PCIC PIE TRAINING

Session 1: 9th January, 2019

WIFI

Network: ChildAdvocates_Guest

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INTRODUCTION TO FACULTY

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PCIC

UNIVERSITY OF Southampton

OVERVIEW OF TRAINING

- Session 1: Thinking psychologically about engagement in behavioural change
- Session 2: Practice

SESSION 1 OVERVIEW

1. Why we're here
2. Social determinants of health
3. Psychologically-informed environments (PIE)
4. Cognition, emotion and behaviour
   - The cognitive model
   - Cognitive change and choice in behaviour
   - Metacognitive awareness
5. Cognition and values
   - Values as a cognitive proposition
   - Exercise
   - Feedback
6. Engagement in change
   - Self-determination theory: agency and change
   - Motivational interviewing and 'change talk'
   - Exercise
   - Feedback

WHY WE'RE HERE:

- **High-Need, High-Cost (HNHC)**, or complex patients
  - Suffer from multiple chronic illnesses
  - Lack connections to social/behavioral resources

5% of the population is responsible for 50% of healthcare spending

- The US spent $3.2 trillion on healthcare in 2015
- $1.6 trillion of that was spent by 50% of the population

WHY WE'RE HERE:

- Harris County's annual healthcare spend: $9.5B*
  - HNHC represent $4.75B, of which at least 12% could be avoided
  - ($570M in savings by conservative estimates)
- E.g.: 1 hospital's highest 53 super-users received care at 36 different hospitals in 1 year!
  - These clients cost one hospital $8.6M and the health system $20.2 million overall (underestimate)

***Based on Harris County 22% population (4.59M persons) and state of Texas healthcare spend: $42.9B (2015)**

PATIENT CARE INTERVENTION CENTER

- **MISSION**: To **improve healthcare quality and costs** for the vulnerable in our community through **data integration** and **care coordination**.

- **VISION**: We envision a **coordinated health safety-net** where all stakeholders **share data** to make **better decisions**.

BUILDING A UNIFIED SAFETY NET

To improve care for complex patients

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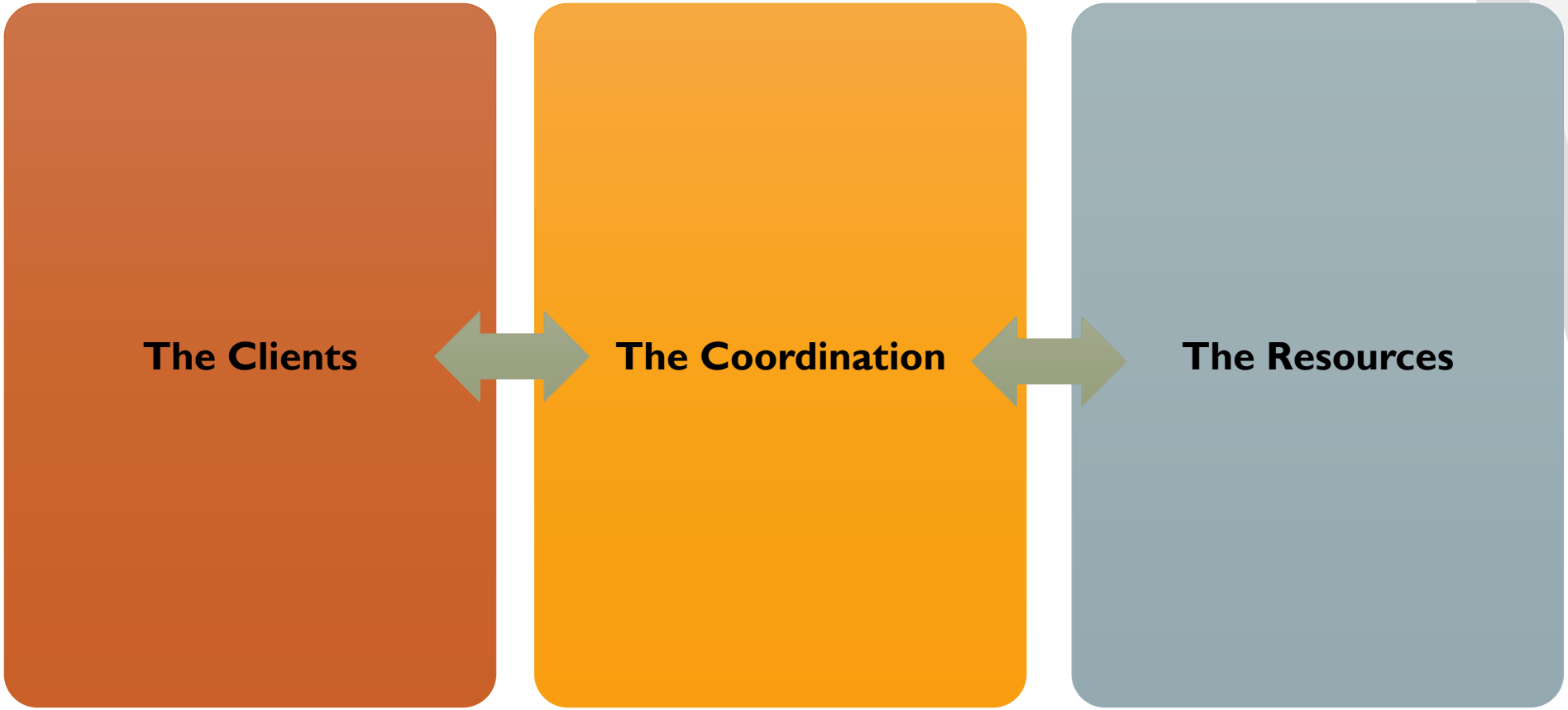
THE UCCP



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The Clients

- Build a client data repository
- Gather client data from medical & social agencies
- Integrate & link client data across agencies
- Identify duplication of service overlaps
- Create actionable dashboards
- Provide reports and live alerts

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The Resources

- Build a resources data repository
- Identify available (real time) community resources
- Map resources to patient needs
- Produce reports and alerts on available resources

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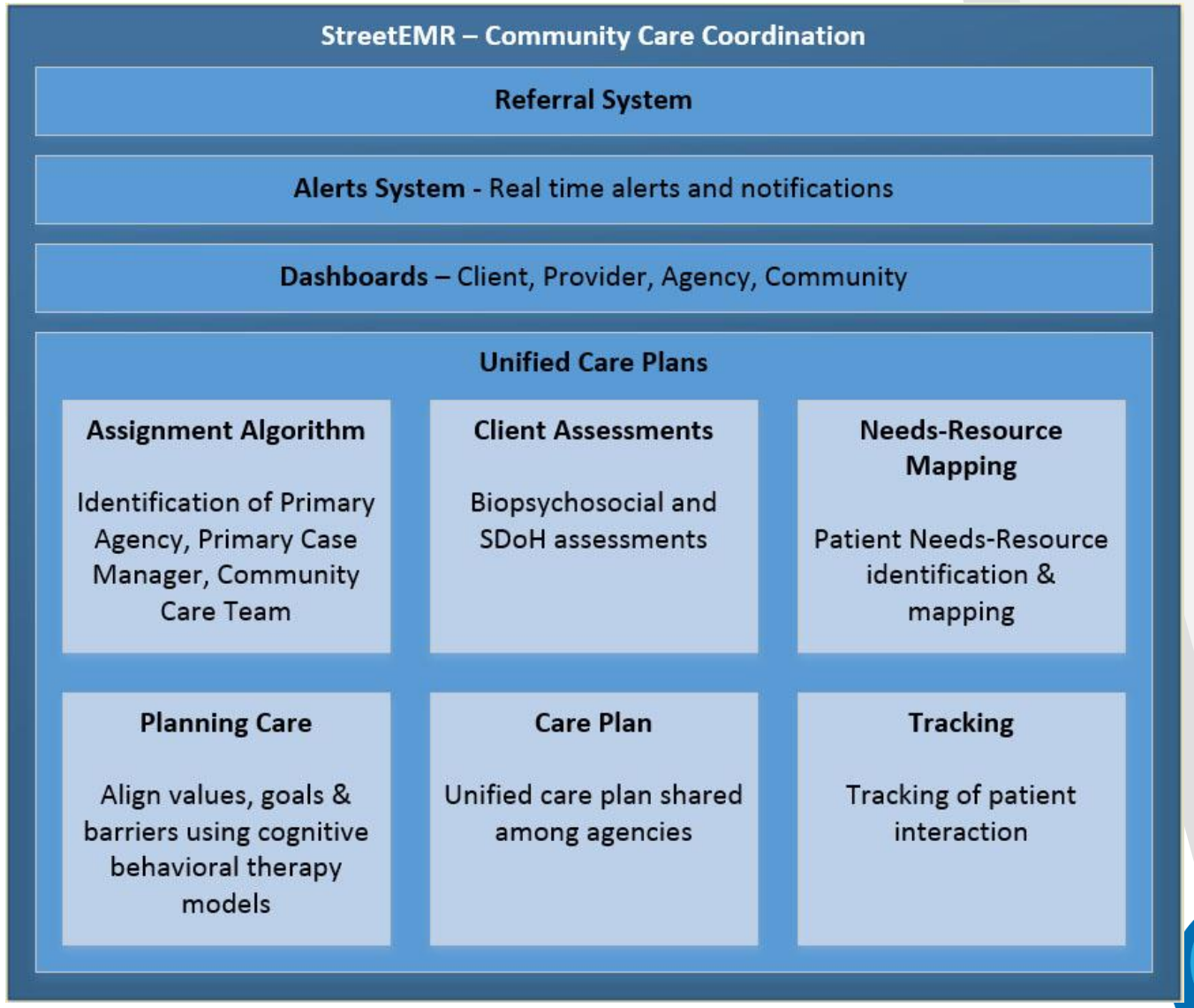
Care Coordination (Clients + Resources)

- Develop care plans that can be shared across medical and social agencies that provide service to the client, in real time
- Keep agencies and case managers across organizations informed on the progress of their clients



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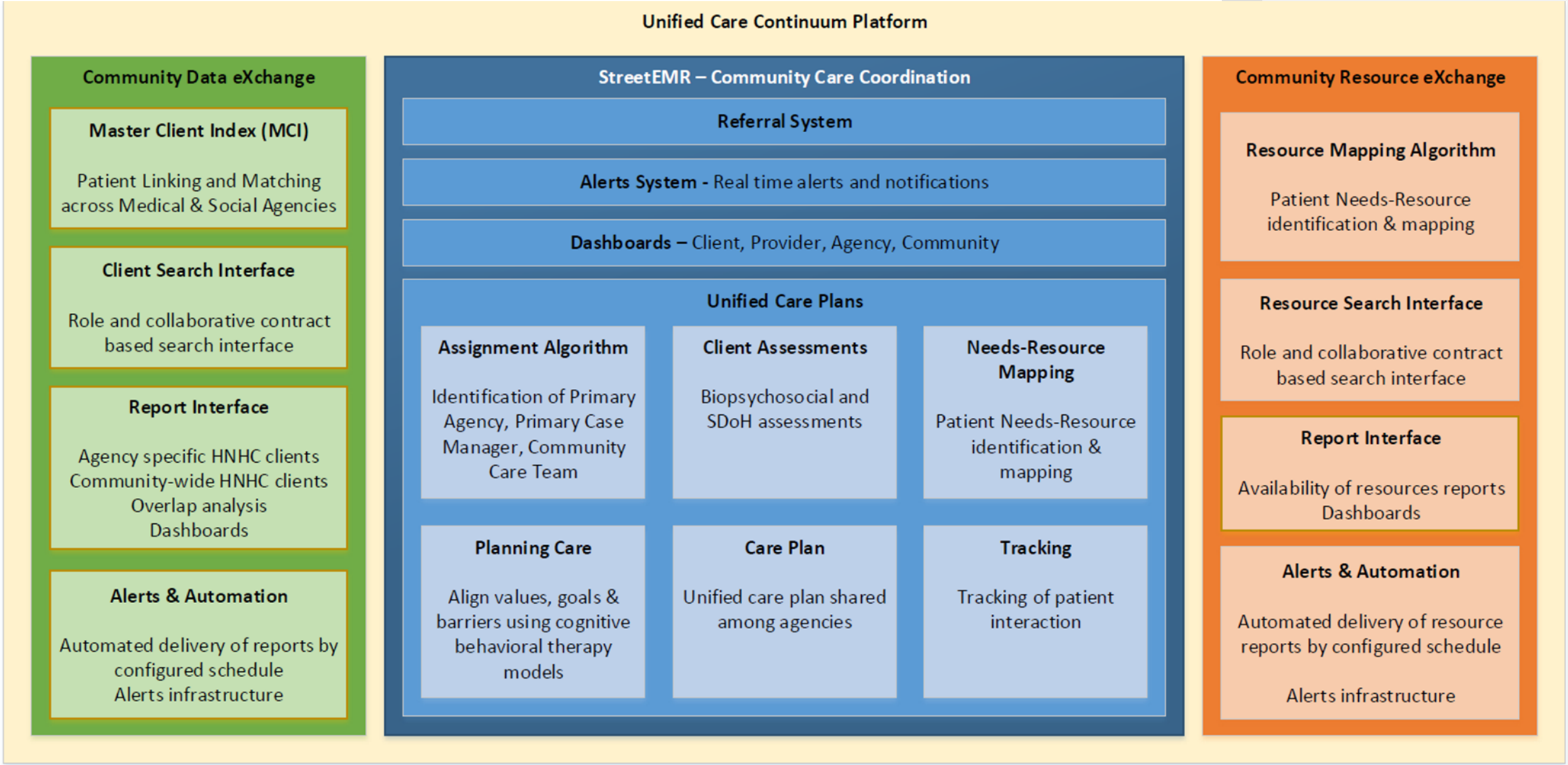
Bringing it together - The UCCP



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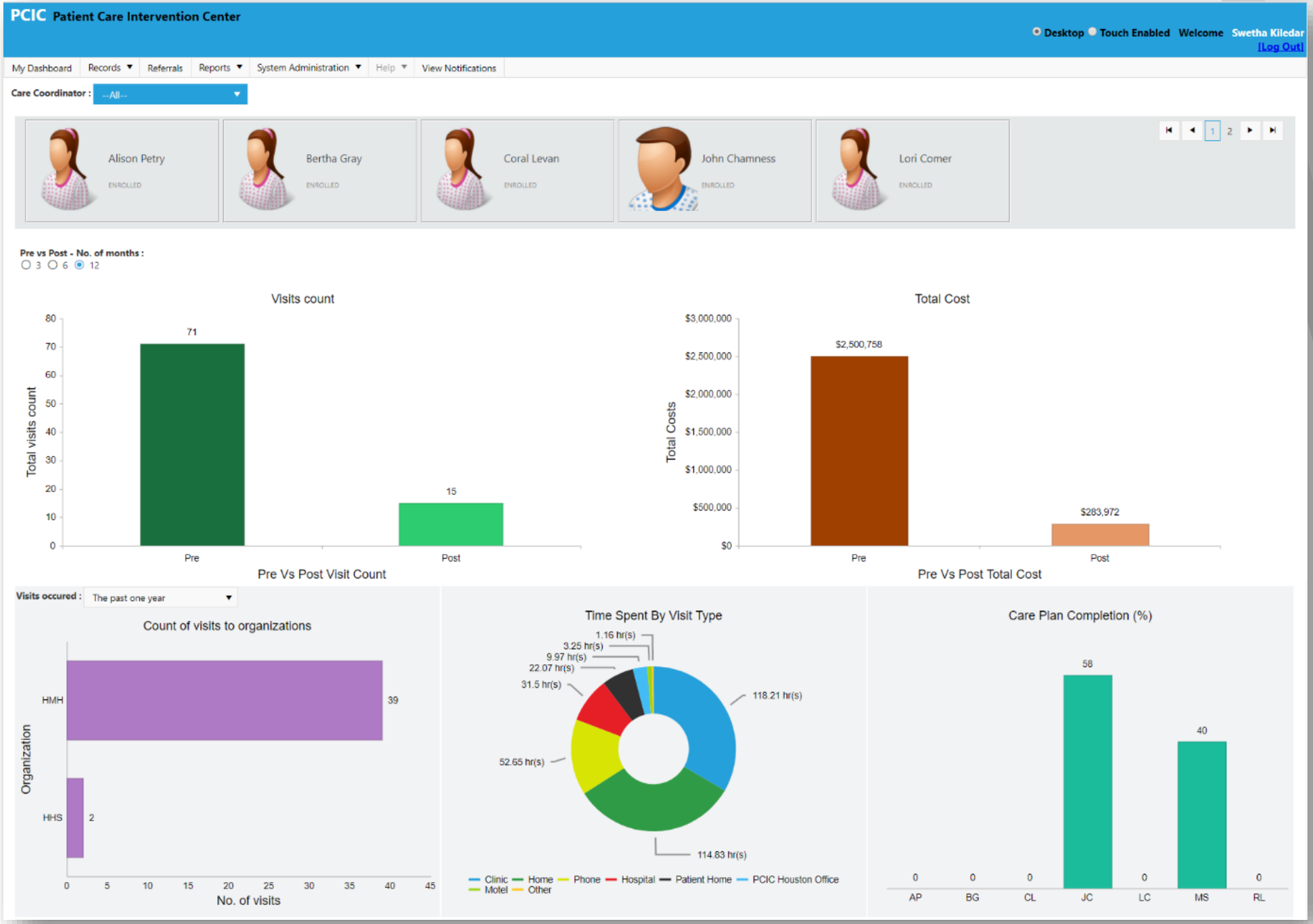

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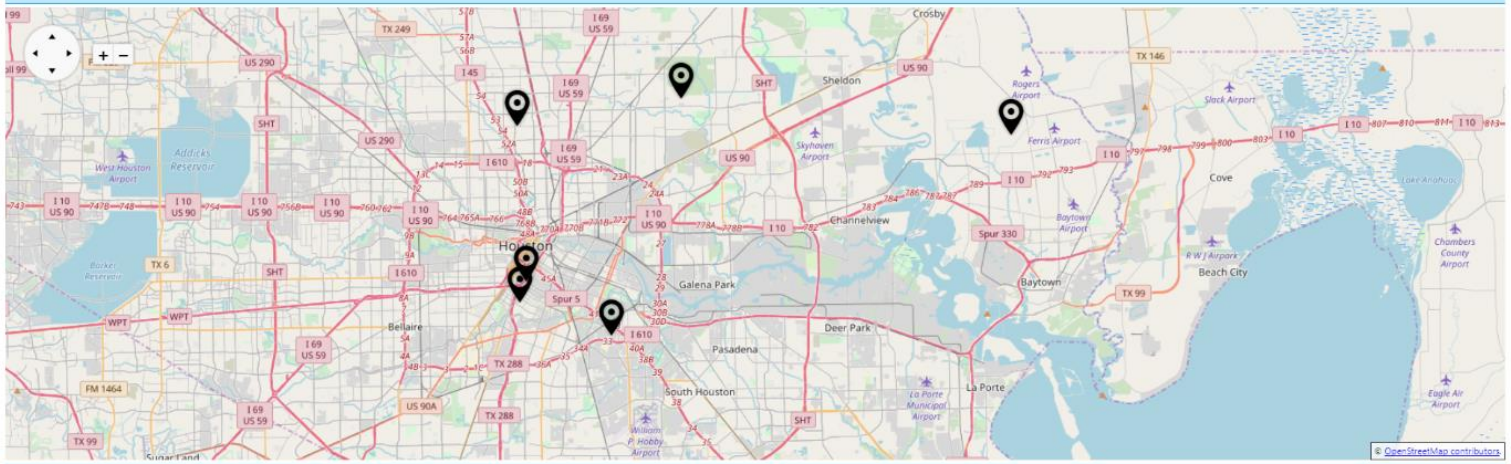
Geolocation



Top 3s

Top 3 Successes

- Connection to Medicaid Transportation and/or MetroLift if clients qualify.
- Connection to medical homes: PCP's and specialist care.

Top 3 Challenges

- Care is often difficult to access due to hospital systems and outpatient care only accepting certain Medicaid Managed Care plans.
- Wait times for specialist and behavioral health appointments are often several months long. Often connecting with specialists and behavioral health can be a challenging and confusing process.

Top 3 Barriers

- Affordable Housing: Client currently relies on income from her mother and son to pay for housing, which she would not be able to afford on her own.
- Chest Pain
- Communication: Lacks cell phone and therefore has difficulty communicating with providers

Top 3 Resources Coordinated

- No data available

DLA-20 Scores

DLA-20 Analysis

COMPARE LATEST DLA-20 WITH : ◉ Overall ○ Previous

IMPACT : ○ Overall ◉ Highest Vs. Lowest

RANK : Top 5 ▾ * Depending on the rank chosen, there may be overlappig categories in 'Highest' and 'Lowest' impact visuals.

DLA-20 Questions

Highest Impact				Lowest Impact			
Coping skills	Leisure	Community Resources	Alcohol/Drug Use	Communication	Dress	Family Relationships	Managing Time
		Grooming				Personal Hygiene	Sexuality

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SOCIAL DETERMINANTS OF HEALTH

"What happens at the local level can contribute to crime, alcohol-related deaths, obesity, road traffic injuries, depression, health problems linked to pollution of air and water, problems with housing. On the plus side, the local level can improve health through a high level of **social cohesion** and **social participation**, security and low fear of crime, active transport, provision of green space, walkability, availability of healthy food, good services."
– Sir Michael Marmot

LIFE EXPECTANCY AND 59S

Loss of Life:
1 year/mile

Life Expectancy
~10 years

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

3701 KIRBY / 77043

Life Expectancy

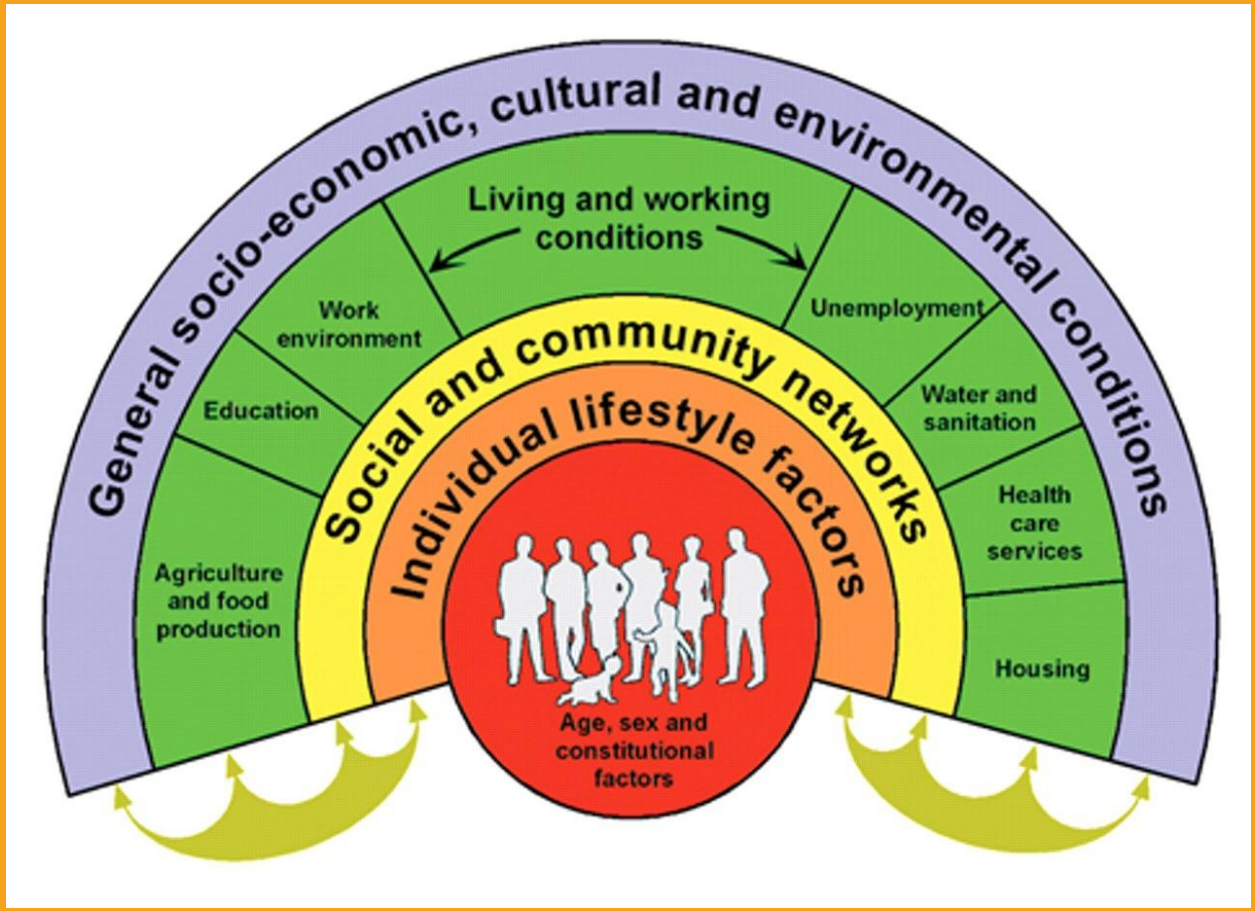
△13.9 years

https://www.rwjf.org/en/library/interactives/whereyouliveaffectshowlongyoulive.html

Years of education	White women	Black women	White men	Black men
<12	73	73	67	66
12	78	74	72	68
13-15	82	80	79	74
16+	83	81	81	75

LIFE EXPECTANCY CHART OF MEN AND WOMEN, US 2008

Sources: Olshansky SJ et al. Differences in life expectancy due to race and educational differences are widening, and many may not catch up. Health Aff (Milwood). 2012; 31(8): 1803-13.



(SOCIAL) DETERMINANTS OF HEALTH

What is it really?

MISDIAGNOSED

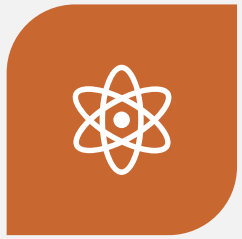
"I diagnosed 'abdominal pain' when the real problem was hunger; I confused social issues with medical problems in other patients, too. I mislabeled the hopelessness of long-term unemployment as depression and the poverty that causes patients to miss pills or appointments as noncompliance. In one older patient, I mistook the inability to read for dementia. My medical training had not prepared me for this ambush of social circumstance. Real-life obstacles had an enormous impact on my patients' lives, but because I had neither the skills nor the resources for treating them, I ignored the social context of disease altogether."

– Laura Gottlieb, MD, San Francisco Chronicle

Source: https://www.sfgate.com/opinion/openforum/article/Funding-healthy-society-helps-cure-health-care-3177542.php

CAUSES OF THE CAUSES

EARLY YEARS AND AGING

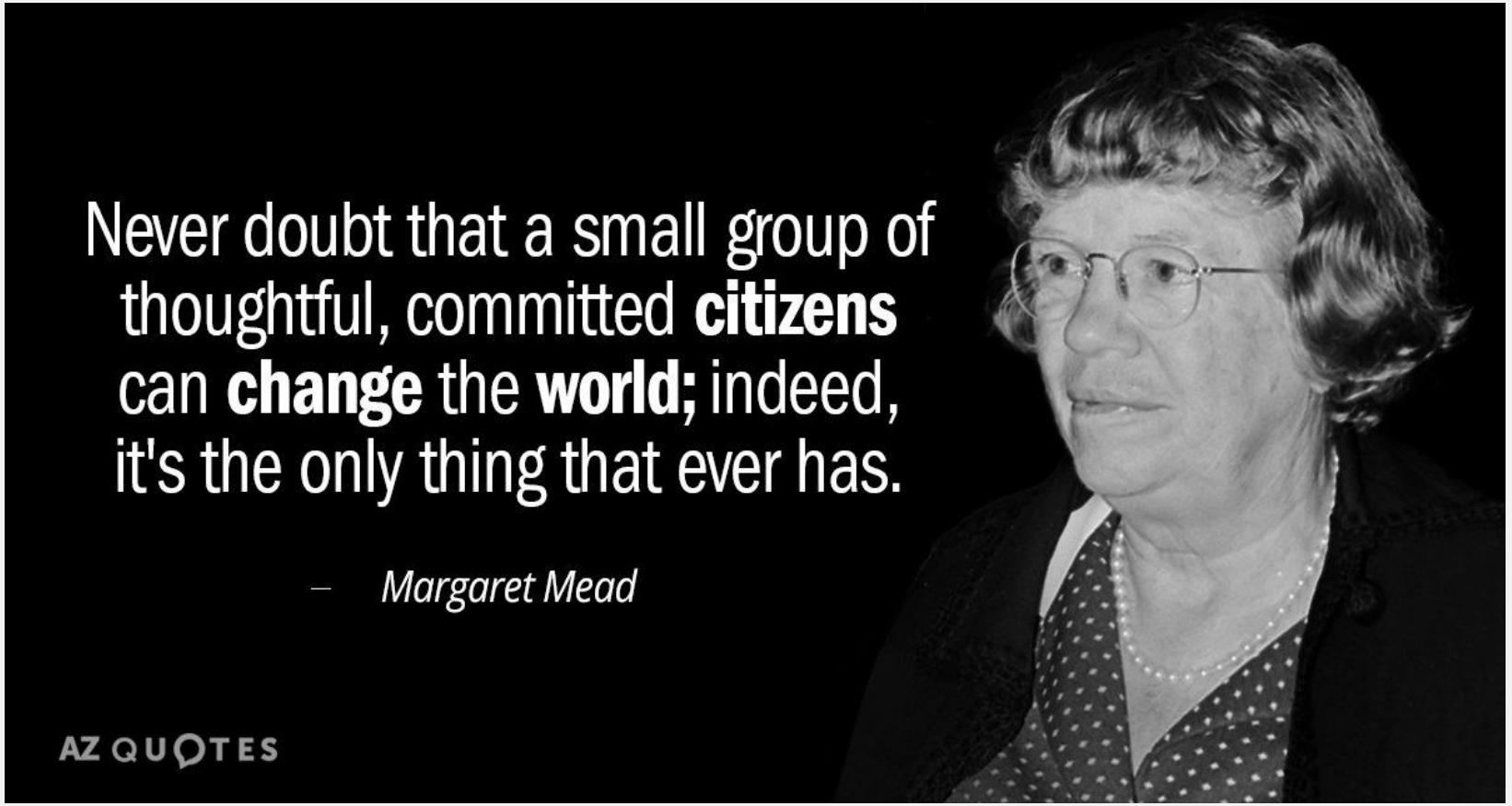


ENVIRONMENT

HEALTH RELATED BEHAVIORS

ECONOMIC STABILITY

SOLIDARITY


Never doubt that a small group of thoughtful, committed **citizens** can **change** the **world;** indeed, it's the only thing that ever has.
– *Margaret Mead*
AZ QUOTES

PSYCHOLOGICALLY INFORMED ENVIRONMENTS (PIES)

Five basic tenets:

1. Formal psychological model
2. Relationships fundamental to change
3. Staff training and reflective practice
4. Physical environment
5. Evaluation

http://pielink.net/ For resources and info on PIEs

THINKING PSYCHOLOGICALLY ABOUT OUR PATIENT'S PROBLEMS

BEHAVIOURS

- Why do our patients do what they do, even though apparently self-destructive, maintain chronic illness etc.
- Important to think about the *function* of behaviours
- Unpack in terms of ways of thinking and feeling

HOW DO YOU FEEL WHEN WORKING WITH YOUR PATIENTS?

RELATING THOUGHTS, FEELINGS AND BEHAVIOUR

SPECIFICS

- Six basic emotions (evolutionary perspective; Ekman, 1992)
  - Anxiety
  - Anger
  - Sadness
  - Happiness (including love)
  - Surprise
  - Disgust

THE COGNITIVE MODEL

IDENTIFYING BELIEFS: THE ABC MODEL
(ELLIS, 1966)

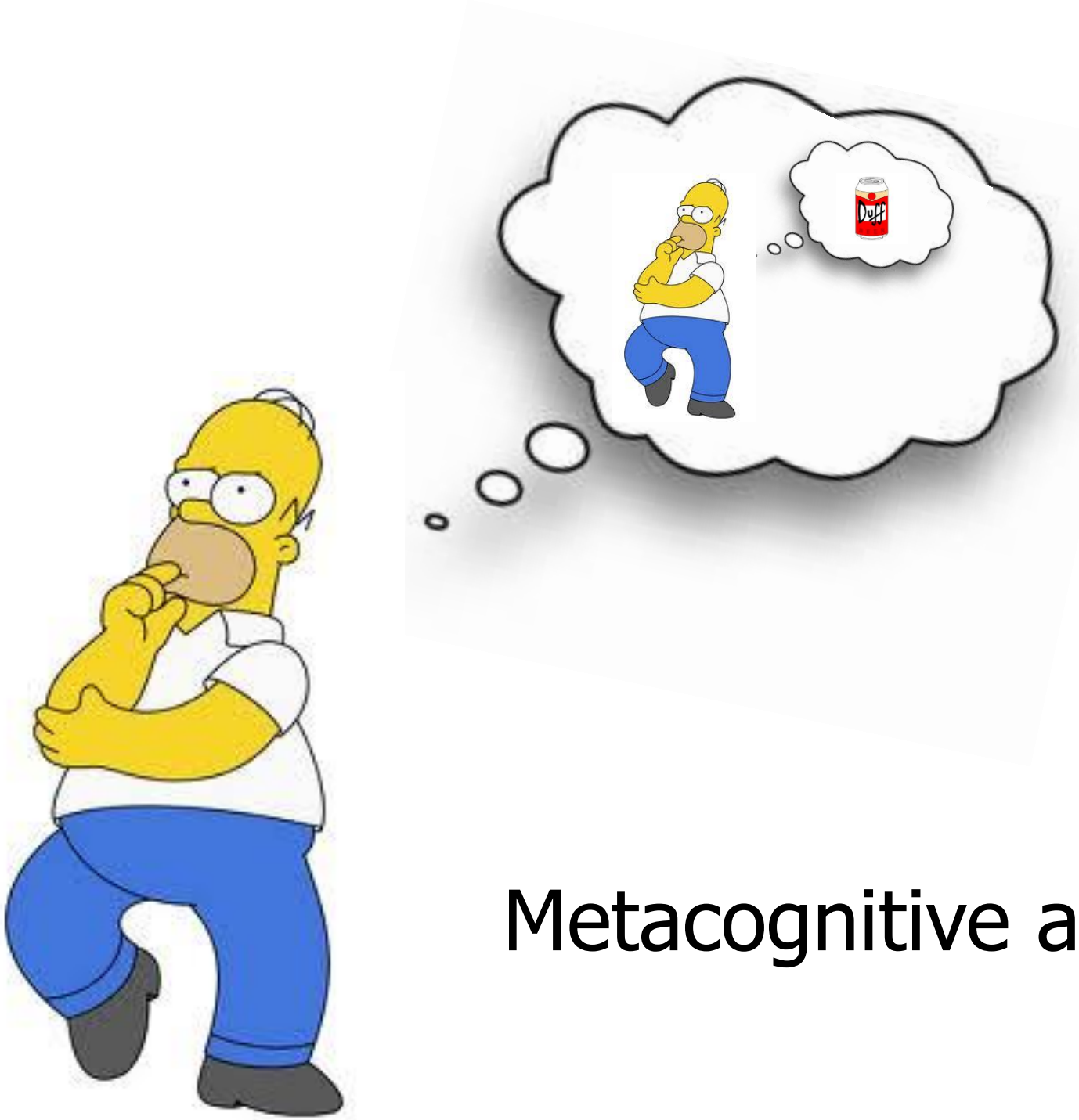
Antecedent event	Belief	Consequence
		Emotion: Behaviour:

INTERPERSONAL EVALUATIONS

- Perceived negative evaluations by others (particularly those in power) are key
  - Adaptive in evolutionary terms
  - Hierarchy

Three types:

- Self to other
- Other to self
- Self to self



Metacognitive awareness

ENGAGEMENT IN CHANGE

Cognitive change (information, content challenge)…

… in the service of behavioural change.

LUNCH!

- Eat
- Charge your devices
- Evaluation!
  - Please go to www.isurvey.soton.ac.uk/24653
  - Password is PCIC

VALUES

- Values are how you want to behave on an ongoing basis.
- Deep down, what is important to you?
- How do you want to interact with others and self? How do you want to be seen by the world?
- They are leading principles that can guide and motivate us through our lives.

VALUES ARE NOT GOALS

GOALS

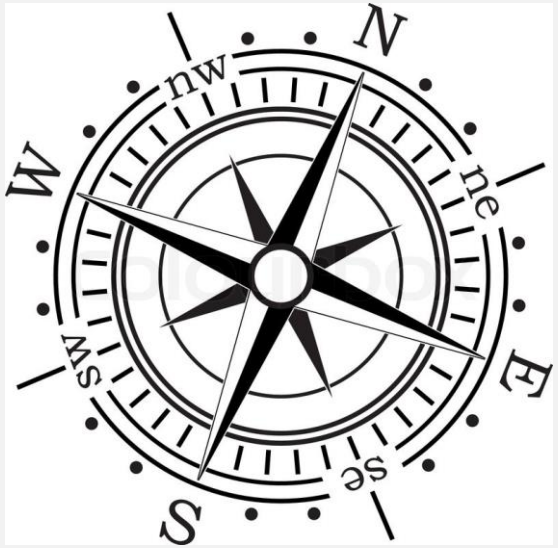
- You can reach or achieve a goal, cross it off your list
- A goal is getting to the river, something achievable and then finished
- Another example: a goal is to get married whereas . . .

VALUES

- Values are directions we want to keep moving in
- A value is the northerly direction you need to take to get to the river
- a value is to be a loving and supportive partner to another human being

VALUES: A LIFE COMPASS

- Gives you direction
- Keeps you on track
- We use them to choose which direction to go
- Control over how *we* act, not how others act
- Destructive behaviours are not motivated by values
- However, it is an abstract idea



CLARIFYING VALUES

- "I know a lot about what you don't want, but little about what you do want"
  - What sort of person you'd like to be
  - Kind of relationships you'd like to build
  - What you want to do with your life to make it fuller and more meaningful
- Can use techniques on next slide
- Key is to have meaningful conversation about what is really important to the person

STRATEGIES TO HELP CLARIFY VALUES

- Imagine the person you most love in the world (partner, sibling, friend etc) and then put yourself 10 years in the future. This person is hosting a party in your honor. They step up to the microphone and start their toast to you, what are you hoping they say? What qualities do you hope they focus on?
- Can also be aspirational: ask yourself what character strengths you have now, and which you want to develop?

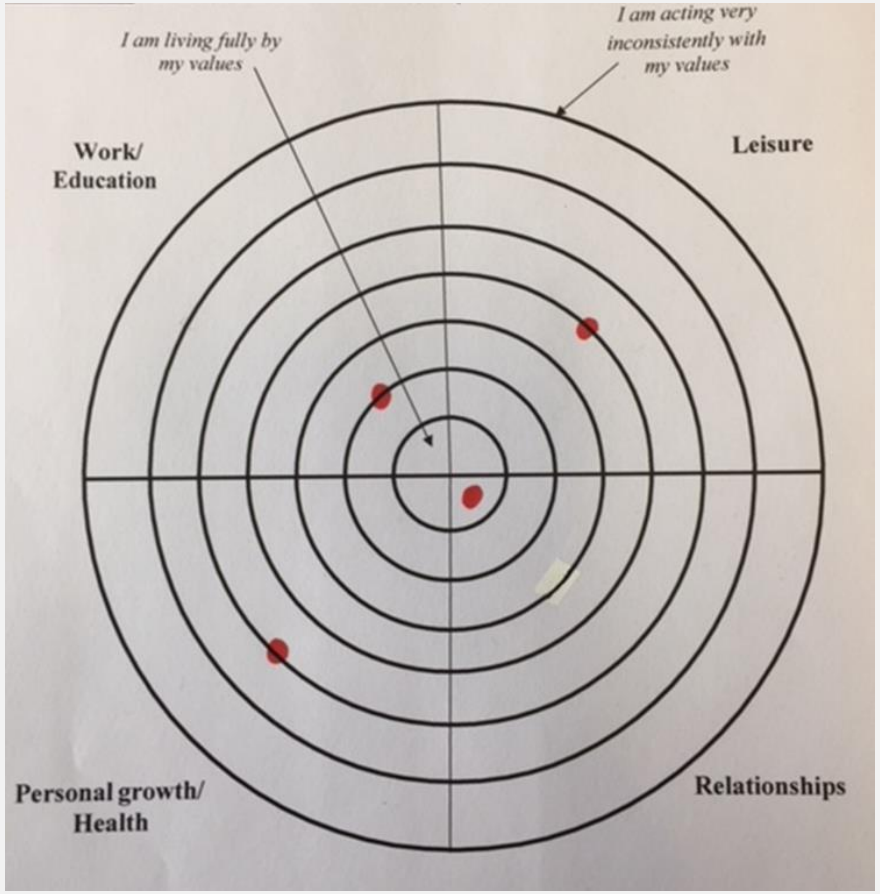
Link to multiple value worksheets and activities:
https://www.actmindfully.com.au/upimages/2016_Complete_Worksheets_for_Russ_Harris_ACT_Books.pdf

THREE COMMON PROBLEMS IN HELPING CLIENTS TO CLARIFY VALUES

- **Reluctance**: "I don't know" "This is dumb" etc.
  - Can give examples from your own life or other (made-up) client examples
- **Concrete thinking**: patients often give examples of goals
  - Ask: "if this goal was achieved.."
    - How would you feel?
    - How would you act differently?
    - What personal qualities would it demonstrate?
    - What sort of characteristics does a person have who has achieved X?
- **Desire to change another person's behaviour**:
  - Emphasis on what we can and cannot control
  - Ask "if that person did…how would you act differently?"

VALUES ACTIVITY

- A quick activity to understand:
  - What is important to the person
  - Areas of strength
  - Areas to work on/set goals
- Let's do it!



GROUNDING AND SQUARE BREATHING

Mindfulness

(Tools for centering and grounding yourself in the present moment)

Examples:

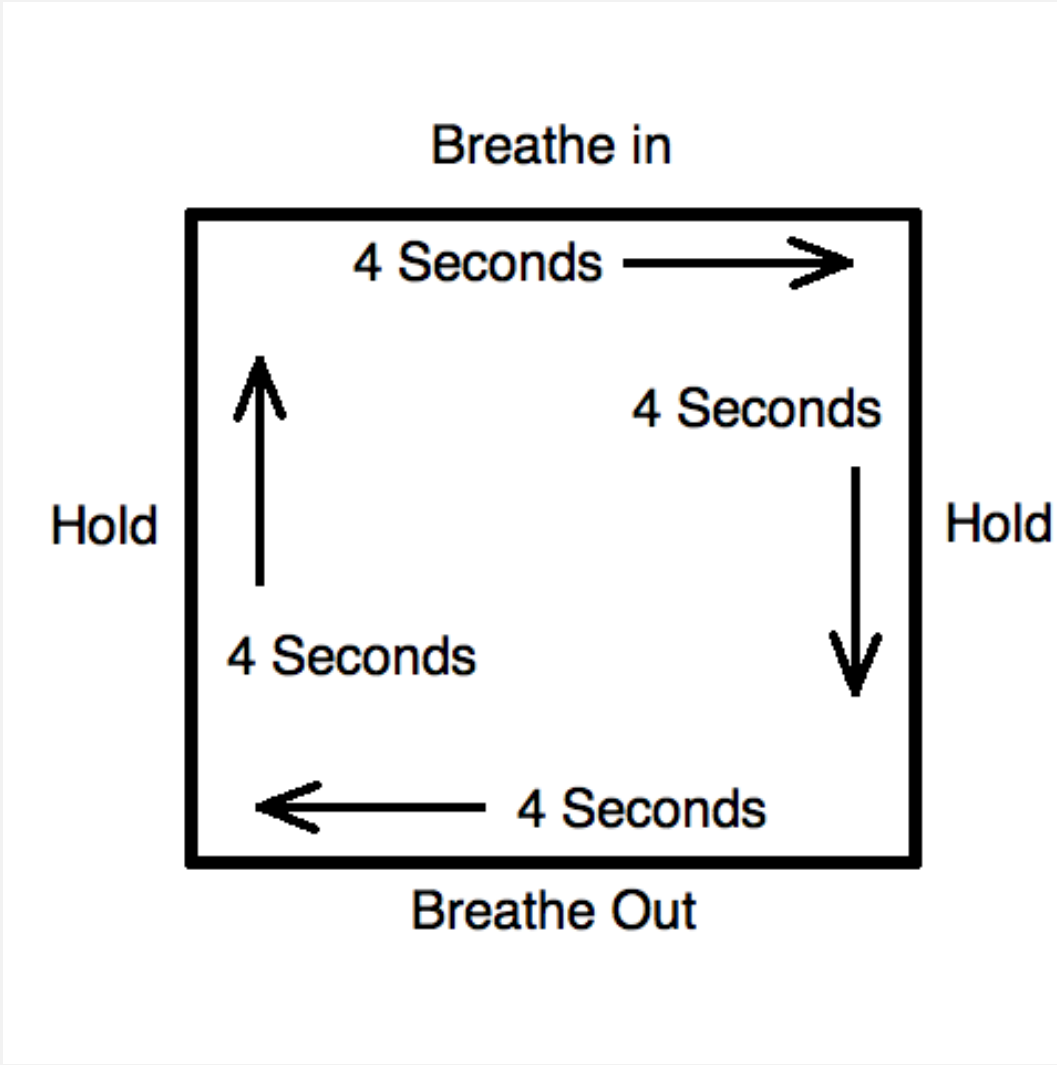
Meditation or relaxation recordings, grounding objects (like a rock or paperweight), yoga mat, breathing exercises.

Distraction

(Taking your mind off the problem for a while)

Examples:

Puzzles, books, artwork, crafts, knitting, crocheting, sewing, crossword puzzles, sudoku, positive websites, music, movies, etc.

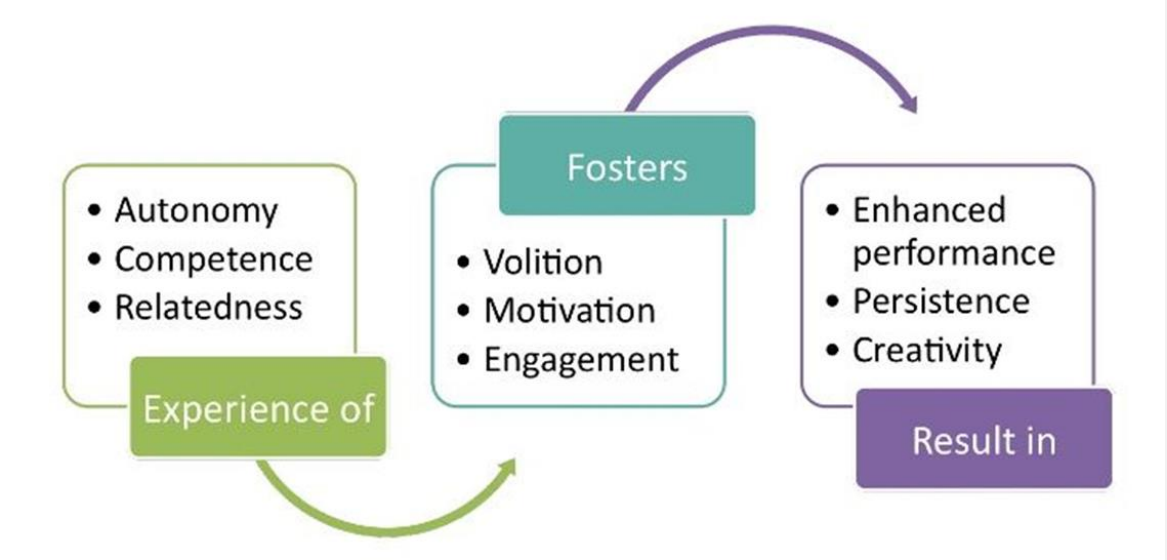


THE NEXT STEP

- Once you have determined the core values you have, then you can start to engage in behaviours that are in the service of those values
- “It’s not hard to make decisions when you know what your values are.” Roy Disney

SELF-DETERMINATION THEORY

- More motivated to behave in a particular way under three conditions:
  - Autonomy
  - Competence
  - Relatedness

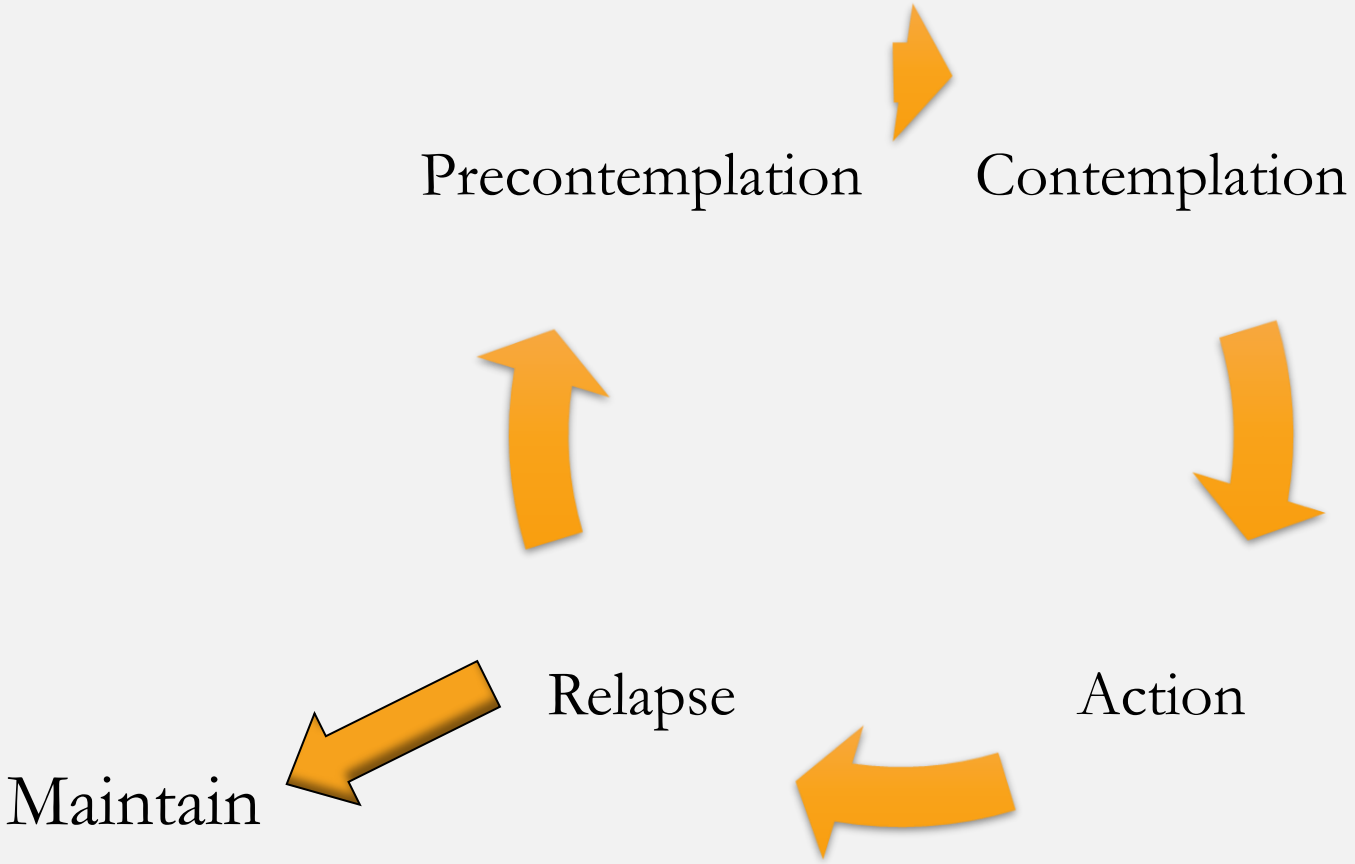


- Motivation to change cognition and behaviour needs to be intrinsic

IMPLICATIONS OF INTRINSIC MOTIVATION

- Clinician's job is not to produce change, but to create the conditions for intrinsic motivation to increase
- Responsibility for change lies with the patient

CYCLE OF CHANGE

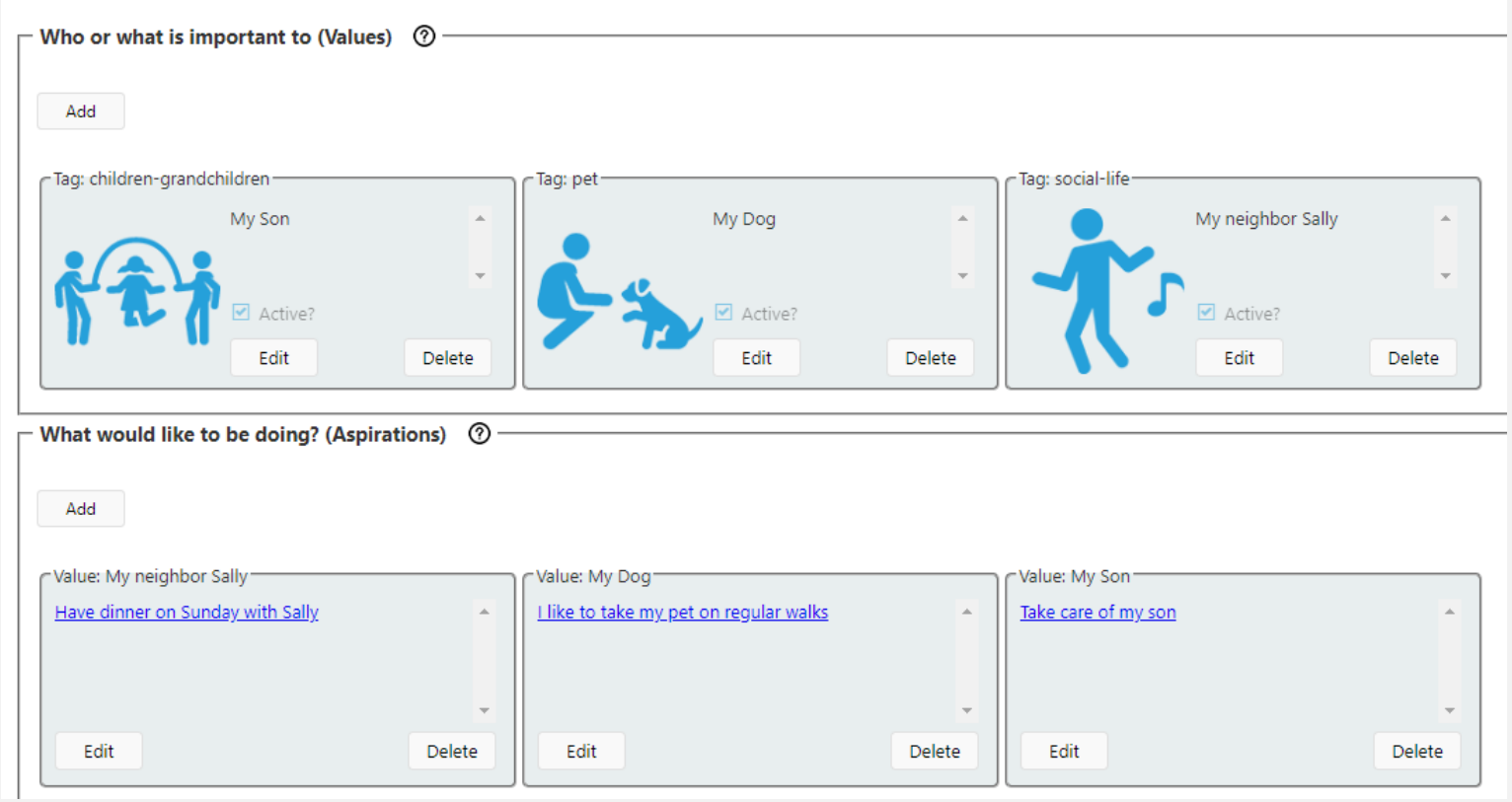


‘SOCRATIC’ DIALOGUE (ASKING QUESTIONS!)

- Questioning style more effective in changing beliefs and behaviours than ‘telling’
  - Individual ‘owns’ change
  - Individual encouraged to solve own problems
  - Avoid the ‘yes but…’
- Contrast with other types of question
  - Open and closed questions
  - Information gathering / discursive
- Patience…
- Short term costs for longer term gains

VALUES INTERVENTIONS AND THE EMR

- The EMR
  - 1. Facilitates a values converstaion
  - 2. Logs data associated with that intervention



WHAT HAVE YOUR EXPERIENCES OF THE EMR BEEN SO FAR?

- Barriers to use. When was it difficult to us?
- What facilitated use? When did it go well?

EVALUATION & OUTCOMES

PROVIDERS

- Reduce rates of staff burnout
- Increase feelings of competence to work with complex populations
- Will engage with patients in a values based way
- Staff will feel more confident to deliver the training to new staff through a train-the-trainer model

PATIENTS

- Qualitative accounts from staff on patient progress
- Data from EMR
- Quantitative measures:
  - Social functioning → DLA 20
  - Stages of change → URICA
  - Working alliance → WAI
  - General mental health → GHQ

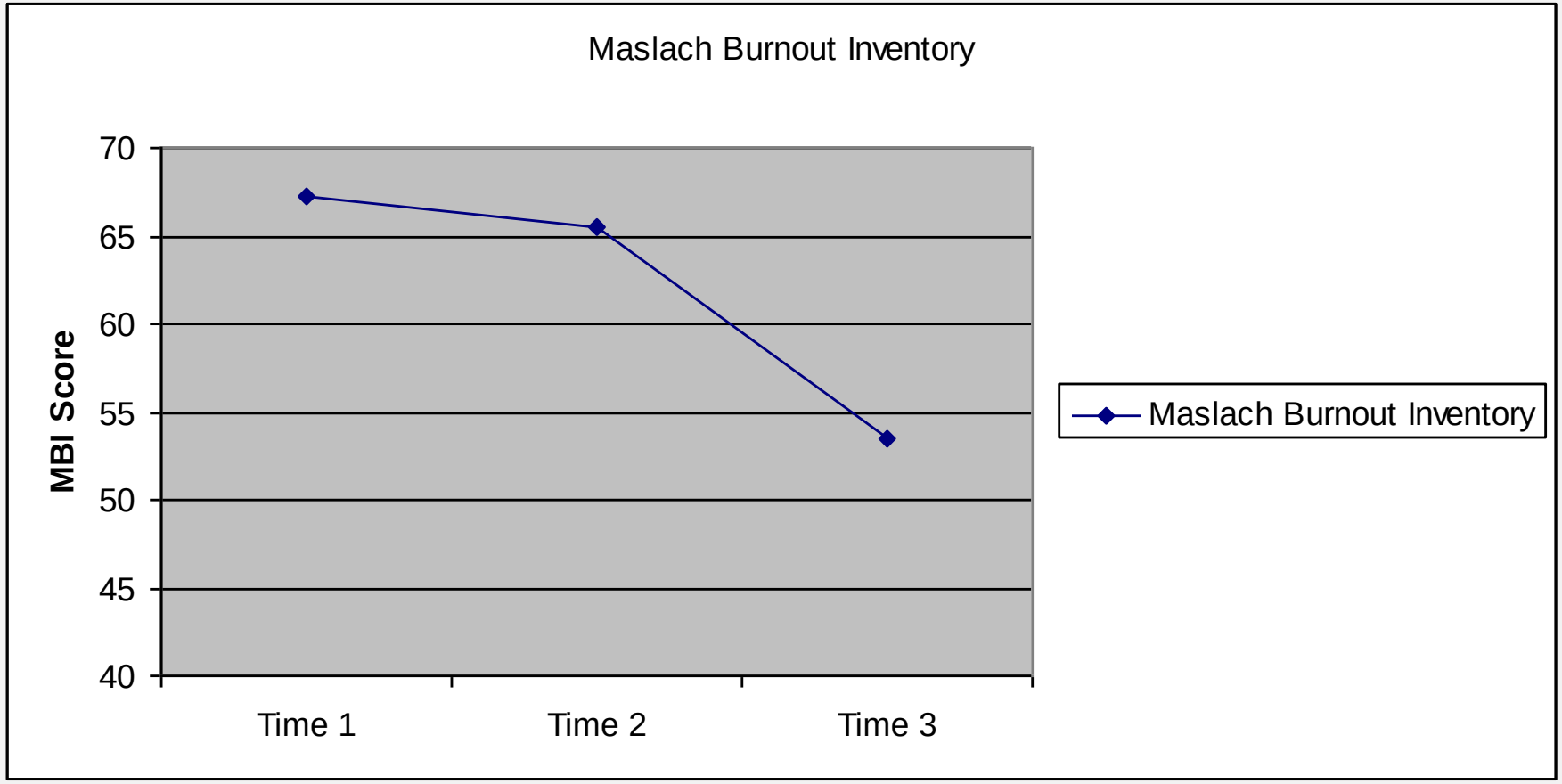
EVALUATION OUTLINE

- Service providers are asked to contribute to the evaluation to help us understand the impact of this training and the approach on patients
- This will be done through:
  - Online surveys
  - Skype interviews with us
  - Regular reflective practice sessions
  - Using informal feedback

AN EXAMPLE: STAFF TRAINING AND REFLECTIVE PRACTICE

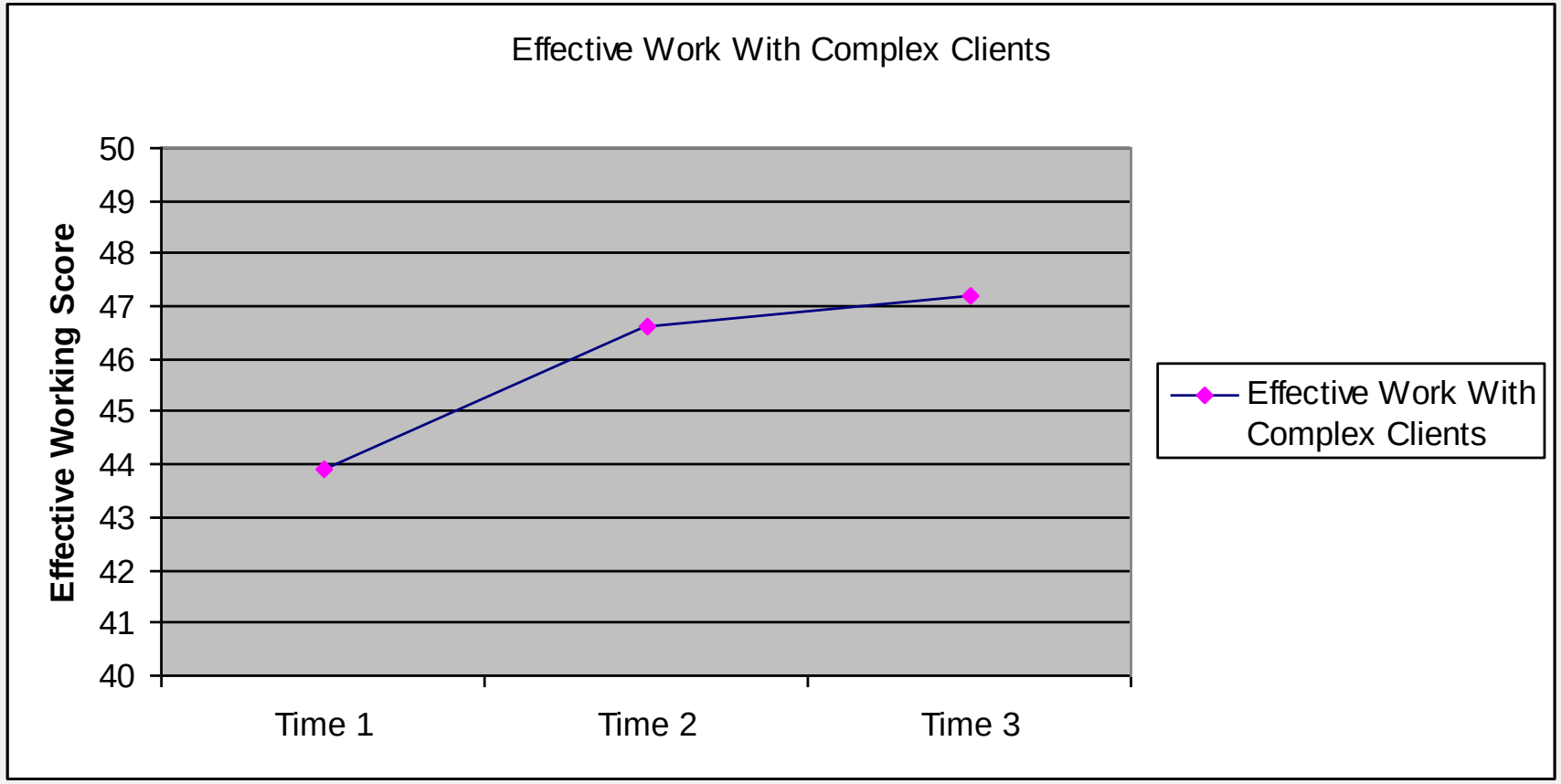
- Around 350 staff trained in reflective practice in UK
  - Aiming to reduce burnout & negative thoughts
  - Increase beliefs of effective working
- Pre-post (T1-T2-T3)
  - A two day workshop (25 people per workshop)
  - T2—about 3 months later
  - T3—about 6 months after initial training
  - Compare scores on psychometric tests over time

STAFF BURNOUT



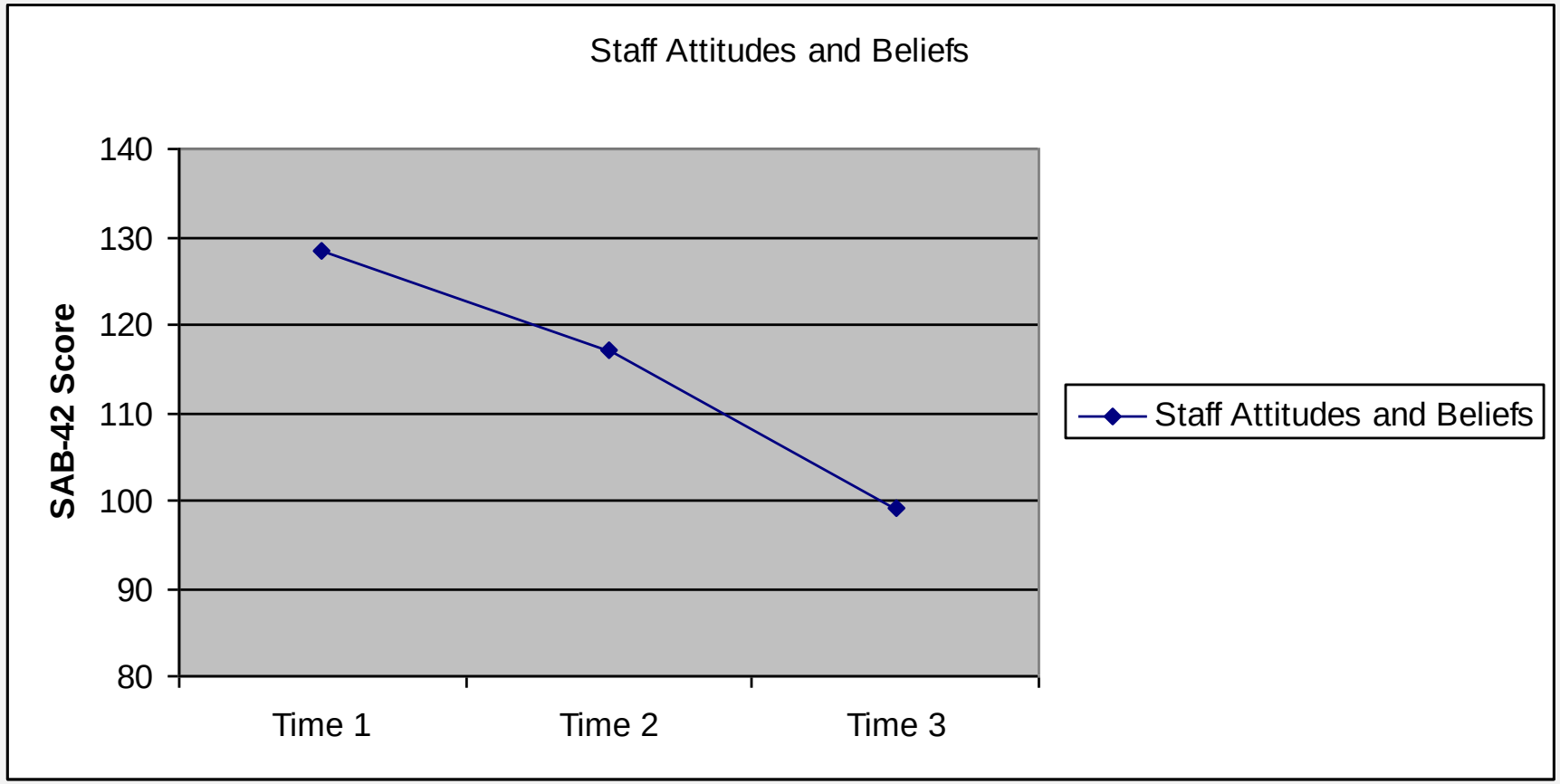
(Maslach, Jackson & Leiter, 1986)

BELIEFS ABOUT EFFECTIVENESS OF FACILITATING CHANGE



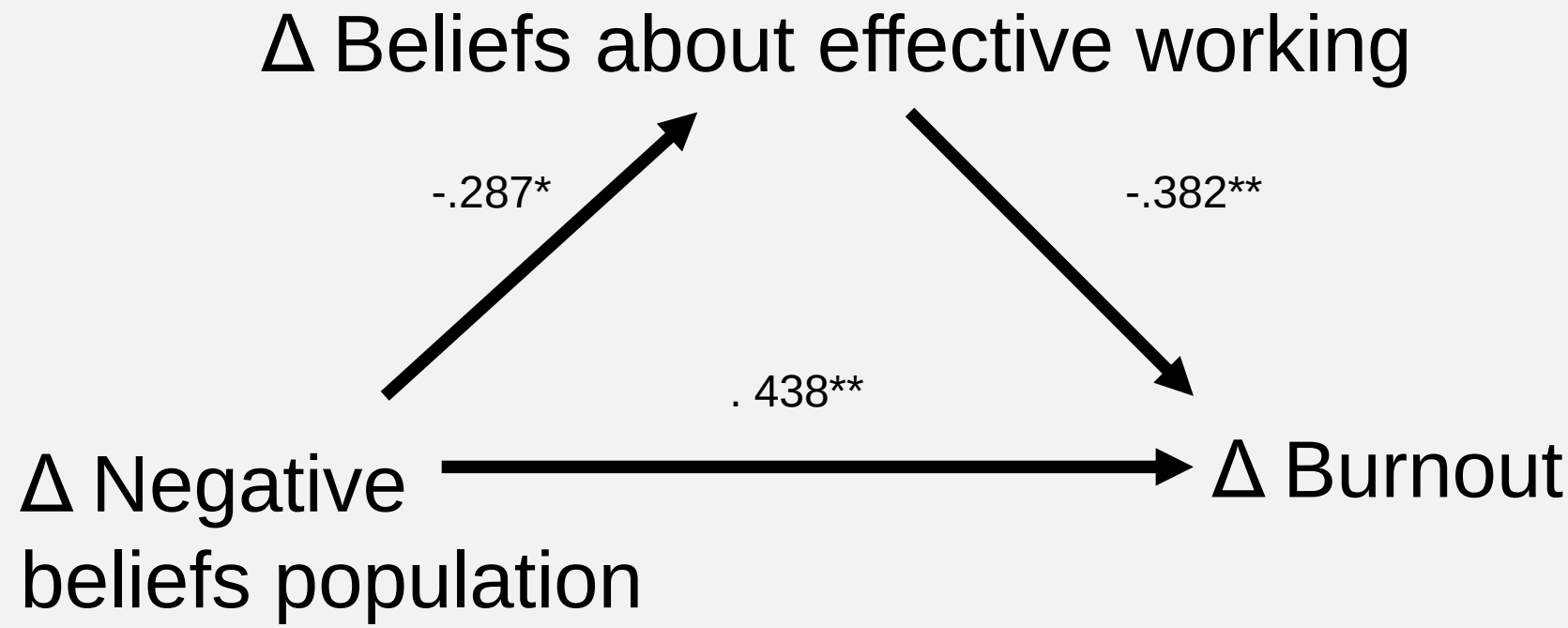
(EWCC; Maguire, 2007)

NEGATIVE BELIEFS ABOUT THE CLIENT GROUP



(SAB42; Clarke et al, 2005)

EVIDENCE: EFFECT OF CHANGE (Δ) IN EFFECTIVENESS BELIEFS



- n = 62

* p < .05
** p < .01

PIE TRAINING IN OCTOBER 2017

- 18 service providers and management staff from Houston-based services
- Attended a 2-day training on values-based approach
- Completed surveys at two time points (most completed only one survey)
  - Burnout
  - Effective working with complex clients
  - Mindfulness

PIE TRAINING IN OCTOBER 2017

Results:

- Lower burnout rates at time two (p=.08), but not statistically significant
  - Suggests trend similar to data collected in UK
- No change on other surveys
- Utilised an online forum to follow up and provide space for questions/feedback
  - Users shared resources, updates, and how to utilise client feedback

RECENT PATIENT DATA

- PCIC staff have adopted this approach
- Collecting patient data on:
  - Stages of change
  - Working alliance with service providers
  - Depression
  - General wellbeing
  - Daily Living Activities

RECENT PATIENT DATA

Results:

- Data from 9 patients shows:
  - Most in contemplation stage (Mean = 9.3)
  - Good working alliances
  - Mildly depressed (Mean = 4.2)
  - Most feel that their health is important to them
  - Moderate impairment in Daily Living (Mean = 4.1)

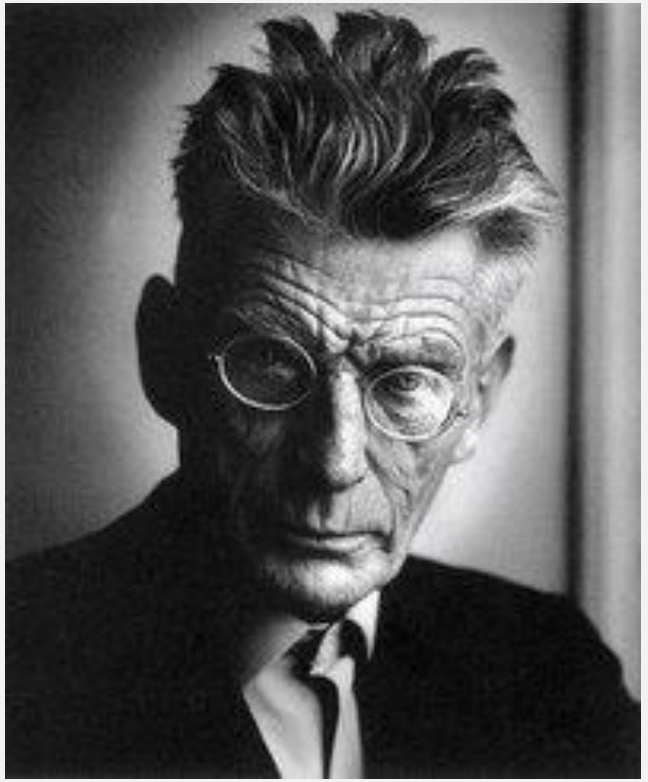
Ever tried. Ever failed.

No matter.

Try again. Fail again.

Fail better.

Samuel Beckett (1906 – 1989)



PCIC PIE TRAINING

Session 1: End