

**Children's Mental Health Services**  
*(Servicing Children and Families in the Hastings and Prince Edward Counties)*

# ***HONEYWELL HOUSE***

***Residential Treatment Services***



# **Honeywell House Program Description**

Revised September 2014



## *Residential Treatment Services* **HONEYWELL HOUSE**

### **PROGRAM PHILOSOPHY**

Consistent with the agency mission, vision and principles, residential staff members work with children, youth and families to identify areas of strength and build on these strengths through various interventions and activities. Self-reliance and an understanding of the child, youth and families ability to know the changes they wish to make are core values of the program and the residential service team.

We integrate promising and evidence informed approaches into our practice, and facilitate knowledge transfer across our team. Our priority is to empower families by providing resources within our agency and community that assist in improving the overall wellness of the child/youth and their family system. The overall focus is to ensure support and strategies are provided that enhance the healthy growth and development of all children/youth and their families.

### **KEY RESIDENTIAL SERVICE COMPONENTS**

The components of the Honeywell House program are designed to ensure that the delivery of residential services are client-centred, strength-based and flexible in order to respond to the unique needs associated with each residential client and their families. To meet these standards, Honeywell House utilizes the following components to guide program development and client services.

- The residential treatment setting must meet all legislative and regulatory requirements as applicable.
- Residential services are reflective and responsive to individual, family and community strengths. In addition, residential services will be:
  - Sensitive to the social, linguistic and cultural diversity of families and aboriginal communities.
  - Accountable to the child/youth, family and community
  - Staffed by individuals with the appropriate range of education, training, skills and abilities to respond effectively to the needs of adults, children and their families.
- The Honeywell House staff are supported by an appropriately trained and experienced manager.

- Specialized supports, such as psychiatric and psychological consultation are also available to residential staff.
- Supports provided are based on the individual's assessed needs, preferences and available individual, agency, community and contracted Ministry resources.
- Admission to residential services occurs on a planned basis where possible, in a manner that promotes continuity of services and is managed with sensitivity, respect, transparency and, as far as possible, in ways that reflect the preferences of the child or youth and parents/caregivers.
- A multi-disciplinary process is available internally for professional input during the treatment planning/review process. This process includes assessment, planning, implementation of treatment goals, treatment plan review, and case closure.
- The approach to residential service is strength-based; client centred and considers the individual within their whole context, respecting their individual needs and preferences.
- The program's clinical approach places the individual and/or family's needs at the centre of all considerations, respects the uniqueness of each individual and consistently engages the individual and/or family in the service process.
- The program provides a balance between work, play and intervention based activities. These activities include both structured and free time with privacy and group involvement components.
- A combination of structured group and individual interventions activities are evident and take place at a level of intensity appropriate to client needs.
- Honeywell House utilizes a comprehensive, evidence-informed program (Therapeutic Crisis Intervention) to promote the use of positive, safe methods to intervene in a crisis situation with children or youth at high risk.
- Two commitment staff are assigned to each residential child/youth and their families in order to promote continuity of staffing. In addition, the allocation of commitment staff promotes a consistent therapeutic relationship between the clients and staff.
- A discharge plan from the residential program is established in consultation with the client, family and the multi-disciplinary team to support successful transitions to the community or a new living situation.

## PROGRAM DESCRIPTION

Residential Treatment is organized to provide time-limited, client-centred, strength-based, goal-oriented and outcome-based therapeutic services for children/youth and families experiencing severe psychosocial challenges. Honeywell House is designed to ensure all services are reflective and responsive to the strengths and needs of the individual, family and community.

Staff modelled Residential Services are employed as a strategic intervention within a continuum of service options. Residential Treatment is only considered after less intensive methods of intervention have not fully brought about the desired outcome.

To this end, residential treatment constitutes a component of the overall treatment services of Children's Mental Health Services and is closely integrated into our services' multidisciplinary approach to service delivery.

The core operating assumptions of the program are that children thrive within the context of a carefully structured, caring and nurturing milieu; children are most effectively assisted when their families / guardians are actively involved in the formulation and implementation of the treatment plan; desirable treatment outcomes are achieved when treatment plans and goals are based upon the individual strengths and needs of the child / family.

A milieu therapy approach is employed which makes a conscious effort to use, for its health supporting effects, the total environment, the physical surroundings, the program and the potential of all staff and clients, according to the capacities of each individual.

Treatment approaches, methods and techniques are determined by treatment teams and include various individual, family and group counselling as well as specialized educational/learning programming.

The structured nature of the program represents one of the most therapeutic components of residential treatment; at the same time, the emphasis upon individual client needs and strengths requires a considerable degree of program flexibility and responsiveness.

## **Program Description *continued...***

The overriding aim of residential treatment is to reintegrate children to their home and community. Accordingly, program staff utilize the daily events within the milieu environment to intervene with clients and families in order to provide opportunities for learning, growth and development. The overall goal for residential treatment is to assist clients and families in becoming autonomous in their abilities to utilize more appropriate strategies and to internalize new skills they have learned, thus leading to improved self-regulation and emotional competency in future situations. The program concentrates upon the following areas to achieve the above goals:

- Developing competence in the activities of daily living, such as hygiene, healthy lifestyle and life skills;
- Acquiring social skills, such as listening, conversing, conflict resolution, self-regulation, problem-solving, asking for help and following instructions;
- Fostering individual self-respect through skill development, group and individual counselling;
- Developing positive, interpersonal relationships through structured and individually tailored opportunities to participate in group programs, recreational activities, and community integration opportunities, such as sports and clubs.

- Developing the ability to access, identify and appropriately express feelings through games, exercises, role modelling, formal and informal counselling and group programs;
- Developing skills for the effective use of leisure and recreation time;
- Improving the parent/child relationship by encouraging bonding opportunities, appropriate parent/child boundaries and positive management of behaviour; and
- enhancing understanding of healthy stages of child development.
- Enhancing the child/family understanding of a particular diagnosis and its' implications both in the present and for the future.
- Developing skills/strategies for academic/social success within the school. Developing a positive attitude towards school and learning.

## **THE THERAPEUTIC MILIEU**

A therapeutic milieu based on a warm, caring and nurturing environment within which children are encouraged to learn and grow, is consistent with Residential Treatment.

Residential Treatment milieu is as home-like as possible. The residence is designed to replicate a home environment with a living room, kitchen, activity room, private washrooms, laundry room and individual bedrooms for each child/youth. The furnishings are in keeping with the standards of the local community.

The opportunity for privacy and personal space is available. Each child through earned privileges has full access to all areas of the house with the exception of staff offices, the basement and the bedrooms of others. Directly adjacent to the residence are a creative playground and a tarmac area and a school facility.

Community resources are located in the immediate area, including a community school and a variety store. The larger community of Belleville, within easy driving distance, provides opportunities for community involvement.

Day-to-day activities in Residential Treatment services approximate as closely as possible the normal daily routine for children of their age group.

The therapeutic milieu is structured to support the youth's individual treatment plan and to meet the overall program goals of successfully returning the child to his/her home and community.

All agency staff are considered part of the therapeutic milieu. Positive adult-child relationships with treatment staff / support staff are developed and supported through activities and special events within the therapeutic milieu.

## **TARGET POPULATION SERVED**

Honeywell House can accommodate up to eight children/youth living in the program. Residential services are provided to children and youth from eight (8) to fifteen (15) years of age, of both genders. Children/youth admitted to a residential placement are experiencing significant mental-health related difficulties that are impairing their functioning in the home, school and/or community. These children/youth have identified treatment needs which have not been sufficiently addressed by less intensive treatment options. Children/youth referred to the residential program require more intensive or therapeutic services than can be provided in more conventional treatment settings. In addition, residential services are necessary given the complex and severe nature of the difficulties experienced by child and youth in need of residential services. These difficulties may include, but are not limited to:

- Severe, complex, rare or persistent diagnosable mental illnesses.
- Exceptional psychological, behavioural, social and emotional needs.
- Significant mental health problems or diagnosed disorders.
- On-going conflict within the home environment leading to high risk behaviours or adoption breakdown.

The family is identified as a key component of the child/youth's treatment. The family (biological, kin, adoptive, foster) must be willing to engage in all aspects of the negotiated/identified treatment plan in order for the admission to be considered.

## **GEOGRAPHIC AREA SERVED**

Honeywell House Residential Services are available primarily to Hastings and Prince Edward Counties. Children's Mental Health Services/Honeywell House may negotiate agreements with other Children's Mental Health Services within our six county South Eastern Region, to provide residential services.

Aside from these negotiated agreements, Honeywell House does not accept direct, external referrals. All referrals come from our own community teams and only after careful assessment to ensure that all other appropriate community based treatment interventions have been tried or considered.

## SERVICES OFFERED

All treatment interventions and/or services focus on client strengths, are culturally responsive, and promote shared decision making with the client. Treatment is centred on the client and considers him/or within their whole context (i.e., family, individual, community), respecting their needs and preferences.

### **Honeywell House Residential Treatment provides the following programs:**

1. Staff Model Residential Treatment Program;
2. Emergency Admission Response;
3. Parents' in Residence Program;
4. Telephone Support to Families;
5. Therapeutic Groups;
  - The "Friends for Life" Program
  - Health Group
  - Anxiety – "Cool Kids" Program
  - Anger Management/Critical Thinking
  - Self-Respect
  - Individual Life Skills
  - Rainbows (Individual Grief Counselling)
6. Multi-Disciplinary Assessment and Consultation including Child Psychiatrist/Psychologist;
7. Ministry Section School Program – On-site;
8. Day Status – Ministry School Program;
9. Recreational Programming;
10. Health Services;
11. Respite Programming (Over March Break and Summer Break);
12. Follow-up Services including time limited In-Home Parenting Support/Training;
13. Family Therapy.

## CULTURAL DIVERSITY

Children's Mental Health Services, residential services recognizes that diversity exists in every community. CMHS strives, in all aspects of our agency's service delivery to achieve a level of inclusion in which all children and youth are treated equally and takes into account ethno-cultural, racial, linguistic, religion, sexual orientation and ancestral diversity. This includes provisions under the French language services act as well as community partnerships as required (i.e., Native and Hearing Impaired cultures).

Accommodations for all children and youth are identified and documented on the Individual Plan of Care Agreement. These accommodations include, but are not limited to, ethno-cultural, racial, linguistic, religion, sexual orientation and ancestral diversity.

Every effort will be made to accommodate all unique needs.

1. Upon admission, the child or youth, parent or guardian, and/or placing agent will be asked to address any special needs regarding ethnic, racial, social, economic, linguistic, religion/spiritual or sexual orientation.
2. With the involvement of the Honeywell House Program, child or youth, parent or guardian and/or placing agency, actions to support these needs will be developed at the plan of care meeting and included in the individual plan of care agreement. These plans will address specific responsibilities of each party and will be reviewed at the thirty day point and every 30 days after during the monthly review meetings.
3. Arrangements will be made for clients to meet identified and unique needs such as having access to specific leisure and recreational activities that promote physical, social and cultural benefits for all children and youth in care.
4. Clients will be given voluntary access to cultural, religious and spiritual instruction and participate in cultural, religious/spiritual activities of their choice. Children or youth will be encouraged to maintain positive contact and involvement with their cultural community. Efforts towards religious/spiritual conversions, proselytizing or criticizing other faith groups by staff, students or volunteers is not permitted.
5. Accommodations for the needs of lesbian, bi-sexual and transgender children and youth will be identified on an individual basis under the cultural competency section on the individual plan of care agreement.
6. Honeywell House will consult with the child or youth, parent or guardian and/or placing agency to identify dietary needs including preparation methods of traditional religious and/or cultural foods as well as celebrations and fasts involving food.

## DESCRIPTION OF PROGRAMS

### *1. Honeywell House – Staff Model Residence*

Honeywell House is staffed by qualified Child and Youth Workers (CYWs) who work a rotating shift pattern of mornings, evenings, or nights. Programs are offered to children / youth on a five-day a week basis. Further modification to the placement days and times can also be made on an individual basis. Children / youth in residence five days a week spend Friday afternoon to Sunday evening (or Monday morning) as well as holidays at their own home/foster home.

Weekends at home allow the child to practice new skills in the home and in the community, as well as providing parents with the opportunity to practice new approaches or strategies developed during Parents-in-Residence.

Honeywell House has seven Regular beds. The average length of stay for a regular admission is approximately 90 days. Extensions will be considered for specific additions / revisions to the treatment plan.

## ***2. Emergency Admission Response***

Honeywell House has one Emergency bed. The average length of stay for an emergency admission is up to 14 days.

The emergency admission offers both parent and child a brief period of respite and offers milieu therapy aimed at: behaviourally stabilizing the child within the residence; an assessment component to determine supervision needs in a nurturing, safe, skill-building environment; recreational and leisure activities which may include both on-site and community-based activities; family counselling to identify family strengths and clarify family issues and commitment; linking with community partners / agencies to assist with treatment strategies.

A case conference at discharge highlights the child / youth's progress in the area of behavioural / emotional stabilization and details further treatment options upon discharge from residence for the child and family.

A client could transfer directly into a regular bed at the end of their emergency admission stay should their risk / treatment needs warrant this.

## ***3. Parents in Residence Program***

One concern of residential treatment is that it separates parents from their child. Given the clear necessity of residential treatment for a small percentage of cases, this separation still needs to be minimized. Parents-In-Residence helps accomplish this, but more than that, it invites and empowers parents to discover new possibilities and participate in achieving them.

The goals of the Parents-In-Residence Program are to work in partnership with parents to observe, notice differences and to try different methods of interacting together. Parents-In-Residence complements both the residential therapeutic milieu for prosocial skills learning, cognitive behavioural therapy and systemic family therapy aimed at learning new ways of interacting. The program approach is fairly simple:

The parents are invited to join the residential staff in residence at a mutually convenient time. The parent(s) join the milieu in group and/or individual activities and work in concert with a staff member assigned. The parent-staff team focus on a shared goal for change. The goal(s)

chosen can vary widely and change according to needs at that given time. Some common examples are:

- To increase positive parenting skills
- To encourage the families to have fun while interacting together
- To increase the use of positive communication skills and problem solving skills
- To increase parental self-confidence in dealing with their children

Generally speaking, any family can take part in the Parents-In-Residence Program. However, the level of intensity will vary from visits and “positive time” to full behaviour management. Factors for determining Parents-In-Residence frequency and intensity would include: family structure (ie. Single or two parent, families, siblings, availability, distance, level of co-operation, comfort level and the level of emotional health of the parent) The programme is very flexible in that way.

Regardless of intensity, we have found that having parent(s) spend time in the residence has a powerful impact on how the children feel about being in residence and how they will respond to treatment.

The Parents-In-Residence normally begins once the Child and Youth Worker and child have established a therapeutic rapport. During this time the child will be going home on weekends with goals established by and with the parent(s). The parents complete weekend reports that speak to areas of what is going well and what areas still need attention. The initial sessions will help parent(s) become familiar with the physical setting and routines and spend positive time with their child.

Child and Youth Workers will involve parents in establishing residential goals and in helping deal with behaviour management. This gives the parents an opportunity to observe the Child and Youth Worker’s work with their child. Parent(s) are often concerned that other people won’t experience these challenges, making them feel inadequate. Child and Youth Worker’s attempt to help parent(s) identify positives in behaviour and to give praise. Parents will often need help to look for small changes and how to build on them.

It is important to debrief with parents after sessions to answer questions and clarify respective perceptions / concerns.

The Child and Youth Workers and parent(s) can begin to set goals primarily around what the Parent(s) see as important. With coaching from the Child and Youth Worker staff, the parents then will assume a more active role in behaviour management and taking over from staff. The Child and Youth Worker and parent(s) will work closely together as “a reflecting team”, observing the child and catching him or her “doing things right”. An important factor during Parents-In-Residence is that much time is spent around activities and play to enhance the parent/child relationship.

As we observe parents’ work with their child, we help them see what techniques or interactions are working for them and what we can offer in terms of new skills. Areas of focus include: parenting style assessment, routine and chores, establishing rules for home, understanding why children misbehave, types of manipulative behaviours, setting limits and

limited choices, using time outs, natural and logical consequences and the importance of consistency and follow through.

As parents feel more competent the Child and Youth Worker can stay further removed and wait for parent(s) to ask for what they need, while reflecting successes.

From a theoretical point of view, much of what is done could be seen as “co-creating solutions” with parents feeling and experiencing increased competence, confidence and empowerment.

Throughout the residential stay, the child, if at all possible, will be spending longer periods of time at home working on goals and practising skills. Child and Youth Workers will be meeting with parent(s) and the child prior to weekends and debriefing after the weekends with follow-up during the week and in the Parents-In-Residence Program.

Families are also being supported, throughout the residential stay in family therapy sessions with their Community Case Managers. The goal is for these to be weekly sessions. This Community support continues after discharge.

## ***4. Telephone Support to Families***

Children’s Mental Health Services / Honeywell House offers 24-hour a day, 7 day a week telephone support to residence clients and to their parent(s) requesting assistance in relation to their child while at home. Telephone support is provided by residential Child and Youth Worker staff or on call Case Managers and includes listening, problem-solving, outlining behavioural interventions and providing information on other appropriate resources.

The Child and Youth Worker staff consults with the agency On-Call Manager as necessary for further direction / support.

## ***5. Therapeutic Groups***

### **Anxiety – ‘Cool Kids’ Program**

The *Cool Kids Program* is an evidence informed program that is offered for a period of 10 weeks and is facilitated by two Child and Youth Workers. This program assists children and youth within the residential program in developing an understanding regarding the connection between anxiety and our emotions, thoughts and actions.

#### **Group Goals Include:**

- Understanding and defining anxiety:  
**Plan to achieve goal:** Complete worksheets from the “Cool Kids” program that will help clients understand what anxiety is, complete hands on activities that provides concrete examples of how anxiety effects one’s life.

- Developing an awareness of how anxiety is connected to our thoughts, emotions, body and actions;  
**Plan to achieve goal:** Complete worksheets from the “Cool Kids” program that will help clients identify how anxiety affects their own thoughts, emotions, and actions. Clients will participate in a number of physical activities that will help them understand how anxiety impact’s their thoughts, emotions, and body (yoga, breathing exercises).
- Enhance coping strategies for facing situations that typically create feelings of anxiety;  
**Plan to achieve goal:** Complete worksheets from “Cool Kids” program that will help clients learn how to problem solve, become assertive, and outsmart bullies. Clients will participate in several practical activities that address these three situations.
- Develop strategies for reducing feelings of anxiety in a variety of situations;  
**Plan to achieve goal:** Over the course of the program clients will create a tool box filled with strategies to assist clients in anxiety provoking situations. Clients will have an opportunity to submit personal anxiety provoking situations in a worry box. These situations will be discussed as a group to identify possible coping strategies.

## Health Group

Health Group is offered in a group format. Groups have two facilitators and meet once weekly for up to 10 weeks. The following topics are reviewed; hygiene, drugs and substances, sexual education, active living and nutrition.

### Group Goals Include:

- To increase awareness of physical activity in developing a healthy lifestyle;  
**Plan to achieve goal:** Participate in physical activities that benefit our minds and bodies such as yoga and explore personal physical activity goal.
- To educate participants on drugs/substances and to introduce skills that promote positive, healthy life choices, in this area;  
**Plan to achieve goal:** Recognize personal strengths, identify specific role models, learn about types of drugs and the effect they have on the body, develop positive coping strategies and practice skills to respond to peer pressure.
- To develop age appropriate hygiene routines and habits;  
**Plan to achieve goal:** Identify the positives of a regular hygiene routine, create a hygiene routine and personal hygiene kit, explore the difference between good and poor habits and practice daily hygiene tasks such as brushing teeth and washing hands.

- To increase knowledge of Canadian Food Guide and the key elements of nutrition;  
**Plan to achieve goal:** Learn about the components of Canada’s food guide such as the different food groups, discover a variety of healthy meal and snack options, examine the core ingredients in specific foods and review kitchen safety guidelines.
  
- To assist young people to gain a positive view of sexuality and to provide them with age appropriate body awareness;  
**Plan to achieve goal:** Review the male and female reproductive systems based on client age, create a safe environment for questions to be explored, recognize the importance of privacy boundaries and raise awareness of sexual transmitted diseases.

## The ‘Friends for Life’ Group

The *Friends for Life* group is an evidence informed program that is offered for a period of 10 weeks in length and is facilitated by two Child and Youth Workers. This group promotes an awareness of self through the development of skills associated with resiliency, self-regulation, interpersonal skills and emotional awareness.

The above areas are developed through activity based group sessions which emphasis the following **group goals:**

- **Enhance Empathy Skills** – This component focuses on developing skills to make and maintain stable/healthy relationships by enhancing participant’s ability to understand feelings in themselves and others.
  
- **Practice Attention Training Skills** – This component assists participants in developing the skills to focus their attention on the positive aspects of a situation. This training can assists participants in developing the “habit” of thinking in helpful, positive, optimistic ways rather than unhelpful, negative ways.
  
- **Enhance Healthy Daily Habits** – In this component, participants are encouraged to practice skills developed in the ‘Things to Remember Every Day’ section at the end of each group session. These skills include:
  - **Being active, individually and as a family**
  - **Healthy eating and drinking**
  - **Getting enough sleep and rest**

- **Additional Group Goals Include:**

- Enhancing effective listening skills:

**Plan to achieve goal:** Establish group guidelines through discussion and activities, implement small group activities that require participants to report back to the larger group regarding new information learned, support participants in identifying body clues and to practice responding appropriately to these clues to enhance listening skills.

- Enhancing child/youth's ability to appreciate differences in others:

**Plan to achieve goal:** Implement small group activities that focus on participants working collaboratively with all peers in the group, participants will engage in activities that focus on developing an acceptance of others by learning about similarities and differences between themselves and their peers.

- Enhancing child/youth's interpersonal skills:

**Plan to achieve goal:** Teach interpersonal skills through positive reinforcement and experiential learning that incorporates games and activities which focus on teaching interpersonal skills. Teach peer learning through observation and helping others. Enhance knowledge regarding self-soothing and self-soothing techniques.

- Enhancing respect for self and others:

**Plan to achieve goal:** Promote emotional well-being through group and peer learning activities. Encourage participants to build support networks with peers and other important individuals in their lives. Support the formation and maintenance of healthy friendships that bring out the best in each person through attribution identification, self-reflection and discussion. Teach empathy skills such as learning the importance of other's point of view using games and activities. Incorporate attention training which supports paying attention to the positive things around us in the present moment.

- Enhancing the child/youth's understanding of their thoughts, feelings and emotions:

**Plan to achieve goal:** Build emotional resilience and problem-solving abilities. Assist children in developing life skills to effectively cope with difficult and/or anxiety-provoking situations using games and activities. Encourage the normalization of feelings by teaching participants to recognize and understand feelings at an early stage so they can learn to regulate them.

## Anger Management

Anger Management Group is offered for a period of 10 weeks. Groups are facilitated by two Child and Youth Workers. One-to-one anger management counselling is also offered when appropriate.

### Group Goals include:

- Assisting the youth to identify and express feelings appropriately;

**Plan to achieve goal:** Utilize exercises to identify anger as a normal, healthy emotion that is one of many emotions. Build a tool kit to identifying choices and alternatives for appropriately expressing feelings.

- Promoting healthy expression of anger;

**Plan to achieve goal:** Build a tool kit to identify choices and alternatives to appropriately expressing feelings. Practice skills learned by using role plays.

- Enhancing self-respect;

**Plan to achieve goal:** Build a tool kit to identify choices and alternatives to appropriately expressing feelings. Self-respect will be gained by using skills learned in group.

- Increasing self-control;

**Plan to achieve goal:** Identify triggers and body signals in order to recognize escalating anger. Learn and utilize relaxation strategies. Learn and practice skills in positive self-talk and continue building tool kits.

- Understanding situational and bodily indicators of anger;

**Plan to achieve goal:** Identify body signals and triggers by building tool kits and participating in related activities.

- Developing appropriate and positive peer interactions;

**Plan to achieve goal:** Peer interactions will be enhanced and identified through positive group interactions and making effective choices regarding anger.

- Enabling children to generalize skills to various situations through role-plays;

**Plan to achieve goal:** Participate in role plays and exercises (for example relaxation strategies), and continue to build tool kits.

## Critical Thinking

Critical thinking is an evidence informed group that is offered for a 10 week period. This group is facilitated by two child and youth workers, and is a comprehensive, instructional program that gives the children/youth tools to make good decisions.

### **Group Goals Include:**

- Developing awareness of problems facing others as well as themselves;

**Plan to achieve goal:** Utilize planned activities to teach how to Stop and think by expanding awareness of the scope, intensity and depth of problems.

- Learning to Stop and Think through awareness of the brain's emotional and thinking sections (using the terms 'lizard brain' and 'wizard brain');

**Plan to achieve goal:** Identify the location and function of the Thalamus/relay centre, function and location of the limbic system (lizard brain) and it's two components, the flight, fight or freeze response and the emotions centre (amygdala). Identify the location of the pre-frontal cortex (wizard brain) area of the brain. Distinguish Lizard Brain reactions from Wizard Brain responses.

- Learning to identify types and levels of emotions;

**Plan to achieve goal:** Identify different types of support children/youth can get from individuals. Distinguish helpful and unhelpful support sources. Describe what is felt inside when confronted with a problem and recognizing cues. Identify types of emotions, connect escalating emotions with ten floors of an elevator, describe how emotions and the fight or flight reaction trigger body responses. Use the term 'emotions elevator' to describe the range and depth of emotions.

- Learning to separate fact from opinion;

**Plan to achieve goal:** Identify how separating fact from opinion is a thinking skill. Demonstrate that factual information is obtained from Constellation of Support people, resources like books, libraries and the internet.

- Facilitating skills for asking the right questions to gather decision making information;

**Plan to achieve goal:** Recognize when it is necessary to gather information to solve a problem, identify the kinds of information needed to solve problems, form questions that help gather the most useful accurate

information. Understand that gathering information may involve asking many questions to get the right answer.

➤ Learning to identify multiple choices to solve problems:

**Plan to achieve goal:** Identify multiple choices to solve problems, recognize the need to be in control of emotions and e low or off the Emotions Elevator to Identify Choices (IDC). Integrate all thinking skills/Wise Ways into the process of IDC.

➤ Increasing skills to evaluate the consequences of choices:

**Plan to achieve goal:** Assess choices by considering the consequence of the choice now and the consequence of the choice later – the Consequence Now or Later (CNL). Assess choices by considering the consequence of the choice on other people – the Consequence Affecting Others (CAO)

➤ Learning to set goals and to form a plan of action:

**Plan to achieve goal:** Analyse problems by using thinking skills, recognize the role of goal and action plans to prevent and solve problems. Form goal and actions plans for problems.

➤ Enhancing effective communications skills:

**Plan to achieve goal:** Recognize the impact that negative and positive nonverbal communication have on problems, integrate Wise Ways 1-10 when assessing and using nonverbal communication.

Recognize aggressive, passive, passive-aggressive and assertive communication styles; understand the value of taking another person's point of view, use assertive statements to communicate with others.

## Self-Respect

The Self-Respect Group is offered for a period of 10 weeks and is facilitated by two Child and Youth Workers. This group focuses on the development of positive thoughts and behaviours that assist children\youth in developing healthy interpersonal connections and positive interpretations of the self.

### Group Goals Include:

➤ To increase participant's knowledge regarding the components of self-respect, specifically respect for the self and respect for others:

**Plan to achieve goal:** Understand the connections between the development of character and self-respect. This module contains activities and discussions to build participants awareness of characteristics that encourage

respect of the self, respect of others and characteristics that encourage participants to utilize a positive outlook of life. The book called “*How to Behave and Why*” is the framework for the module and introduces the group to four main traits; Honesty, Strength, Fairness and Wisdom and uses these traits to encompass essential skills for treating others and oneself with respect.

- Enhance children\youth’s ability to develop acceptance of who we are as a person regardless of what we have and without comparison to others;

**Plan to achieve goal:** Identify the positive outcomes associated with building healthy relationships and developing a strong sense of self.

- Enhance knowledge regarding the connection between self-respect, the development of healthy relationships and feelings about the self;

**Plan to achieve goal:** “Teen Smart” is a book of activities that help participants improve their relationships with others and develop the skills to recognize and resolve conflicts with others and acquire true self-esteem, constructive attitudes and positive behaviours necessary for productive lives and careers.

- Identify and appropriately express feelings, emotions and thoughts about the self;

**Plan to achieve goal:** Participants will enhance their knowledge on how to express themselves appropriately through activities and discussions and utilize the resource “Boundaries” which is a guide for teens in recognizing how to build relationships that protect your personal space and respect your feelings.

- Help children\youth to understand good choices and behaviours that will result in positive feelings of self-respect;

**Plan to achieve goal:** Participants will participate in the Character Building module which will focus on character traits that describe how a person behaves towards themselves and others. Participants will also learn that two people can have character traits that are similar or different and these traits can be described as strengths or weaknesses.

- Engage children\youth in co-operative learning activities that increase confidence and highlight individual\group skills.

**Plan to achieve goal:** Participants will be involved in group discussions and utilize activities and ice breaker games to get to know one another and share experiences within a group setting.

- Assisting children\youth in transferring skills and knowledge learned within group to external situations.

**Plan to achieve goal:** Participants will participate in the community based portion of group which enables clients to help others in the community that could be less fortunate than themselves. The group will discuss the impact of these projects on themselves and others.

## **Individual Life Skills**

Instruction occurs individually on an as-needed basis. Topic areas include: money management, personal hygiene, household chores, self-care, menu planning, grocery shopping, meal preparation and community integration.

## **Rainbows Group**

The Rainbows Group is offered at times where there are clients requiring this unique group. The group is 11 weeks in length and is facilitated by a Child and Youth Worker. The group is offered only to those clients who have experienced a loss, which means there may be up to three clients per group.

The purpose of this group is to help the child deal with losses such as divorce and death which have occurred in their lives. It helps them work through their grief and aims to instil the feeling that each change in life, even if it is difficult, can be a new beginning.

### **Rainbows Group Objectives include:**

- Affirming that each person is special and unique
- Learning to identify their feelings around their personal loss
- Recognizing that confusion is natural when there is a loss but that one can rebuild an acceptable world for themselves
- Learning how to deal with anger in a healthy manner
- Helping the child discover ways of coping with their fears
- Assisting the child in sorting through their realistic and unrealistic guilt and helping the child begin to rebuild their level of trust
- Helping the child realize they have a choice to forgive themselves and to forgive others

- Assisting the child in identifying various people in their lives who fit into the category of “family”
- Focusing on new beginnings
- Helping each child to acquire the coping tools necessary to successfully handle crises as they happen
- Promoting the importance of believing in self and knowing that they possess the inner strengths to make themselves happier

## **6. *Multi-Disciplinary Process in Assessment, Consultation, Clinical Planning and Review Meetings***

It is our preferred practice to have at all clinical planning and review meetings the following persons:

- The child or Youth (client)
- Parent(s)
- Legal Guardian(s) if different from parent(s)
- Clinician/Case Manager
- Residential Child and Youth Workers
- Ministry Section Teacher and Child and Youth Worker
- Residential Manager
- Executive Director
- Probation Officer (if applicable)
- Children’s Aid Society Worker(s) (if applicable)
- Community School Personnel (if applicable)
- Other Agency Personnel if working with the Child or Family

Preferably within one week of admission, an initial Case Planning Conference meeting is held to discuss details of the *Plan of Care Agreement for Service*. The Plan of Care document is based on the principles of client-centred planning and identifies the specific services/supports received by the child, youth, and family during their involvement with the residential program.

At the Case Planning Conference, a meeting schedule is set for future clinical review meetings. These meetings occur every month (30 days) or more often if there is a

request to do so. At each Review Meeting the Plan of Care is reviewed to ensure progress is being monitored and evaluated by all parties and that the most and least effective treatment modalities are being noted.

Psychological and Psychometric assessments for youth are purchased through a private firm when required, as part of the youth's plan of care. The consulting Clinical Psychologist for Children's Mental Health Services provides consultation services to residential program and day status youth and families and clinical team as required and identified in the Plan of Care (Assessment, Diagnosis, Treatment Planning/Medication Review).

## **7. Section School Program**

The Hastings and Prince Edward District School Board and Children's Mental Health Services have established a mutual agreement to provide a Ministry Section classroom on site at Honeywell House Residence. The program is provided through Children's Mental Health Services who provide the physical space and a Child and Youth Worker to the program. The Hastings and Prince Edward District School Board provides the program with a full-time classroom teacher and an Educational Assistant who are supervised by the principal of the host school (Harmony Public School). The treatment staff and educators function as a team, both within the school setting and with the broader multidisciplinary team.

The Ontario Student Records of the students attending the school are held at Harmony Public School.

### **Philosophy**

The educational and treatment services associated with the section school program are designed to approximate, as closely as possible, the normal daily school routine of children/youth. The program offers a range of educational and therapeutic activities appropriate to the learning style and achievement level of the children and youth served.

The school program is designed to provide a continuum of educational and therapeutic services for children and families involved in the residential treatment or day status program. The goal of the program is to help children learn the skills and coping strategies necessary for a successful reintegration into their school and community. Accordingly, the program is organized to provide time-limited, client centered, strength-based therapeutic services that considers the individual within their whole context, respecting the child/youth's specific needs and preferences. Evidence-informed interventions are used to address specific treatment goals within the context of an individual's treatment plan.

The section classroom services include academic and treatment planning that is individualized, strength based and goal oriented. In addition, these services are delivered in a culturally appropriate and accessible manner in order to meet the diverse needs of students including those who live in rural, remote or underserved communities.

Upon entry into the school program each child/youth's social, emotional, academic and physical needs are considered when developing their individual plan. The child/youth's community school and teacher are contacted to provide input to assist us in developing programming that is consistent with that of the community school.

The classroom teacher completes assessments in the areas of numeracy and literacy so as to assist in creating individualized academic programming. Previous psychological or psychometric assessments are reviewed so as to incorporate applicable recommendations.

The program concentrates upon the following:

- The development of academic skills
- The development of positive classroom behaviors and work habits
- The acquisition of social skills
- The improved ability to engage in constructive interpersonal relationships
- The enhancement of self-respect
- Embracing the use of assistance technology to support communication and access to the curriculum and learning for all students

The section classroom program places the individual and/or family's needs at the center of all considerations, respecting the uniqueness of each individual and engaging the child/youth and family in the treatment process. The educational and treatment staff of the school program recognizes the complex and unique needs of each student. Thus, program staff utilized an evidence-informed crisis intervention system (Therapeutic Crisis Intervention Program) to promote the use of positive, safe methods to intervene in crisis situations with children and youth at high risk.

An individualized Plan of Care is created and documented for each child and youth receiving residential or day status services. The Plan of Care is a mandatory document utilized to guide and monitor the intervention/treatment process. Additionally, it is mandatory to review this document regularly with the child/youth, family and/or members of the multidisciplinary team. These reviews occur monthly at a scheduled meeting which involves the student, parent/guardian, case manager, CYW commitment workers, teachers, classroom CYW, Residential Manager, Executive Director and any other support staff involved. It is this multidisciplinary team that reports on the student's progress, assesses the client's plan of care and establishes a plan for their eventual reintegration into the community school.

It is recognized that while some youth may be ready to leave the residential program, they may not yet be ready to return to their community school. For these youth – a day status program is offered. Day Status Program involves the Board of Education or parents transporting clients to the on-site school daily where clients continue with their school program and treatment plan. The family continues to participate as per the Plan of Care, in family and school meetings. Transition planning back to the community school is negotiated and formulated on an individual basis. Monthly meetings occur between the Board's Special Education Coordinators, the classroom teacher and the Residential Manager to monitor and plan for reintegration to their community school. It is the goal of the section classroom program to provide transition planning in and out of day treatment services that promotes continuity while ensuring a successful transition to a community school by offering supports to the child, youth and family to the fullest extent possible.

## **8. Recreation**

On a youth's admission to residence, a Leisure Skills Assessment is completed by his or her Child and Youth Commitment Worker. This assessment outlines the child's past experiences, attitudes and preferences towards recreational activities. This assessment forms the basis for recreational programming with clients.

Honeywell House offers a comprehensive recreational program. The recreation program includes community integration programs for clients and group recreational activities. Individual community integration programming is openly encouraged for all youth. Parents / Guardians are encouraged to enrol their child into community programs based on their Leisure Assessment findings that incorporate the child's strengths and goals. These activities may include swimming or music lessons, team sports like hockey, soccer, baseball or community groups like Brownies or Boy Scouts.

## **9. Health Services**

Prior to or on admission to residence, each child/youth has a physical examination with their family physician or community clinic to verify their good health and ability to participate fully in all programming and to verify their immunizations are current.

Every effort is made to have the child's personal family physician attend to any medical issues that may arise. For instance where the family does not have a personal physician, parent or guardian will be encouraged to use the after-hours clinic or the Emergency Department of Quinte Health Care. Child and Youth Worker staff will take the child for urgent medical care, with signed permission from the parent or guardian, during times where the parent or guardian are not able to or can not be reached.

The Health Unit for Hastings and Prince Edward Counties consults with staff and makes presentations to staff or clients on requested topics which may include: the management of headlice; nutrition as per Canada's Food Guide; TB testing and Tuberculosis; proper hand washing techniques; proper dental care; management of Juvenile Diabetes.

## **10. Follow-Up Program**

Gains made during a residential admission for both the client and family are maintained through active follow-up services on discharge which may include: continued family therapy sessions with the Case Manager; continued individual therapy with the child/youth; liaising with the community school to support the school plan.

In addition, the residential program offers families the opportunity to have the child's commitment staff work with the family in their home and/or community school to facilitate the success, for transition home. The commitment staff, Residential Supervisor, family and case manager will determine the necessity of such services and will work together to

formulate the goals. This will assist in ensuring that the gains made from the residential placement are maintained.

This program is flexible and is tailored to the specific needs/goals of the child and family. An Agreement for Service is established for a maximum period of 4 to 6 weeks. The Child and Youth Worker can be available to the home/school once per week. (This program is available only to families residing in Hastings and Prince Edward Counties.)

If support is deemed necessary on a more intensive level, an intensive in-home worker from the community team may be assigned to follow up with the family.

## RESPITE SERVICES

The residential respite services are designed for children, youth and/or families experiencing difficulties with psychosocial abilities, peer relationships, family interactions, social skills and community relations. The intended goal of these respite programs is to provide a therapeutic break while simultaneously providing an environment in which children/youth are presented with opportunities to develop skills/strategies based on their identified needs and strengths through the use of highly structured, supervised community based activities. These activities are designed to enhance self-esteem, improve social skills and increase the use of pro-social behaviours. These skills are developed with the intent of assisting the child/youth/family in transferring the developed skills into their future interactions and experiences.

## EVALUATION OF SERVICES

Honeywell House believes that being aware of the positive impact our services have on our client's overall lives is an important aspect of our work. This knowledge is gained in the following ways:

### Qualitative Evaluations:

- Every client engages with the residential team monthly to review goals, progress and to discuss any required changes to the treatment direction which is then recorded and initialled in the Individual Plan of Care document.
- All clients have specific goals for residential services which follow a four point scoring systems specific to each goal.
- Clients are rated on these goals during each shift. These ratings are then averaged and summarized in the monthly review meeting residential report. A final rating is given on discharge from the residential program.
- Every client has a residential discharge summary that outlines the client goals, what treatment approaches were successful or not successful, changes that occurred over the course of residential treatment and the plan for discharge.

### Quantitative Evaluations:

- Quantitative (outputs) data is collected to ensure the residential service is meeting our targets identified collaboratively with the Ministry.
- Agency services are evaluated on an annual basis as per our Continuous Quality Improvement Plan.
- Upon discharge from residence, clients are given a Client Satisfaction Questionnaire. The results of these are recorded and analysed.

Honeywell House will undergo periodic program review in consultation with the Ontario Centre of Excellence for Child and Youth Mental Health by reviewing "best practices in providing residential treatment."

## STAFFING

Honeywell House is staffed by experienced Child and Youth Workers (CYWs) who are either graduates of a recognized Child and Youth Worker Program or are deemed to possess equivalent qualifications by virtue of their post-secondary education and experience. Honeywell House staff are equipped with the training and skills necessary to provide professional, clinically appropriate responses to residential clients and their families.

Child and Youth Workers are encouraged to be registered with the Provincial body which monitors their profession.

The residence has one part-time Administrative Assistant to complete clinical file requirements and statistical record keeping as per Ministry and accreditation requirements.

The residence also has one full-time Program manager on-site to supervise all clinical, personnel and administrative responsibilities.

## DAYS OF SERVICE

Residential Services are available five days a week. (Sunday, 3:00 pm. to Friday, 7:00 p.m.)

## LOCATION

The Honeywell House Residence is located outside of Belleville, directly off Highway 37, north of Honeywell Corners. The residence is the second house on the right side of the highway, after the traffic light. It is a two storey red brick house with white siding and blue shutters. The civic (911) address is 1212 Highway 37.

### [Site Location](#)

1212 Highway # 37  
R.R. #1, Corbyville  
K0K 1V0  
(401 Exit Highway #37 – Drive north approximately 9 km.)  
Office Phone: (613) 967-0444  
Fax: (613) 967-8587  
E-Mail: [rtrumble@cmhs-hpe.on.ca](mailto:rtrumble@cmhs-hpe.on.ca)

**Mailing Address:**

Children's Mental Health Services  
3 Applewood Drive,  
Suite 300  
Belleville, Ontario  
K8P 4E3

**Program Contact:**

Roxanne Trumble-Elliston  
Program Supervisor Residential Services  
Office: (613) 967-0444  
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Cell: (613) 848-5313  
Email: [rtrumble@cmhs-hpe.on.ca](mailto:rtrumble@cmhs-hpe.on.ca)