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

Multiple levels of fidelity mechanisms
I. Case specific
II. Clinician specific
III. Site specific
IV. Network specific

I. Case specific strategies
- Clinical treatment is guided by:
  - Principles
  - Concepts
  - Tools

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

Presented at the 17th Annual RTC Conference, Tampa FL, 2/29 – 3/3 2004. For more information, contact Joseph Woolston: joseph.woolston@yale.edu
Tools

- Engagement & Assessment Phase
  - Immediate Action Plan
  - Genogram
  - Definition of Main Problem(s)
  - Inventory of Strengths & Vulnerabilities in four Domains
  - Eco-domain Map
  - Treatment Plan

IICAPS Treatment Refinement Process

- Work & Action Phase
  - Treatment Plan
  - IICAPS Treatment Refinement Process
  - Ending & Wrap-up Plan

Tools

- Ending & Wrap-up phase
  - Ending & Wrap-up Plan
  - Discharge Recommendations
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
  • CBCL Ext-70
  • CBCL Int-66
  • Prior psych hosp-59%
• MST
  • CBCL Ext-73
  • CBCL Int-65
  • Prior psych hosp- 35%

IICAPS pilot v. MST sample
(Henggler et al. 2003)
• IICAPS pilot
  • N=20
  • 11.1 years
  • 61% male
  • 56% minority
  • 95% Medicaid
• MST sample
  • N=160
  • 12.9 years
  • 65% male
  • 67% minority
  • 79% Medicaid

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Principles

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

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

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

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

- 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
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

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

• **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

• **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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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

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

Tools

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

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

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

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

- 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

- 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

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

• 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

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

Ending & Wrap Up Plan

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

I. Child Domain:

Goal#1: ______________________________________________________

Intervention 1). ______________________________________________

Intervention 2). ______________________________________________

II. Clinician Specific Strategies

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

IICAPS Services Training

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

Site-based Supervision

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

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

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

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

IV. Network-specific Strategies

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

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

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

Network data collection

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