

Families & Context in Primary Care


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Objectives

- Provide Background of Family-Centered Assessment & Intervention
 - Review Case Study
 - Demonstrate Contextual Interview as Applied to Family-Centered Primary Care
 - Identify Brief, Systemic Interventions
 - Discuss Relationally Focused Shared-Decision Making
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The background is a solid pink color. In the top right corner, there is a decorative graphic consisting of several overlapping geometric shapes: a dark pink square, a medium pink square, and a light pink square, all partially cut off by the edge of the frame.

Background

Family-Centered Care

- Mutually Beneficial Partnership Between Healthcare Providers, Patients, & Families:
 - Planning
 - Delivery
 - Evaluation

Davidson et al., 2010; Kokorelias et al., 2019

- Develop and Implement Healthcare Within the Family Context:
 - Collaboration
 - Consideration
 - Education
 - Dedication

Kokorelias et al., 2019



Family-Centered Care

- Methodologies
 - Ecological
 - Strengths-based

Kokorelias et al., 2019

- Shared Decision Making
 - Communication Tools
 - Decision Aids

Smith et al., 2013



Case Study

Case Study

Family Composition: Young Adult, Heterogeneous Couple

Male Partner: James (42 y/o)

Female Partner: Bridgette (41 y/o)



Case Study: James

Chief Complaints:

1. Establish care.
2. Discuss refills of medications.

Diagnoses:

F10.10 - Alcohol Use Disorder, Moderate
F43.10 - Post Traumatic Stress Disorder

Medications:

Sertraline - 50mg qd
Xanax - 0.25mg PRN

Current Mental/Emotional Status:

PHQ-9 score: 14
GAD score: 12
No SI/HI indicated.

History & Physical:

Social:

James is a certified electrician. He reports that he is currently averaging 50+ hours of work each week. He notes that much of his free time involves drinking. When asked how much he drinks, he indicates five to six (12oz) beers per evening, and an average of sixteen to twenty beers over weekends.

James indicates that this pattern of drinking has developed over time. He notes that in high-school he was a "star athlete", heading to college on a full-scholarship. This was until James was involved in a motor vehicle accident in which two of his passengers were killed, and he received a DUI.

He notes that he continues to experience "flashbacks and nightmares related to the accident". James states that he avoids "distressing memories, as well as the location of the accident". He also endorses "persistent guilt and a lack of positive emotions".

Biological:

1. Alcohol Use Disorder: Recent tests indicate that liver functioning has decreased. James reports that he has not changed his drinking habits. Presents as "indifferent" to making changes to drinking patterns.
2. Post Traumatic Stress Disorder: Symptoms have been consistent over the past several years. James believes his medications are effective, particularly the Xanax. He has attended psychotherapy in the past.

Family:

- Father is obese
- Mother has anxiety
- Caucasian ancestry

Case Study: Bridgette

Chief Complaints:

1. Establish care.
2. Discuss refills of medications.

Diagnoses:

E11.9 - Type II Diabetes Mellitus

Medications:

Metformin - 500mg with breakfast and 500mg with dinner

Current Mental/Emotional Status:

PHQ-9 score: 3

History & Physical:

Social:

Bridgette is a medical assistant at a local clinic. She reports enjoying her job and is contemplating enrolling in a nursing program at a nearby community college. She would like to complete her nursing degree prior to turning 45.

Bridgette reports that she has loved James since eighth grade. She notes that James is a “victim of his circumstances”, and that she remains dedicated to him and their marriage. Bridgette identifies that she is increasingly concerned about James’s drinking habits, and feels that there is “emotional disconnect” in their marriage.

Bridgette states that she recognizes herself as an “emotional eater”. She identified that her father is this same way, and that she developed this coping behavior at 12y/o when her mother died. She notes that she is concerned about her increased weight gain and recent diagnosis of Type II Diabetes Mellitus.

Biological:

1. Type II Diabetes Mellitus: Last A1C score was 7.5. Bridgette is aware that if she makes certain lifestyle changes she can decrease her A1C to a “prediabetes range” or better. She follows through with taking the Metformin as prescribed. To date, she has not made any lifestyle changes.

Family:

- Father has Type II Diabetes Mellitus
- Mother died at the age of 42 with metastatic breast cancer
- Latinx ancestry

Contextual Interview

Engaging the Family: General Guidelines

- Get consent from the patient
- Patient introduces others in the room
- Engage individuals across the lifespan
- Maintain eye-contact with all individuals
- Respect social locations & how they impact engagement



PCBH Focus on Families: The Context


- Goal of the Contextual Interview:
 - Understand patient and family in context
 - Intervention development based on collective response
 - Helps in development of correct dose, appropriateness, & match of intervention



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 from 1-10?
- **Work:**
 - Where do you work? How satisfied are you with your work?
 - If no, how are financial needs met?
- **Play:**
 - What activities do you do/have you done as a family? How are current complaints impacting activities?
 - How are you and the family involved in the community?
- **Health:**
 - What illnesses are present in the family?
 - How does the family take care of health together?

Context Informs Intervention: Time, Trigger, Trajectory

- When did you notice these _____ (sxs) come on for you? Bridgette, when do you remember James seeming less connected in the relationship?
 - What do others do when you experience these _____ (sxs)? If you could take Bridgette's perspective, what would she say about the trajectory of this issue, & how would she define, "less connected"?
 - What often acts as a trigger for these experiences to occur?
 - How long do they last for? During the time they last, what are others doing that are helpful? What are others doing that are exacerbating the symptoms?
 - Over time, would you say symptoms have gotten, better, worse, or the same?
 - What have other members noticed overtime about symptoms?
 - On a scale of 0-10, how important is this for you to start working on today?
- 

Family Focused Methods Embedded in PCBH

Checklist for Contextual Factors:

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
 - a. Duration
 - b. Skill Strengths & Deficits
 - c. Level of Distress

Discuss & Decide on 3 Options for Intervening; Link Each Option with Contextual Factors:

- 1.
- 2.
- 3.

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



Brief, Systemic Intervention

Brief, Systemic Intervention

- Goal Setting
 - Collaborative
 - Informed by Contextual Factors
 - Realistic for Rapid Improvement in Functioning

Our goal is: _____

We will: _____

When: _____

We will do this first: _____

Challenges that may arise: _____

We will handle them by: _____

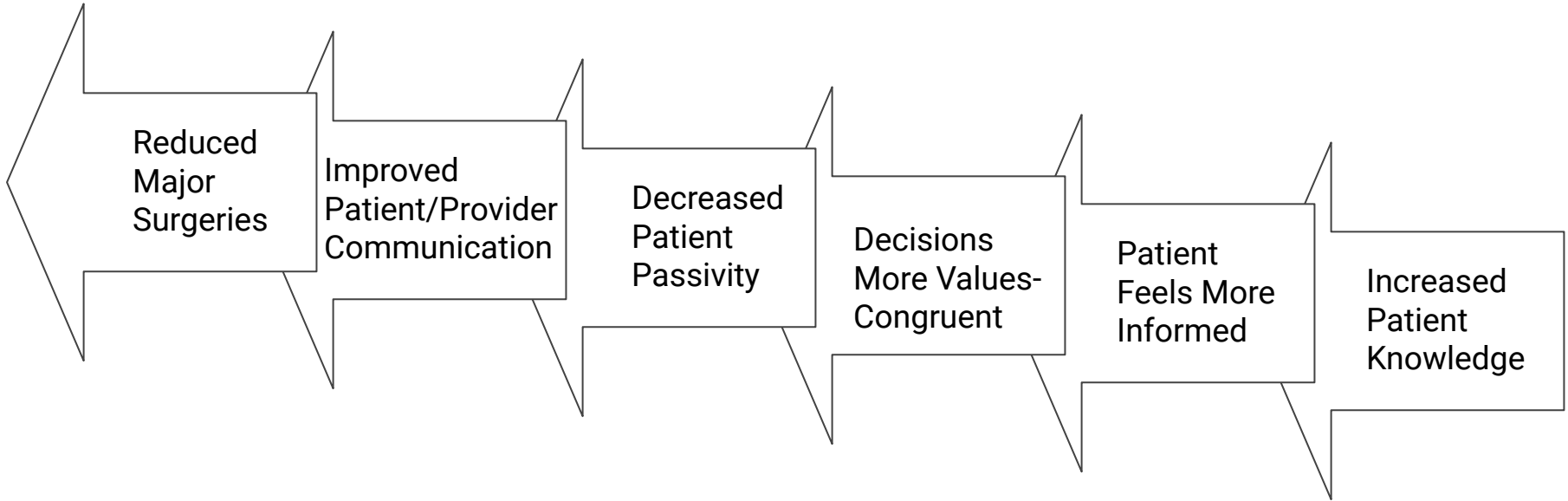
We will reward ourselves when: _____

Our reward will be: _____

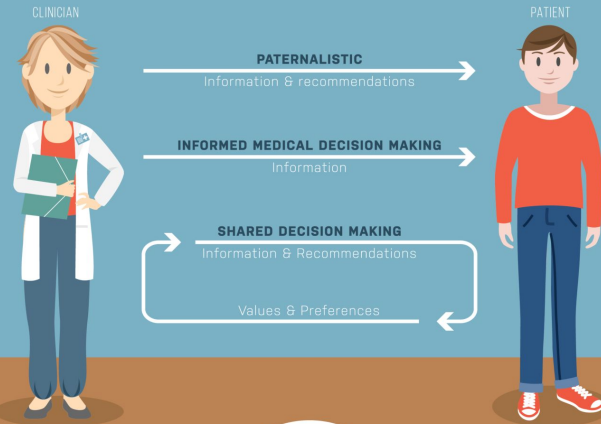


Relationally Focused Shared- Decision Making

2017 Cochrane Review on Shared Decision Making



TYPES OF DECISION MAKING



OPTIMAL PATIENT CARE

Ethical Considerations

Older Adults:

Viewing Family as Allies vs Aggressors



Ethical Considerations

Couples: Individual Autonomy and Power Imbalance

Persuasion → Manipulation → Coercion

Both partners make decisions wholly independently

Both partners are equal and support each other in making health-care decisions

Dominant person has more influence, but the other understands and intends the action

Less dominant person chooses to defer to the dominant person

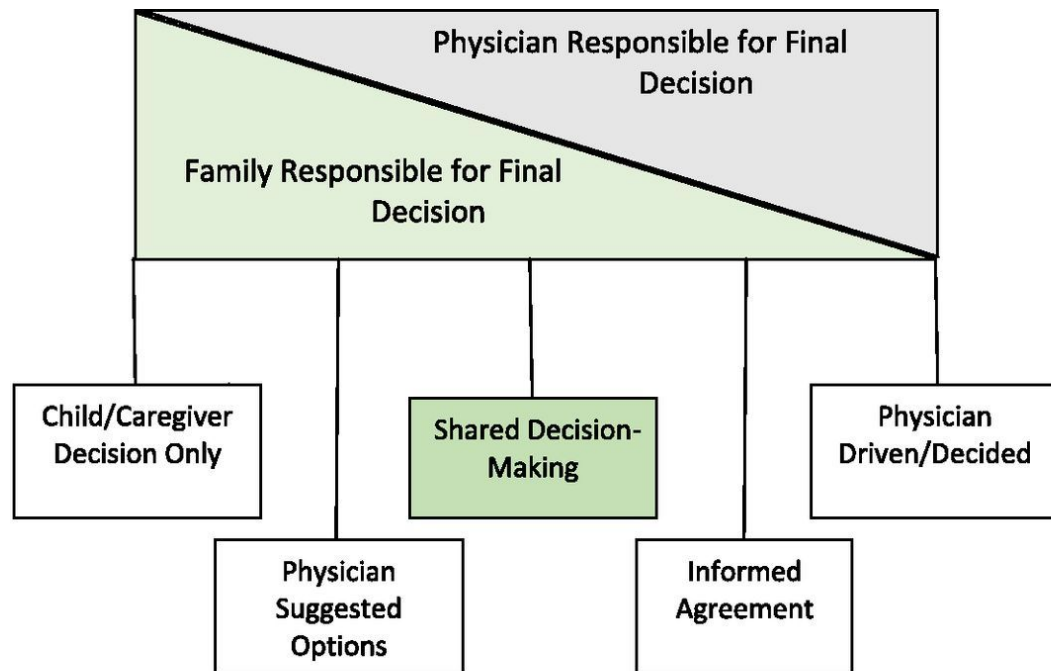
Dominant partner makes and communicates decisions, other partner accepts

Dominant partner makes decisions without involving the other, might include threats or violence

Ethical Considerations

Children with Disabilities:

- “Choice Talk”
- “Options Talk”
- “Decisions Talk”



(Consumerism) ← Autonomy ← ----- → Beneficence → (Paternalism)

4 Principles for Relationally Focused SDM

1. The patient decides who is involved in the decision
 - Have at least one discussion with patient alone
2. Discuss the many possible approaches and levels
3. The patient has ultimate say
 - Unless the patient is underage or isn't decisional
4. Check-in on caregiver burden





Questions & Answers

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