

Family-Based Integrated Care (FBIC) in a Partial Hospital Program for Complex Pediatric Illness

Fostering Shifts in Family Illness Beliefs and Relationships



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KEYWORDS

- Family-based treatment • Integrated care • Patient-centered care
- Patient and family-centered care • Family therapy • Eating disorders
- Chronic illness nonadherence • Somatoform illness

KEY POINTS

- The heuristic model of family-based integrated care (FBIC) grounds case formulation in the context of family beliefs and relationships with a goal of productive joining with families and optimal integration of treatment across illnesses and levels of care.
- The application of the FBIC model is effective in the management of several broadly experienced challenges that occur in the management of complex pediatric illness. Some of these challenges include medical nonadherence, which leads to high morbidity and excessive health care cost, families who struggle with accepting the need for psychological intervention to optimize health outcomes, and the risk of mixed messages across disciplines of health care leading to ineffective care.
- Integrated care is effective in optimizing pediatric health outcomes.
- The HCPHP (day-treatment) model allows for intensive intervention in complex pediatric illness.
- FBIC applied in a partial hospital setting can lead to healthy shifts in family illness beliefs and relationships that support better health outcomes.

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OVERVIEW

Basic Construct of Family-Based Integrated Care

The heuristic model of family-based integrated care (FBIC) was developed over an 18-year period (1998–2016) in the context of the development of the Hasbro Children's Partial Hospital Program¹ (HCPHP) along with the development of a family therapy training program for Brown University child psychiatry and triple board residents.² A description of the heuristic model of FBIC will provide a framework that supports the formulation of treatment needs and coordination of interdisciplinary care across illnesses and levels of care. The FBIC model allows for a meaningful, practical case formulation that is independent of specific illness, presenting symptoms, and context of care. It is also a construct that can be used in all care settings and across disciplines to help organize treatment decisions and interactions in a manner supportive of patient and family empowerment over illness.

The FBIC paradigm encourages providers to join with families around their presenting beliefs about illness and symptoms with an understanding that these beliefs may or may not be divergent from objective medical criteria and provider opinion, and may vary across patient and family members. In addition, the model supports providers in orienting themselves around the relationships between patient and family members, related to specific illness management as well as to overall functioning. With providers grounded in an understanding of patient and family beliefs and relationships in the context and needs of the illness, treatment goal setting becomes connected to the unique needs of each patient. Broadly, the goals include supporting patients and families in having accurate and mobilizing beliefs about their illness and symptoms, and supporting relationships that allow for empathy and effective support around illness needs. The process of aligning providers with these goals across disciplines and levels of care provides a stabilizing construct amidst the crises of pediatric illness while supporting healthy child developmental and family patterns.

The Primacy of Working in the Context of the Family

There is growing evidence supporting the critical impact of the family on children's mental health.^{3–10} This impact is noted in research involving epigenetics, the effects of toxic stress and parental mental illness, as well as in reviews of interventions involving family-based treatment. Evidence-based psychological interventions often focus on the details of the illness or symptoms without considering context. However, these interventions are more impactful when an understanding of family systems concepts is incorporated.

In the heuristic model of FBIC, illness cannot be conceptualized outside of the context of family beliefs and relationships. In the HCPHP, family participation in treatment is central and provides a broader lens on the challenges at hand, which allows for optimization of treatment of all illnesses.

Interdisciplinary Care

The importance of comprehensive, interprofessional care for adults, adolescents, and children has been widely recognized as the ideal way to deliver care. Integrating medical and behavioral health practices leads to lower health care costs, decreased readmission rates, and improved outcomes including greater functioning and quality of life. The literature also supports the concept that mental health and medical conditions are risk factors for each other; the presence of one can complicate the treatment and outcomes of the other. This connection is supported by emerging scientific data that identify shared physiologic pathways connecting mind and body.¹¹

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