



CHILD  
ADVOCACY  
CENTRE  
of Kelowna

# RESILIENT FAMILIES MENTAL HEALTH AND WELLNESS PROGRAM



## PURPOSE

A child who experiences trauma is at risk to develop long-lasting negative health and physical implications<sup>1</sup>. Fortunately, through effective support and intervention, a child can foster resiliency and grow from their trauma. Unfortunately, accessing timely, free, family-based therapeutic programs and interventions is challenging for most families. The gap in services is detrimental; if childhood trauma goes without proper support and intervention, healthy developmental stages may not be achieved, and the likelihood to experience or trauma or have negative adverse reactions later in life is increased<sup>2</sup>. The Resilient Families Program Coordinator (RFPC)\* provides counselling and support to children and families in crisis who would not otherwise receive supports promptly.

The RFPC also supports the on-site Multi-Disciplinary Team (MDT). The RFPC promotes a trauma-informed environment with embedded mental health values, factors that are effective for long-lasting, impactful, service delivery<sup>3</sup>.

\* The RFPC holds a Master's Degree in Social Work and is qualified to provide therapeutic services to children and families.

## HOW DOES IT WORK?

Families that access the CAC are first supported by the Child and Family Advocate. If the family consents to the MDT, the Advocate and RFPC collaboratively assess the family's unique needs and create a personalized plan. Assessments on a case-by-case basis are vital to client-centered work.

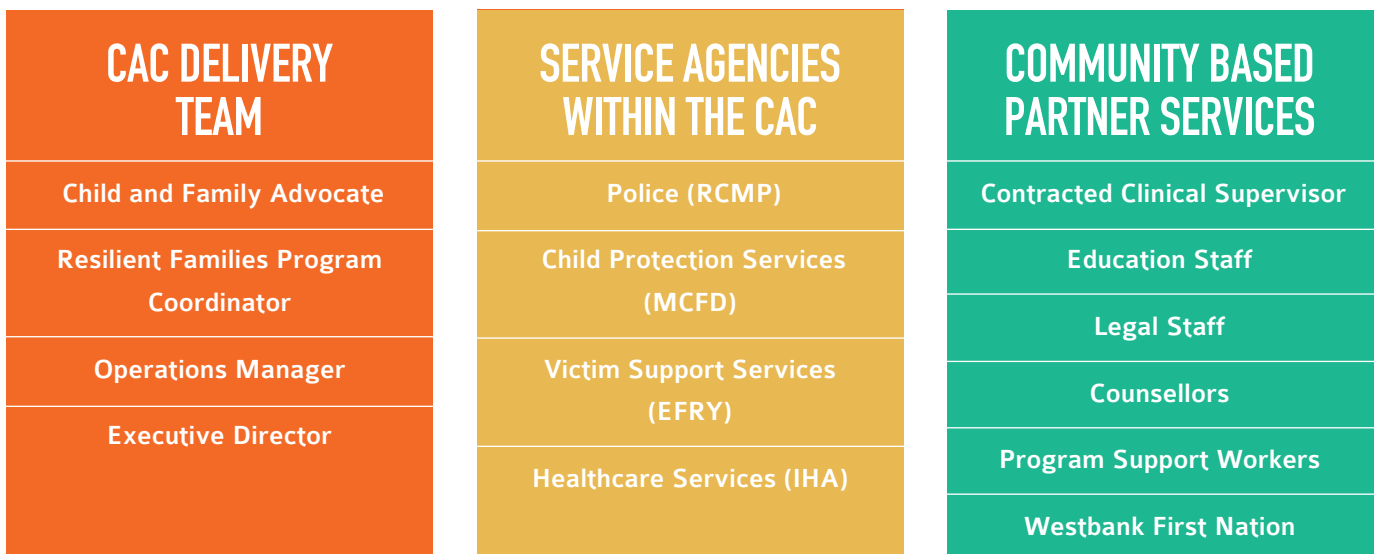
If it is determined that the family's needs cannot be met sufficiently from an agency in the community, the Advocate

provides the RFPC with a referral that contains the family's general information. Following the referral, the RFPC meets with the family ideally before they leave the CAC and an appointment is offered to commence counselling within one week. At the first counselling session, the RFPC meets with the non-offending caregivers and their children to begin outlining goals and therapeutic needs. Children experience their world in the context of family relationships; therefore, it is vital to include non-offending supports in the goal-setting process<sup>4</sup>. The RFPC is trained in multiple evidence-based treatments, including Trauma Focused-Cognitive Behavioural Therapy (TF-CBT), Family Therapy, and Play Therapy. The intervention that is shown to be most effective for the child's goals and needs is offered.

Services are available until the family has advanced their strength and resources, demonstrating the ability to address their concerns as a family unit, or until a longer-term solution can be provided in the community. If the family transfers to a new community agency, a consent form to release information will be offered, giving the RFPC authorization to provide pertinent file details to the new agency. If necessary, the RFPC will work with the family to ensure a smooth transition between agencies that avoids retraumatization.

Additionally, the RFPC provides ongoing consultation to the MDT, advocating for the family's needs, or providing mental health direction. The RFPC also addresses each team member's mental health, working to decrease vicarious and secondary trauma. Scheduled debriefings will be available following highly traumatizing files; workers will be given the opportunity to voluntarily disclose their experience and reactions.

## WHO IS INVOLVED?



## WHAT ARE THE OUTCOMES?

The goal of the Resilient Families Program is to offer immediate evidence-based therapeutic interventions that decrease the likelihood of a trauma impacting a child's development and relationships later in life. By offering timely services and supports, when children would otherwise be on long waitlists or left without appropriate services, this program prevents the development of harmful behaviour and mental illness in the child, as well as caregiver stress and isolation.

The RFPC focuses on the child and their non-offending caregiver, recognizing that effective healing is holistic and includes natural supports in the child's life. When supporting the caregiver, the RFPC will work towards empowering and educating, preparing them to leave counselling with the resources and skills necessary to help their child grow and thrive through their trauma. Through this process, the caregiver and child are given the opportunity to enhance their positive attachment styles, allowing for healthy development long after counselling.

An ongoing monitoring and evaluation system is used to ensure that mental health services continue to meet the needs of the community.

Through creating a trauma-informed supportive environment within the CAC, service providers have the capacity to combat vicarious trauma, feel supported, and better able to manage their caseload, ensuring the best possible services are offered to each family.

## HOW IS IT FUNDED?

As a core program of the CAC funding is sought from multiple sources to ensure balance and sustainability. These sources can include: grant funding from government agencies and private foundations, corporate partnership and community based fund raising initiatives.



<sup>1</sup> Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258.

<sup>2</sup> Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T., ... & Bonner, B. L. (2004). Parent-child interaction therapy with physically abusive parents: efficacy for reducing future abuse reports. *Journal of consulting and clinical psychology*, 72(3), 500.

<sup>3</sup> Families matter: A framework for family mental health in British Columbia (2012). Retrieved from <https://familysmart.ca/files/Family-Mental-Health-Framework-.pdf>

<sup>4</sup> CAC directors' guide to mental health services for abused children (2008). Retrieved from [https://www.nctsn.org/sites/default/files/resources/cac\\_directors\\_guide\\_mental\\_health\\_services\\_abused\\_children.pdf](https://www.nctsn.org/sites/default/files/resources/cac_directors_guide_mental_health_services_abused_children.pdf)

