CANS USE: THE PROJECT
SACCO PIENO ... SACCO VUOTO
eating disorders unit for children

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Born in 2009 as Clinical Multizone Unit, with a clinical population attending kindergarten/primary school, but also 0-3 y.o. children.

No sex-prevalence up to primary school, later +% on females

**Services**

Consulting, diagnosis and treatment of non-organic eating disorders during childhood.

Services dedicated to both children and their families

Eating disorders considered not a symptom, but a relational disorder.
sacco pieno ... sacco vuoto service

1 NPI Coordinator 14 h/week
2 psychologists 25 h/week

team

specialized consultation

- eating problems
- global functioning
- therapeutic action

assessment

child undertaking

spontaneous

admission

staff

school
sacco pieno ...sacco vuoto service

disorders
- selectivity & restriction
- functional dysphagia
- psyco-related vomit
- binge eating

interventions
- mother-child support during the 1 year of age
- psychoterapy: individual, on mother-child; group; family
- individual/group support to parenthood

training and research
- counseling and training for schools, pediatricians and specialists
- research activity and experimentation
Alliance
With parents as a crucial goal, in relation to the child age and affective aspects associated to eating disorders during childhood.

Sharing of clinical results collected during evaluation (BMI, development trajectories, clinical observations on child functioning), integrated to personal experiences and efforts of parents with his son.

Contract with the child.

**Early action/intervention** regarding undertaking, if a disorder emerges, with a rapid clinical restitution and discussion about therapeutic project.

Parallel work with parents and children.

**Involvement of school**

**Inter-rater consensus (staff)**
Weekly meeting. In our experience, a reduced team facilitates an interesting discussion and operative harmony.
Outcome evaluation

Step-by-step monitoring
Colloquia and NPI evaluation of child with a psychologist. Changes on eating and relationships domains.

Dismissal

Follow up after 6 months: clinical assessment

Recent experiences about outcome evaluation (degree dissertation)
Tests on a small sample of children who did a group therapeutic path and parental support group.

Absence of a direct mandate about outcome evaluation (nor dedicated budget), but this goal is crucial for the team in terms of treatment efficacy and to redefine new strategies and goals.
**sacco pieno…sacco vuoto**
**the first steps...toward cans**

**Innovation**
Open-minded team interested to new tools and approaches our DNA, for research and clinical innovation (S.V.I.A., mindfulness…)

**CANS training:** May 2016

**First observations:** not immediate tool. Team curiosity elicited by trainers, CANS graphs and collaborative approach with families.

**Experimentation** on new clinical cases during autumn/winter 2016-2017. First difficulties “to interiorize” item definitions with the aim to reduce time scoring in team.
**considerations on cans**

**New elements**
A immediate photo of global functioning of a child and his/her family.

Attention focused on needs and strengths.

The possibility to describe objectively the clinical observations with a collaborative scoring in team, to elicit discussions among different Individual clinical observations.

**Critical points:**
**Time and resources**

The 0-5 version doesn’t include a specific item dedicated to eating disorders, that’s why it is scored in regulation/control disorders. Considering our populations, eating-related symptoms could be less clear/evident.

The 5-17 version seems to involve mostly problems related to pre-ado and adolescence, absent for 5-10 age range (e.g. legal aspects, risk behaviors).
Entry level: CANS
CANS administration at T0 in team, after 2/3 consultations
Not used with families and patients yet.

Problems
Resource-time.
Sometimes, the bureaucracy of an organization may reduce the possibility for reflective moments, limiting it…
c a n s  s a m p l e

age

- 0-5 yo: 3
- 5-17 yo: 5

gender

- M: 6
- F: 2

diagnosis

- Selectivity and eating restriction: 7
- Binge-eating: 1
Sample: 5 children
Sex: 4 female, 1 male
Mean age: 9.8 y.o.
Residence: Milan & province
Location: family

Main diagnosis:
3/5 eating disorders
1/5 disorders of social functioning during childhood
1/5 mental disability

Secondary diagnosis:
2/5 eating disorders
**CANS 5-17: the most frequent profile**

**Need - action level (items)**

- Eating disorders
- Relation with peers (school area)
- Anxiety (symptoms area)

**Strengths - to develop**

- Optimism
- Talent/Interests
- Natural support
- Curiosity
- Self expression

**strengths (++):** relationship permanence
CANS 5-17: THE MOST FREQUENT PROFILE

**Profilo di sintesi domini**

- **FUNZIONAMENTO NEL CONTESTO DI VITA**: 100
- **COMPORTEMENTI A RISCHIO DELL'UTENTE**: 80
- **BISOGNI EMOTIVO-COMP. UTENTE**: 60
- **RISORSE, BISOGNI PdF caregiver**: 40

**SCUOLA**
- Comportamento S13
- Frequenza S11
- Relazione con i pari P75
- Relazione con gli insegnanti...
- Disturbi di apprendimento
- Rendimento S10

**BISOGNI EMOTIVO-COMP. UTENTE**
- Spettro autistico
- Somatizzazione
- Psicosi
- Impulsività
- Depressione
- Disturbi umore
- Diff. Adatt. trauma
- Condotta
- Ansia
- Oppositività
- Uso sostanze
- Dist. Alimentaz.
- Controllo rabbia

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<th>SCUOLA</th>
<th>RISORSE, BISOGNI caregiver</th>
<th>BISOGNI EMOTIVO-COMP. UTENTE</th>
<th>COMPORTAMENTI A RISCHIO DELL'UTENTE</th>
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Sample: 3 children

Sex: 2 female, 1 male

Mean age: 3 y.o.

Residence: Milan

Location: family

Diagnosis: 3/3 eating disorders
CANS 0-5: THE MOST FREQUENT PROFILE

Need - action level (items)

Social functioning
Supervision (Caregiver)
Knowledge (Caregiver)
Stress (Caregiver)
Regulation/control

Strengths - to develop

Interpersonal
Resiliency

social resources: urgent level
C A N S 0-5: THE MOST FREQUENT PROFILE

Profilo di sintesi domini

FUNZIONAMENTO NEL CONTESTO DI VITA

100

80

60

40

20

0

COMPORTAMENTI A RISCHIO DEL'UTENTE

FATTORI DI RISCHIO

BISOGNI EMOTIVI

COMP. UTENTE

RISORSE, BISOGNI

PdF caregiver

RISORSE, BISOGNI E PdF CAREGIVER

Comp. norm./educative
Stabilità abitativa
Sicurezza
Coinvolgimento cura
Conoscenze/consap.
Capacità comunicare
Capacità ascolto
Empatia
Problem solving
Stress familiare
Curare do/vita quotid.
Organizzazione
Sviluppo/bio. evolutivo
Uso di sostanze
Salute mentale
Salute fisica

Realiz. obiettivi formativi
Funz. lavorativo/scolast.
Accessibilità ai servizi
Aspetti legali
Risorse finanziarie
Trasporti

0
5-17 yo

Profilo di sintesi domini

Funzionamento nel contesto di vita

Comportamenti a rischio dell’utente

Bisogni emotivo-comp. utente

Risorse, bisogni Pdf caregiver

0-5 yo

Profilo di sintesi domini

Funzionamento nel contesto di vita

Comportamenti a rischio dell’utente

Bisogni emotivo-comp. utente

Risorse, bisogni Pdf caregiver

Risorse, bisogni e Pdf caregiver

Competenze educative

Sicurezza S1

Conoscenza/consapevolezza

Capacità di comunicare

Organizzazione O4

Capacità di ascolto

Risorse sociali S64

Realizzazione obiettivi

Funzionamento

Cura di sé/vita quotidiana

Stabilità abitativa R26

Stress familiare F17

Accessibilità ai servizi di sviluppo / bisogni evolutivi

Uso di sostanze S89

Comp. norm./educative

Stabilità abitativa

Sicurezza

Conoscenza/consap.

Empatia

Empatia

Problema solving

Stress familiare

Accessibilità ai servizi

Sviluppo/bis. evolutivi

Uso di sostanze

Salute mentale

Salute fisica P4S

Risorse finanziarie F2A

Aspetti legali... L0

Realizzazione obiettivi formativi

Funz. lavorativa/scolastica

Risorse caregiver

Salute della vita quotidiana

Curare la salute mentale

Curare la salute fisica

Curare la salute mentale

Risorse caregiver

Risorse caregiver

Risorse caregiver
agreement between team & family

% of agreement

- 0-5 agreement
- 5-17 partial agreement
- 0-5 partial disagreement
- 5-17 disagreement
Involvement of family and patient in the process. To improve agreement of parents thanks to CANS graphs.

CANS use to define actions priorities, considering needs and reinforcing strengths.

CANS repeated-assessment at $T_1$ to identify changes after a first treatment.