FIRST APPLICATIONS OF CANS IN A RESIDENTIAL TREATMENT CENTER

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PARTECIPAZIONE E VALUTAZIONE DI ESITO IN ETÀ EVOLUTIVA:
APPROcci COLLABORATIVI IN SITUAZIONI COMPLESSE, SANITARIE E PSICOSOCIALI
25 E 26 MAGGIO 2017
The community Piccola Stella is a residential treatment center that accommodates 10 teenagers aged between 12 and 17 with psychic problems.

The community works on Pubblic Health System, it was born in 2005 in Medolago (BG) and it is part of the cooperative AEPER. It is a farmhouse immersed in the green of a park.

Therapeutic intervention is psychodynamic, based on a multidisciplinary approach where teamwork and environmental therapy are the basis.

The community is thought of as a complex system open to the outside, in which there are various psychiatric, psychotherapeutic, formative, rehabilitative, social and educational facilities.
WHY CANS INTO THE PICCOLA STELLA?

• Specific care to the assessment and monitoring of the social and family background

• Enhancement of the strengths of the user and the family environment

• Search for an alliance and sharing with all the subjects and services involved in the cure
THE CLINICAL MODEL
ENTRY PHASE

Screening of clinical reports sent to the community (10 %)

Meeting with the inviting service for deepening and first discussion in the team

3 meetings into the community with the user and his/her family

Team decision on the integrity of the entry

ENTRY MEETING
with all the subjects and services involved in the care and subscription to the regulation
THE CLINICAL MODEL
DIAGNOSIS PHASE (1-2 MONTHS)

- Psychiatric, psychological, anamnestic, social, training, educational with the user and family evaluation
- Test assessment: symptomatology (SCL90R), traits and styles of personality (SWAP-A), psychosocial function (HoNOSCA), structural function (IV Axes OPD II)
- Compilation by the user of “Me and my project"

↓

PROJECT MEETING
Integration of evaluations, CANS EVALUATION

↓

PTII (Integrated Individual Therapeutic Project)
explication of strengths, needs, objects, duration of the project.
It is thought, discussed, modified with user, service and family.
In case of a concordance, it is signed by everyone.
Construction of the **psycho-educational project** by the microequipe (psychologist, educator, user) with detection of microbials, tools, strategies with monitoring every 4 months.

**MONITORING MEETING**
with presence of the user (every 8 months)
Revaluation **CANS** e HoNOSCA and microbials

**FINAL MEETING**
Evaluation of the outcome, revaluation **CANS**, HoNOSCA, SCL90R, SWAP A
<table>
<thead>
<tr>
<th></th>
<th>ASSE 1 (57%)</th>
<th>ASSE 2 (43%)</th>
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<tbody>
<tr>
<td>BEHAVIOR DISORDER:</td>
<td>11.43%</td>
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<tr>
<td>PSYCHOTIC DISORDER:</td>
<td>17.14%</td>
<td>CLUSTER A: 5.71%</td>
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<tr>
<td>MOOD DISORDER:</td>
<td>17.14%</td>
<td>CLUSTER B: 22.86%</td>
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<tr>
<td>ANXIETY DISORDER (PTSD):</td>
<td>11.43%</td>
<td>NAS: 8.57%</td>
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THE CANS SAMPLE (2016-2017)

Sample: 11 subjects T0 (entry level) e 9 subjects T1/Tf (3)

Gender: 50% male, 50% female

Age: 15.6 y.o. (±1.5)

Birth Place: 9 Italy, 2 foreign

100% Italian citizenship and residence in Lombardy

Diagnosis (frequency)
- Psychotic disorder 7
- Mood disorder 2
- Personality disorder 2
ENTRANCE PROFILE (T0)

**SCORE 3 (Acute, Act Immediately)**

Social functioning
Educational skills of caregiver
Caregiver’s stress
School attendance

**SCORE 2 (Act)**

School: achievement and relationship with teachers and peers
Caregiver: ability to communicate/listening
Symptoms: impulsivity, mood, oppositional, anger control
Life context: family/environment, recreation, judgment, daily functioning

**STRENGTHS IDENTIFIED**

Talents, community life, child involvement (1) family, relationship permanence, resourcefulness (2)
RISK BEHAVIORS (SCORE 2-3)

- Suicide Risk: 26%
- Self-Mutilation: 26%
- Other Self-Harm: 9%
- Danger to Others: 36%
- Sexual Aggression: 0%
- Runaway: 9%
- Delinquent Behavior: 9%
AVERAGE ENTRANCE PROFILE (T0)

Sharing with parents (To) present in 82% of cases

Sharing with the users (To) in 55% of cases:
- missing in 100% of cases of personality disorder
- 43% of cases of schizophrenia and delusional disorder

The agreement (with the family) on needs and strengths:
**CANS: LONGITUDINAL COMPARISON**

<table>
<thead>
<tr>
<th></th>
<th>FUNZ. CONTESTO DI VITA</th>
<th>SCUOLA</th>
<th>RISORSE, BISOGNI caregiver</th>
<th>BISOGNI EMOTIVO-COMP. UTENTE</th>
<th>COMPORTAMENTI A RISCHIO DELL'UTENTE</th>
<th>TOTALE</th>
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<tr>
<td><strong>To</strong></td>
<td></td>
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<tr>
<td>2-3</td>
<td>37,50</td>
<td>50,00</td>
<td>19,05</td>
<td>38,46</td>
<td>0,00</td>
<td>26,47</td>
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<tr>
<td><strong>T1/TF</strong></td>
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</tr>
<tr>
<td>2-3</td>
<td>12,50</td>
<td>16,67</td>
<td>4,76</td>
<td>15,38</td>
<td>0,00</td>
<td>8,82</td>
</tr>
</tbody>
</table>

**Profile di sintesi domini**

![Profile di sintesi domini](image1)

![Profile di sintesi domini](image2)
Identification and growth of new strengths (3→1) / (3→2)

Caregiver stress (3→1)

Educational skills caregiver (3→2)
Peer relationships (3→2)
Social functioning (3→2)
School attendance (3→1)
symptoms (mood, impulsiveness, anger control) (2→1/0)
School attendance (3→1) | HoNOSCA (N.51)
---|---
Peer relationship (3→2)
Educational skills caregiver (3→2)

- School attendance (3→1)
- Peer relationship (3→2)
- Educational skills caregiver (3→2)

**HoNOSCA Level**
- MEDIA T0
- MEDIA TF

**HoNOSCA**
- Non-accidental self-injury
- Antisocial behavior
- Overactivity, attention, o conc.
- Alcohol, substance
- Scholastic skills
- Physical illness
- Hallucinations, delusions
- Emotional symptoms
- Peer relationships
- Self-care and independence
- Family life and relationships
- School attendance

**HoNOSCA Level**
- 0.0
- 0.3
- 0.4
- 0.4
- 0.5
- 1.3
- 1.4
- 1.8
- 2.1
- 2.3
- 2.4
- 2.5
- 2.8
- 3.1
- 3.3
- 3.5
SCL90 R

Symptoms (mood, impulsiveness, anger management) (2 → 1/0)
Identification and growth of new strengths (3→1\2)

SWAP-A QT

Media T0

Media Tf

HEALTH PERSONALITY PSICOPATHIC DISREGULATED EVIT-COART. NARCISISTIC ISTRION INIB-AUTOC

Level

0 15 30 45 60

SWAP-A QT Level

36.2 41.1 54.3 55.4 57.8 56.1 45.1 44.4 44.4 46.0 48.5 47.2 48.6 51.6
CONCLUSION

× **T0**: Identifying areas of urgent intervention in social functioning, in the educational skills and caregiver's stress, in school attendance and in peer relationships.

× **T0**: identifying areas of need in the symptoms (mood, impulsiveness, anger management), in many areas of life context and of school and in some users with respect to risk behaviors (suicide, self mutilation dangerous for other)

× Few strengths can be identified at the beginning of the project

× Good sharing with parents

× **T1\ F**: There is an improvement in school attendance, symptoms, relationship with peers and with the caregiver and in general with regard to the community predisposed objectives. Identification and growth of new strengths

× Coherence between preliminary data CANS and previous evaluation with other instruments of larger sample (SCL90r, HONOSCA, SWAP-A)

× Bias/limits: Limited sample, re-test on a few users and mostly in non-concluded projects, limited training for few operators
THANK YOU FOR YOUR ATTENTION!

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