OUTCOME EVALUATION PATHS IN NPIA THERAPEUTIC RESIDENTIAL STRUCTURE: Casalnoceto experience

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The Unit for adolescents is a Health Organization that receives and treats teenagers with psychiatric disorders from 8 to 18 years old.

Users from 2014 to 2016

**AGE**
- > 14 - 54%
- < 14 - 46%

**GENDER**
- M 77%
- F 23%
SOCIOECONOMIC STATUS
Four Factor Index of Social Status (SES) (Hollingshead, 1975)
<table>
<thead>
<tr>
<th>Variabili</th>
<th>Incidenza sul totale (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>agiti autoaggressivi</td>
<td>Self-aggressive acted</td>
</tr>
<tr>
<td>agiti eteroaggressivi</td>
<td>Aggressive acted to others</td>
</tr>
<tr>
<td>abuso sessuale</td>
<td>Sexual abuse</td>
</tr>
<tr>
<td>maltrattamento</td>
<td>Mistreatment</td>
</tr>
<tr>
<td>disturbo della condotta</td>
<td>Conduct disorder</td>
</tr>
<tr>
<td>disturbo di personalità</td>
<td>Personality disorder</td>
</tr>
<tr>
<td>psicosi</td>
<td>Psychosis</td>
</tr>
<tr>
<td>disturbo dell’umore</td>
<td>Mood disturbance</td>
</tr>
<tr>
<td>disturbo post traumatico</td>
<td>Post traumatic disorder</td>
</tr>
</tbody>
</table>
INTERVENTION MANNERS

Modulo A

Modulo UPA

Modulo B

Modulo C

Modulo CRP
ASSESSMENT INSTRUMENTS

- **CGAS** - Children's Global Assessment Scale (entry - every 6 months)
- **CGI** - Clinical Global Impression (entry - every 6 months)
- **OAS** - Overt Aggression Scale (entry - 6 months)
- **SCID** (entry)
- **SWAP** (entry)
- **VINELAND** (entry - 1 year)
- **TEST AUTONOMIE** (entry - 6 months)
- **VALUTAZIONE PSICOMETRICA** (entry)
Therapeutic - Rehabilitative Intervention

**Psychoterapy**
- Psychoterapist specialized in individual and group psychoanalytic psychoterapy at COIRAG (Confederation of Italian organizations for analytical research on groups) (patients in individual psychoterapy 60%-patients in group psychoterapy 40%)

**Psychophrmacotheraphy**
- Neuropsychiatry and Nursing monitoring
- Health cover 24 hours on 7 days

**Enviromental therapy**
- Psychoeducational support
- Community group

**Others interventions**
- Physiotherapy
- Music therapy
- Pedagogical Laboratory
- Occupational therapy(laboratories)
- Sports activity (interior and exterior)
TIMES

Modulo UPA
1 o 2 months

Modulo A

Modulo B

Modulo C

Modulo CRP
ADOLESCENT UNIT’S STAFF

- 5 Neuropsychiatrists
- 3 Clinical Psychologists
- 3 Psychoterapists Psychologists
- 9 Nurses
- 1 Social worker
- 50 Professional Educators
- 11 OSS (Healthcare assistant) and nocturnal staff
- 1 Pedagogist
- 1 Music therapist
- Therapists
The relationships between the following variables have been analyzed over a period of three years:

- Correlations between CGI/CGAS/OAS/VINELAD
- Relations between the averages CGI/CGAS/OAS
- Relations between the averages VINELAD
- What happens in retest
- Classification Trees
OUTCOME ASSESSMENT BEFORE CANS

From the analysis of the results obtained by residential patients it was possible to emphasize the following aspects:

- Through these models used (multiple linear regression, classification trees), it was possible, starting with an initial evaluation, to estimate patient improvements at one to two years after the start of treatment.
- Data show an improvement in the results of evaluation scales for patients undergoing community treatment.
- It was possible to identify the variables that could influence the changes.
WHY CANS?

In 2015 participation CANS conference

Limits of the model previously used:

- Partly individual administrations
- Concordance between operators
- Lack of contribution from some professional figures
- Difficulty of contretizations in the rehabilitative project
- Loss of caregiver and context data
- Minor focus on strengths and interventions to be implemented
After an initial period of household experimentation:

- Training Cans to two operators
- Awareness and dissemination of the instrument
- Opening collaboration
- Audit
- Operators Training in progress
FROM TRAINING TO IMPLEMENTATION

- Administration t0 from 1 month to the entry (mainly UPA)
- Administration by psychodiagnostician, neuropsychiatrist, Healthcare assistant, Nurse and Educator
- Discussion in diagnostic equipe and placement in clinical folder
- Subsequent deliveries after 3 months
DESCRIPTIVE STATISTICS

UPA entrances (T0)

GENDER    AGE    DIAGNOSIS    ORIGIN

M - >14 - ASSE II - ITA
F - <14 - ASSE I - ESTERO
ENTRY PROFILE

UPA (T0)

Item with urgency profile for:

**Life domain:**
- Family/ life domain
- Judgment

**School:**
- School attendance

**Caregiver:**
- Educational capacity
- Knowledge/ Awareness
- Family stress

**Symptoms:**
- Oppositivity
- Conduct

**INTERVENTION REQUEST:**
Social functioning, depression, anger control

**Supplementary module:** danger to others, antisocial behaviors
Lacks of Strengths (PdF)

PdF to built (potentially):
- Stability in relationships
- Child involvement
- Curiosity
- Resiliency
- Self expression
DESCRIPTIVE STATISTICS

Adolescent unit (T0...)

Population: 65 subjects

M - INGR - >14 - ASSE II - ITA
F - POST - <14 - ASSE I - ESTERO
DIAGNOSIS

- asse II (15?) 45
- bipolare 4
- pervasivo 2
- psicosi 10
- post traumatico 4
AGE

<14  Profilo di sintesi domini

>14  Profilo di sintesi domini

SCUOLA

<table>
<thead>
<tr>
<th>SCUOLA</th>
<th>Comportamento S13</th>
<th>Frequenza S11</th>
<th>Rendimento S10</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td>33,33</td>
<td></td>
<td></td>
<td>66,67</td>
</tr>
</tbody>
</table>

- FUNZIONAMENTO NEL CONTESTO DI VITA
- COMPORTEMENTA A RISCHIO DELL’UTENTE
- BISOGNI EMOTIVI
- COMP. UTENTE
- RISORSE, BISOGNI Pef caregiver
- SCUOLA

3  2  1  0
<table>
<thead>
<tr>
<th>Item</th>
<th>Stranieri</th>
<th>Italiani</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgment</td>
<td>3</td>
<td>2</td>
<td>Intervention different urgency</td>
</tr>
<tr>
<td>academic performance</td>
<td>2</td>
<td>0</td>
<td>!</td>
</tr>
<tr>
<td>Oppositivity</td>
<td>3</td>
<td>0</td>
<td>!</td>
</tr>
<tr>
<td>Caregiver awareness</td>
<td>3</td>
<td>2</td>
<td>Intervention different urgency</td>
</tr>
<tr>
<td>Risk: dangerous behaviors for himself</td>
<td>2</td>
<td>0</td>
<td>!</td>
</tr>
</tbody>
</table>
CRITICAL ISSUES

• Involvement operators in changing perspective
• Organizational difficulties in training
• Difficulty in maintaining a quarterly rating
• Restitution to families and patients
• Lack of real T0
• Difficulties to find informations especially about social field
• Free ourselves from the interpretations
• Item like perseverance (P37-persistence), curiosity (C64-curiosity) ... are difficult to define
STRENGHTS (PdF)

- Multi-professional integration
- Completeness information and ratings (including pdf)
- Summary of information / ratings (patient profile)
- Restitution to forward services
- Awareness operators
- Agenda operators
- Direct consequence of Cans on rehabilitative project
  - compiling project
  - defining step between modules
  - resignations
  - admissions?
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