

Intensive Services at Vanier includes: intensive in-home service (IFS); treatment classrooms; day and overnight respite; and residential treatment. Family Therapy, Parent Groups, Specialized Child Groups, Psychology, Psychiatry, and Nursing are available as appropriate to meet the needs of the individual child and his or her family. Any combination of these services is possible in order to meet the needs of a child and family. Engagement of the child and family is the first priority of any of the Intensive Services.

Intensive Services are accessed via CSCN – single point of access –and are available to any child who is recommended through this process. A multi-disciplinary treatment team is assigned to work with each child and family to develop an individualized treatment plan to address their identified needs, build on their strengths, define clear goals and expected results, and to implement the plan. The plan is designed to provide the most appropriate intensity of service to meet the child’s needs and changes over time as the child’s needs change.

Age Range of Clients: 6-13.5 years of age

Clinical Issues of Clients (Level 4)

Vanier provides service for children with serious and complex mental health needs that significantly impair functioning in most areas such as at home, school and in the community. Clinical issues include behaviour (e.g., aggression, noncompliant/ opposition/ defiant behaviour, school behaviour, and anger management), relationship problems (e.g., family and peer issues), mood (e.g., depression, anxiety, and mood swings) and cognitive challenges (e.g., attention/concentration problems, learning problems, or both), and high risk (e.g., self-harm statements or behaviour, and fire and police involvement).

Trauma, usually of an interpersonal nature of a child experiencing or witnessing abuse, from a caregiver or other loved one, is common. Traumatic histories of clients typically involve physical, emotional, and or sexual abuse as well as caregiver neglect. Many of our clients also experience significant grief and loss. This trauma history often presents in hyper-aroused stress responses such as hyper-vigilance, hyper-sensitivity, and shut down. Hyper-vigilance can present as physical, verbal, emotional and sexual aggression towards others and themselves. In addition to the children we serve who are experiencing these clinical issues, the parents of the children often experience similar issues as mentioned above and may have their own mental health challenges. This creates an additional clinical issue with our clients often coming from chaotic environments and lacking natural supports.

Principles of Service

All services are family and child-centered and are based on the belief that children and families can change in a positive manner when they believe in their own strengths. We believe that a view of competency can be achieved through a participatory process with families and other systems that work collaboratively to establish clear goals and measurable outcomes. We work collaboratively with the child, the parents, school, community, and other informal resources to set realistic goals and to develop plans to support families in maintaining ongoing success following Vanier involvement.

We believe that treatment services need to be able to respond quickly through early identification and with short-term but intensive involvement. The least intrusive approach can also be the least effective. Emphasis on transferring solutions to the home environment is important. Failure to progress in treatment may suggest that issues are chronic and require a long term treatment plan or different types of support.

Cognitive-behavioral and psycho educational approaches enhance the competency-based philosophy of the program. Principles of trauma-informed therapy provide the foundational approach to our residential programs.

Referral

Children access Intensive Services via CSCN (policy 8-10).

Service Coordination/Case Management

Every child in Intensive Services will be assigned a case manager – this could be a CFT, IFS, day treatment, or residential primary worker. This case manager has responsibility for the overall coordination and monitoring of the implementation of the treatment plan.

Outcome Measurement

Every child assigned to Intensive Services will be assessed using the CAFAS at time of access. CAFAS will be completed again at the end of each service and at case closure. A client satisfaction questionnaire (CSQ) will also be requested from the parent/guardian at case closure.

Community Collaboration

Vanier is committed to working with those already involved in providing support to the family – school, family doctor, CAS, friend – and will involve them in treatment planning with the family with consent. Clinical reports are also shared with consent. Vanier staff will participate as a member of a Wraparound Team when requested.

Follow up

At case closure, clients are informed that they can re-contact Vanier Intensive Service staff, and that we can offer 3 booster/follow-up sessions. Should further service be required, the Intensive Service staff can schedule a “Huddle” and will be responsible to present the case. A recommended plan of action will come from the Huddle. Intensive Service staff will act as case manager until recommended service can be put in place. If child has been discharged from residence for more than 3 months and residential admission is being considered, then the client must go through CSCN process to access this.