

Strategies for Fidelity to IICAPS Model

Approaches at Multiple System Levels

Fidelity and Flexibility

Theoretical structure via *Principles, Concepts & Tools* that are consistent with:

- Developmental psychology & psychopathology
- General systems theory & human developmental ecology
- Transactional risk model

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Multiple levels of fidelity mechanisms

- I. Case specific
- II. Clinician specific
- III. Site specific
- IV. Network specific

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I. Case specific strategies

- Clinical treatment is guided by:
 - Principles
 - Concepts
 - Tools

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Principles

- Transparency
- Practicality
- Immediacy
- Adherence to specified model described by use of Concepts and Tools

Concepts

- Three Phases of treatment
- Definition of the Main Problem
- Strengths & Vulnerabilities in four Domains
- Tools: four simultaneous accomplishments
 - Engagement
 - Assessment
 - Intervention
 - Systematic refinement

Preliminary Profile of IICAPS
Case Demographics and
Clinical Outcomes:
July 2002 through December 2003

IICAPS Network Meeting
January 12, 2004

Demographics

- Completed Cases: 316
- 61% Male
- 11 years mean age
- 2-18 years age range

Clinical Outcomes

- Average Change in GAF (N=292): +10
– 44 opening v. 54 closing, $p < .0001$
- Number of pts with psych hospitalization 6 months prior v. during IICAPS (ALOS=21 weeks) (N=315)
– prior- 126 (40%) v. during-44 (14%)
- Hospitalization rate/pt 6 months prior v. during IICAPS (n=315)
– prior-0.54 v. during-0.21, $p < .0001$

IICAPS pilot v. MST sample (Henggler et al. 2003)

- | | |
|----------------|----------------|
| • IICAPS pilot | • MST sample |
| • N=20 | • N=160 |
| • 11.1 years | • 12.9 years |
| • 61% male | • 65% male |
| • 56% minority | • 67% minority |
| • 95% Medicaid | • 79% Medicaid |

IICAPS pilot v. MST sample (Henggler et al. 2003)

- | | |
|------------------------|-------------------------|
| • IICAPS Pilot | • MST |
| • CBCL Ext-70 | • CBCL Ext-73 |
| • CBCL Int-66 | • CBCL Int-65 |
| • Prior psych hosp-59% | • Prior psych hosp- 35% |

Principles

1. *Transparency*

Every component of treatment process is obvious, understandable and reasonable to everyone involved in treatment

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Principles

2. *Practicality*

IICAPS goals are accomplished via concrete interventions that are reasonably achievable by the IICAPS team members, child, family members, and other members of the microsystem

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Principles

3. *Immediacy*

Focus of work is on interventions

- That are done on a regular (daily, or at least weekly) basis
- In order to accomplish goals in present and near future
- that reduce the Main Problem(s) in a stable fashion

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Principles

4. *Adherence to specified model*

mediated & measured via use of concepts and tools

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Concepts

- Three Phases of intervention
 - Assessment & Engagement
 - Ends with development of Treatment Plan
 - Work & Action
 - Ends with accomplishment of goals of Treatment Plan and development of Ending & Wrap-up Plan
 - Ending & Wrap-up
 - Ends with accomplishment of goals of Ending & Wrap-up Plan and development of Discharge Recommendations

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Concepts

- Definition of Main Problem(s)
 - That behavior which is most likely to necessitate the child's requiring an out-of-home, institutional-based level of treatment

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Concepts

- Strengths & Vulnerabilities
 - Factors, behaviors, feelings, interactions, conditions that affect the Main Problem directly or indirectly
 - Strengths keep the Main Problem from getting worse
 - Vulnerabilities keep the Main Problem from getting better

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Concepts

- Strengths & Vulnerabilities
 - Phrased in the language of the child and family members
- AND
- Informed by known variables from developmental psychopathology that influence the trajectory of psychiatric disorders specific to the child

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Concepts

- Strengths & Vulnerabilities
 - **Data** for inventory of Strengths & Vulnerabilities come from:
 - Assessment of all family members and relevant members of microsystem
 - Results of assessment measures completed by family members
 - Past records

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Concepts

- Four Domains of Strengths & Vulnerabilities
 - Child
 - Family
 - School
 - Physical Environment and Systems

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Concepts

- Therapeutic anticipation
 - Technique of explicitly preparing the child and family members for the next step of treatment
 - To decrease ambiguity of purpose so that anxiety of family members is allayed
 - To increase structure of the intervention so that set of mutually expected interactions is created
 - Consistent with Principle of Transparency

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Concepts

- Expanding the therapeutic surface
 - Therapeutic surface is that set of issues, usually Strengths & Vulnerabilities, that can be authentically examined and discussed by the clinical team and the child & family
 - An essential component of therapeutic action is the progressive expansion of the therapeutic surface with the aid of Principles, Concepts, and Tools

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Concepts

- **Clarification of treatment alliance and progress**
 - Continuous clarification of the status of the treatment alliance and treatment progress is essential to avoid the mire of unacknowledged stalling of treatment
 - Continuous clarification of status of treatment alliance and treatment progress employs the structure of the IICAPS Treatment Refinement Process

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Concepts

- **Tools**
 - Tasks are structured by the goal of creating
 - a specific document
 - for a specific purpose
 - at a specific step
 - in a specific Phase of treatment

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Concepts

- **Tools**
 - Provide structures that
 - Facilitate the ongoing development of a common language
 - That facilitates health promoting relationships

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Concepts

- **Regular use of Tools aids the simultaneous accomplishment of:**
 - engagement
 - assessment
 - intervention
 - systematic refinement

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Concepts

- **Tool**
 - Authentic, mutual creation of document by clinical team & child/family increases
 - therapeutic relationship
 - understanding of therapeutic process
 - effectiveness of intervention
 - ability to improve intervention

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Concepts

- **Tools**
 - Ultimate goal of each Tool is to help family members create a plan that they:
 - Understand
 - Desire to implement
 - Are capable of implementing

Immediate Action Plan

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Draft Main Problem(s): _____

Immediate Action Issue #1: _____

Goal of Immediate Action Plan #1: _____

Interventions for Immediate Action Plan #1

1) Intervention: _____

Person(s) responsible for action _____

Date initiated: _____ Date of Expected Achievement: _____ Date Achieved: _____

Genogram

- Three generational
- Shows current household membership
- Indicates significant changes in permanency, other important life events
- Created with active input from all relevant family members together
- Authentic "picture" of family membership, relationships and history

Inventory of Strengths & Vulnerabilities

- Created with child and family members
- Includes factors in language of family
- Factors known by developmental psychopathology to influence developmental course specific to child's psychiatric disorders
- Building blocks for Eco-domain Map

Eco-domain map

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- Graphic depiction of interactions of Strengths & Vulnerabilities
- Basis for development of Treatment Plan
- Authentic "picture" of child's and family members' life that shows why the severity of the Main Problem has not changed
- Factors selected and interactions depicted are consistent with data from developmental psychopathology

Eco-domain Map

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- All relevant family members work with the team to create the Eco-domain Map
- The task of creating the Eco-domain Map is guided by the instruction to use the fewest factors possible to depict accurately the life experience of the family that keeps the Main Problem active

Treatment Plan

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- Treatment Plan must be informed by the Inventory of Strengths & Vulnerabilities AND the Eco-domain Map
- The child, family members, and IICAPS team must connect each goal and intervention to specific factors and interactions in the Eco-domain Map and Inventory of Strengths & Vulnerabilities

Treatment Plan

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- Interventions must be consistent with ameliorating pathogenic processes identified by developmental psychopathology as being important in the developmental trajectory of psychiatric disorders specific to the child and family members
- Interventions must be best practices or evidence supported treatments for psychiatric disorders specific to the child and family members

Treatment Plan

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I. Child Domain: _____

Goal 1: _____

Interventions:

1) _____

Date initiated: _____ Date of Expected Achievement: _____ Date Achieved: _____

2) _____

Date initiated: _____ Date of Expected Achievement: _____ Date Achieved: _____

Treatment Plan Progress Update

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I. Child Domain: _____

Goal 1: _____

Intervention 1): Attainment Scale: (no progress) 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (completed)
Intervention 2): Attainment Scale: (no progress) 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (completed)
Intervention 3): Attainment Scale: (no progress) 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (completed)

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IICAPS Treatment Refinement Process

- IICAPS Treatment Refinement is a step-wise process that proceeds from data collection to treatment progress updates, **and back again** as necessary, via specific IICAPS tools:
 - Inventory of Strengths & Vulnerabilities in four Domains
 - Eco-domain Map
 - Treatment Plan
 - Treatment Progress Update

IICAPS Treatment Refinement Process

- IICAPS Refinement Process, consistent with all IICAPS Tools, is a task engages all all relevant family members with the team and supervisors in the goal of improving the treatment

Ending & Wrap Up Plan

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I. Child Domain: _____

Ending & Wrap-up Goal 1: _____

Goal Attainment Scale

Intervention 1): Attainment Scale: (no progress) 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (completed)
Intervention 2): Attainment Scale: (no progress) 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (completed)
Intervention 3): Attainment Scale: (no progress) 1 — 2 — 3 — 4 — 5 — 6 — 7 — 8 — 9 — 10 (completed)

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Discharge Recommendation Plan

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I. Child Domain:

Goal#1: _____

Intervention 1) _____

Intervention 2) _____

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II. Clinician Specific Strategies

- IICAPS Services Training
- Site-based Supervision
- Site-based Rounds

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IICAPS Services Training

- 20 hour training
 - Highly interactive
 - Manualized with case specific *Principles, Concepts & Tools*
 - All IICAPS providers (clinicians, supervisors, administrators) participate

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Site-based Supervision

- Senior mental health clinicians supervise clinicians to case specific *Principles, Concepts, & Tools*

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Site-based Rounds

- IICAPS teams present each case every three weeks to other IICAPS staff including program coordinator & medical director
- Format of each Rounds presentation specified by manual
- Presentation includes specific IICAPS Tools

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IICAPS Rounds Format

Initial Presentation (items in bold to be presented in writing):

- Phase of Treatment: Assessment & Engagement
- Referral Source
- Reason for referral
- Genogram with draft Main Problem**
- Immediate Action Plan including issue(s), goal(s), intervention(s)
- Expected level of service
- Any specific questions to be addressed to the round's _____ team for consultation

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IICAPS Rounds Format

Second Presentation:

Phase of treatment: Assessment & Engagement

Genogram

Assessment Form, Part II including:

Main Problem(s)

Strengths/Vulnerabilities in 4 Domains

Eco-domain Map*

Draft Treatment & Implementation Plan*

*these two documents must be reviewed in supervision by the week before Rounds presentation at the latest

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IICAPS Rounds Format

Third Presentation:

Phase of treatment: Work & Action

Genogram

Treatment Plan*, signed by team members, family members, supervisor

*must be reviewed in supervision two weeks before Rounds at the latest

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IICAPS Rounds Format

Fourth & Subsequent Presentations:

Phase of treatment: Work & Action

Genogram

Treatment Plan Progress Update

When indicated because of need for refinement of Plan:

Strengths/Vulnerabilities in four Domains

Eco-domain Map

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IICAPS Rounds Format

- When sufficient goals/interventions rated as successful to indicate end of Work & Action phase:
- **Ending & Wrap-up Plan**, signed by team members, family members, supervisor

IICAPS Rounds Format

Final Presentation:

Phase of treatment: Ending & Wrap-up

Discharge Recommendation Plan, signed by team members, family members, supervisor

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III. Site-specific Strategies

- Rounds consultation
- Site adherence to Principles, Concepts and Tools
- Site outcomes measures

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Rounds consultation

- IICAPS consultant attends site Rounds in person or by speaker telephone for 1 hour/week
- Consultation process is directed to enhance adherence to IICAPS Principles, Concepts & Tools
- Consultation addresses clinical, financial & administrative issues

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Site-specific adherence & outcomes

- Sites submit all Tools for every case to IICAPS Services
- Sites submit outcomes measures for every case to IICAPS Services

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IV. Network-specific Strategies

- Monthly Regional site meetings
- Quarterly State-wide site meetings
- Network adherence & outcomes data collection

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Monthly Regional site meetings

- Monthly meetings of all the sites in one Region with DCF program director and IICAPS services
- Meetings review administrative adherence to IICAPS model

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Quarterly State-wide site meetings

- Half day meeting of all sites in State with DCF administrators and IICAPS Service consultants
- Meetings provide training for new IICAPS skills as well as administrative/financial in-services

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Network data collection

- Sites provide all Tools and outcomes measures used on all patients to IICAPS Services for ongoing network evaluation

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Theoretical structure

Developmental psychopathology:

- Developmental trajectory is result of probabilistic interaction of strengths & vulnerabilities at multiple levels of organization
- Ongoing research continually leads to improved understanding of specific strengths & vulnerabilities AND their interactions that influence the developmental trajectory of a particular child with an array of psychiatric disorders

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Theoretical structure

- General systems theory (Von Bertalanffy, 1977), human developmental ecology (Bronfenbrenner, 1979) :
 - Child develops in a nested, interacting social system:
Microsystem
 - Child
 - Family
 - School
 - Physical environment & other systems

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Theoretical basis

- Transactional risk model
 - Interactions of strengths & vulnerabilities of all elements of the child's microsystem are not static phenomena but rather change over time: *interactions become transactions*

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