Mental Health Accreditation Standards

Peterborough Youth Services and all of its services and programs adhere to strict accreditation standards outlined by the Canadian Centre for Accreditation. These include a number of universal treatment standards that apply to all staff/clients as well as site specific standards for Day Treatment.

Examples of these universal standards include:

- A comprehensive assessment process is aligned with the intervention needs of the child or youth and family, and used to guide decision making and service planning. Continuity of service delivery via case management
- The child or youth's history, assessment findings, known risk factors, views and preferences, and cultural and spiritual needs are obtained prior to admission to an intensive service, wherever possible.
- For the organization's intensive services, admission and discharge take into account the factors and supports important to successful transitions into and out of intensive services.

Examples of Day Treatment specific standards include:

- Providers who deliver intensive services make active use of interpersonal relationships and events that arise to produce change.
- Providers work “moment to moment” with children or youth, using situations that arise daily in the program as opportunities to intervene.
- Providers promote the assimilation of learning and transference to future situations.
- The physical environment for intensive services is set up to promote opportunities for learning and growth.
- The organization ensures providers who deliver intensive services have the specialized knowledge and support they need to best meet client needs.
- Clinical staff are made available to provide consultation, support, information and coaching to staff of intensive services
- Where education services are delivered as part of an intensive service program, child and youth mental health providers work with education partners to provide a range of educational activities appropriate to the learning style, strengths and needs, achievement level and wellbeing of the child or youth being served.
- If a day treatment program is offered, day treatment staff and educators function as a team, both within the school setting and with the broader multidisciplinary team.
- Ongoing communication and team building between and among educators and day treatment staff is fostered through activities such as staff meetings, communication books, supervision, case reviews and team retreats.

Peterborough Youth Services ensures that our Day Treatment Program meets and exceeds all CCA Accreditation Standards in service to children, youth and their families.

Day Treatment Literature Review

In April 2013, the Ontario Centre for Excellence in Child and Youth Mental Health published a literature review on the effectiveness of day treatment programs. The authors found a range of literature on day treatment (DT) settings for children with externalizing mental health difficulties but found it difficult to find literature on particular practices within day treatment for children with severe or complex behavioural problems. They noted that “the literature is further limited by a lack of research on multi-modal treatment and younger children, a lack of longitudinal data, and a lack of research looking at the most effective DT components (Jerrott, Clark & Fearon, 2009; Grizenko et al., 1997).” Despite these limitations, the authors noted that day treatment is becoming widely accepted as “an effective therapeutic intervention although the ideal structure of these programs has not been entirely determined (Kotsopoulos et al., 1996).”

In addition to studies on DT effectiveness, there is some research that focuses on factors contributing to the success of DT programs. Some factors that contribute to a child’s progress or outcome in DT programs include parental involvement, age, intelligence levels and aggression subtypes (Bennett et al., 2001). Children who are younger and who score higher on intelligence tests have been found to have more positive outcomes in some DT studies (Bennett et al., 2001).

DT can be an appropriate therapeutic modality for children with severe psychiatric disorders, particularly behaviourally and emotionally disturbed children (Kotsopoulos et al., 1996). DT for children is challenging for mental health professionals involved in care because the greatest proportion of children referred to these services have disruptive behaviour disorders and these disorders may not respond readily to treatment (Kotsopoulos et al., 1996).

In their review of the DT programs offered by the George Hull Centre, Cuning and Bartlett, Evaluating the Effectiveness of Day Treatment Programs from Multiple Perspectives found “significant improvements between entry and exit to services in overall functioning and in key areas such as School, Community, Managing Mood and Substance Use”.

Clark and Jarrott (2012) in their paper Effectiveness of Day Treatment for Disruptive Behaviour Disorders: What is the Long-term Clinical Outcomemfor Children? determined that Children with Disruptive Behaviour Disorder (BSD) who attended a short-term day treatment program using best-practice treatment strategies showed significant improvement in their behaviour at home. These improvements were relatively long lasting. Their findings support to the effectiveness of day treatment and the idea that severe DBD can be treated using multi-modal, intensive, and evidence-based treatment techniques resulting in long-term change.

Vanderploeg et al. (2009) provides an overview of an Extended Day Treatment model (EDT) that includes component interventions supported by evidence including DT, family therapy and after school programs. EDT is delivered during and after school hours and keeps clients in their homes, schools and communities.

Vanderploeg et al. noted that core services of an effective EDT program include:

- comprehensive assessment
- treatment planning
- structured therapeutic milieu
- psychiatric evaluation and medication management
- family therapy and parent training
- group therapy
- individual therapy
- 24 h crisis services
- therapeutic recreation and expressive therapies
- positive youth development activities
- discharge planning

Goals of the EDT model are to (1) reduce youth mental health symptoms, (2) enhance youth strengths and competencies, (3) promote better family functioning, and (4) prevent restrictive clinical placements, such as inpatient hospitalization and residential services.

Rokos and Bouchard review of the literature (2018) indicates that Day Treatment falls within a continuum of services ranging from low to high intensity and can be operationalized as any service that falls between inpatient and outpatient treatment (Jerrott et al, 2009). It has been treated as a cost efficient service alternative to those that seek to provide the level of intervention necessary to support sustained changes for children with significant emotional and behavioural difficulties (Whitemore et al, 2003). Studies have demonstrated that Day Treatment can be an effective treatment modality for children and youth with significant mental health issues (Robinson, 2001).

Day Treatment benefits include a treatment modality where children and their families can still receive intensive services without placement in residential or hospital settings (Van Bokhoven et al, 2005). Families also experience less disruption in day treatment compared to residential treatment, (Erker et al, 1993; Whitemore et al., 2003). That is to say, for children and youth who have significant mental health issues, day treatment provides a normalized community setting in which to receive treatment without being institutionalized (e.g. hospital or residential care) and suffering the trauma and separation from their family.

Day Treatment provides the opportunity and structure to facilitate academic, behavioural and social competence leading to greater success in school. By comparison, outpatient treatment brings with it limitations in responding to behaviour and providing opportunities for children and youth to process and remediate within their ecology.

Rokos and Bouchard, having synthesized best practices identified within the literature, landed on 12 Critical Success Factors or components of successful Day Treatment programming. They are as follows:

- 1) **Conducive Culture:** An organizational culture that is conducive and supportive of the running of an intensive milieu service such as day treatment
- 2) **Collaborative Partnerships:** A strong and positive partnership with the local school boards and schools

- 3) Guided Accessibility: Referral, access, and intake processes that help to ensure that the referred children and youth are those best served by the program
- 4) Comprehensive Assessment: A thorough, multidisciplinary assessment that is strength-based, client- and family-centered, timely, and user-friendly
- 5) Engaged Families: Engagement and inclusion of the family/caregivers in treatment decisions/planning and the treatment itself when relevant
- 6) Goal Oriented Treatment: Treatment planning processes (including admission, treatment review, and discharge/ transition planning) that are multidisciplinary, inclusive of family and stakeholders, have clear goals, and are tailored to individual client needs
- 7) Adaptive Programming: Programming that is structured and consistent while being flexible to accommodate client strengths and individual needs/ differences, including clinical, familial, and cultural
- 8) Competent Staffing: Staffing is well-trained, well-supervised, accountable, and well-supported in order to be effective and consistent
- 9) Integrated Academics: Academic supports and activities that are individualized when needed and well-integrated into the programming, creating opportunities for blended activities and academic successes tailored to the client
- 10) Supportive Supervision: Supervision and management provide experienced leadership for the program
- 11) Formal Monitoring: Formal processes regularly monitor the effectiveness of the program
- 12) Specialized Supports: Access to specialized consultation and assessment that is timely and relevant to the client population/ profiles admitted to the program

Dr. Kiaras Gharabaghi's recent research into residential treatment appears to have applicability to Day Treatment as the data has demonstrated that a child/youth's success in formal education; specifically, in schools, is not only co-related to their future employment prospects and well-being, but also self-efficacy, confidence, mental health and their well-being as they enter adulthood.

A new paradigm for intervention models that may be applicable to Day Treatment services could include the following core characteristics:

1. It should be based on a balanced approach to understanding and transferring into practice different forms of expertise, reflecting roles for professional expertise and expertise based on lived experience;
2. It should provide opportunity for young people to exercise and strengthen their sense of agency, along with their reflective understanding of Self;
3. It should promote processes and dynamics, indeed a culture, in which the context of everyday life is itself the subject of intervention, and both care givers and young people grow within this context; and
4. It should promote an overarching commitment to and sense of accomplishment in formal education, as measured through the instruments of formal education (i.e., grade-level progression, grades, academic achievement)

Program Overview - Operational

Population served:

The PYS Adolescent Day Treatment is specifically designed to work with adolescent youth (13-17 yrs old, males/females/LGTBQ+) who struggle to manage daily life in multiple domains including community, home and school environments.

Inclusionary Criteria

- Youth who are experiencing the most severe, complex, rare or chronic/persistent diagnosable mental health problems that significantly impair functioning in most areas such as home, school and in the community. These are considered Level 4 clients on the Continuum of CYMH Needs and Tier 3 on the Ministry of Education's Tiered Approach to Service.
- The youth and their family must also commit to engaging with Peterborough Youth Services and participate in mental health assessment and treatment services.
- All youth referred to Day Treatment services must have been identified by their respective school board through the Identification, Placement and Review Committee (I.P.R.C.) and have or will have an Individual Education Plan (I.E.P.) developed.

Exclusionary Criteria

- Current indications/diagnosis of active and/or untreated psychosis
- Youth who have been diagnosed with or suspected of a diagnosis of moderate to severe Autism Spectrum Disorder
- Youth who have been diagnosed with or suspected of a diagnosis of an Intellectual disability within the 2nd percentile
- Youth has been diagnosed with or suspected of a diagnosis of moderate to severe Fetal Alcohol Spectrum Disorder
- Extreme violent behaviours towards others or a history of aggression resulting in medical harm to others within the last year. This may be mitigated by a marked change in violent behaviours due to clinical intervention such as therapy, medication and/or environmental change.

Duration of stay: Typically, youth remain in the program for the period of one (1) semester and progress is monitored and fed back to the youth/family frequently (daily or weekly) by the Program Counsellor, as per the treatment plan. Monthly Client Progress Review meetings, including the family, also inform this process.

Resources:

- 9am – 2:30pm from September to December / January to June
- 1 Dedicated PYS Day Treatment Program Counsellor
- 1 Dedicated PYS Day Treatment Clinical Counsellor, assigned to every youth (and their family)
- 1 Dedicated Educational Staff (1 Teacher)
- Access to assistive technology
- Access to all PYS clinical resources such as psychiatry, psychology, etc.
- Dedicated mental health and academic supervisory personnel

Locations:

- Peterborough Youth Services Program site – (up to 6 Spots, when operating under unrestricted conditions)

Roles/Responsibilities of Day treatment Program team:

- Day Treatment Program Counsellor⁽¹⁾ –model, coach and reinforce the use of skills, provide observation and assessment information to treatment team, support individualized treatment plan of each client, Group/Family Support
- Day Treatment Clinical Counsellor⁽²⁾ - Case Management, Assessment, Treatment Planning, Individual and Family Therapy, Transition planning
- Teacher⁽³⁾ – Assessment of individual educational needs and development of the Individual Education Plan (IEP), delivers age/stage appropriate curriculum

- Child and Youth Mental Health Program Director (Day Treatment) – oversight and supervision of Day Treatment Program
- Board of Education Support staff – Superintendent of Special Education / Principal of Special Education
- Psychology – Psychological Consultation/Assessment is available to the treatment team and facilitated by the Day Treatment Program Counsellor(s), as required.
- Psychiatry – Psychiatric Consultation/Assessment is available to the treatment team and facilitated by the Day Treatment Program Counsellor(s), as required.

¹⁾ For details on Child and Youth Counsellor Scope of Practice and Code of Ethics – see the following:

<http://www.tcu.gov.on.ca/pepg/audiences/colleges/progstan/humserv/60701e.pdf>

<http://www.oacyc.org/join/code-of-ethics>

http://garthgoodwin.info/Scope_of_Practice.html

²⁾ For details on Clinical Counsellor Standards of Practice and Code of Ethics – see the following:

<http://www.ocswssw.org/professional-practice/code-of-ethics/>

³⁾ For details on Teacher's Standards of Practice and Code of Ethics – see the following:

*TBD

Professional Competencies

Child and Youth Counsellor

The Child and Youth Counsellor in the Day Treatment Program have developed and maintain the following professional competencies ⁽⁴⁾:

- Assessing risk and developmental needs of vulnerable children/youth and families
- Designing and implementing therapeutic intervention into the child/youth's environment
- Implementing crisis intervention and safety planning with children/youth and their families
- Employing systems level intervention through direct care, supervision, consultation, training and advocacy
- Developing therapeutic relationships in challenging contexts
- Applying group and systems theories in milieu work
- Fostering resilience and applying a strength-based approach to assessment and intervention

⁽⁴⁾ <https://oacyc.org/wp-content/uploads/2021/10/SCOPE-OF-PRACTICE.pdf>

Other responsibilities that a Child and Youth Counsellor may assume include:

- Advocating
- Case management
- Clinical follow-up/care and discharge planning
- Coaching
- Coordinating
- Counselling and support
 - o advising / advice giving
 - o instruction
- Crisis intervention/management
 - o de-escalation
 - o safety planning
 - o referral to other services
- Intake and referral
- Monitoring
- Problem solving
 - o information and advice giving
 - o social skill development
 - o instruction
 - o emotional regulation
- Teaching
 - o social skill development
 - o emotion regulation
 - o prescriptive programs

Summary of Child and Youth Counsellor case management responsibilities, when applicable:

- Assist in completion of structured assessments for referral/treatment planning
- Transition planning, both in and out of program (including aftercare planning)
- Development and completion of safety plans
- Completion of goal tracking for client along with Day Treatment Team partners
- Coordinate, schedule and participate in treatment plan review meetings
- Coordination and collaboration with Day Treatment team
- Coordinate, schedule and participate in client progress review meetings with the Day Treatment Program Clinical Counsellor between formal treatment planning meetings

OCSWSSW Member Clinical Counsellor

Ontario College of Social Work and Social Service Worker members are committed to ongoing professional development and maintaining competence in their practice.

2.1.1 College members are responsible for being aware of the extent and parameters of their competence and their professional scope of practice and limit their practice accordingly. When a client's needs fall outside the College member's usual area of practice, the member informs the client of the option to be referred to another professional. If, however, the client wishes to continue the professional relationship with the College member and have the member provide the service, the member may do so provided that:

- (i) he or she ensures that the services he or she provides are competently provided by seeking additional supervision, consultation and/or education and
- (ii) the services are not beyond the member's professional scope of practice.

Recommendations for particular services, referrals to other professionals or a continuation of the professional relationship are guided by the client's interests as well as the College member's judgement and knowledge.

2.1.2 College members remain current with emerging social work or social service work knowledge and practice relevant to their areas of professional practice. Members demonstrate their commitment to ongoing professional development by engaging in any continuing education and complying with continuing competence measures required by the College.

2.1.3 College members maintain current knowledge of policies, legislation, programs and issues related to the community, its institutions and services in their areas of practice.

2.1.4 College members ensure that any professional recommendations or opinions they provide are appropriately substantiated by evidence and supported by a credible body of professional social work knowledge or a credible body of professional social service work knowledge.

2.1.5 As part of maintaining competence and acquiring skills in social work or social service work practice, College members engage in the process of self-review and evaluation of their practice and seek consultation when appropriate.

<http://www.ocswssw.org/wp-content/uploads/2018/01/Code-of-Ethics-and-Standards-of-Practice-January-2018.pdf>

Teacher Professional Competencies - TBD

Referral, Assessment and Admission Process

Access to Service

- a) Self-referrals from youth/families are to be directed directly to the PYS Day Treatment Program Counsellor at Rose Powers rpowers@pysonline.ca or 705-761-2055
- b) Third-party referrals are required to complete a PYS Day Treatment Program Screener prior to the referral and, if deemed appropriate, contact Rose Powers rpowers@pysonline.ca or 705-761-2055
- c) For Board of Education referrals, KPR/PVNC Principal/Vice Principal to complete a PYS Day Treatment Program Screener prior to the referral and, if deemed appropriate, contact Rose Powers rpowers@pysonline.ca or 705-761-2055

Intake

1. In all cases, youth/families are required to accept and confirm the referral and agree to participate in an Information Session to ensure informed consent prior to participating in an intake session.
2. Once the youth consents to participating in an intake session, the PYS Day Treatment Program Counsellor schedules an intake session in which the youth is formally acknowledged as a client of PYS and shares initial demographic information in order to begin the intake process.

Assessment

3. The PYS Day Treatment Program Clinical Counsellor completes a thorough mental health assessment including the identification of needs, strengths and risks (interRAI Screener+) and consequently recommends admission to the Day Treatment Program.

Referral Review/Approval

4. All referrals are reviewed by the ECPP Leadership Team and approval for admission is determined.

Orientation/ Informed Consent Process, Transition and Treatment Planning

5. Treatment Plan and Safety Planning occurs prior to admission to the program and includes individualized transition planning for the youth.

Admission

6. Admission to the program occurs on the first date of youth's attendance to the program.

Waitlist Process

To be determined.

Daily Program Outline

Monday	Tuesday	Wednesday	Thursday	Friday
Check in and Snack 9:00-9:30	Check in and Snack 9:00-9:30	Check in and Snack 9:00-9:30	Check in and Snack 9:00-9:30	Check in and Snack 9:00-9:30
Classroom Instruction 9:30-10:45	Classroom Instruction 9:30-10:30	Classroom Instruction 9:30-10:45	Kawartha Food Share 9:30-12:00	Classroom Instruction 9:30-10:45
Break 10:45-11:00	YMCA 10:30-12:00	Break 10:45-11:00		Break 10:45-11:00
Therapeutic Reflection 11:00-12:00		Classroom Instruction 11:00-12:00		Classroom Instruction 11:00-12:30
Lunch 12:00-12:40	Lunch 12:00-12:40	Lunch 12:00-12:40	Lunch 12:00-12:40	Yoga 12:30-1:30
Classroom Instruction 12:40-2:15	Classroom Instruction 12:40-2:15	Classroom Instruction 12:40-2:15	Classroom Instruction 12:40-2:15	Lunch 1:30-2:15

Daily Dismissal 2:15

Staff Debrief 2:15-2:30

Client and Program Safety

The safety of our clients and staff is key to the success of our services and client outcomes. In the process of redeveloping our clinical assessment process, PYS has identified the need to include comprehensive risk identification and safety planning in all of our clinical assessments to best inform treatment planning. As such, every client receiving PYS intensive services will have a program specific safety plan as part of their overall treatment plan.

To support the safety of all within the program, the following mandatory training is provided to all Day Treatment staff:

First Aid/CPR

- First aid is the assistance given to any person suffering a sudden illness or injury, with care provided to preserve life, prevent the condition from worsening, and/or promote recovery. It includes initial intervention in a serious condition prior to professional medical help being available, such as performing CPR while awaiting an ambulance, as well as the complete treatment of minor conditions, such as applying a bandage to a cut.
- CPR (Cardiopulmonary resuscitation) is an emergency procedure that combines chest compression often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing

Non-violent Crisis Intervention (NVCI)

- NVCI is designed to promote the prevention of violence and de-escalation of hostile behaviour.
- NVCI interventions identify how difficult, potentially dangerous situations develop, and how behaviors can influence the outcome. NVCI trained staff ensure safety during confrontations and other important aspects of violence response procedures.
Techniques include:
 - Recognition of early warning signs of anger or hostility
 - Effective utilize personal space, body language, and paraverbal communication to relieve tension and defuse hostility.
 - Employ verbal intervention strategies to de-escalate situations before they become more disruptive or potentially dangerous.

Applied Suicide Intervention Skills Training (ASIST)

- Applied Suicide Intervention Skills Training (ASIST) is an intensive, interactive, and practice-dominated course designed to help caregivers recognize and review risk and intervene to prevent the immediate risk of suicide.

Risks and Benefits of the Program

Benefits

- The program builds on the youth's strengths and looks for ways to encourage and enhance positive and personal growth
- The program staff has specific training and experience working with youth with significant behavioural, social and emotional needs
- Youth in the program will have an individualized treatment, education and safety plan that is jointly developed by the youth, family, and program staff
- The Day Treatment environment offers a lower youth /staff ratio ensuring that the youth is provided individualized attention and support throughout the day
- Each youth (and their family) can access the full range of clinical supports offered at PYS and supports are provided to ensure that the youth feels safe and secure
- Youths will learn new ways to identify and manage their emotions and behaviours
- Parents/Guardians may have the opportunity to learn new skills to support their youth in identifying and managing their emotions and behaviours
- We encourage opportunities for youth to be involved in normal academic activities whenever possible
- Goals and objectives will focus on helping the youth develop and sustain strategies that will increase success when integrating to a mainstream community and school environments
- We will provide support by working with the youth's school when and if they are ready to return to a regular school environment

Risks

- In some instances, youth have to travel longer distances to attend our program
- Youths may be exposed to others with similar or more difficult behavioural problems and may learn and adopt these behaviours. Staff will strive to help the youth cope within the program and integrate strategies that build resilience.
- Youths may feel different from other youth and may be embarrassed to attend a Day Treatment program. Time will be spent helping the youth manage these feelings.
- Youth in the program may receive less than typical academic time in order to provide opportunities for treatment groups and life skills sessions, however they do receive instruction to advance literacy and numeracy skills.
- There are no assurances that youth will do better in a Day Treatment program. In fact, they may regress in their emotional regulation and behaviours. This will be monitored and managed through the treatment planning process
- Youth may be, at times, sent home or withdrawn from the program for extreme behavioural problems that staff are unable to manage safely. Every effort will be made to assist the youth to deal with these behaviours before withdrawal.
- In some cases, the transition for youth to return to the regular school program may take longer than the youth (and/or parents/guardians) expect.

Program Limitations

While Day Treatment is an intensive service meant to meet the needs of youth and families with higher levels of risk and complexity, it is not meant nor resourced to manage all needs and risks. There may be situations, behaviours or risks that exceed our capacity and require temporary or permanent removal of the youth from the program. In these events, you will be included in this discussion and invited to participate in the development of an alternate plan to meet these needs. This may include the referral to programs that are designed to meet the needs of youth and families presenting with greater risk and complexity. PYS commits to provide case management and service coordination to such services.

All Child and Youth Mental Health services provided by PYS are voluntary (for both parties) and you may end yours (or your family's) involvement with the program and at any time.

Duty to Report Requirements

You should be aware that any PYS staff involved with youth and their families have a legal and professional responsibility to report to the Children's Aid Society concerns regarding the emotional and physical safety of any child or youth under the age of 18yrs.

In the event the PYS Day Treatment staff is concerned about the physical safety of themselves or any other person, reports to the local Police Department are required by law.

Transportation

Transportation to the program is the responsibility of the youth/family/caregiver.

Program Overview – Clinical

Assumptions of the program:

- Youth are part of a family and community context – our practice must reflect this reality
- Families are critical in bringing about lasting change in youth's behaviours and beliefs
- Everyone is doing the best that they can
- Everyone wants to improve
- People must learn and practice new behaviours in all important situations of their lives
- The Day Treatment Program cannot succeed in its work without complete commitment and partnership with the family
- All Day Treatment Program staff take a strength-based approach to working with youth and their families and avoid shaming and blaming behaviours

Primary Program Targets:

- 1) Reduce anxiety and depression
- 2) Reduce suicidality and self-harming behaviours
- 3) Reduce Family/Caregiver Conflict

Program components:**A – Group Youth Support:**

Motivational Interviewing - Motivational Interviewing is a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non-directive counseling, it's more focused and goal-directed. Motivational Interviewing recognizes and accepts the fact that clients who need to make changes in their lives approach counseling at different levels of readiness to change their behavior. During counseling, some clients may have thought about making a behavior change, but may not yet have taken steps to make that change themselves.

Alternatively, other clients may be actively trying to change their behavior and may have been doing so unsuccessfully for years. In order for a Program Counsellor to be successful at motivational interviewing, four basic interaction skills should first be established. These skills include: the ability to ask open-ended questions, the ability to provide affirmations, the capacity for reflective listening, and the ability to periodically provide summary statements to the client. These skills are used strategically, while focusing on a variety of topics, such as looking back, reflecting on a typical day, the importance of change, looking forward, and examining one's confidence about behavior changes.

Mindfulness Practice - Mindfulness is the psychological process of bringing one's attention to the internal and external experiences occurring in the present moment, which can be developed through the practice of meditation and other training. Large population-based research studies have indicated that the practice of mindfulness is strongly correlated with greater well-being and perceived health. This is applicable to society at large as well as specific settings such as schools. Studies have also shown that stress and worry contribute to mental illnesses such as depression and anxiety, and that mindfulness-based interventions are effective in the reduction of both stress and worry.

Yoga – Following a comprehensive literature review, Yoga has been identified as a significant practice that can improve symptomology arising out of conditions of anxiety and/or depression. Considered by the team as an extension of mindfulness practice, Yoga encourages active mindfulness and assists youth in increasing a sense of efficacy and agency over their minds and bodies.

Dialectical Behaviour Therapy (DBT) Skills Group – Dialectical Behaviour Therapy is an evidence-based psychological treatment for both adults and adolescents with mental health issues caused by pervasive emotion dysregulation. In the Day Treatment Program, DBT Skills are taught in order to introduce effective and practical skills into the client's life, which they can use when they are distressed. These skills are meant to replace unhelpful behaviours so that clients can cope with mental health problems such as suicidal behaviour, self-harm, substance use, depression, post-traumatic stress disorder, and eating disorders.

DBT consists of four modules focusing on skills in the following areas:

- Mindfulness
- Distress Tolerance
- Emotion Regulation
- Interpersonal Effectiveness

B – Academic Support:

Due to the unique academic needs of students in mental health Day Treatment programs, the Ministry of Education has identified four essential elements for these programs. The four essential elements are:

1. Assessment, Evaluation and Reporting on Student Achievement
Assessment, evaluation and reporting of learning and achievement for students in Day Treatment programs will be consistent with and informed by Ministry of Education policies, and procedures detailed in [Growing Success, Assessment, Evaluation and Reporting in Ontario Schools, First Edition covering Grades 1-12, 2010](#). [Growing Success, Assessment, Evaluation and Reporting in Ontario Schools, First Edition covering Grades 1- 12, 2010](#).
2. Instruction and Intervention
Students receive instruction based on individual strengths, interests and needs, student achievement and wellbeing.
3. Transition Planning
Effective transition planning is important for all students, especially for students transitioning into or out of Day Treatment education programs. School board and facility staff plan and facilitate effective transitions so that students receive continuous programs and services with a minimum of disruption when they are admitted to and/or demitted from Day Treatment education programs. Personalized and precise student transition plans reflect the individual students' strengths, interests and needs and provide the foundation for successful transition experiences. Effective transition planning supports increased student achievement and wellbeing and improves the continuity of programs and services for students.
4. Information Management and Reporting to the Ministry of Education
The appropriate protocols and procedures are in place for the gathering and storage of all relevant documentation.

C – Individual Youth Support:

Individual/Family Counselling - Clients will meet one-on-one with the Day Treatment Clinical Counsellor on a weekly basis. In individual counselling, clients are able to focus on self-identified problems and goals in a non-judgmental, compassionate, and collaborative space. Together, the client and the counsellor will work through the possibility of making change. Individual counselling is also an opportunity for the client to build on their DBT Skills.

Parents/caregivers are welcome in session for family counselling as indicated by the client's treatment plan. Supportive counselling will also be provided to individual family members as it relates to the

client's treatment, use of DBT, and managing their mental health behaviours. Referrals to community partners for individual counselling for parent/caregivers will also be facilitated as necessary.

D – Parent Education:

DBT Psycho-education - Weekly sessions for parents/caregivers covering the four Dialectical Behaviour Therapy modules: Mindfulness, Distress Tolerance, Emotion Regulation, and Interpersonal Effectiveness. Knowledge of DBT Skills will help parents/caregivers model good coping at home, along with feeling confident in supporting their youth as they learn to address their mental health behaviours in different and more positive ways.

Treatment Plan Review Meetings

Treatment planning is a collaborative process wherein the goals and outcomes for change are discussed and negotiated between PYS Day Treatment Counsellors and youth/parents/guardians.

Initial treatment goals are developed by the PYS Day Treatment Program Counsellor through the process of clinician formulation (collection of information (presenting issues; relevant history; mitigating factors; identification of the problem; strategies attempted in past to resolve difficulties) from multiple sources including youth, parent(s), guardian(s) collateral service providers (school/doctor/CAS/other), formalized assessments, observations by clinician and/or Day Treatment Program Counsellor, identified strengths and needs of the client and their natural ecology). The Day Treatment Program Clinical Counsellor's initial formulation and recommendations for treatment goals (most effective prognosis for change) are presented to the client, and any potential risks and benefits reviewed. The signed treatment plan is used to direct associated interventions and to reflect both clinical successes and challenges.

Treatment plans are subsequently reviewed every month; or when a change in circumstance occurs necessitating a clinical revision of the original goals. Youths/parents/guardians are directly involved in the progress review process which is intended to review the following: the current status of the youth/family/guardians; current safety/risk issues; review of youth's prior goal, treatment interventions and progress status); review of current youth needs and revised goals, including action plan, indicators of progress and timelines.

Treatment plans are intended to reflect the desires, strengths and needs of the youth/family/guardian and reflect evidence of service co-ordination where other services are involved.

Youth/Family/Guardian Involvement

- Youth/Families/Guardians are required to be involved in individual/family therapy with their PYS Clinical Counsellor. Daily communication with the Program Counsellor through telephone calls is also expected.
- Family/Guardian involvement, typically in the form of regular family therapy, with the program is often required in order to achieve success. Consequently, lack of family involvement is likely

to see persistence and/or deterioration of behaviours on the part of the youth and may result in withdrawal from the program and referral to a less intensive service.

- Siblings of clients are typically welcome to participate in the family work, as long as it has been included in the treatment planning. Siblings should not feel coerced or forced to participate in the service as it could undermine the interventions and support from Day Treatment personnel.

Community Involvement

The Day Treatment program plans a number of community-based excursions throughout the program term. The outings allow the youth to have fun but more importantly it will allow them to practice current skills or master skills within a more generalized or community setting. To be able to transfer these skills from the program to the community is of paramount importance and is part in parcel with being a well-rounded individual.

Supervision and safety will be the most important factor when determining whether the youth are able to attend outings in the community. Planning will take place well in advance with special consideration being given to the individual needs of each youth (for example, individual medications may need to be packaged and distributed during the trip). Some of these outings may be local trips of a short duration (for example, going on a nature hike at a local conservation area or volunteering at the humane society) or it may be a longer trip that would require more extensive planning and preparation such as attending a Toronto Blue Jays game. Whatever the case rest, assure that these outings will be organized, well planned and safe.

What are some of benefits of Community outings/activities?

1. **Hands-on/interactive learning:** Outings/activities may be planned that enhance lessons or activities that are being explored in the classroom from both an academic and treatment perspective.
2. **The wide variety of community outings/activities:** They may spend some time planning or preparing for the outings and then they can get to spend the time in a different learning environment. A lesson may be attached to the outing once the youth return to the program.
3. **New experiences:** Youth may be exposed to different ideas, occupations and professions. These exposures may be an incentive to try new things because new interests and ideas may have taken root. For example, volunteer work may open up potential job opportunities in the future.
4. **Academic achievement and a better understanding of the world at large:** Real life application of lessons may help the youth to see the importance and relevance of what they are doing. For example one of the units explores mapping and we will be mapping our route as we hike through a nature trail in the local area.

Overall, community outings are important because they may assist certain youth who struggle with social interactions. The outings will provide opportunities for the Day Treatment program staff to observe behaviour in public settings and to determine what the youth need to work on. The Day

Treatment staff will also assist and role model how to address challenging behaviours in a public setting. Community outings encourage the use of appropriate social skills such as speaking in public, shaking hands with strangers (where appropriate) and staying close to an adult for example. Learning to successfully navigate different public settings becomes even more important as the youth ages.

Transition (Out) process

Guiding Principles/Goals of transition

- Youth is familiar with environment
- Staff is aware of youth strengths and needs
- Goal of transition has to drive the process
- Home school has an clear understanding of why transition needs to take place
 - Avoid the “youth is fixed” mentality
- Families participate in the process, have reasonable expectations of their role in collaboration and the success of the transition back to their homeschool and are clear on why the transition needs to take place
- Transitions are unique, individualized to the needs of the youth
- Youth are given a voice and participate in the transition process

Transition (to home school)

1. The treatment team and the family review the youth’s progress at the treatment plan review and identifies that the agreed upon threshold for the youth’s goal(s) within the program have been achieved within the Day Treatment Program.
2. A Transition package will be completed by the PYS Day Treatment Program Counsellor and Teacher and shared with the home school (LST/P/VP)
 - The Transition package is composed of the following:
 - PYS/KPR/PVNC Safety Plans – revised
 - IEP – current
 - Planning for Success (Transition Planning document) – **To be developed**
 - Revised/new treatment goal for the youth, if applicable
3. The PYS Day Treatment Program Counsellor and KPR/PVNC School principal or designate will consult and work with program educational, treatment staff and home school personnel to develop a transition plan to present to the family. A date for youth’s transition will be confirmed and shared with all parties.

Transition (Home school)

4. PYS Day Treatment Program Counsellor will support the transition from/back to their home school by providing support and consultation to the home school administration and academic personnel, as per the Transition Plan.

Aftercare/Follow-up

- Aftercare and/or follow-up may be provided to those who are transitioning out of the program following completion of the service or who choose to opt out of ongoing support/treatment. This would be included in the treatment plan and on a time-limited basis due to limited program resources.

Clinical Sustainability Plan

- Education/Training/Boosters
 - First Aid/CPR – Mandatory – every 4 years - Agency directed
 - Non-Violent Crisis Intervention (NVCI) – Mandatory – every year – Agency directed
 - ASIST – Mandatory – One time training – Agency directed
 - PCOMS – Mandatory – One time training – Self-directed
 - Motivational Interviewing – One time training – Self-directed
 - Mindfulness – One time training – Self-directed
 - DBT Group

- Manuals

Motivational Interviewing 3rd edition William R. Miller and Stephen Rollnick
<https://www.guilford.com/books/Motivational-Interviewing/Miller-Rollnick/9781609182274>

Motivational Interviewing in Schools: Conversations to Improve Behavior and Learning
Stephen Rollnick , Sebastian G. Kaplan, Richard Rutschman The Guilford Press
https://www.amazon.ca/Motivational-Interviewing-Schools-Conversations-Behavior/dp/1462527272/ref=sr_1_12?ie=UTF8&qid=1533654212&sr=8-12&keywords=motivational+interviewing

DBT Skills in Schools Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) James J. Mazza (Author), Elizabeth T. Dexter-Mazza, Alec L. Miller, Jill H. Rathus
https://www.amazon.ca/dp/1462525598/ref=cm_sw_r_cp_api_glt_i_43J7E8SZ3MTRJ1HR9D1T?_encoding=UTF8&psc=1

DBT Skills Manual for Adolescents Jill H. Rathus , Alec L. Miller,
https://www.amazon.ca/dp/1462515355/ref=cm_sw_r_cp_api_glt_i_ABDJKP8GVK668ZHQ26WN

The Dialectical Behavior Therapy Skills Workbook: Practical DBT Exercises for Learning Mindfulness, Interpersonal Effectiveness, Emotion Regulation, and Distress Tolerance by Matthew McKay PhD, Jeffrey C. Wood PsyD, Jeffrey Brantley MD
https://www.amazon.ca/dp/1684034582/ref=cm_sw_r_cp_api_glt_i_D90YMKMJZXM1YK8BNM68

The DBT Skills Workbook for Teen Self-Harm: Practical Tools to Help You Manage Emotions and Overcome Self-Harming Behaviors

https://www.amazon.ca/dp/1684035457/ref=cm_sw_r_cp_api_glt_i_3TC4QQMEZPTYZE7642ZR

Mindfulness for Kids: Create a Happier Life for Your Kids by Reducing Stress, Anxiety and Depression. Jasmine Warren

https://www.amazon.ca/Mindfulness-Kids-Happier-Reducing-Depression/dp/1979839352/ref=tmm_pap_swatch_0?encoding=UTF8&qid=1532956893&sr=8-2

Mindful Games Activity Cards: 55 Fun Ways to Share Mindfulness with Kids and Teens Cards. Susan Kaiser Greenland (Author), Annaka Harris (Contributor)

https://www.amazon.ca/Mindful-Games-Activity-Cards-Mindfulness/dp/1611804094/ref=sr_1_4/130-6558499-2171065?ie=UTF8&qid=1532956893&sr=8-4&keywords=kids+mindfulness+books

- Resources to support clinical approach
 - Regular Individual Clinical Supervision and Peer Supervision
 - Access to Specialized Consultation Services

Program and Outcome Evaluation

- Client Outcomes
 - Treatment Goals – SMART Goals tracking by PYS Day Treatment Program Counsellor in coordination with PYS Day Treatment Clinical Counsellor –reported in TBD
 - PCOMS – Partners for Change Outcome Management System – Outcome Rating Scales– reported in TBD
- Program Evaluation
 - Client Success – Pre and Post Outcomes – Change in Clinical Targets - TBD
 - Clinical Fidelity – TBD
- Process Evaluation – TBD
- Performance Measurement – TBD

Appendix 1: PYS/KPR/PVNC Day Treatment Program Screener

The following information is intended to provide guidance and assistance to individuals in informing their decision to refer youth and their families to the PYS Day Treatment program.

Basic Criteria to initiate a referral:

- Youth is a resident within the Peterborough Region and registered in either the Kawartha Pine Ridge District School Board (KPR) or Peterborough Victoria Northumberland and Clarington Catholic District School Board (PVNC)
- Youth in grade(s) 9 - 12

Youth should NOT be referred if (any of the following 3 conditions exist):

- Current indications/diagnosis of active and/or untreated psychosis
- Youth has been diagnosed with or suspected of a diagnosis of moderate to severe Autism Spectrum Disorder
- Youth has been diagnosed with or suspected of a diagnosis of an Intellectual disability within the 2nd percentile
- Youth has been diagnosed with or suspected of a diagnosis of moderate to severe Fetal Alcohol Spectrum Disorder

Youth's concerns/presentation:

- Youth experiences severe, complex, and/or chronic/persistent mental health problems that significantly impair their functioning in home, school and in the community
- Youth presents with social, emotional and/or behavioural needs exceeding their capacity to be successful in an educational program despite concurrent implementation of school-based interventions due to their primary need for mental health treatment.
- Youth has experienced/is experiencing significant difficulties in any or all of the following:
 - Moderate to Severe Anxiety/Depression
 - Suicidal ideation or history of attempted suicide
 - High degree of Family/Caregiver Conflict

- Youth demonstrates the basic skills needed to benefit from the therapeutic interventions used in a group environment, and in accordance with the mental health services model (Mindfulness, Motivational Interviewing and Talk Therapy).
- Youth demonstrates the basic skills and ability to manage their behaviours/education program expectations through the implementation of program interventions (ie. verbal prompts, social cuing, modeling, positive reinforcement, visual schedules) in the absence of physical intervention (holdings/restraint).
- Youth demonstrates the willingness and ability through self-regulation to integrate and learn safely with other youth
 - (For example, no evidence of extreme violent behaviours towards others or a history of aggression resulting in medical harm to others for which they have not demonstrated some form of remorse and remediation, including mental health treatment)

For Board of Education initiated referrals only:

- Specialized strategies and interventions have been utilized/attempted within the education program as outlined in the youth's Individual Education Plan (IEP).

Youth (and Family, is possible) commitment:

- Youth (and Family, if possible) are willing and able to engage and work cooperatively and collaboratively with Peterborough Youth Services and KPR/PVNC
- Youth (and Family, is possible) voluntarily commit to participate in all aspects of the Day Treatment program, as outlined in the program's brochure

If most or all of the above boxes are checked, please refer this youth to the PYS Adolescent Day Treatment Program at the following:

Rose Powers

rpowers@pysonline.ca or 705-761-2055