“Diurno Piccoli”:
our container

D. Di Pasquale (NPI)  N. Cosenza (Psi)  M. Fossati (Psi)
G. Mioli (Psi)  C. Bertoni (TNPE)  L. Pugliese (TNPE)
S. Leoni (TNPE)  E. Altamore (Logopedista)
F. Salomon (tirocinante psi)  A. Mascherini (tirocinante psi)
Antonella Costantino (Direttore)
«Centro Diurno Piccoli»
(diagnosis/therapy)

«Diurno» DIAGNOSTIC MODULE:

• Model of diagnostic care
• Users from three centers of UONPIA Policlinico (zone 1 and 4 of Milan)
• Age 2-5, small groups (4-5 families)
• One week, every month, with a diagnostic purpose: activities inside the room/ observation behind the mirror (by parents, operators, teachers)/ parent groups
• Observation of interpersonal and individual aspects
Run by a multidisciplinary team, working in cooperation (child psychiatrist, psychologist, psychomotrist, speech therapist, trainee)

Involves family, school, pediatrician, in a cooperative intervention model
A twofold process...

**DIAGNOSTIC**

Observing the child’s functioning and its modifiability

**THERAPEUTIC/TRANSFORMATIONAL**

Providing interventions with the child and conveying specific knowledge to the family and their social environment
Our “Diurno” is focused on:

identifying the link between

**strengths**

of children and their environment; in order to implement a therapeutic intervention

**Analysis of needs**

of child functioning and of the “child system”
CHILD SYSTEM

- Family/caregivers
- Psycho-motor development
- Emotional and relational area
- Behavioral area
- Cognitive area
- Organic area
- School
“DIURNO” THERAPEUTIC MODULE (T1)

• Different therapeutic modules
• Each module is conceived to respond to the child’s specific needs, identified by the CANS functioning analysis performed during the diagnostic “Diurno” week.
• Current modules:
  o Mother-child / RELATIONAL FOCUS
  o Self-regulation/ EXECUTIVE FUNCTIONS FOCUS
  o Psychomotricity – speech therapy / COMMUNICATION, MOTOR, RELATIONAL SKILLS FOCUS
    o Parent group, included in all modules / PARENTING AND MENTALIZATION ABILITIES FOCUS
OUR STORY
ASSESSMENT AT “DIURNO PICCOLI”

From a diagnosis of functioning area to a diagnosis of functioning within the life environment

Since 2013 we have used and studied different diagnostic tests, such as:

- Observational-diagnostic scales → SVFB (Dott.ssa P. Venuti), focused on child functioning
- Parent Stress Index (PSI), focused on parenting
- Emotional Availability Scales (EAS, Biringen), focused on relational aspects

**OUR NEED:** an instrument capable of assessing the “child system” in its complexity
Why CANS?

- Encompasses *complexity* in a single tool

- Defines a profile of strengths and needs within a *dynamic system*, **ESTABLISHING A SHARED PRIORITY OF INTERVENTIONS**

- Enables systematic construction of *agreement between different operators and between operators and users* (“shared vision”)

- **Assesses case evolution accurately** → **OUTCOME ASSESSMENT**

- Enables the comparison of the evolution of a single case with the evolution of a wider range of population
CANS and “shared vision”

PARENTS/TEACHERS/HEALTH WORKERS
AND CHILDREN TOGETHER WITH ONE
COMMON GOAL
CONCORDANCE'S FRAME IS THE CONTINUOUS MOVING FROM SHARED EXPERIENCE/OBSERVATIONAL SETTING/GROUP DISCUSSION MOMENTS AND COMPARISON. THE CONCORDANCE "FOCUS" IS "CHILD SISTEM" DRAWN BY CANS...
CANS and “shared vision”

**MIRROR** (PARENT/TEACHERS/HEALTH WORKERS-OBSERVE TOGETHER)

*Functioning items*
(observe next to a health worker and sharing what we aim to observe)
CANS and “shared vision”

PARENTS GROUP
To introduce a discussion with the parents according to a previously prepared discussion.
CANS and “SHARED VISION”

TEACHERS
The child in the school environment

<table>
<thead>
<tr>
<th>Funz. Sociale</th>
<th>S59</th>
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<tbody>
<tr>
<td>Cure infantili prescolari (4)</td>
<td>P62</td>
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CANS and communimetrics

“SHARED VISION” IN THE EQUIPE

Amplification of competence in the multidisciplinarity

We read and discuss the parent group report
FEEDBACK MEETINGS WITH PARENTS

Parents are invited to:
• present their opinion about the child’s needs and strengths
• share treatment’s priority
• We read a relation based on the cans’ domains.

CANS and “shared vision”
LANGUAGE AND COMUNICATION DISORDER 1

DYSPRAXIA

LOGOPEDIA+
PSYCHOMOTORICITY-SPEECH GROUP
LANGUAGE AND COMMUNICATION DISORDER 2

+ CHILDHOOD EMOTIONAL DISORDER

LOGOPEDIA + MOTHER CHILD GROUP
Descriptive Statistics

Population: 88 children
CANS done: 88 a T0, 24 a T1
Gender: 68 M, 20 F
REASONS FIRST ACCESS

MOTIVO

Frequenza (%)

0,0%
10,0%
20,0%
30,0%
40,0%
50,0%

altro
difficoltà scolastiche
replessa
problemi di comportamento
problemi di linguaggio o di comunicazione
problemi di umore
problemi motori e neuropsichiatrici
neurologici (esclusa cefalea)
richiesta di trattamento
riabilitativo
ritardo dello sviluppo
psicomotorio
+++Disturbi dello sviluppo psicologico (F80-F89)
**CANS profile : (t0)**

**Item → intervention (2):**
- Sviluppo/developmental
- Comunicazione/communication
- Contesto di vita/ living situation
- Funzionamento sociale/ social function

- Competenze educative/supervision (Caregiver)
- Empatia/ Empaty (Caregiver)

**Assenza di urgenza degli interventi (3)**
No urgency of intervention

**Relationship**
Permanence/ Curiosity

“Stabilità nelle relazioni” e “Curiosità” come colonna portante
CANS profile: (t0)
NOT TREATED vs TREATED
6 VS 32

STRENGTHS 0-1
PdF: solo colonne portanti o utili

STRENGTHS TO BUILD
Più PdF da costruire: famiglia come pdf, capacità interpersonali, e perseveranza
Trattamenti Individuali versus trattamenti di Gruppo

I
- Siluppo (2)
- Comuncazione (3)
- Famiglia (2)
- Contesto di vita (2)
- Funzione sociale (3)

G
- Sviluppo (2)
- Comunicazione (2)
- Funzione sociale (2)
- Comp educativa (2)
- Empatia (2)

- Comp educativa (2)
- Cosapevolezza (2)
- Empatia (2)
- Stress familiare (2)
Choosing treatment using CANS (Caregiver)

Items that drive the decision treatment for mother/children: (GROUP)
- Family nuclear
- Problem solving (Caregiver)
- Family stress (Caregiver)
- Social resources (Caregiver)

Items that drive decision for INDIVIDUAL PARENT TRAINING
- preschool/day care
- Knowledge (Caregiver)
- Oppositional
- Anger control
Choosing treatment using CANS

Item discriminanti (vs t0) per la decisione dei trattamenti:
 Discriminant item for decision making:

LOGO/ (I)21paz
- Comunicazione (2)

PSICOMOT (I) 29 paz
- Sviluppo (3)
- Comunicazione (3)
- Famiglia (2)
- Contesto di vita (2)
- Funz. Quotidiano (2)
- Funz. Sociale (3)
- Comp. educativa (Caregiver, 2)
- Conspapevolezza/conoscenza (Caregiver, 2)
- Empatia (Caregiver, 2)
- Stress familiare (Caregiver, 2)
- Controllo rabbia (2)

LOGO/PSICOMOT (G)20
- Sviluppo (2)
- Comunicazione (2)
- Contesto di vita (2)
- Funz. Quotidiano (2)
- Funz. Sociale (2)
- Conosap./conosc.(2)
Longitudinal study: t0-1 (all treatments, 24 pat)
Longitudinal study: t0-1 (all treatments)
Dott.ssa A. Costantino: Direttore e P.I.
CANS
S. Benzoni: Coordinatore Scientifico
A. Chinello: Coordinatore CANS
A. Didoni: Trainer CANS
A. Di Troia: Trainer CANS
F. Peronace: Audit Manager
D. Di Pasquale: Responsabile
Centro Diurno piccoli