

CANS: A BRIDGE BETWEEN SERVICES

Family Counseling Unit (C.F.)
and Addiction Treatment Unit (Ser.D.)



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PARTECIPAZIONE E VALUTAZIONE DI ESITO IN ETÀ EVOLUTIVA: APPROCCI
COLLABORATIVI IN SITUAZIONI COMPLESSE, SANITARIE E PSICOSOCIALI

UNITS AND TERRITORY

UNITS

- U.O.S. FAMILY COUNSELING – C.F. ASST FATEBENEFRATELLI SACCO
- U.O.S. SER.D Via Canzio - ASST FATEBENEFRATELLI SACCO

TERRITORY

- Territorial Area 2 – North-East Milan
(Greco, Crescenzago, Città Studi, Lambrate)



POPULATION

- n. 290.000 inhabitants (among which 13.1% – 0-17 years subjects: ca. 22.140)
- 0-65 years
- Metropolitan urban context with etherogenous social classes – University, social diseases, etc.)

Family Counseling Unit (C.F.)



Multidisciplinary and integrated interventions for:

- Pregnancy, Child birth, Postpartum, Newborn and Child Care;
- Psychological evaluation, Counselling and Therapy to singles, teens, couples and families, also referred by Court:
- Other social services

Addiction Treatment Unit (Ser.D.) – Via Canzio



Diagnosis and Treatment of Addiction; counselling and specific psychological, social and medical multidisciplinary and integrated interventions.

WHY CANS?



- Interest for innovative approaches and standardized evaluation instruments
- Interest for collaborative approaches (precedent experiences with PIPPI)
- Training offered by UONPIA Policlinico
- Instrument for our currently active network

IMPLEMENTATION PROCESS



1. CANS Feasibility Study (C.F.)
2. Training to all psychosocial staff belonging to C.F. and health professionals from Ser-D.
3. First application specifically with shared cases (parents or teens substance abuser)

EQUIPE CANS (C.F./SER.D.): TRAINING COURSE AND IMPLEMENTATION



- 15.09.2015: first presentation of T-COM approach and the CANS by experts to a delegation of social workers in the C.F.
- 16.03.2016 – 31.03.2016 – 07.04.2016: basic training (addressed to a pool of psychologist and social workers from C.F. and SER-D)
- 15.09.2016: meeting with Dr.Lyons, equipe CANS from Policlinico di Milano and other services;
- 24.10.2016: first AUDIT: 17 psychologist and social workers (12 from C.F. and 5 from SERT-D)

EQUIPE CANS (C.F./SER.D.): TRAINING COURSE AND IMPLEMENTATION



- 14 Psychologists and 3 social workers from the 3 territorial units of C.F. belonging to the same geographical area (ex distretto 3): Via Ricordi, via S.Erlembardo, and L.go Volontari del Sangue
- Positive feed-back for the use of a structured instrument
- Application in our already existing network for the child court cases and spontaneous teens cases.

HOW WE USED CANS

1) **Court cases** (case reported in this presentation)

→ **network is «obliged»**

Multidisciplinary equipe (with 4 psychologists from C.F. and 1 Psychologist and 1 Social Worker from SER-D)

HOW WE WOULD LIKE TO USE CANS

2) **Teens** with potential drug abuse issue

→ **network needs to be implemented**

Early detection, screening procedure, assessement, intervention/treatment

BEFORE CANS

- Waste of time for discrepancy and discussion for the absence of a shared evaluation instrument
- Use of *self-report* outcome evaluation in the Family Councelling Unit *only for adults* (CORE-OM)
- In spontaneous access cases, frequent lack of a network approach (the Social Health Operator works alone)



CASE STUDY



The Child

- Anna, 5 years old.
- Entrusted to Granmother
- Father detained for family maltreatment
- Mother, drug addicted. She mostly refuses treatment

The Network of Services

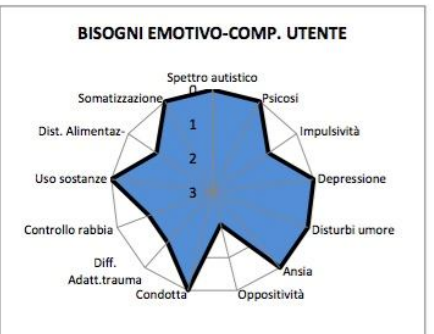
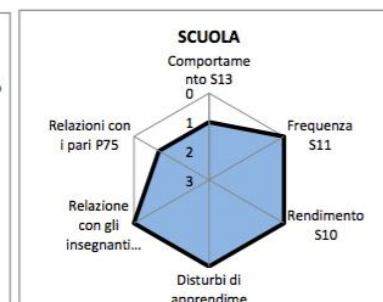
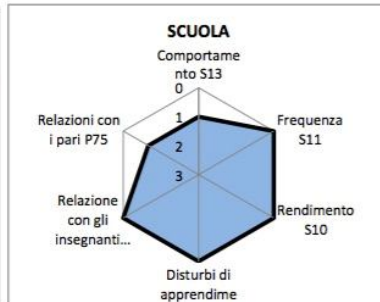
- Court for Minors
- Social Service of the Municipality
- Home educator
- Spazio Neutro (for assisted meetings between the child and parents)
- C.F. (psychological evaluation of the child, of the family and therapeutic intervention)
- SER-D (for the treatment of the mother)



EXPERIMENTAL IMPLEMENTATION

First CANS application
T0 - 03.10.2016

Second CANS application
T1 - 16.05.2017



EXPERIMENTAL IMPLEMENTATION:

Why this worsening despite all this services involvements?

- Social functioning
- Medical

- Interpersonal
- Optimism
- Community life
- Persistence
- Self Expression



- Involvement with care
- Ability to listen
- Social Resources
- Financial Resources

- Impulsivity/Hyperactivity
- Anxiety/Worry
- Oppositional
- Anger control
- Adjustment to trauma

Some hypothesis...thanks to CANS



EXPERIMENTAL IMPLEMENTATION:
Some hypothesis...thanks to CANS

Intervention phase

Psychological Evaluation
+
Standard support (home educator),
not focused on real family needs

CANS facilitated a more accurate analysis of the situation and a better understanding of family needs and strenghts

DISCUSSION: PRELIMINARY CONSIDERATIONS

CANS STRENGTHS:

- Complete collection of information in all the areas of child life
- Starting, intermediate and final follow-up (T0-T1- T2)
- Multidisciplinary evaluation for decision making process on treatment planning after first specific assessment
- Easier sharing of informations during meeting team
- Timing optimization in the evaluation process
- Evidence based instrument and best practice
- Communimetric evaluation

DISCUSSION: PRELIMINARY CONSIDERATIONS

Problems with CANS implementation

Accessibility to informatic program:

- Technical problems with PC, account, etc.
- Time consuming to load, work and access the program

Unwillingness of the social team to learn new instruments due to:

- Work overload
- Lack of human resources
- Continuous changing in the organisation and procedures

Need of extended CANS training to all the services involved in the same care network

Collaborativity focused on treatment vs. collaborativity as a result of the intervention with families (paradigmatic shift)

CONCLUSIONS

Perspective for implementing CANS

- Training enlargement
- Easier accessibility to program
- Incrementing networking



A NEW WAY OF DEALING WITH ADOLESCENTS AND JUVENILE DISEASES: CANS as a possible way to build multidisciplinary and multi-service networks.