Family-Based Integrated Care:

A framework for formulation and tools for therapy

BOOT CAMP 2022

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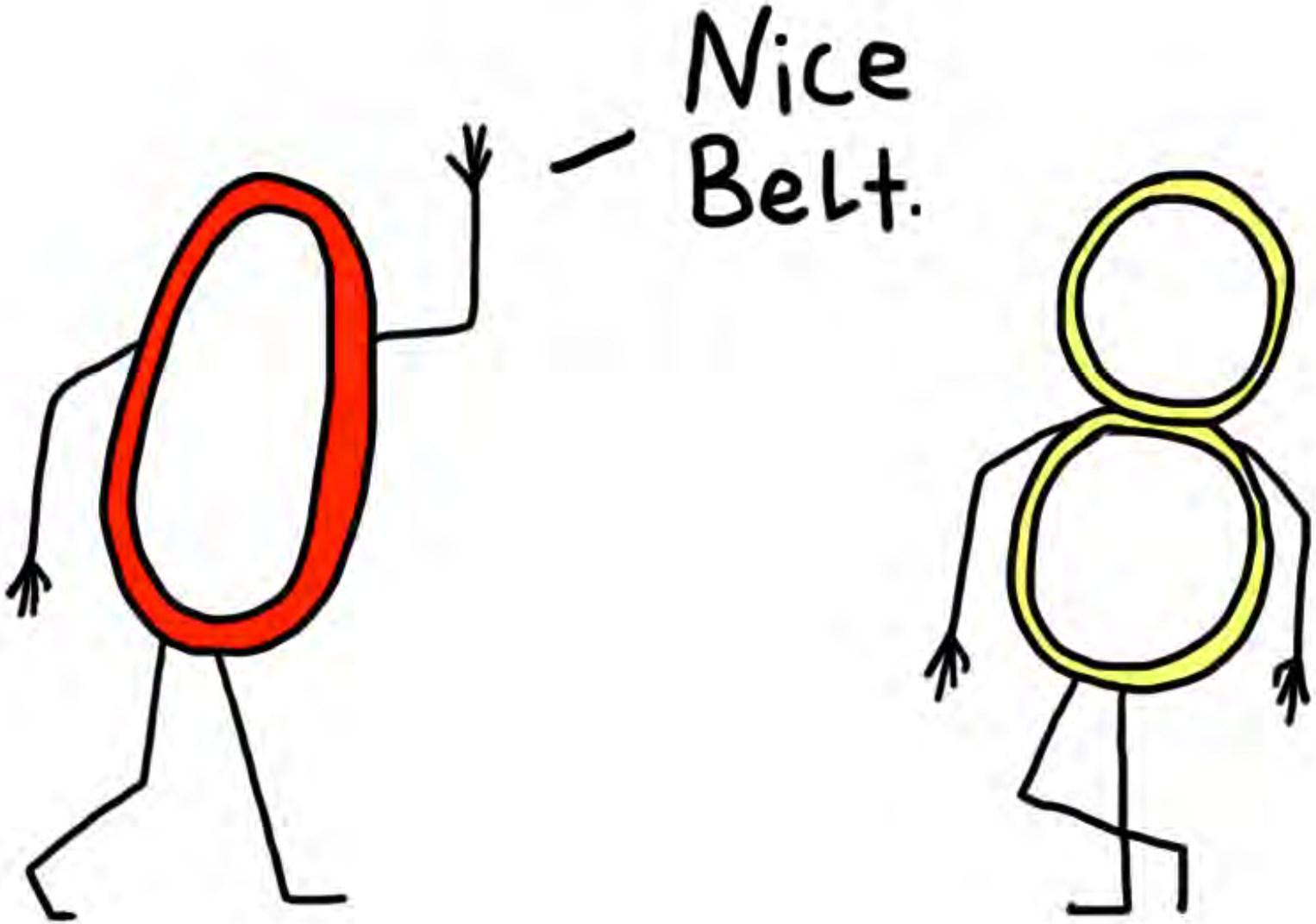
Objectives

- OBJECTIVES:
- Participants will be able to employ the framework of family-based integrated care in the formulation of patients and families that they see in practice.
- Participants will be comfortable defining the concepts of joining, reframing, bridging, and circular questions as related to their practice of psychotherapy.
- Participants will have tools to use in their own practice to support families in breaking non-productive patterns including: blame, destructive affect, parental splits and avoidance.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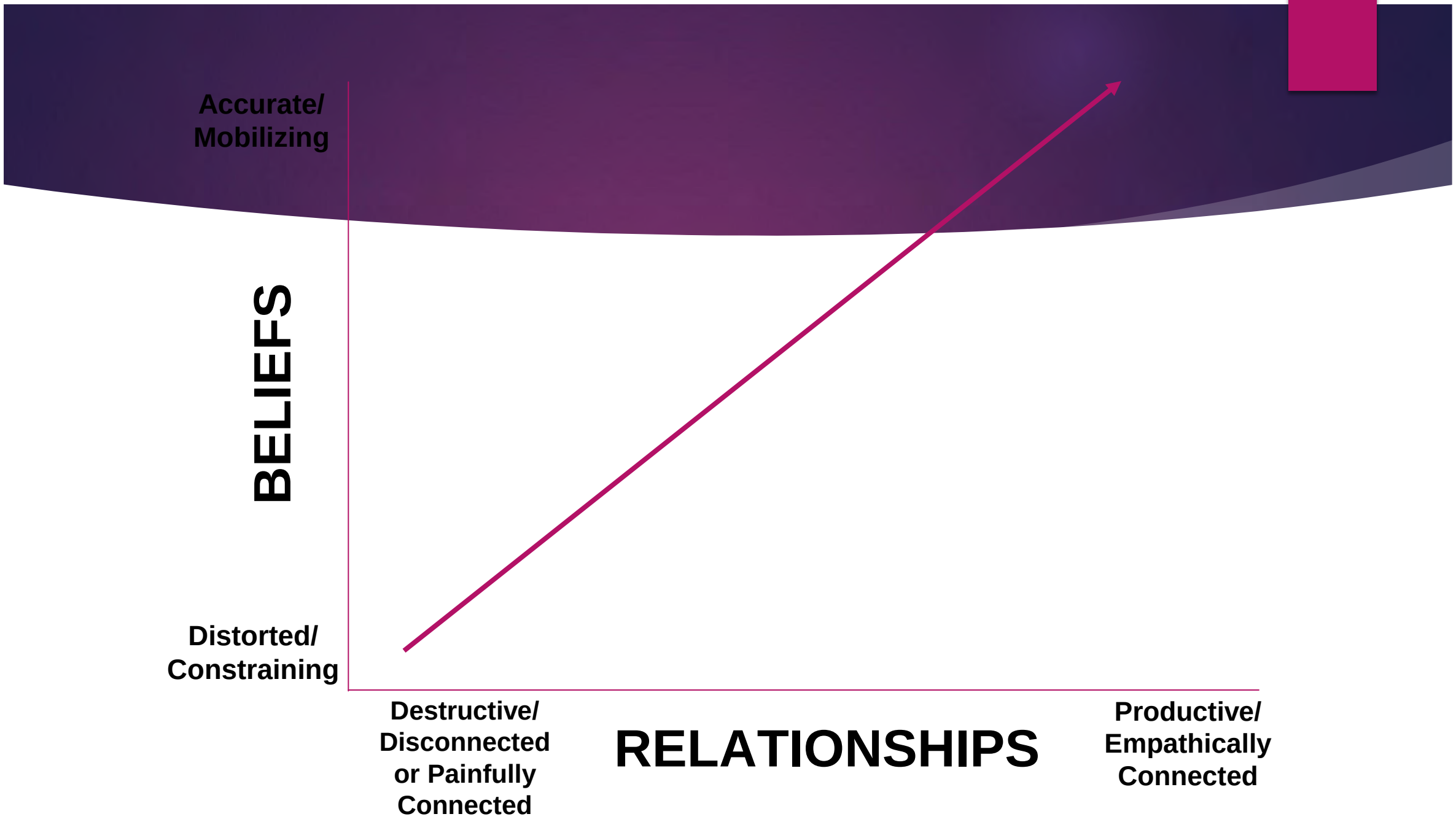
PSYCHOTHERAPY ASSUMPTIONS

- PATIENTS DON'T SHARE THEIR REALITY UNLESS THEY FEEL SAFE
  - AT HOME AND IN TREATMENT
- EVERYONE HAS MIXED FEELINGS ABOUT EVERYTHING
  - THERE IS ALWAYS AT LEAST TWO (OFTEN MORE) SIDES TO EVERYTHING
- IF PAIN AND DISTRESS IS SHARED AND THE RESPONSE IS SUPPORTIVE AND EMPATHIC IT LEADS TO DECREASED PAIN AND DISTRESS
  - THE GOAL OF TALKING ABOUT PAINFUL THINGS IS FOR IT TO BE PRODUCTIVE RATHER THAN DESTRUCTIVE
- ALL CASES ARE "FAMILY" CASES

FBIC - The Big Picture

- What is family-based integrated care?
  - An empowering perspective about symptoms and illness focusing on supporting accurate beliefs and healthy family relationships in the context of illness crises
- Relationships
  - Destructive, disconnected, or painfully connected productive and empathically connected
- Beliefs
  - Distorted/ Constraining> Accurate/Mobilizing
- Team Model
  - Message Magnification


Accurate/
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BELIEFS
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Connected
RELATIONSHIPS
Productive/
Empathically
Connected

“Family-Based”

- Not simply “involving” or “updating” the family
- Not just using family therapy as a treatment modality
- Making every decision from the perspective that family illness beliefs and family relationships together constitute the two most powerful forces in illness management/recovery

“Integrated”

- Not simply communication between medical and psychiatric providers
- Not simply the concept of integrating physical and psychological issues in treatment
- The integration of modalities (pediatric care, psychotherapy, case management, ancillary service care, psychopharmacology) through consistent provider communication and the ***provision of coordinated messages to families***

Relationship to Evidence-Based Treatment Modalities

- FBIC acknowledges contextual factors unique to each individual patient and family
- FBIC provides a frame to allow for intervention in challenging family patterns that can interfere with a range of standard treatments
- Evidence-Based Treatments can “map on” to FBIC framework

Implications of FBIC Model

- Provides an illness-independent vision that can be shared across levels of care
- Applicable to all functionally impairing diagnoses and conditions
- Allows for optimal team communication across disciplines
- Improves likelihood of the level of care and the treatment components matching family needs
  - Families tell us and show us “where they are”
- Less conflict/dissatisfaction with providers even at the most difficult junctures based on open communication
- Better outcomes

Basic Assumptions about Family Therapy

- A patient and family's perspective on the illness challenge as well as the nature of their relationships are powerful forces in illness management and recovery
- Changes in symptom levels (whether positive or negative) are meaningless without an understanding of the family system and it's response/change in context of the crisis
- Mobilization of the immediate family (and often extended family) in treatment is essential
- The intervention must match "where the family is" and "where you are" in your relationship with them

The “Language” of Family-Based Treatment

- A systems understanding of change necessitates use of language in treatment that incorporates this belief
  - Circular versus linear assumptions
  - “Interventive Interviewing”
- Messages matter
  - Family messages
  - Provider messages
  - If more time is needed to offer a coordinated message, take more time

Family Therapy Techniques: Joining

- Joining: Creating a genuine and productive connection with each individual and the family as a whole
- Joining is an ongoing process
- Establishing a clear understanding of each person's belief about the identified problem as well as about the family as an entity
- Reinforcing the framework of therapist as partner with the patient and family- "We're in this together"

Common Barriers to Effective Joining

- The power of the illness and symptoms
  - Behaviorally
  - Cognitively
  - Emotionally
- The Family Protection Fallacy
- Blame dynamics
- Destructive expression of affect

Family Therapy Techniques: Reframing

- Reframing: Creating space for consideration of other perspectives
- Telling people what to do doesn't work
- Examples:
  - Externalization of the Illness
  - Normalizing the level of pressure the illness puts on relationships
  - Flipping affect (the other side of mixed feelings)
  - Supporting mentalization
  - Raising awareness of messages being sent

Family Therapy Techniques: Bridging

- Bridging: Supporting productive communication between family members
- Opening doors between people
- Therapist as buffer
- Role of combined treatment: preparation in individual or collateral conversations for joint discussions
- Stages of Systems Change
  - “Can’t be in the same room”
  - Needs intensive support in session
  - Needs less support in session
  - Productive conversations happen at home

The Language of Bridging: Circularity

- Questions embedded in a relationship
- Systemic focus and language throughout
- Use in individual as well as conjoint sessions

Blame and Destructive Affect: Joining

- “You feel strongly because you care”
- The power of underlying shame, guilt, loss
- Example of intervention: “What do you think _____ may most misunderstand about what it’s like for you to _____ ?”

Blame and Destructive Affect: Reframing

- Goal of increasing awareness of the negative impact on the patient
- ”Blame” construct shifting to ”everyone taking responsibility for their part”
- The power of affect shifting
  - “As enraged as you are at the decisions your ex is making about your son/daughter right now, what about the situation do you feel most sad about?”
- Shifting from focus on blaming others to what the person faults themselves for
  - “As much as you blame your ex for the crisis your child is in right now, what part are you most faulting yourself for?”

Blame and Destructive Affect: Bridging

- Circular/Interventive Questions
  - “As angry as your daughter is about _____, what is the saddest part for her when she thinks about it?”
  - “As much as _____ blames you for this crisis what is the part he faults himself most for?”

Parental Split: Joining

- Joining point is love for children
- Use the word RESPECT often
- Normalize conflict/differences in parenting styles/perspectives
  - Introduce the possibility of balance

Parental Split: Reframing

- Two sides (pros and cons) of style/belief differences
  - “What is the best/worst for your son/daughter about your _____ style?”
- Raise awareness of the impact of mixed messages
  - “Would your son/daughter say you two mostly agree or disagree about _____?”
- Highlight the concept of team work/ co-parenting

Parental Split :Bridging

- Examples of cicular/interventive questions:
  - “As much as your ex-wife is angry at you about the crisis that your daughter is in, what is she most faulting herself about?”
  - “If I asked your children would they say that the two of you get along better, worse, or the same as before you got divorced?”
  - ”If I asked your son would he say that the two of you mostly agree or mostly disagree when it comes to making decisions about him?”

Family Protection Fallacy: Joining

- Normalize the pain of seeing children distressed
- Normalize how out of control the situation feels
- Normalize how hard honesty is
- Remember that some people have never experienced support in response to being open about vulnerability

Family Protection Fallacy: Reframing

- Pain can be gain
  - “Have you been able to talk about painful things without it feeling destructive or hurtful?”
  - “My goal is to help you be able to talk about painful things in a productive way.”
- The family culture of emotional expression matters
  - “Would your son/daughter say that you believe it’s okay to share painful things or that it’s better to keep them inside?”
- Normalize that each family member may have a different rate and shape to their process
  - “Who in the family is farthest along with accepting_____ and who has the farthest to go?”

Family Protection Fallacy: Bridging

- Examples or circular/interventive questions:
  - ” Does Mom/Dad understand how hard it is for you to talk about _____?”
  - ”Is your son/daughter/father/son holding their feelings/pain in because : they don’t think it makes a difference to share it; they are worried you will be angry at them; or they are trying to protect you, or some of each?”
  - “As painful as it is for your mom/dad/child to hear you share about _____ are they relieved in knowing that you are now not alone in this pain?”

TAKE HOME LESSONS:
The "Good News" Regarding High Intensity Illness Challenges

- Illness beliefs and interpersonal relationships within families can, in fact, be modified, and targeting these areas does improve outcomes.
- If we "know where we are" with family relationships and illness beliefs, we know what to do.
- Consistent messages matter and are powerful.
- Excellent provider collaboration is a strong force in supporting patient/family success.
- Any painful challenge/symptom/illness is improved with an empowered set of beliefs about illness and empathic relationships, which is most effectively accomplished via family-based treatment in the context of integrated messages from providers.

Applications to your practice

- Consider using the FBIC “graph” to orient you about the “big picture” of the case
  - Focus treatment goals in a realistic way
  - Increased ease/empathy joining with families who may be ”in the lower corner of the graph”
- Be aware of the power of messages to patients and families
  - Keep it simple
    - Externalizing the illness
    - Pain doesn’t have to be destructive
  - Comment on the larger picture even if you are responsible for a small part of care
- Consider how your practice group team can improve both internal communication as well as that with other providers across the system of care

Acknowledgements

- Diane DerMarderosian, MD
- Tom Roesler, MD
- Pam High, MD
- Greg Fritz, MD
- Jack Nassau, PhD
- Fran Pingitore, PhD, CNS, RN
- Ana Crook
- Donna Silva
- Matthew Willis, MD
- Emily Katz, MD
- Dan Spencer, MD
- Margaret Mannix PhD
- Rebecca Laptook PhD
- Hasbro PHP Staff
- Hasbro PHP Patients and Families

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