



Session # 15

Role of the Family in the PCBH Model

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Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018



Slides and handouts are also available on the mobile app.



Faculty Disclosure

Patti works as a consultant for Mountainview Consulting Group, a collective with a purpose of improving individual and family health.

Patti and Jennifer receive royalties for sales of books related to today's presentation.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

1. Describe research supporting a focus on family involvement in addressing health and health behavior change.
2. Discuss use of the PCBH contextual interview to create a patient and family-centered focus in intervention development.
3. List examples of PCBH pathways addressing preventive, acute care and chronic care services with a goal of improving family health.



Bibliography / Reference

1. Hodgson, Lamson, Mendenhal & Crane, 2014 (Chap 5)
2. Hunter, Goodie, Oordt & Dobmeyer, 2016
3. Mendenhahl, Lamson, Hodgson & Baird, 2018
4. Stewart, Brown, Donner, McWhinney, Oates, Weston & Jordan, 2000
5. Robinson & Reiter (2015). *Behavioral Consultation and Primary Care, 2nd Ed.*
6. Robinson & Reiter. *Basics of Behavior Change in Primary Care* (expected Spring 2019)



Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.



Focus on Family Family Involvement

What do the terms patient-engagement, patient-centered care, and family-centered care have in common?

Now what are they missing?

None of them address the patient's external context nor do they focus on behavior!

Carmen et al., (2013)



What is the goal?

To have...“patients, families, their representatives, and health professionals **working in active partnership** at various levels across the health care system—direct care, organizational design and governance, and policy making—**to improve health and health care.**”

Carmen et al., (2013)



How families impact treatment...

Reduced Pain and Discomfort (Stewart et al., 2000)

Faster Recovery in Physical Health (Stewart et al., 2000)

Improvements in patient's emotional health (Stewart et al., 2000)

Where patients are unable to advocate for themselves such as those found within pediatric, critical care and mental health areas...

Decreased mortality (Meterko, Wright, Hai, Lowy, & Cleary, 2010)

Reduced hospital length of stay (DiGioia et al., 2007)

Improved adherence to treatment regimens (Rukstele & Gagnon, 2013)

Decreased readmission rates (Boulding, Glickman, Manary, Schulman, & Staelin, 2011)



What are the merits of involving the family in treatment?

Improvements in patient safety and quality (Berger, Flickinger, Pfoh, Martinez, & Dy, 2014; Calvert, Minford, Platt, & Chatfield, 2015; Feo & Kitson, 2016).

They form an integral part of the wellbeing and care of patients who are at their most vulnerable when ill (Black, Boore, & Parahoo, 2011; Brady et al., 2015; DiGioia, Greenhouse, & Levison, 2007).

Family support helps patients overcome feelings of vulnerability when hospitalized (Lolaty, Bagheri-Nesami, Shorofi, Golzarodi, & Charati, 2014; Mitchell & Chaboyer, 2010)

Family supports helps patients transition more effectively through the healthcare system, particularly with regard to decision making (Bérubé et al., 2014).

There is a growing international emphasis for health services to plan, delivers, and evaluate care using a patient and family-centered care approach (Johnson et al., 2008, McTavish and Phillips, 2014).



Narrowing in on depression...

Involving family members led to improved outcomes...

- Higher rather of treatment responders and an earlier treatment response (Lemmens et al., 2009)
- improvements in symptom severity (Miller et al., 2005)
- Lower relapse rates at nine-month follow-up (8 per cent vs. 50 percent in a treatment as usual group; Shimazu et al., 2011)

Family therapy has shown to help decrease depressive symptoms among patients who received it but were not seeking treatment for depression specifically (Uebelacker, Hecht and Miller, 2006)

Couple therapy for depression resulted in positive gains in reducing depression sx's (e.g., Cohen et al., 2010; Seikkula et al, 2013)



Primary Care Behavioral Health (PCBH)

“... goal is to **enhance the primary care team’s ability** to manage and treat ...incorporates into the primary care team a behavioral health provider, ... a **behavioral health consultant (BHC)**, to extend and support the primary care provider (PCP) and team ...works as a **generalist** who provides **high volume** services that are **accessible, team-based, and a routine part** of primary care....assists in the care of patients of any age and with any health condition (generalist); engages with a large percentage of the clinic population (**high volume**); ...on the day they are referred (**accessible**); shares clinic space and resources and assists the team in various ways (**team-based**); and is a **routine part of biopsychosocial ...focused (15-30 minute)** visits to assist with **specific symptoms or functional improvement**. Follow-up ... until functioning or symptoms begin improving; ...PCP resumes sole oversight of care but re-engages the BHC ... Patients not improving are referred to a higher intensity of care, though if that is not possible the BHC may continue...also **aims to improve the PCP’s biopsychosocial management of health conditions** in general.” Reiter, Dobbmeyer & Hunter, 2017



GATHER

Generalist

Accessible

Team-based

High productivity

Educator

Routine

Robinson & Reiter, 2015



PCBH enhances access to healthcare for families throughout the lifespan

Individual family members, couples, families, children and adolescents with and without parents

- Same-day, future, day or evening or weekend

Workshops, classes, group medical visits

All problems

- Preventive
- Acute
- Chronic conditions



PCBH Focus on Families and Patient Engagement

Preventive focus

Brief group series or workshop informed by Acceptance and Commitment Therapy for parents of children with ASD and / or other developmental differences

Group workshop for families of pre-teens regarding lifestyle choices and unhealthy influences (e.g., tobacco companies that market vaping to teens)

Group workshop for mothers with high risk pregnancy, with aim to enhance psychological flexibility and lower risk of post-partum depression (and its pervasive impact on women and children)



PCBH Focus on Families and Patient Engagement

Chronic conditions

Group medical visits for families with children diagnosed with ADHD, with aim of enhancing opportunities for teaching a variety of skills (friendship, parenting, attention, etc.), providing social support and improving linkage to community resources, improving clinic efficiency

Group medical visits for patients with chronic conditions (e.g., diabetes, chronic pain) and their families (Gregg)

ACT-informed one-day workshops for patients with cardiovascular risk and depression / anxiety and their families (associated with improved functioning, quality of life, lowered psychological problems) (Dindo)

Group services to upskill families addressing cognitive decline in an elderly (McCurry)



A PCBH Focus on Families and Patient Engagement

Acute

Suspension from school

School refusal

Unplanned pregnancy

Alcohol / drug use

Parental separation / divorce

Interpersonal violence

... and the list goes on

General guidelines for engaging the family

- Get consent from the patient
- Patient introduce the people in the room
- Engaging people across the lifespan is equally important
- Make good eye contact-look at each person present so everyone feels included
- Respect social locations and how they may impact engagement



PCBH Focus on Families

The Context

Goal of contextual interview:

- Understand patient and family in context
- Intervention development based on collective response
- Helps in development of correct doze, appropriateness, and match of an intervention



The Contextual Interview

Mapping the contingencies of context

Love

- Who lives at home? Where do you live?
- Quality of relationships / satisfaction of relationships at home around the presenting issue on a scale of 1 – 10?

Work

- Where do you work and satisfaction at work?
- If not, how do you meet financial needs?

Play

- What activities do you do as a family? How has that been impacted by the presenting complaint?
- How are you and family involved in the community?

Health

- What illnesses are present in the family?
- How does the family take care of health together?



Time, Trigger, Trajectory

Context Informs Intervention

When did you notice these ____ (symptoms, problems) start?

What do others do when you experience this ____ ?

What often acts as a trigger for this (people, place)?

How long it last? When it is happening, what are others doing that are helpful?
That make things worse?

What do you think you are doing to help relieve the symptoms or solve the problem? Are they effective? Are they consistent with your values?

Over time, would you say the problem / symptoms have gotten, better, worse, or stayed the same?

What have family members noticed overtime about this problem / symptom?

The Contextual Interview Handout

BHC adapts questions and flow of interview to take advantage of family dynamics, as they develop in the visit

Effort is to engage everyone and to prepare the family for meaningful change



Roleplay

Patient is a 55 year old mother of 2, coming to the clinic with her 30-year-old son and her 28-year-old daughter

Referral: Mother seeming more and more depressed and withdrawn since 33-year-old son died of an overdose on pain medications 6 month ago



Debrief of role play

Family focused methods embedded in PCBH

I. Checklist of Contextual Factors

Notice . . . What do you see / hear / feel?

1. Home environment
2. Family support
3. Friendships
4. Individual resources (e.g., fun, relaxation, hobbies)
5. Connection with community
6. Lifestyle behaviors
7. Physical health factors
8. Problem factors (duration, skill strengths and deficits, level of distress)

II. Discuss and identify 3 options for intervening; link options with contextual factors . . .

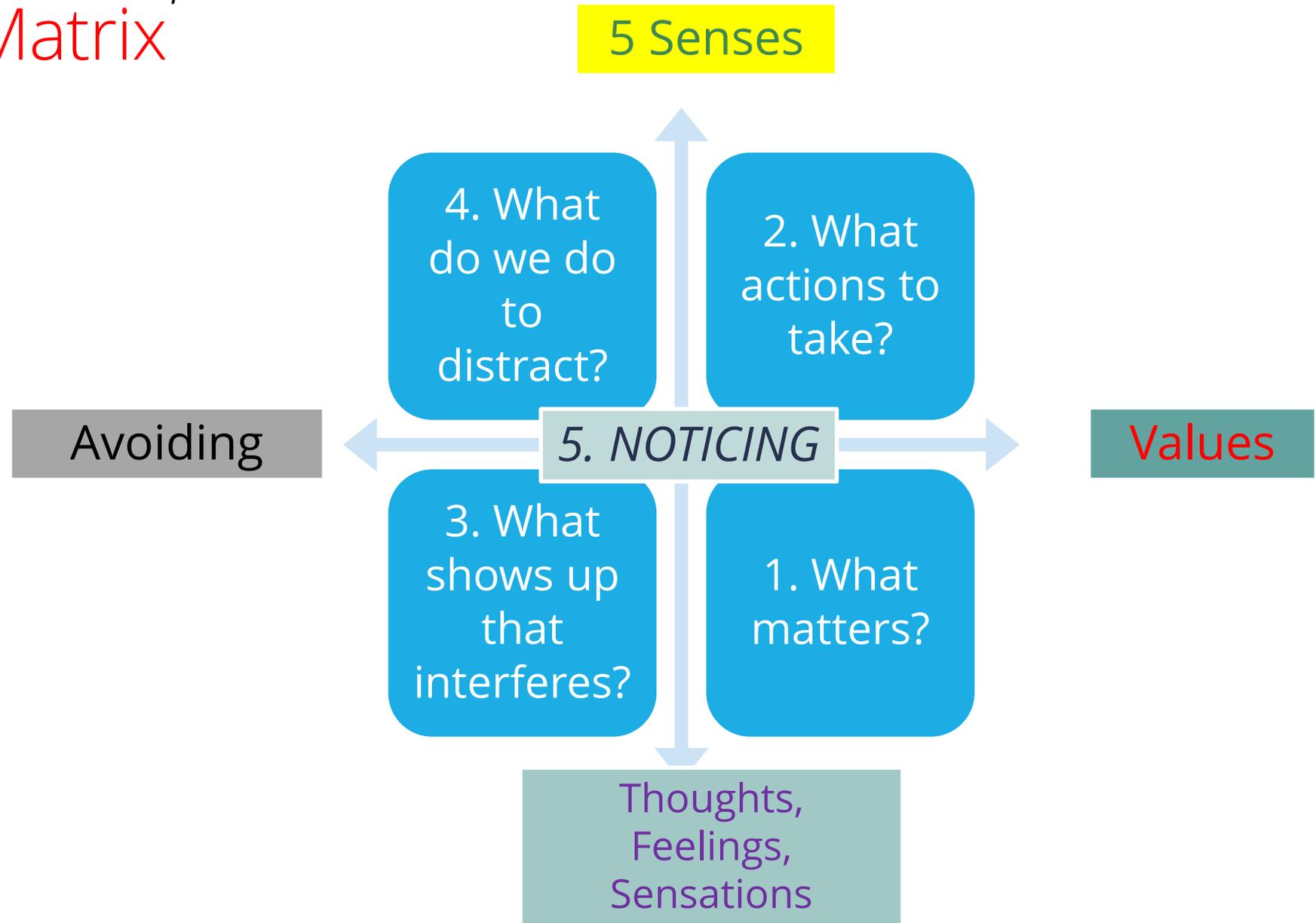
- 1.
- 2.
- 3.

Goal is to intervene in a way that helps patient and family make rapid improvement in functioning



PCBH Intervention Example

The Family Matrix





Q & A Summary

THANK YOU



Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!

