The Polaris Program: Keeping Families Together
WHAT WE DID NEXT

• A dedicated working group
• Focus groups across the community
• Review of current literature
• Family stories
• Parent and youth engagement throughout
What Was Important to Families?

• Flexibility
• In home
• Respite
• Assessment
• Service Coordination
• Treatment
• Parent and family education
• Crisis support
• Community support
OUR INITIAL CONCEPT
INTENSIVE TREATMENT SERVICE

• HOME BASED - (FAMILY CENTRED)
• STARTS WHEN NEEDED
• OPEN ENDED (short, long, in between)
• INCLUDES COMPREHENSIVE ASSESSMENT
• INCLUDES CASE CO-ORDINATION (all the way through)
• INCLUDES SCHOOL (sec.21) - (but NOT NECESSARY)
• INCLUDES BEST PRACTICE THERAPIES
• INCLUDES RESPITE (in-home & out of home)
• INCLUDES CRISIS SERVICES
• FAMILY WORK BASED on the STAGES of CHANGE MODEL
• SERVICE FLOWS
• SERVICE titrates up/down
• TEAM STRUCTURE (ie. not indiv. case workers), includes mini-teams, frequent meetings
• SERVICE to FAMILIES, STRUCTURED AROUND INDIVIDUALISED TREATMENT GOALS & OUTCOMES
• INCLUDES PARENTAL MENTAL HEALTH SUPPORT
• Collaborative planning with SCHOOLS
<table>
<thead>
<tr>
<th><strong>Risks</strong></th>
<th><strong>Benefits</strong></th>
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<tbody>
<tr>
<td>Starting from a point of stretched resources. New skills for existing staff (high need for skill up).</td>
<td>Truly intensive treatment.</td>
</tr>
<tr>
<td>New program might be very popular because it is open ended/responsive/not tied to school. Could lead to increased referrals.</td>
<td>Responsive - starts when needed and when appropriate.</td>
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<tr>
<td>Hard to identify this group - admission criteria is multi-dimensional - might be subjective and hard to explain.</td>
<td>Multi-disciplinary - assessment and treatment.</td>
</tr>
<tr>
<td>Lots of time &amp; resources might be used on intake decision making.</td>
<td>Case managers are case managers - therapists are therapists.</td>
</tr>
<tr>
<td>EOL - hard to achieve - easy to get people in harder to get them out.</td>
<td>Team approach to care can facilitate overarching therapeutic approach.</td>
</tr>
<tr>
<td>Crisis/emergencies - difficult - no defined plans for overnight crisis support.</td>
<td>Family-based/home-based treatment can only work with parent support and involvement.</td>
</tr>
<tr>
<td>Investment to enhance day treatment has impact on day treatment kids.</td>
<td>Respite built into model and closed as needed.</td>
</tr>
</tbody>
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INTRODUCING

the

Polaris
program

Providing a circle of support for children and families.

🌟 Polaris: A bright, central, guiding star.

CARIZON

Inspiring Hope + Wellness in Our Community
The Polaris Team

1 Program Supervisor

1 Family Navigator

1 Child and Family Therapist

2 Family Support Workers

2 Family Respite Workers

1,000,000 Questions
And… Go!
Meet Abby
Abby’s Theory of Change

Parents support their child’s treatment needs

Parent work to support child

Child-focused work

Work with parents in the child’s home to:
- Model positive parenting strategies and approaches
- Transfer the child-centred approach into the home

Support with difficult behaviour
- Deescalate behaviours
- Develop child’s self-advocacy skills
- Develop child’s self-calming skills
- Develop general coping skills
- Build child’s sense of competency and self-esteem

CARIZON
family + community services
Our Long-Term Outcome

Families help children to reduce their mental health and behaviour symptoms, so that their children are successful in school and at home.

Children have addressed the underlying mental health and psychological issues and have developed a range of coping skills that they use to be successful at home and at school.

Families are strong, healthier, connected and stay together.

Families members, especially parents have the information and skills to support their child to be resilient in the face of their mental health challenges.
Families are strong, healthier, connected and stay together
Our Theory of Change

Everyday Parenting Scale – Families have a sense of emotional well-being, including psychological safety

Adult Hope Scale - Families are confident in their life skills and their abilities to cope with challenges

Self-advocacy Scale – Families are effective in advocating for their needs

Social Provisions Scale – families are able to identify and maintain access to formal and informal supports

ChyMH – child mental health outcomes
Our Evaluation Framework

Outcome Evaluation

Process Evaluation

Plan
Do
Act
Study
ONE YEAR LATER…
Demographic Profile of Children Served

GENDER OF CLIENTS

- Female: 29%
- Male: 71%

AGE OF CLIENTS

- 4 yrs: 3%
- 5 yrs: 9%
- 6 yrs: 15%
- 7 yrs: 6%
- 8 yrs: 20%
- 9 yrs: 20%
- 10 yrs: 21%
- 11 yrs: 6%
- 4 yrs: 3%
- 5 yrs: 9%
- 6 yrs: 15%
- 7 yrs: 6%
- 8 yrs: 20%
- 9 yrs: 20%
- 10 yrs: 21%
- 11 yrs: 6%

CARIZON
family + community services
Baseline Clinical Profile of Children Served

• ACEs score – average score of 5
  – top 4 ACEs - verbal abuse, feeling unloved, separated/divorced parents, family history of mental illness

• ChYMH Scales at admission:
Baseline ChYMH Clinical Profile compared to Provincial Norms

Stewart and Hamza *BMC Health Services Research* (2017) 17:82
### Profile of Families based on Social Isolation

<table>
<thead>
<tr>
<th></th>
<th>M(SD)</th>
<th>Norms</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Isolation Total Score</strong></td>
<td>*<strong>52.7 (11.0)</strong></td>
<td>**78.8 (10.4)**¹</td>
<td>24-96</td>
</tr>
<tr>
<td><strong>Attachment</strong></td>
<td>*<strong>8.2 (2.6)</strong></td>
<td><strong>13.2 (2.1)</strong></td>
<td>4-16</td>
</tr>
<tr>
<td><strong>Social Integration</strong></td>
<td>*<strong>10.2 (3.1)</strong></td>
<td><strong>12.5 (2.0)</strong></td>
<td>4-16</td>
</tr>
<tr>
<td><strong>Opportunity for Nurturance</strong></td>
<td>*<strong>10.0 (2.6)</strong></td>
<td><strong>12.8 (2.0)</strong></td>
<td>4-16</td>
</tr>
<tr>
<td><strong>Reliable Alliance</strong></td>
<td>*<strong>9.1 (2.7)</strong></td>
<td><strong>13.7 (2.0)</strong></td>
<td>4-16</td>
</tr>
<tr>
<td><strong>Guidance</strong></td>
<td>*<strong>9.7 (1.9)</strong></td>
<td><strong>13.4 (2.1)</strong></td>
<td>4-16</td>
</tr>
<tr>
<td><strong>Reassurance of Worth</strong></td>
<td>*<strong>7.1 (2.9)</strong></td>
<td><strong>13.4 (1.9)</strong></td>
<td>4-16</td>
</tr>
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¹ Norms from American Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) consortium of research studies. A high score indicates a greater degree of perceived support. ***p=.000

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Average of 3 close relationships, 6 hostile/abusive/strained/cut-off relationships

83% identified not feeling loved by their family or having unsupportive families
Clinical Profile of Parents/Families Served

- ACEs score – average score of 4
  - top 5 ACEs - verbal abuse, feeling unloved, sexual abuse, family history of substance use and mental illness
  - High levels of distress - 94% caregiver distress (ChYMH)
  - High levels of social isolation
  - Low levels of hope
  - Low levels of parenting confidence, competence and enjoyment
Timed

Phased
Our Paradigm Shift

Ill Children

Children with Illness

Families in Distress
Abby and the Bunny
OUR LEARNING

Don’t compromise on Assessment

Think treatment “phases” - not treatment length

Good children’s mental health workers do not necessarily equal good family mental health workers

Thinking that high acuity or high chronicity must mean high intensity of treatment is a trap

The program is an intergenerational trauma program and so we better know what we think about that

Consider how to explain a fluid program and where it fits in the system. It might be a bumpy ride.
OUR FUTURE

• Treat intergenerational trauma
• Support the mental health needs of parents
• Reduce social isolation/increase social support
• Engage community service providers
• Consider expanding the model for our families seeking day treatment
Abby and the Dandelions