

BECAUSE

of
MOM

2016/2017
ANNUAL REPORT



CHILD
DEVELOPMENT
INSTITUTE

Because of you, we are helping transform
the lives of children, youth and their families.
Thank you for your support of our mission.

#Becauseofyou
childdevelop.ca



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why INVESTING in
CHILDREN'S

MENTAL HEALTH matters

- **1.2 million** children and youth in Canada struggle with **mental health** issues.
- Signs of **mental health issues**:
 - Frequent outbursts of anger and rage, withdrawn behaviour, destructive behaviour, habitual bullying, hopelessness and avoidance of family and friends
 - Poor performance at school
 - Problems in multiple settings (home, school, community)
- **What happens if childhood mental health issues are left untreated:**
 - Short-term: depression, school dropout, juvenile delinquency and substance abuse
 - Long-term: illiteracy, violence, criminal behaviour, underemployment and family breakdown
- **We have an opportunity to support children and youth before their symptoms worsen, helping them learn self-control, problem-solving and coping skills.**

There are currently over one million children and youth in Canada whose lives, and those of their families, are impacted by mental health issues. An estimated 14 per cent of these children experience significant symptoms and impaired functioning, which affect their interactions at home, school and in their community.

The consequences for children and their families who do not receive adequate and appropriate treatment affect us all. We know that four out of five children who need help for mental health concerns never receive it, and the consequences include incidences of depression, school dropout, juvenile delinquency and substance abuse. Long-term implications that last into adulthood include illiteracy, violence, criminal behaviour, underemployment and family breakdown.

Children who receive the support they need early in life are better able to cope, regulate their emotions and build stronger and more positive relationships with their families and peers.

CDI provides responsive, family-centred, evidence-based programs when they are most needed: during childhood and adolescence. Through our early intervention approach, we provide families with the skills needed to discover their own strengths and abilities, leading to lasting, positive change.

Because of you, many of the necessary resources and supports are available for these children, youth and their families.

Message from our Board Presidents

The theme of this year's annual report, *Because of You*, acknowledges the contributions of all the partners who help our CDI team do what they do every day: make lasting change in children's mental health.

OUR FAMILIES

The work our clinicians do with families requires a strong level of commitment on behalf of parents and children. As part of their treatment plans, they must make time to attend weekly group sessions and/or regular one-on-one or family counselling sessions, in addition to modelling new parenting techniques at home. Without our families' daily efforts to learn, experiment and adapt, it would be impossible to effect change.

OUR TEAM

At CDI, we have a team of nearly 250 staff and volunteers, most of whom are social workers, early childhood educators or early childhood assistants. Service excellence, collaboration and responsiveness are three of CDI's service pillars and the staff exhibit these qualities each and every day. Our mission is to help transform the lives of children, youth and their families, and the CDI team works to achieve this goal with each client we serve.

OUR DONORS

CDI delivers evidence-informed children's mental health programs across the city of Toronto, and is working to expand the award-winning Stop Now And Plan (SNAP®) program to communities that need it most across Canada. Last year, we provided our innovative mental health programs to over 3,000 children and families at little to no cost to them, and this is thanks to the incredible generosity of our donors.

Because of you, we are helping to make a difference when it matters most: during childhood and adolescence. Thank you for your generous and continued support.



Karen Mann
President,
Child Development
Institute



Susan Paterson
President,
Child Development
Institute Foundation



Message from the CEO

This has been a very exciting year for the team at CDI. The children's mental health sector is going through significant transition, and we are pleased to be at the forefront as change leaders.

DELIVERING ACCREDITED CHILDREN'S MENTAL HEALTH SERVICES

We began the 2016/2017 fiscal year by welcoming a team of accreditors with the Canadian Centre for Accreditation (CCA), who conducted a third party review of our programs and services. In accordance with our membership with Children's Mental Health Ontario, we participate in an accreditation process every four years to ensure our organizational practices promote ongoing quality improvement and responsive, effective community services. We received an excellent accreditation score, and are now pleased to offer one of three accredited Youth Engagement Programs in all of Ontario.

OUR STRATEGIC DIRECTIONS AND GOALS

In August, we began implementing CDI's new Strategic Directions and Goals after a lengthy consultation process with staff, stakeholders and the Board of Directors. Led by strong vision and mission statements, CDI's new strategic directions will shape our approach to service delivery and program development with a continued focus on thought leadership, innovation and a commitment to excellence. Over the next two years, CDI will focus on the following three priorities:

- No. 1: Building a stronger service system
- No. 2: Developing and disseminating innovative programs
- No. 3: Positioning the organization for the future

In order to fulfill our new goals we will continue to strengthen and refine our model programs. The scaling of these programs including SNAP, Mothers in Mind,

and Mindfulness Martial Arts are showing impressive results and we are confident that the ongoing research and fidelity will help to strengthen and enhance these programs.

You will see later in this Annual Report an impressive list of publications and presentations by our staff. We are very proud of the work CDI is doing in the area of applied research and the recognition, in the children's mental health space, as a true Centre of Excellence.

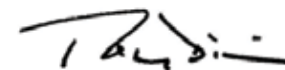
MOVING ON MENTAL HEALTH

As Ontario's children's mental health sector continues to transform under the Ministry of Children and Youth Services' Moving on Mental Health initiative, we are pleased to play a strong role in the move towards providing more accessible and responsive services to Ontario families.

Along with members of our management team, I am participating in several working groups that have been formed to determine best practices within the sector and outline a timeline and work plan for implementation.

We are working together to provide a better system for Toronto's most vulnerable families. In this time of change and transition, we are rising to the challenge.

Thank you for your support.



Tony Diniz
CEO



Our strategic directions and goals

CDI launched its new Strategic Directions and Goals in August 2016 after an intensive consultation process with staff, stakeholders and our Board of Directors.

Featuring strong vision and mission statements, CDI's new strategic directions will shape the agency's approach to service delivery and program development with a continued focus on thought leadership, innovation and a commitment to excellence.

VISION STATEMENT:

To make measureable lifelong impact on the mental health and well-being of children, youth and their families.

MISSION STATEMENT:

We transform the lives of children, youth and their families by developing and delivering world class, innovative, evidence-based mental health programs.

Over the next two years, CDI will focus on the following three priorities:

No. 1: Building a stronger service system

CDI will offer leadership and other contributions to strengthen services to children, youth and families and support integration and consolidation within the children and youth mental health system.

No. 2: Developing and disseminating innovative programs

CDI will broaden the reach and impact of its innovative and evidence-based programs that contribute to better outcomes for children and youth.

No. 3: Positioning the organization for the future

CDI will capitalize on its current strengths and capabilities and develop new capacity to ensure that we continue to be a high performing organization that is well-positioned for the future.

SUPPORTING AGILITY THROUGH ORGANIZATIONAL RESTRUCTURING

As part of our work to position CDI for the future, we have restructured our organization in order to better serve our staff and clients. To this end, we have united all of our clinical services under the leadership of one senior Director, which serves to **break down** silos across the agency and **encourage information sharing** across teams.

REACHING MORE CHILDREN, YOUTH AND FAMILIES THROUGH PROGRAM EXPANSION

In addition to maintaining the highest standards of operational quality and services, CDI is focusing on **program development and scaling for impact**.

Over the last year, we have made significant gains in the expansion of three programs created by our agency: Stop Now And Plan (SNAP), Mothers in Mind (MIM) and Integra Mindfulness Martial Arts (MMA).

Last year, the Government of Ontario announced plans to fund seven additional SNAP sites in the province, and CDI trained and supported these new implementation sites. The initial phase of our SNAP National Expansion Campaign is near completion, and we are now building

the infrastructure required to provide continued support to organizations and communities adopting our award-winning children's mental health program. The Campaign has been made possible with the support of individuals, foundations and corporations and is partially supported by the Government of Canada. **Please turn the page to learn more.**

Our Mothers in Mind program, which supports mothers who have experienced woman abuse or other trauma (e.g. childhood abuse, sexual assault, war) and have children under the age of four, is currently delivered by 18 affiliate sites across Ontario and several sites in Quebec and Australia. This year, we launched a partnership to deliver MIM as an embedded program supporting mothers and children involved with the Children's Aid Society of Toronto.

Integra Mindfulness Martial Arts, which helps address self regulation difficulties in youth ages 12 to 18 years who have learning disabilities and mental health challenges (LDMH), launched a pilot program in collaboration with the Cree Nation in 2016. Critical to the success of this pilot is our intention to adapt the program to meet the specific needs of this community by working closely with their leaders and ensuring the cultural and community needs of participants are met.



Research, program development, dissemination and scaling for impact

In 2016/2017, CDI continued to raise awareness about the importance of early intervention and support for children and youth with mental health challenges through contributions to peer reviewed journals and presentations across the world.

RECENT PUBLICATIONS

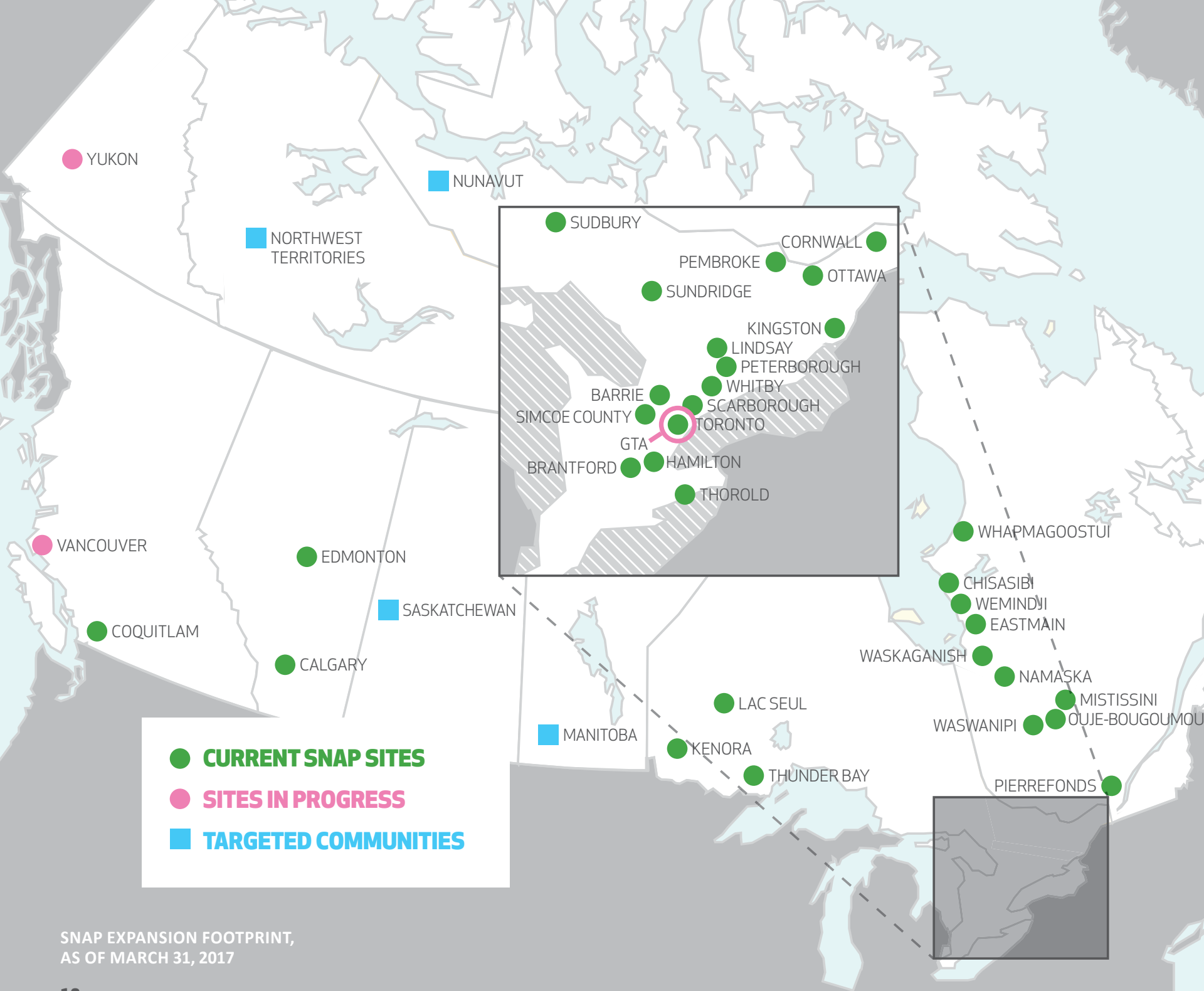
- Alaggia, R., Maiter, S., & Jenney, A. (2016). In whose words? Struggles and strategies of service providers working with immigrant clients with limited language abilities in the violence against women sector and child protection services. *Child & Family Social Work*.
- Augimeri, L.K., Pepler, D., Walsh, M., & Kivlenieks, M. (in press). Addressing children's disruptive behavior problems: A thirty-year journey with SNAP (Stop Now And Plan). In P. Sturmey (Ed.), *Handbook of violence and aggression: Assessment, prevention, and treatment of individuals* (Vol. 1). Wiley Publishing.
- Augimeri, L. K., Walsh, M., Donato, A., Blackman, A., & Piquero, A. R. (under review). The genesis of SNAP (Stop Now And Plan): How to effectively ensure children improve their self-control and reduce criminal contact. Special Issue – Advances in Research on Self-Control, *Journal of Criminal Justice*.
- Augimeri, L. K., Walsh, M., Enebrink, P., Jiang, D., Blackman, A., & Kanter, D. (under review). Gender specific childhood risk assessment tools: Early Assessment Risk Lists for Boys (EARL-20B) and Girls (EARL-21G). In R. K. Otto & K. S. Douglas (Eds.), *Handbook of violence risk assessment* (2nd ed.). Oxford, UK: Routledge, Taylor & Francis.
- Glover, S. & Phillips, M. (Feb 2017). How can educators help students be empathetic towards students with learning disabilities? Article posted on the LD@School website (best practices in LD Education). <https://www.ldatschool.ca/mental-health-well-being/a-t-e-empathy/>
- Jenney, A., Alaggia, R., & Niepage, M. (in press). The lie is that it's not going to get better: Narratives of resilience from childhood exposure to intimate partner violence. *International Journal of Child and Adolescent Resilience*.
- Jones, J.K., Minnes, P. & Phillips, M. (submitted to editor Feb 2017). Chapter 14: Developmental Disabilities. In Dozois & Firestone, (Eds.) *Abnormal Psychology: Perspectives* 6th Edition.
- Klymkiw, D. F., Milligan, K., Lackner, C., Phillips, M., Schmidt, L. A., & Segalowitz, S. J. (submitted Mar 2017). Does anxiety enhance or hinder attentional and impulse control in youth with ADHD? An ERP analysis. *Journal of Attention Disorders*.
- Milligan, K., Cosme, R., Wolfe-Miscio, M., Mintz, L, Woon, S., Gage, M. & Phillips, M. (Feb 2017; submitted for publication; April 2017 accepted). Integra Mindfulness Martial Arts Enhances Academic and Social Outcomes for Rural High School Students. *Contemporary School Psychology*.

- Phillips, M. (winter/spring 2017). Beyond Social Skills: Understanding and Supporting Social Competence in Children with Learning Disabilities. *Communique magazine*, Learning Disabilities Association of Ontario.
- Scott, S., Augimeri, L.K., & Fifield, J. (2017). Treatment and management: Early interventions in conduct disorder and oppositional defiant disorder. In Susan Bailey and Paul Tarbuck (Eds.), *Forensic Child and Adolescent Mental Health: Meeting the Needs of Young Offenders*. Cambridge University Press.

KEYNOTES, CONFERENCE PRESENTATIONS, POSTERS AND WEBINARS

- Alaggia, R., Jenney, A., Niepage, M. and Donohue, M. (2016, July). *How does resilience reveal itself in children exposed to intimate partner violence*. Presentation at the International Family Violence and Child Victimization Research Conference, Portsmouth, NH.
- Augimeri, L. (2017, February). *How to improve emotion regulation and self-control in children experiencing conduct problems and their families: The SNAP model*. Presentation at the Promoting Healthy Relationships for Youth: Breaking Down the Silos in Addressing Mental Health and Violence conference, London, ON.
- Augimeri, L. (2017, February). *That art of conducting structured professional judgement risk/needs assessments of students*. Workshop at the Promoting Healthy Relationships for Youth: Breaking Down the Silos in Addressing Mental Health and Violence conference, London, ON.
- Augimeri, L. (2016, October). *Capacity building for service providers and social enterprises*. Thematic panel presentation at the MaRS Discovery District Social Finance Forum, Toronto, ON.
- Augimeri, L. (2016, October). *Igniting impact: Mobilizing the private sector for good*. Presentation at LEAP: The Centre for Social Impact, Toronto, ON.
- Augimeri, L.K., & Philips, D. (2016, August). *SNAP – A strategy to prevent and reduce youth crime*. Youth

- Anti-Crime Trust – Youth Act (3-day series of presentations to government officials and ministries). George Town, Cayman Islands.
- Augimeri, L., Walsh, M., & Donato, A. (2016, November). *The genesis of SNAP (Stop Now And Plan) and the impact treatment intensity*. Panel Presentation at the American Society of Criminology Conference, New Orleans, LA.
 - Augimeri, L., Wash, M., & Donato, A. (2016, June). *SNAP and future criminal outcome: A case for intervention during the middle years*. Presentation at the International Association of Forensic Mental Health Services Conference, New York, NY.
 - Augimeri, L., Walsh, M., & Woods, S. (2016, June). *SNAP Youth Justice: Engaging justice involved youth through technology emotion regulation, self control and problem solving skills*. Poster session presented at the Ministry of Children and Youth Services Direct Operated Custody Facilities Clinical Forum, Toronto, ON.
 - Augimeri, L., Walsh, M., Woods, S., Latchford, C., & Murray, B. (2016, May). *Teaching justice involved youth to stop and think ‘in the moment’*. Presentation at the Ontario Association of Child and Youth Care Conference, Thunder Bay, ON.
 - Augimeri, L., & Woods, S. (2016, July). *SNAP Youth Justice*. Presentation at the Ontario Ministry of Children and Youth Services Management Committee Meeting, Toronto, ON.
 - Augimeri, L., Woods, S., Walsh, M., Mohamud, A., Latchford, C. (2017, January). *SNAP & SNAP Youth Justice*. Presentation at the Youth Justice Advisory Panel, Toronto, ON.
 - Cressman, K. (2016, August). *Calming the emotional storm: Understanding and supporting emotional dysregulation in students with LDMH*. Peer-reviewed workshop presented at Third Annual Educator’s Institute, Toronto, ON.
 - Glover, S. & Phillips, M. (2016, August). *Beyond social skills: Understanding and supporting social competence in students with LDMH*. Peer-reviewed workshop presented at Third Annual Educator’s Institute, Toronto, ON.
 - Golden, J., Phillips, M. & Walker, D. (2016, November). *High quality supervision as a model for change*. Solution Lab presented at Focus on Quality, CMHO Annual Conference, Toronto, ON.
 - Jenney, A. (2016, October). *Keeping Mothers in Mind: Trauma informed approaches to supporting mothers who have experienced violence and their young children*. Presentation at Collaborating Across Systems: Preventing and Responding to Domestic Violence against Women and Children, Vancouver, BC.
 - Jenney, A. and Niepage, M. (2016, April). *How does resilience reveal itself in children and youth exposed to intimate partner violence (IPV)*. Presentation at the Make Resilience Matter for Children Exposed to Intimate Partner Violence Symposium, Toronto, ON.
 - Klymkiw, D., Milligan, K., Segalowitz, S., Lackner, C., Michaels, C., Phillips, M., & Schmidt, L. A. (2016, May). *The Impact of anxiety on impulse control in youth with ADHD: An ERP analysis*. Poster presented at the 28th Annual Association for Psychological Science Convention, Chicago, IL.
 - McKeough, T., Gage, M., Mintz, L., & Wolfe Miscio, M. (2016, April). *From clinic to school: Delivering the Integra Mindfulness Martial Arts program within the Trillium Lakelands District School Board*. Workshop presented at the Summit on Children & Youth Mental Health, Toronto, ON.
 - McKeough, T., Slater, R., Phillips, M. & Morgan, A. (2016, October). *Fostering resilience and well-being: Bringing the Integra Mindfulness Martial Arts program to Hospital for Sick Children youth with diabetes*. Poster presented at the Medical Psychiatry Alliance Conference, Toronto, ON.
 - Milligan, K. & Manchester, J. (2016, October). *Attention and learning disorders*. Workshop presented at the Third Annual UTSC Mindfulness Summit, Toronto, ON.
 - Mohamud, A., Sewell, K., Webster, C., Fifield, J., & Kallis, J. (2016, June). *Program design and planning for teenaged boys can be aided through use of SAPROF: AV item relevance scores*. Presentation at the International Association of Forensic Mental Health Services Conference, New York, NY.
 - Morgan, A., Jurasek, D. & Phillips, M. (2016, April). *Improving emotion regulation in children with learning disabilities and mental health issues (LDMH): The Integra Young Warriors program*. Workshop presented at the 5th Annual Ontario Shores conference in Toronto, ON.
 - Phillips, M. (2017, March). *Beyond social skills: Understanding and supporting social competence*. Workshop selected for presentation at the Annual Solutions for Learning Conference, Burlington, ON.
 - Phillips, M. (2016, December). *Learning issues for school age children with autism*. Presentation at the Physician’s Panel, Geneva International Symposium, Toronto, ON.
 - Phillips, M. (2016, November). *Defining LDs in Ontario: A historical perspective on our psychology community*. Presentation at the Definitions, Diagnosis and Disputes in Learning Disabilities: Towards Unified Practice in Ontario Dorothy Hill Symposium, Toronto, ON.
 - Phillips, M., Glover, S. & Scully, J. (2016, November). *Improving wait times: An innovative assessment and consultation clinic model for children and youth with complex needs*. Workshop presented at Focus on Quality, CMHO Annual Conference, Toronto, ON.
 - Sewell, K. (2016, November). *The development of a SNAP model of clinical supervision*. Presentation at the Annual CMHO conference, Solution Lab on Supervision, Toronto, ON.
 - Walsh, M., Woods, S., Augimeri, L., & Chabbert, P. (2016, November). *Working with Indigenous communities to adapt an evidence-based model*. Panel Presentation at the American Society of Criminology Conference, New Orleans, LA.
 - Woods, S. (2016, November). *SNAP Youth Justice model*. Presentation at the Roy McMurtry Youth Centre Direct-Operating Working Group, Brampton, ON.
 - Woods, S., & Sutherland, J. (2016, June). *Engaging justice involved youth and their families*. Presentation at the Youth Worker Symposium, Toronto, ON.



SNAP EXPANSION FOOTPRINT,
AS OF MARCH 31, 2017

SNAP National Expansion Campaign scales up

MOVING INTO PHASE II

As of March 31, 2017, the SNAP National Expansion Campaign was at 90 per cent of its \$12M goal. Having reached over 30 affiliate sites in five provinces, CDI's SNAP team and community partners are working hard to ensure that at-risk children and youth across Canada are given timely and equitable access to this life-changing program.

There is still much to be done as CDI works to ensure that Canada's young people and their families benefit from SNAP's unique continuum of care. Over 2017, we will work to increase investment to implement and sustain SNAP in Canada's highest risk communities.

By changing the life trajectories of over 20,000 high-risk children in a total of 140 communities across our country, the SNAP National Expansion Campaign will help these young people reach their full potential while saving \$3 billion in criminal justice costs alone.

HIGHLIGHTS FROM 2016/2017

- CDI supported seven full SNAP implementations across Ontario through a **\$10M investment** by the Ontario Ministry of Children and Youth Services (MCYS).
- A generous and timely investment from **The Slaughter Family Foundation** has provided CDI with the resources to develop, in collaboration with Indigenous leaders, a culturally safe framework for taking SNAP to their communities over the next five years.
- SNAP was implemented in **Lac Seul First Nation**, a remote Ontario community located halfway between Winnipeg and Thunder Bay.
- Through a unique partnership with **Cisco** and **TakingITGlobal**, we have started offering SNAP in an Indigenous site in Carcross, Yukon.
- We received preliminary outcomes from a long-term study of **1,076 participants**, revealing that an estimated **80 per cent** of SNAP graduates have no criminal record in adolescence and adulthood. These are excellent outcomes, particularly since research shows that, without intervention, **children under 12** engaging in anti-social activities have a high probability of continuing this behaviour into adolescence and adulthood.



SNAP is a proven mental health program that teaches children with behavioural problems, and their parents, how to make better choices “in the moment.” Visit stopnowandplan.com for more information on SNAP and the National Expansion.

Our donors

2016/2017 Annual Campaign Donors

Donations received April 1, 2016 – March 31, 2017

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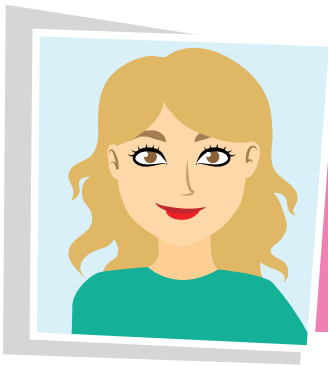
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“It can be lonely when your child is in trouble. When we found CDI, everything changed. We found our community.” – Julie, parent

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We would like to pay tribute to the following individuals, corporations and foundations, who have cumulatively given or pledged more than \$25,000 to the SNAP National Expansion Campaign:

\$100,000 +

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Tami and George Cope
E.W. Bickle Foundation

\$25,000 – \$49,999

Lyn and Sandy Baptist
Colette and Thomas Barber
Karen and Donald Lang
The McLean Foundation
SmartSimple
Cecilia Zimmerman and
Brandon Snow

It begins and ends with our families...

Our 2016/2017 annual report tells the story of three families as they follow their paths through treatment at CDI across our four program streams: Early Intervention Services, Family Violence Services, Healthy Child Development and the Integra Program. These stories are a composite of the lived experiences of the children and families our clinicians support.

These journeys highlight important milestones families experience in seeking treatment for their children, including:

- Deciding to seek support from a service provider
- Getting a referral for CDI services
- Awaiting intake for services
- Participating in treatment
- Obtaining a diagnosis, or learning more about their child's unique challenges
- Transitioning to other CDI programs as the child continues to grow and experience new difficulties, or a family's situation worsens
- Moving on from CDI services

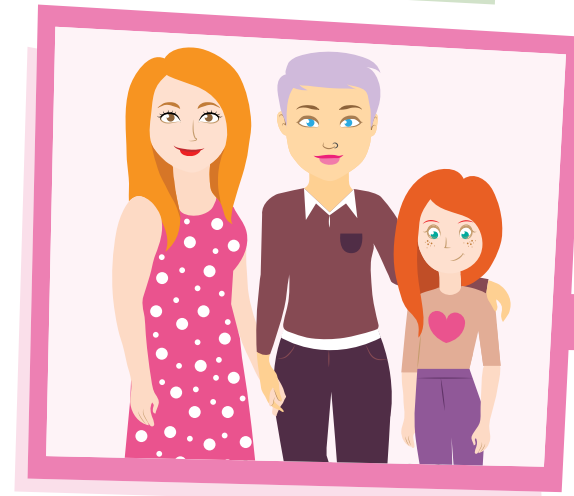
Beginning treatment with CDI requires a great deal of commitment on the part of a family. Many of our group programs involve both parents and children attending weekly group sessions for an average of 10 – 12 weeks, in addition to modelling parenting techniques at home.

That is why we have entitled this year's annual report *Because of You*. It is through the commitment, perseverance and dedication of families that we are able to work together to help them transform their lives. Despite the many obstacles they are experiencing, they are the ones showing up every day to do the work, advocate for their children and make important changes in their lives.

We are honoured to be a part of this important process. Over the last year, we have had the privilege of delivering our innovative and evidence-informed programs to more than 3,000 children, youth and families, helping them to create lasting change.

It is important to remember that the healing process is not linear. Not every family at CDI experiences a clear and simple path through treatment; in some cases, a family may enter into service and then due to an unforeseen setback or change in circumstances (i.e., changes to housing, family dynamics, finances, location, etc.), they may need to discharge from service, either temporarily or permanently.

Track these families throughout the annual report as they progress through CDI services.



Follow Nur and Luna's journey through Healthy Child Development and Early Intervention Services

Nur (4 years old) and her family immigrated to Toronto from Turkey at the beginning of the school year. They moved to the Thorncliffe Park neighbourhood, and Nur soon began attending Fraser Mustard Early Learning Centre's (ELC) Before and After Kindergarten Program.

Designed as a new model in childcare and school integration, the Fraser Mustard ELC is located in the

Fraser Mustard Early Learning Academy, Canada's largest all-kindergarten school. By situating the Centre within a school setting, early childhood educators, teachers and school staff have the unique opportunity to work together in a collaborative early learning environment.

Nur's mom, Luna, has been very open with the ELC staff that the move has been challenging for her family,

especially Nur. Finances are a struggle, and as a result, adjusting to life in Canada has been very difficult. There is a lot of stress in the family home. Luna is most worried about Nur as she struggles with daily anxiety when leaving home to go to the Centre.

Follow Hannah's journey through SNAP and Integra services

Hannah (11 years old) struggles to fit in at school and is in constant conflict with her peers and teachers. She has meltdowns at home that include conflict, but also involve yelling, crying, and sometimes even ripping up school work or throwing things around her room.

At school, Hannah sits with her hair in her face not answering the teacher. She plays on her phone in class and yells and pushes the desk if the teacher confronts

her. She often ends up having to leave the classroom and is at risk of suspension.

Hannah likes to hang out with an older crowd that often skips school, and she regularly stays out late to avoid her chores and homework.

As a result of her behaviour, Hannah has a strained relationship with her parents, and the family is barely speaking.

Due to the challenges Hannah experiences at school, her teacher recommends that she participate in CDI's SNAP Girls program.

SNAP Girls is a family-focused, gender-specific early intervention program for girls ages 6 – 11 exhibiting disruptive behaviour problems at home, school and in the community.

Follow Sima, Maria and Lon's journey through Family Violence Services

Sima and her two children, Maria (7 years old) and Lon (15 years old), first arrived in a downtown shelter after things became too dangerous at home. They fled in the middle of a cold January night, leaving everything behind.

Maria and Lon start at a new school the following week, while Sima spends her days balancing the never-ending stream of meetings with lawyers and representatives from Toronto Police Services and Children's Aid Society.

Getting used to the shelter environment while processing the effects of trauma can be very difficult for families

who have experienced violence at home. Through our Family Violence Services programming, we work together with families to provide them with skills to cope with the challenges they're facing and begin the healing process.

about

EARLY

INTERVENTION

services

Through our Early Intervention Services, CDI provides children's mental health services for children under the age of 12 who require assistance with identified difficulties, such as socio-emotional or behavioural problems. Our programs are family-centred, and we work with families to assist with parenting challenges and help manage family relationships.

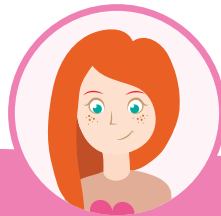
Many of the families we serve have experienced trauma or abuse, domestic violence, family breakdown or other issues that affect healthy childhood development. These children often experience conflict at school or in childcare, difficulties with peers and family members and issues related to anger management, impulsivity and/or developmental difficulties.

Many parents face unique challenges with their children and are known to benefit from specialized child management and parenting skill development while building a stronger parent-child relationship. Our approach

is family-centred and parents are involved throughout their child's participation in our programs.

We offer both treatment and prevention programs for children and their families available at our locations in schools and within the community, including SNAP, anxiety programs and school-based programs, among others.

Independent evaluation studies of our Early Intervention Services show that we are making a difference, generating positive results for children and families we serve, and for our community.



HANNAH'S FAMILY JOURNEY

Given Hannah's risk of a school suspension, the SNAP team prioritizes school support in her treatment plan. Her SNAP clinician conducts a classroom observation to assess Hannah's social, emotional and behavioural strengths and needs, and following this assessment, Hannah's family, teacher and SNAP clinician meet to discuss how she can be better supported at school.



MARIA AND LON'S FAMILY JOURNEY

Soon after arriving at the shelter in January, Sima and her family are referred to CDI for support. Maria and Lon meet with a School Liaison Worker who helps them get to know their new teachers and access supports at the school.

To learn more about the School Liaison Program, jump to page 42.



NUR'S FAMILY JOURNEY

At the Fraser Mustard ELC, Nur takes part in a rich, inclusive Before and After Kindergarten program that encourages children to become actively involved in their environment and with others. While Nur does her best to participate in the daily program, she continues to struggle with her social and emotional interaction with others.

To learn more about our Early Learning Centres, jump to page 26.

GET TO KNOW OUR

Early Intervention Services

CDI's Early Intervention Services include a variety of mental health programs to help children ages 0 – 12 and their families struggling with social-emotional or behavioural problems.

Our approach is family-centred, and parents are involved throughout their child's progression in our programs.

The next two pages contain a listing of our early intervention programs based on a child's age range and the challenges they are experiencing.



-  Prevention program
-  Intervention program
-  For parents only
-  For families
-  For children only

IN THE COMMUNITY

AGE 1 2

PROGRAMS FOR PARENTS OF CHILDREN AGES 0 – 6



Parenting Group for anxious preschoolers (PGAP)



Family and Community Counselling

IN THE SCHOOL

KINDERGARTEN

GRADE 1

2

3

4

5

6


7

 Start Right Social Skills

 Day Treatment Program (Section 23)

 ACT & ADAPT

 SNAP for Schools

 Day Treatment Program (Section 23)

 FRIENDS for Life

4

5

6

7

8



9

10



11








IN-HOME PROGRAM FOR CHILDREN AGES 6 - 11

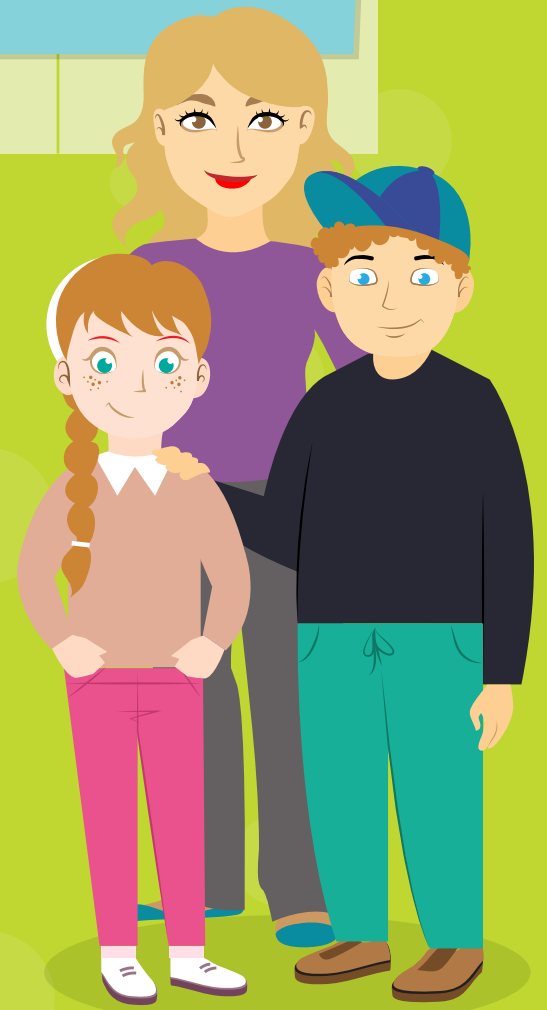
  Intensive Community Home Services

PROGRAMS FOR FAMILIES OF CHILDREN AGES 6 - 11

  Cool Kids Anxiety Program

  SNAP

   Camp Wimodausis



IN THE SCHOOL*

KINDERGARTEN

Prevention-based program for children experiencing:

- Social struggles
- Lack of confidence
- Impulse control

KINDERGARTEN, GRADES 1 – 7

For children experiencing:

- Emotional, social and behavioural challenges
- Inability to manage in the mainstream educational system

GRADES 1 – 7

To help children manage:

- Anger
- Group/peer pressure
- Bullying
- Social/emotional issues

Start Right Social Skills



This 10-week program is offered in partnership with the Toronto District School Board in over 20 schools across Toronto.

Day Treatment Program (Section 23)



Children are provided with a structured setting that helps them manage impulsivity and emotions, develop basic social and school-readiness skills and enhance self-esteem and awareness of themselves and others.

Students are taught using Individual Education Plans (IEP) which incorporate goals.

SNAP for Schools



A 13-week in-class program based on SNAP, CDI's award-winning early intervention model that teaches children struggling with behaviour issues, and their parents, effective emotion regulation, self-control and problem-solving skills.



GRADES 3 – 7

For children experiencing challenges with:

- Self-esteem
- Problem-solving
- Self expression

FRIENDS for Life



A 10-week in-class program that helps students learn skills to cope with stress and build emotional resilience.

GRADES 5 – 7

For children experiencing:

- Challenges managing their mood

ACT & ADAPT



Throughout the 20-week program children meet weekly in small groups during class time to discuss topics such as solving problems, making time for fun and identifying and changing negative thoughts.

IN THE COMMUNITY

PROGRAMS FOR PARENTS OF CHILDREN AGES 0 - 6

For parents of children who are:

- Inhibited
- Shy
- Anxious

Parenting Group for anxious preschoolers (PGAP)



This 10-week parent group is co-led by a Michael Garron Hospital (formerly Toronto East General) psychiatric expert in childhood anxiety and a trained CDI social worker.

For parents of children who:

- Are concerned about their relationship with their child
- Have children who are exhibiting social, emotional and behavioural or adjustment difficulties

Family and Community Counselling



Services may include: family therapy, parent counselling, parent-child interventions, parental guidance and support, in-home counselling support, liaison with schools and service coordination.

IN-HOME PROGRAM FOR CHILDREN AGES 6 - 11

For children demonstrating:

- Significant early aggressive, oppositional or defiant behaviours
- High risk for future antisocial behaviour and negative outcomes

Intensive Community Home Services



For families who would normally be considering a residential treatment program. Intensive Community Home Services workers engage with children and their families to complete a thorough assessment and develop a collaborative intervention plan. Intervention plans are highly individualized and may include: individual or family counselling; SNAP parenting strategies; home-based coaching and support; school support and advocacy; community support and life skills coaching.

PROGRAMS FOR FAMILIES OF CHILDREN AGES 6 - 11

For families with children who are:

- Exhibiting fears and worries that interfere with their daily lives

Cool Kids Anxiety Program



10 concurrent child and parent group sessions are delivered after school at Michael Garron Hospital (formerly Toronto East General).

For families with children experiencing:

- Poor self-control and problem-solving
- Difficulty with impulse control
- Bullying
- Anxiety
- Antisocial values and conduct
- Difficult parent-child interactions

SNAP



An evidence-based, cognitive behavioural, gender-specific model that provides a framework for teaching children struggling with behaviour issues, and their parents, effective emotion regulation, self-control and problem-solving skills.

Camp Wimodausis



A specialized SNAP summer day camp for children whose social and behaviour problems prevent them from attending other summer day camps.



Prevention program



Intervention program



For parents only



For families



For children only

**Child Development Institute's school-based programs are available in a limited number of schools. Please contact our intake line at 416-603-1827 for a list of participating schools.*



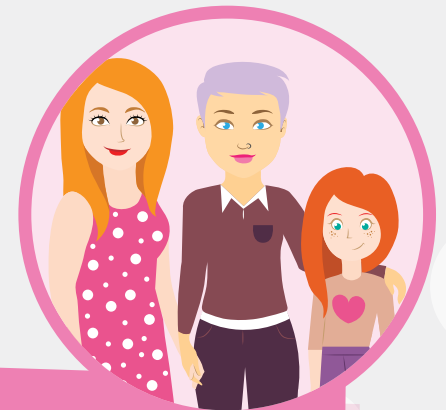
MARIA AND LON'S FAMILY JOURNEY

Maria and Lon work with Ashley, their School Liaison Worker, who helps them make a smooth transition into their new school. Ashley's focus is on supporting Maria and Lon's emotional, behavioural and social development as they adjust to the school environment.



NUR'S FAMILY JOURNEY

Nur is shy, withdrawn and quiet and is finding it hard to keep up in her kindergarten classroom. Nur's teacher recommends she participate in CDI's Start Right Social Skills program to help her better adjust to the classroom setting.



HANNAH'S FAMILY JOURNEY

Hannah begins learning self regulation activities through SNAP, and her teacher helps coach Hannah at school so that they can identify which calming activities are most effective. She also moves Hannah's desk closer to hers and permits Hannah to take breaks when she begins to feel agitated.

Strengthening the bond

Each year, the SNAP Girls team works with a carefully selected group of five or six mother-daughter pairings to focus on relationship building and improving communication within the family. The group, called Girls Growing Up Healthy, is available to girls (ages 9 and up) and their mothers, once they have completed the 13-week SNAP Girls group.

“Through Girls Growing Up Healthy, we are able to deliver the final core component in the SNAP Girls program to mothers and daughters once they have built a strong foundation of emotion-regulation skills from their first 13-week program,” says Erin Rajca, Manager of SNAP Girls and Anxiety Programs.

Over the course of nine group sessions, the Girls Growing Up Healthy team works with mothers and daughters who are experiencing conflict within the family, wanting to feel closer, struggling to make a connection with each other or suffering from a lack of trust within the relationship.

“The research shows that the quality of attachment between mother and daughter is a precipitating risk factor for the development of aggression,” Erin Rajca says. “Girls with an early history of aggressive behaviors are also at risk for unhealthy dating relationships, early sexual activity and unhelpful coping such as substance use. Girls Growing Up Healthy aims to enhance the quality of the mother daughter relationship as well as increase knowledge and equip families with skills to cope with each of these risk factors.”

Through Girls Growing Up Healthy, mothers and daughters learn active listening and mirroring techniques, in addition to the important roles that encouragement, validation and assertive communication play in developing a healthy relationship.

The group also engages in discussions about challenging issues the young girls are facing related to sexual health and their sexuality, personal boundaries and sexual harassment. These conversations help mothers learn how to support their daughters through their difficult transition to adolescence by keeping the door to communication open.

“We encourage moms to practice empathy and acceptance with their daughters by recognizing that while they may not agree with a decision their daughter has made, it’s important to understand her perspective,” Erin Rajca says.

CDI launched SNAP Girls in 1996 as the first-ever sustained, gender-specific program for behaviourally troubled girls and their families. Developed using the award-winning SNAP model, the program incorporates a feminist lens to recognize gender differences. The program components are similar to the SNAP Boys program, but there are important differences based on research and best practices for treating girl aggression, including a greater emphasis on communication and relationship-building.

“We encourage moms to practice empathy and acceptance with their daughters by recognizing that while they may not agree with a decision their daughter has made, it’s important to understand her perspective.”

– Erin Rajca,
Manager of SNAP Girls
and Anxiety Programs



MARIA AND LON'S FAMILY JOURNEY

Sima begins weekly counselling with the CDI Shelter Program Child and Family Clinician who helps her process the trauma she's experienced and supports Sima in developing helpful coping strategies.

An update on Nur and Luna

Through Nur's participation in Start Right Social Skills, her worker identifies the early signs of more significant social competency issues and discusses supportive treatment options with Nur's mother, Luna.

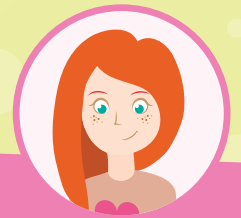
The 10-week Start Right Social Skills program provides special "play and learn" sessions during school hours for children having difficulty adjusting to the everyday demands of their regular classroom.

By providing structured opportunities for healthy social, emotional and peer learning, children develop the confidence and skills to deal more effectively with challenges in the classroom, playground and at home.

To learn more about our Early Intervention programs, return to page 18.



ABOUT THE HEALTHY CHILD DEVELOPMENT PROGRAM



HANNAH'S FAMILY JOURNEY

Hannah and her moms participate in concurrent SNAP groups. The SNAP technique helps them stay in control of their emotions so that they can respond to each other instead of reacting, which usually led to conflict in the past.

Why the early years matter

At Child Development Institute, we deliver proven programs that help children and families discover their strengths and abilities, access the tools they need to succeed and learn to overcome challenges.

Our five Early Learning Centres and the Parkdale-High Park Ontario Early Years Centre provide a high-quality early childhood education and care program. Our qualified registered Early Childhood Educators and Early Childhood Assistants work hard to provide an enriched learning environment that is safe and nurturing.

“For many children and their families childcare is their first group experience,” explains Carolee Crooks, CDI’s Director of Healthy Child Development. “Childcare staff are often the first to observe problems or delays in a child’s development. When we observe a child experiencing

difficulties, we work with the parents/caregivers to address the need by accessing resources to support not only the child but also their family,” she says.

Through CDI’s early intervention programs, our staff are able to identify early signs of delay in a child’s physical, social, cognitive or language development.

“By intervening early and providing children and families with the support they need, we are able to reduce the impact of early delays on the child’s overall development,” Carolee Crooks says.

- **Number of locations:** 5 Early Learning Centres + the Parkdale High-Park Ontario Early Years Centre (OEYC)
- **Early Learning Centres are located in:** Parkdale, St. James Town, Thorncliffe Park, The Annex and Swansea
- **Number of spaces in CDI’s Early Learning Centres:** 322
- **Number of children served this year in the OEYC:** 2,190
- **Through purposeful play and a learning environment that focuses on a positive relationship between the children and their teacher, children actively participate in their learning by:**
 - exploring
 - investigating
 - using language
 - experimenting
 - planning
 - developing independence and confidence



NUR’S FAMILY JOURNEY

Nur enjoys participating in Start Right Social Skills and has become more independent. However, while she is feeling more confident about separating from her mom each morning, she continues to struggle with developing social skills and engaging with other children.



MARIA AND LON’S FAMILY JOURNEY

Maria makes a new friend at school and is settling well into her classes. She meets with her School Liaison Worker once a week to talk about how things are going.

Our Early Learning Centres follow the Ministry of Education's program **How Does Learning Happen?** where teachers support children's learning through positive relationships.

A day in the life in the Toddler Room (18 months to 30 months) at our Early Learning Centres:

MORNING

7:30 - 8:30 a.m.

Children are dropped off at the Centre by parents or guardians

7:30 - 9:00 a.m.

Open snack and washroom routine
(many children in this age group are transitioning out of diapers to independent toileting)

9:00 - 10:00 a.m.

Learning activities/play time

10:00 - 11:00 a.m.

Outdoor play

11:00 - 11:15 a.m.

Group time (language activities, music experiences)

11:15 - 11:40 a.m.

Washroom routine/ready for lunch

11:40 - 12:30 p.m.

Lunch

AFTERNOON

12:30 - 1:30 p.m.

Rest/nap time

1:30 - 2:00 p.m.

Wake up/washroom routine

2:00 - 2:30 p.m.

Snack

2:30 - 4:30 p.m.

Outdoor play (longer outdoor play when the weather is nice)

4:30 - 5:30 p.m.

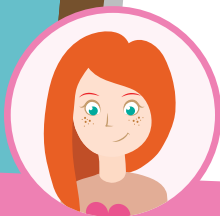
Washroom routine, snack, independent play

5:30 - 6:00 p.m.

Parents and guardians begin picking up children

6:00 p.m.

Centre closes



HANNAH'S FAMILY JOURNEY

Hannah's moms learn a variety of positive parenting strategies including effective communication and active listening skills which help them engage their daughter and learn more about Hannah's experiences, her perspective and feelings.

TOGETHER,

COMMUNITY

thrives



On the second floor of the community centre in the heart of St. James Town, laughter echoes through the hall as the children in the Wellesley Early Learning Centre begin their day.

With approximately 17,000 residents living in 19 high-rise residential towers, St. James Town is not only considered Canada's most densely populated community but also one of the most densely populated neighbourhoods in North America.

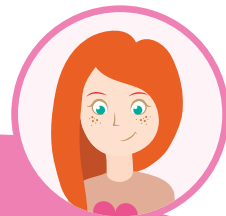
Located next to a public library branch and offering free classes in sewing, yoga, hip hop dance and other activities, the community centre serves as an important hub for local residents. The Wellesley Early Learning Centre is the heart of the community space with over 60 infants, toddlers and pre-schoolers participating in full-time childcare on weekdays.

"The majority of our families live in the neighbouring high-rises, and they learned about us through word of mouth," says Marlyn Allicock, Director of the Wellesley Early Learning Centre. "Since so many of the families we work with know each other from the neighbourhood, we have a really close-knit community at the Centre," she says.

This strong sense of community has translated into a very active Parent Advisory Group. The group, consisting of parents whose children attend the Centre, meets quarterly with the Director and the Family Support Worker. Parents share ideas about special activities or programs of interest to them such as a yearly dental clinic run by Toronto Public Health, story time sessions, cooking classes and other workshops.

St. James Town is a multicultural and multi-linguistic neighbourhood, where newcomers to Canada make up a large portion of the population. Children at the Centre build relationships with friends from all over the world including the Democratic Republic of the Congo, India, Nepal, Nigeria, the Philippines and Sri Lanka, and these friendships often continue on to junior kindergarten and beyond.

"I love the diversity we see at the Centre," Marlyn says. "We are exposed to so many different cultures and languages, and it's such a pleasure to see families from so many different places building such close bonds with each other."



HANNAH'S FAMILY JOURNEY

Hannah and her moms participate in Girls Growing Up Healthy, with the aim of enhancing their bond. Everyone reports positive changes such as feeling more connected and arguing less.

To learn more about Girls Growing Up Healthy, go back to page 23.

The Wellesley Early Learning Centre provides full-fee and subsidized childcare in a play-based early learning environment in the close-knit St. James Town community.



MARIA AND LON'S FAMILY JOURNEY

Together, Sima and her clinician work on putting the initial steps in place to begin healing from the violence. The intervention plan involves providing Sima with support as she copes with the toll the abuse has taken on both her and the children, building on positive coping and parenting strategies to manage the challenges she is experiencing.



NUR'S FAMILY JOURNEY

Nur is struggling with speaking up in groups, expressing her feelings and playing well with others, and her worker suggests that the family could benefit from participating in CDI's Family and Community Counselling program.

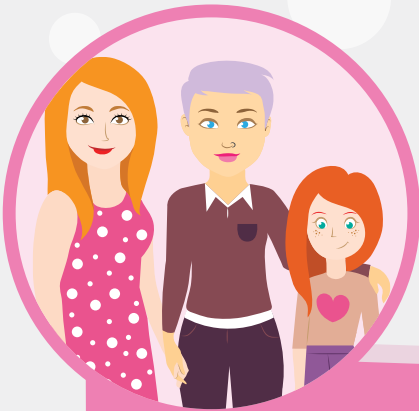
To learn more about our Early Intervention programs, go back to page 18.



MARIA AND LON'S FAMILY JOURNEY

Sima and her family begin attending Here to Help. This 11-week group program provides a safe and supportive environment for mothers and children to talk about the violence they have experienced so that they can process their emotions together.

To learn more about the Here to Help Program, jump to page 41.



HANNAH'S FAMILY JOURNEY

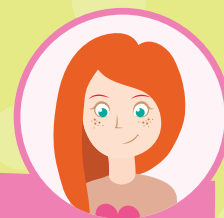
Despite making such great strides in her relationship with her parents, her teachers and her friends, Hannah continues to struggle at school. The SNAP team encourages her family to seek psychoeducational testing, which results in a learning disability diagnosis.

Hannah is referred to CDI's Integra Program, which provides evidence-informed, therapeutic programs and services to children, youth and their families who are dealing with mental health issues complicated by learning disabilities (LDMH).

To learn more about the Integra Program, turn the page.

about

INTEGRA



HANNAH'S FAMILY JOURNEY

Hannah and her parents attend the Integra Assessment and Consultation Clinic where they learn more about the impact of Hannah's learning disabilities and mental health challenges (LDMH) on school, home and family well-being.

To learn more about the Assessment and Consultation Clinic, turn the page.

CDI is the only accredited children’s mental health agency in Canada providing evidence-informed, therapeutic programs and services to children, youth and their families who are dealing with mental health issues complicated by learning disabilities (LDMH).

The Integra Program offers a unique approach to evidence-informed mental health intervention by putting the child or youth’s own learning profile at the centre of treatment. We begin by studying a child’s learning profile and then create a therapeutic program with a team of therapists and psychologists in consultation with the family. We tailor evidence-informed therapy practices to the child’s learning style and develop evidence-informed, innovative and effective new group interventions.

The following family-centred, direct clinical services are available to Toronto children and youth ages 8 to 18:

LD-Informed Therapy

We offer individual and family therapy and parenting interventions to improve mental health and well-being, to develop and implement effective coping skills, and to support family communication, problem-solving and understanding.

Integra Mindfulness Martial Arts (MMA)

This 20-week group program addresses self regulation difficulties in youth ages 12 to 18 through a combination of martial arts training and mindfulness meditation, yoga, Cognitive Behaviour Therapy and behavioral principles.

Integra Young Warriors (YW)

This 20-week group program for 9 to 11-year-old children integrates martial arts (Aikido), mindfulness practice and evidence-informed therapeutic practices within a “dojo” milieu to foster improvements in self-regulation.

Integra Social ACES (Awareness, Competence, Engagement and Skills)

Social competence is a complex and interconnected set of knowledge and skills that come naturally to most people, but can be a challenge for children with learning disabilities. In this 10-week group program, children and youth are matched carefully into groups of three to eight in accordance with individual emotion regulation and social competence needs and treatment goals.

Towhee Summer Residential Program

Located in Haliburton, Ontario, Towhee works with children and youth aged 10 to 18 years to improve social competency and self confidence, increase resiliency and build the skills required to manage intense emotions and behaviours.

Triple P (Positive Parenting Program) Group

Triple P is an evidence-based, group-format parenting program developed by the School of Psychology at the University of Queensland in Australia. Triple P is the most highly-researched parenting program of its kind worldwide, and its training methods have proven to be successful in improving parent knowledge, skill and confidence.

Community Education and Engagement Program

In addition to delivering clinical services to children, youth and families, the Integra Program also delivers interactive workshops and training to parents and caregivers, educators and other professionals looking to enhance their knowledge and empathetic understanding of the processing challenges faced by children and youth with LDMH.



NUR’S FAMILY JOURNEY

Through the Family and Community Counselling program, Nur and Luna participate in counselling tailored to their specific needs. The program is designed to assist parents concerned about their relationship with their child and/or who have children exhibiting social, emotional and behavioural or adjustment difficulties.

New Assessment and Consultation Clinic cuts client wait times

The Integra Program recently launched a new intake process to better serve clients. As part of the new Assessment and Consultation Clinic, Integra clinicians meet with families twice as part of the intake process. At the first appointment, the clinician meets with the family to determine needs, strengths and presenting problems for treatment.

Unique to the Integra Program, each family's second appointment begins with the addition of a staff psychologist, who joins the parents and clinician to translate the psychology assessment report information into everyday language.

The clinician and parents then meet to develop a treatment plan that includes referrals to one or more of the Integra programs.

This new system has resulted in a dramatic decrease to Integra's waitlist and a reduction in wait times for initial service, meaning more families are receiving the help they need when they need it.



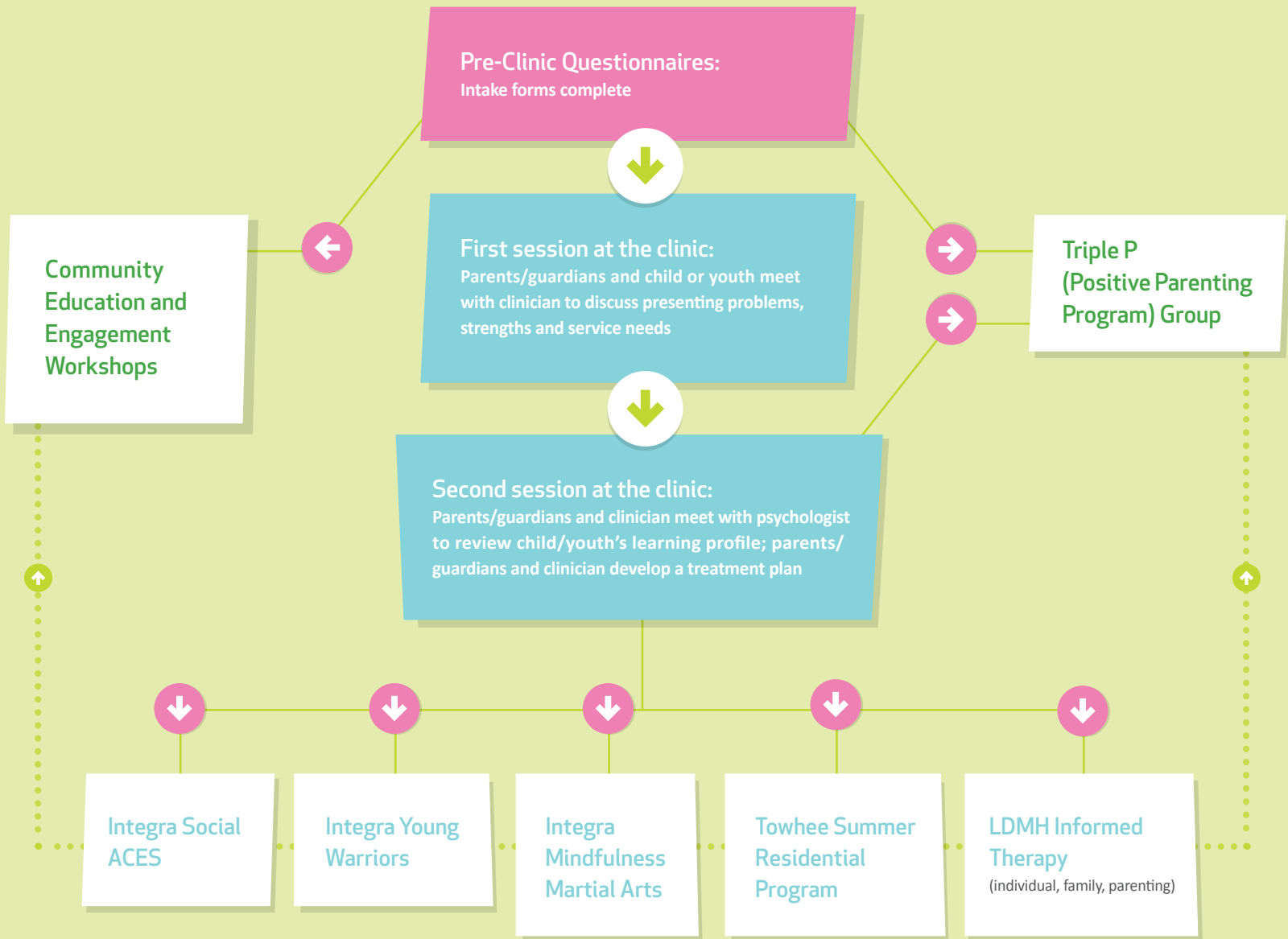
MARIA AND LON'S FAMILY JOURNEY

Lon learns about healthy relationships in the Here to Help program. "I learned that what happened at home wasn't my fault," he says.



HANNAH'S FAMILY JOURNEY

As part of her treatment plan, Hannah begins participating in the Integra Mindfulness Martial Arts program, where she learns martial arts training, mindfulness meditation, yoga and Cognitive Behavioural Therapy, all of which help her better cope with her feelings and persevere through challenging tasks and situations.



Building tailored treatment plans for children and youth with LDMH

Since its inception in 1968, psychology has been a core component of the Integra Program's approach to providing treatment for children and youth with learning disabilities.

"Through our Psychological Consultation Services, we examine the information contained in a child or youth's assessment report in order to adapt and tailor their treatment plan to their learning profile," says Dr. Ashley Morgan, Psychologist and Manager of Research with the Integra Program.

Typically, individuals with Neurodevelopmental Disorders (e.g., learning disabilities, Attention Deficit-Hyperactivity Disorder, Autism Spectrum Disorder and Fetal Alcohol Spectrum Disorder) undergo comprehensive psychological assessments in order to facilitate diagnosis, treatment and educational planning. These assessment reports are often available to service providers within the children's mental health sector; however, it can be difficult for families to interpret the technical language and understand how the findings are applied to mental health treatment planning.

At CDI, a psychologist works with families to translate the technical information into accessible language and discuss how the results of the assessment speak to the child's strengths and difficulties across a variety of everyday contexts (e.g., school, home, community and social relationships).

"Building an understanding of a child's learning profile and processing skills (e.g., processing speed, executive functioning, memory, attention, emotion regulation) leads to increased empathy in the child's parent(s), ultimately

leading to improved treatment outcomes," says Dr. Jenifer Scully, a psychologist with the Integra Program. "In addition, from the parent and child's perspective, understanding the child's learning profile is the first step in building advocacy skills," she says.

Following amalgamation with CDI in 2014, the Integra Program has been working with clinicians delivering other CDI programs to offer in-house psychological services to clients. For example, in November 2014, clients in the Day Treatment programs (i.e., students in the Section 23 classrooms) began receiving in-house psychoeducational assessments and consultations. In addition, each CDI program has the opportunity to receive two psychological consultations per year. Last summer, CDI also began providing in-house psychological consultation services to childcare centres as part of the City of Toronto's Every Child Belongs model.

"Our hope is to continue to build our capacity to offer psychological consultation services to all CDI clients who have received a psychological assessment in the past," says Dr. Marjory Phillips with the Integra Program. "We have seen many benefits from this service including improvements in parent, therapist and children's understanding of their learning profile and better-tailored treatments to fit with learning profiles."



NUR'S FAMILY JOURNEY

The Family and Community Counselling program supports Luna's family in coping with new situations and expressing their feelings. The program also supports Luna in exploring parenting strategies that will best help Nur and help Luna cope with their own stresses.

An update on Hannah

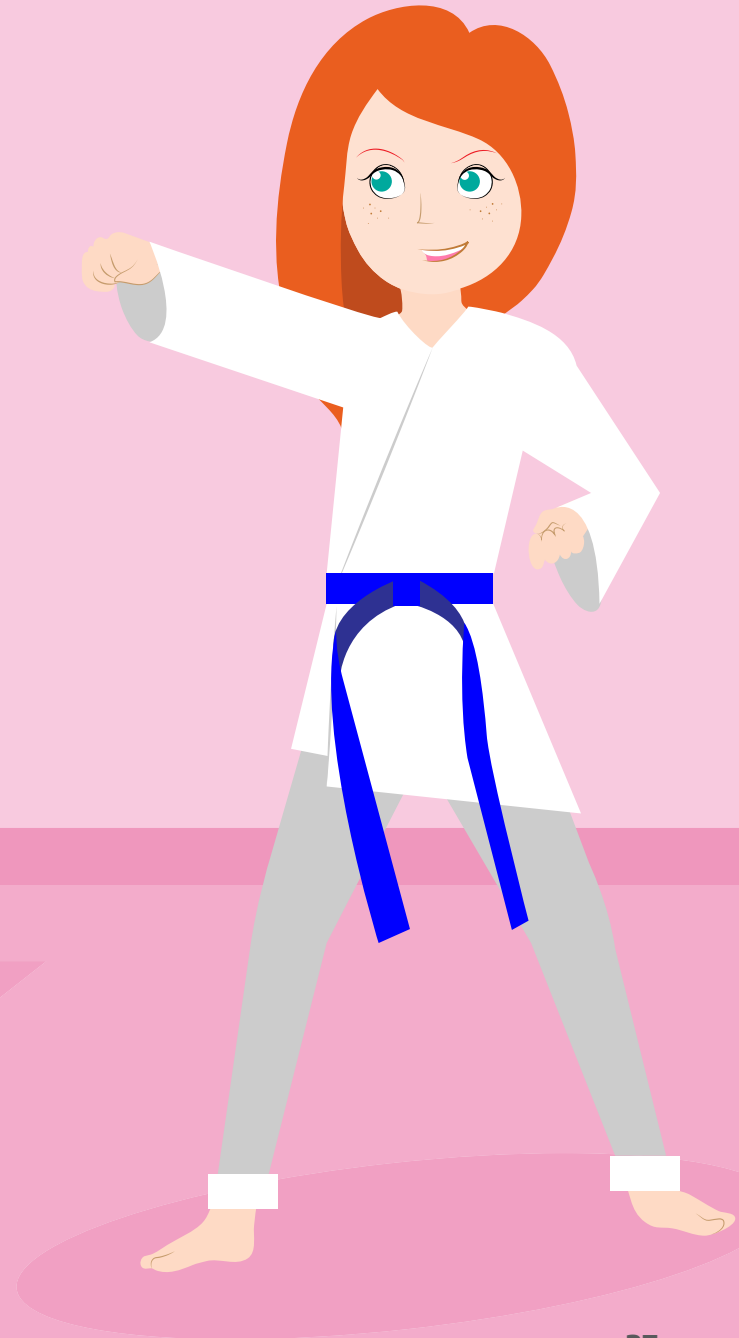
Since her intake with the Integra Program, Hannah is experiencing even more positive results from treatment.

Hannah is very bright both verbally and visually but struggles with executive functioning (i.e., her ability to keep track of things, organize them, initiate and monitor her progress) and her processing speed. As a result, she is often unable to show what she knows quickly and in an organized way, which can be very frustrating.

Her clinician worked in consultation with the Integra psychologist to tailor a treatment plan based on her learning style, which incorporates individual and family therapy, in addition to participation in Integra Mindfulness Martial Arts. This 20-week group program addresses self regulation difficulties in youth with learning disabilities and mental health challenges (LDMH).

Hannah begins one-on-one therapy with a clinician at the Integra Program, and she soon learns that her tendency to avoid school and chores is based on a “flight” reaction to avoid facing challenging situations. She also learns that she goes into “fight” mode when unable to avoid such a situation. The Integra clinician works closely with Hannah’s parents and school staff to ensure she is supported.

Hannah is changing her story from a “kid who doesn’t stick with things” to a hard-working and dedicated teenager who actively engages in treatment and always does her home practice.





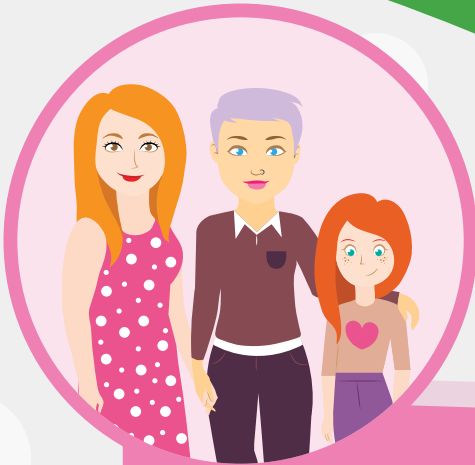
NUR'S FAMILY JOURNEY

Nur also continues to participate in the Start Right Social Skills program, which is helping her build up her confidence and skills to better deal with challenges in the classroom, playground and at home.



MARIA AND LON'S FAMILY JOURNEY

Sima feels her bond growing with Maria and Lon as she continues her work with CDI. She is learning parenting strategies and self-care techniques that are helping strengthen her relationship with herself and her children.



HANNAH'S FAMILY JOURNEY

Through individual therapy, Hannah is addressing her negative core beliefs about herself. Her parents also participated in the therapy on their own and with Hannah, and they now understand how Hannah's learning disability is playing a role in her conflict and outbursts. They now know Hannah isn't just being defiant but is often feeling anxious. Her parents have a lot more empathy for Hannah. Their relationship has improved dramatically, and Hannah is also experiencing more positive connections with her classmates and teachers.

about FAMILY VIOLENCE services

CDI provides programs to help women and children who have experienced family violence or other trauma. We also help children, youth and families who have been affected by childhood sexual abuse.

Violence happens in all types of relationships, including dating, same-sex, common-law or marriage, and it can also occur after a relationship has ended. Violence in families affects children and teens in a variety of ways. Some children may act out and have trouble making friends, while other children become quiet and withdrawn. Children may have trouble eating, sleeping

and concentrating at school. Violence may also introduce unique parenting challenges.

CDI's Family Violence Services offer group counselling programs, shelter services and specialized sexual abuse services to support women and children in healing from the effects of violence and abuse.

Mothers in Mind

Mothers in Mind is a group program for mothers who have experienced woman abuse or other trauma (e.g. childhood abuse, sexual assault, war) and have children under the age of four.

TOP SELF-COMPASSION QUOTE:

“Be gentle first with yourself, if you wish to be gentle with others.”

– Lama Yeshe

Here to Help

Here to Help is a group intervention program for mothers with children ages 4 to 18 who have experienced family violence.

TOP TWO FAVOURITE BOOKS READ IN GROUP:

1. *A Terrible Thing Happened*
by Margaret H. Holmes
2. *My New Best Friend*
by Sara Marlowe

Shelters Program

The Shelters Program provides immediate, accessible counselling services to mothers with children under 16 who have experienced family violence or sexual abuse, and are living in a shelter in downtown Toronto.

Our Shelters Program is offered in eight shelters in Toronto.

School Liaison Program

The School Liaison Program is a school-based program that supports children ages 4 to 16 living in CDI partner shelters and attending a new school.

TOP STRESS MANAGEMENT TECHNIQUE:

Making worry dolls

Taste of Home

The Taste of Home Program is a unique and innovative after school cooking program that helps children living in shelters develop a healthy lifestyle.

TOP THREE RECIPES PREPARED IN GROUP:

1. Kale chips
2. Cornbread muffins
3. Oven baked fried chicken nuggets

Child and Adolescent Services for Abuse and Trauma (CASAT)

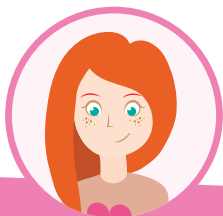
Together with our community partners, our CASAT program works to improve the lives of children and youth (ages 4 to 18 years) and their families affected by sexual abuse and trauma.

Many children use relaxation strategies during police interviews or in court to help feel more comfortable and relaxed while talking about hard things. The most popular ways to relax are:

1. Smelling lavender or peppermint oil
2. Playing with silly putty
3. Colouring mandalas
4. Beading

Number of children receiving support from Family Violence Services over the last year:

300+



HANNAH'S FAMILY JOURNEY

Hannah attends Towhee, a unique summer residential therapeutic program offered by the Integra Program. Towhee helps children and youth with learning disabilities and mental health challenges (LDMH) improve their social competence and self confidence, increase their resiliency and develop skills to manage intense emotions and behaviors.



NUR'S FAMILY JOURNEY

Nur receives support on how to be less anxious in new situations and builds up her confidence so that she is better able to positively engage with her peers.

Supporting children and families living in shelters



MARIA AND LON'S FAMILY JOURNEY

Sima and her family move into their own apartment. Sima continues her weekly one-on-one sessions at CDI. Maria and Lon's School Liaison Worker coordinates with their new school to ensure everything is in place when they begin classes in September.

It is estimated that in Toronto, more than 3,000 children stay in a shelter at least once during any given year, and more than half of these children are school-aged, between 6 and 16 years of age. Moving into a shelter can be a difficult and stressful time for families. They have likely moved into a new neighbourhood, enrolled in a new school and experienced the loss of friends, family and familiar things.

While shelters provide safety and security, children are still dealing with the difficult and complex feelings associated with trauma and transition. Parenting can also be difficult as mothers are often dealing with complex emotions and may struggle to know how to best support their children.

"We work with children who have had to suddenly flee everything that is familiar in their lives, and it can be a very difficult time," says Ashley Edlin, CDI's School Liaison Worker with Family Violence Services. "We help them learn to identify and cope with feelings of anxiety, sadness, anger, worry and shame, which, if left unaddressed, can sometimes result in behavioural issues in the classroom," she says.

CDI's School Liaison Program is a school-based program that supports children ages 4 to 16 living in CDI partner shelters who are attending a new school. Ashley works with children, mothers and shelter and school staff to support children during this transition.

"Our primary goal is to create a safe school environment for the children we work with," Ashley says. "We work with the children, their teachers and the school administrators to develop a safety plan so that everyone is supported in creating a safe and secure space for the child."

Ashley meets with the child and their mother to orient them to the school and is available at the school to support the child's emotional, social and behavioural development. This involves spending time at the school to help the child build on their social skills by supporting them during recess and helping them connect with other children at the school.

Ashley also works with a family once they transition into a new shelter or permanent housing to ensure the transition to their new school is as seamless as possible.

"It is so rewarding to know that I can be a support to families during a time of change and transition," she says.

NUR'S FAMILY JOURNEY

Nur graduates from the Start Right Social Skills program and continues to attend the Fraser Mustard Early Learning Centre. She has developed friendships with several of her classmates and is doing much better in the group-based learning activities at the Centre.



An update on Sima, Maria and Lon

Through her work with CDI, Sima is learning positive parenting strategies to support the unique needs of parenting after violence. She is also practicing self-care techniques she learned in group that are helping her cope and in turn best support her children.

As Maria and Lon work on processing the trauma they have experienced, they are gaining an understanding that they are not alone in their experiences.

As the family continues their one-on-one sessions with CDI clinicians and participation in Here to Help, they are recognizing an important point: they are not responsible for the violence they have experienced. This is a critical piece to their healing as a family, and it has had a profound impact on everyone's relationship with themselves and each other.



FINANCIALS

REVENUE	OPERATING		SPECIAL		CAPITAL		2017 TOTAL	2016 TOTAL
Government grants	\$	11,100,600	\$		\$		\$ 11,100,600	\$ 10,234,919
Childcare		5,446,185					5,446,185	5,236,213
Earned Income		1,260,287					1,260,287	896,863
Donations from CDI Foundation		898,190					898,190	865,859
United Way		389,137					389,137	394,837
Donations and other		358,419		6,532		6,180	371,131	235,860
		19,452,818		6,532		6,180	19,465,530	17,864,551
EXPENSES								
Salaries		13,293,338					13,293,338	12,009,733
Program		2,063,169					2,063,169	1,767,748
Employee benefits		1,975,252					1,975,252	1,737,040
Building occupancy		1,152,354					1,152,354	1,236,807
Administration		635,955					635,955	661,222
Staff training & travel		253,672					253,672	219,431
Amortization		11,600				12,180	23,780	31,595
		19,385,340				12,180	19,397,520	17,663,576
Excess (deficiency) of revenue over expenses for the year	\$	67,478	\$	6,532	\$	(6,000)	\$ 68,010	\$ 200,975

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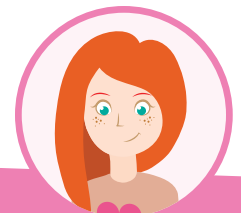
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Director, Integra Program



NUR'S FAMILY JOURNEY

Nur and her family continue to meet regularly with their clinician in the Family and Community Counselling program to ensure the family has the support it needs as Nur progresses through kindergarten.



HANNAH'S FAMILY JOURNEY

Hannah returns to Towhee for another summer, this time as a Leader In Training. With the support of the Towhee staff, and using her mindfulness skills from Integra Mindfulness Martial Arts, Hannah completes her time at Towhee and returns to the city with newfound confidence. Hannah is now ready to take on any challenge.

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