1+1=3: Expanding the focus from individual to family oriented primary care

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Objectives

• Review conceptual framework for social determinants of health
• Present empirical support for expanding patient system
• Rift on social historian exercise (pair and share) – a la A. Nussbaum*
• Provide opportunity to practice externalizing language exercise
* Social Support and perception of geographical slant (Schnall et al., 2008)
* Lending a hand: Social regulation of the neural response to threat (Coan et al., 2006)
* Psychoneuroimmunology and relationships (Keicolt-Glaser)
Be a “Social Historian”*

- Platonic vs. Hippocratic approach?

Practice
- Where do you live?
- With whom do you live?
- How do you spend your days?
- How do you support yourself?
- Who do you turn to in times of need or crisis?
Use **Externalizing** (vs. Internalizing) Language

- **Some internalizing phrases we might use (or hear others use)**
  - 52 year old diabetic
  - 23 year old bipolar patient
  - 22 year old HIV patient
  - 16 year old anxious patient

- **What would be externalizing phrases we might use to correct?**
  - Jim is a 52 year old male with Type 2 DM
  - David is a 23 year old male with Bipolar 2 disorder
  - Kristina is a 22 year old female with HIV
  - Danielle is a 16 year old female with panic disorder w/agoraphobia
Example 1: Externalize + Social Component

- Type 2 DM patient (Internalizing)
- Jim is a 52 year old male with Type 2 DM (externalizing)
- “Jim, what are some of the ways that diabetes has affected your relationship with your wife?” (externalizing + social)
Example 2: Externalize + Social Component

• 23 year old bipolar patient (internalizing)
• David is a 23 year old male with bipolar 2 disorder (externalizing)
• “David, when bipolar enters your life, who might you turn to that might help mount a resistance or fight this illness with you?”
Practice

• 22 year old HIV patient
• 16 year old anxious patient
• Or use one of your own patient examples

• Share examples with group 😊
Taming Wild Families in the Exam Room

Behavioral Health Skills Training
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Art by Maurice Sendak
Taming Wild Families in the Exam Room

A step-wise approach to encouraging appropriate behavior during appointments with young children.

1. Be mindful: a) the family’s context, b) your own reactions.

2. Set up the space for success:
   - Do not remove the child from the parents. If the child is at the exam table, ask the parent to stand alongside.
   - Position yourself by or remove dangerous or breakable objects.
   - Provide safe stimulation (books, safe play objects).
   - Learn and use everyone’s names.

3. If you have any sense that chaos might be looming, start with parent education and expectation setting:
   - “Encourage parents to be very involved during appointments.”
   - “Tell me how your parenting style, so please maintain your parenting authority during the visit, as if you were at home.”
   - (If you’re concerned about aggressive behavior) “I will rely on you to ensure everyone’s safety.”

4. Ignore minor annoyances. Choose your battles, but be 100% consistent with your expectations.

5. Command the parent for anything that works well (i.e., catch them doing good):
   - “Your child really responded well when you_____.”
   - “Thank you for setting limits with your child.”
   - “Would you please do_____ again? You did that well.”

6. Use an economy of words to empower the parent(s) to be hands-on and proactive rather than preaching or jumping-in and parenting for them:
   - “Is it OK for you that your child just_____?”
   - “What typically works for you to re-direct your child when she does_____?”
   - “Would you please try that now?”
   - “I need you to prevent your child from doing_____.”
   - “Please separate/lot between your children.”

7. In most cases ensure that the parent and child are required to clean-up any messes.

8. When violence occurs, or if the parent repeatedly declines to intervene, do one or more of the following:
   - If you feel safe, make one attempt to separate children who are fighting.
   - Call in a nurse or colleague.
   - Finish the appointment early and inform the patient that you will see them again when the parent can ensure appropriate behavior.
   - Dismiss families with habitually egregious behavior from your practice.
The Family Context

- Finances
- Work
- Day-to-day stress
- Medical concerns
- Personal history
- Family structure

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- Finances
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- Family structure
Set-up your space for success

- Provide safe stimulation
- Have breakable or dangerous items out of reach
- Do not separate the child and parent
- Learn and use everyone’s names
Education and expectation setting

Children

“Here are some toys. If you want to play with anything else in the room you have to ask me first.”

Parent

“It helps me to see your parenting style so please maintain your parenting authority during the visit as if you were at home.”
Choice and Consistency

• Ignore minor annoyances.
• Choose your battles
• Be 100% consistent with expectations.
Parents continue their role as parent in the exam room.

Consistent Expectations

Child Limits

Children understand what is appropriate for this situation.

“Here are some toys. If you want to play with anything else in the room, you have to ask me first.”
Highlight Strengths & Successes

“Your child really responded well when you____”

“Thank you for setting limits with your child”

“Would you please do____ again? You did that very well.”
Use an economy of words to empower the parents to be hands-on and pro-active rather than preaching or jumping-in and parenting for them.

“Is it OK for you that your child just ____?”

“What typically works for you to re-direct your child when she does____?”

“Would you please try that now?”

“I need you to prevent your child from doing ______.”

“Please sit between your children.”
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