# 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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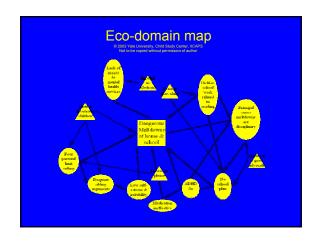
# **Principles**

- Transparency
- Practicality
- Immediacy
- Adherence to specified model described by use of <u>Concepts</u> and <u>Tools</u>

# Concepts

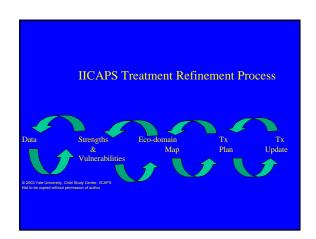
- Three Phases of treatment
- Definition of the Main Problem
- Strengths & Vulnerabilities in four Domains
- <u>Tools</u>: four simultaneous accomplishments
  - Engagement
  - Assessment
  - Intervention
  - Systematic refinement













**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, <u>p.</u>< .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

# **Principles**

**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

# **Principles**

### *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

# **Principles**

4. Adherence to specified model mediated & measured via use of concepts and tools

# 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

# 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

# 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 <u>progressive expansion of the therapeutic</u> <u>surface</u> 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 and treatment progress employs. HICAPS Treatment Refinement Process

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    Bill the party of their procession of Laboration.

# 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

# Concepts

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

# Concepts

- Regular use of <u>Tools</u> aids the simultaneous accomplishment of:
  - engagement
  - assessment

  - systematic refinement

# 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

# 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 Actic  0 2003 Yale University, Child Study Center, Not to be copied without permassion of an	IICAPS
Draft Main Pro	oblem(s):	
Immediate Act	tion Issue #1:	
Goal of Immed	diate Action Plan #1:	
	for Immediate Action Plan #1	
1).Intervention		
1).Interventior	Person(s) responsible for action	

# 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

- 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 © 2003 Yate University, Child Study Center, BCAPS

- 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 © 2003 Yale University, Child Study Center, HCAPS

- 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 o 2003 Yale University, Child Study Center, IICAPS Not to be correct without permission of author

- 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



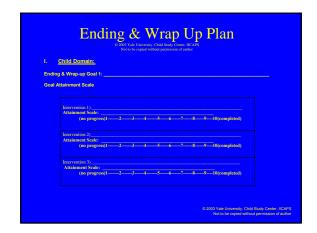
# Treatment Plan Progress Update Description of the consequence of the

# 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





# 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 10.2001 Vall Naturally, Chief Band, Chief Month of Johnson (1998) 10.2001 Vall Naturally, Chief Band, Chief Round, ECLES 10.2001 Vall Naturally, Chief Band, Chief Round, Chie

## **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

# **IICAPS** Rounds Format

#### **Third Presentation:**

Phase of treatment: Work & Action

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

\*must be reviewed in supervision two weeks before the latest

### **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

### **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

# III. Site-specific Strategies

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

#### 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 inservices

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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 disorder.

  | Compared to the continual of the continua

# Theoretical structure

- General systems theory (Von Bertalanfly, 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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