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Disclosures

Josh Nadeau, PhD, and Jerry Halverson, MD, FACPsych, DFAPA, have each declared that they do not, nor does their family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation.

The presenters have each declared that they do not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

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Learning objectives

Upon completion of the instructional program, participants should be able to:

1. List at least three barriers to family involvement common to intensive treatment.
2. Describe at least two techniques for addressing common barriers to family involvement in treatment.
3. Identify at least two team-based techniques for addressing/overcoming medication management issues in treatment.

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What we'll cover in this webinar

Individuals or teams?

Josh Nadeau, PhD

- Research basis: Parent/caregiver involvement and participation in treatment
- Barriers to family involvement common in intensive treatment
- Team-based techniques for addressing/overcoming barriers to family involvement

Coaching the team

Jerry Halverson, MD, FACPsych, DFAPA

- Benefits to individuals and families specific to intensive treatment models
- Medication management issues related to family and dynamic
- Team-based techniques for addressing/overcoming medication management issues

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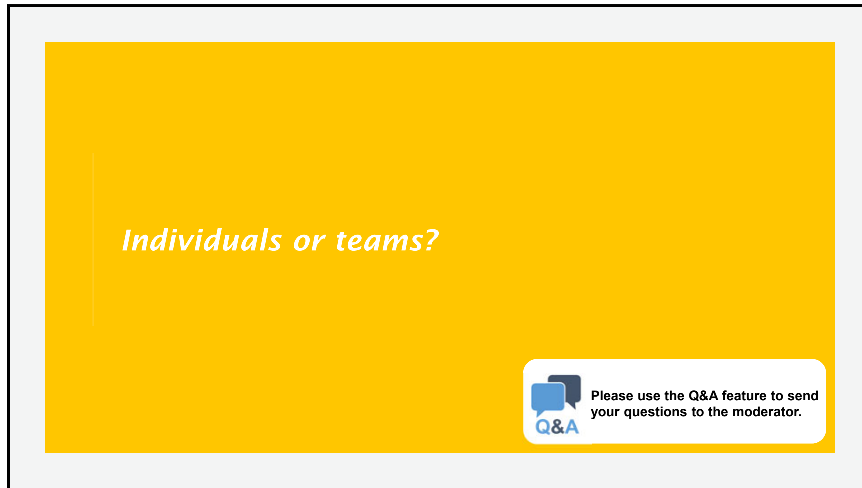

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Family involvement and intervention: Research

"…it is noteworthy that as far back as the 1970s there have been promising reviews of evidence base for couple and family therapy…" (Carr, 2019)

- Meta-analyses report effect sizes ranging from 0.46 - 0.65 for family therapy (Rieddinger et al., 2017; Shadish & Baldwin, 2003; Weisz et al., 2017)
- Systemic approaches are more cost-effective than individual, including indirect medical cost offsets (Crane & Christenson, 2014)

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Rationale for family involvement

"…do not emphasize family dysfunction but rather concentrate on how the patient and his/her family define problems and what meaning they give them through their narratives."

- Facilitates building a therapeutic alliance with parent/caregiver(s)
- Illuminates family beliefs about the child's problem (and their attitude towards therapy)
- Provides access to otherwise unavailable information
- Enables psychoeducation regarding symptoms and maladaptive responses
- Allows strengthening of communication, mutual interaction and coping by family

(Lelek & Adamczyk-Banach, 2020)

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Empirical family-based strategies

"…not limited to behaviour change itself but assumes that patients need to understand its function."

- Communication skills
- Problem-solving
- Response to conflict situations
- Provision of positive reinforcement
- Preventing reinforcement of undesirable behavior
- Coping with their own anxiety response (to include resistance)

(Brynska, 2016; Morris et al., 1988; Richardson, 2016)

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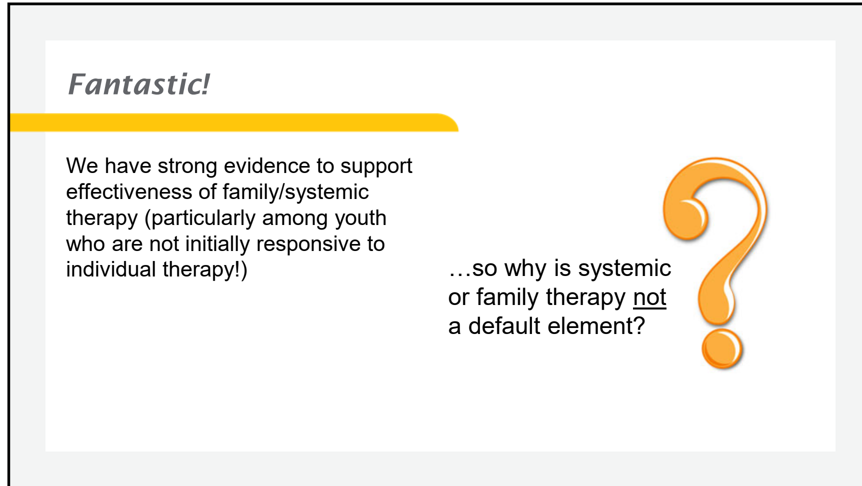

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Barriers to implementation

- Most health care facilities do not offer (not seen as profitable)
- “Family visits” are often not reimbursable
  - Typically requires two therapists
  - Typical duration is longer than individual sessions (1.5 – 2 hrs)
- Therapeutic work often occurs during parent meetings!
- Cross-training is rare among providers

…and don't forget:

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HLOC-specific implementation barriers

In addition to traditional barriers:

- Common need for geographical relocation
- Possible division of family (especially when not the only child)
- “Fishbowl” effect (away from home environment)
- HLOC may last 4-8 weeks (or longer!)
- Increased financial hardship
- Treatment is occurring daily (for large chunks of each day)

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Team-based solutions

Three characteristics of intensive treatment programming are particularly well-suited to addressing these barriers:

1. **Facility design**
   - Location, Relation
2. **Treatment setting**
   - Floorplan, space utilization, furnishing/decor, “vibe”
3. **Program structure**
   - What, when, how, to whom, and by whom is treatment provided

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Team-based solutions: Facility design

Location

- Reducing geographical distance through expansion and growth of practice (where financially feasible)
- Increasing access to family-specific providers through proximal or co-location of practice

Relation

- Increasing access to family-specific providers through establishing:
  - Training/certification (intern, practicum, etc.) relationships with therapist prep programs
  - Collaborative relationships with outpatient family-specific providers

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Team-based solutions: Treatment setting

Which of these is geared towards:
- Inclusion and belonging?
- Compliance and consequences?
- Support and growth?

Which might be better received among patients and families (and staff!) from various cultures and backgrounds?

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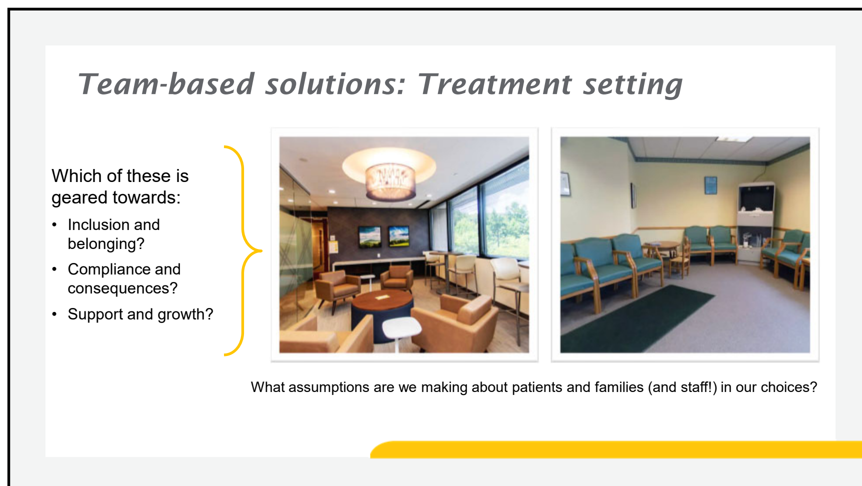
Team-based solutions: Treatment setting

Which of these is geared towards:
- Inclusion and belonging?
- Compliance and consequences?
- Support and growth?



What assumptions are we making about patients and families (and staff!) in our choices?

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Team-based solutions: Program structure

"Fishbowl" issue

- Categorize materials and activities
  - Individual-only
  - Parent/caregiver-only
  - Combined

Additional staff issue

- Leverage the massed practice effect
  - For base skills, large parent groups
  - For niche skills, small groups/dyads

Daily (long hours) issue

- Thoughtful scheduling of family-based elements
  - Flexibility ('A' vs 'B') in providing options to maximize parent inclusion

Length of stay issue

- Thoughtful 'phasing' of family participation
  - First week (mandatory)
  - Mid-stay touchpoint (as indicated)
  - Last week (mandatory)

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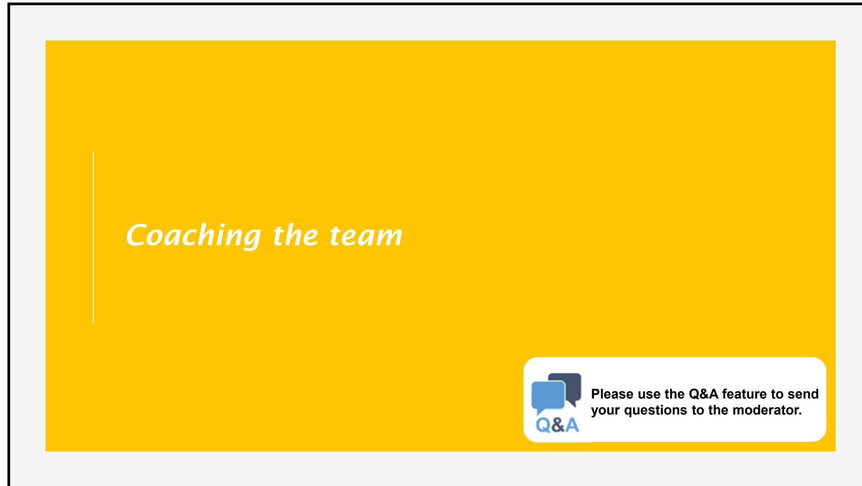

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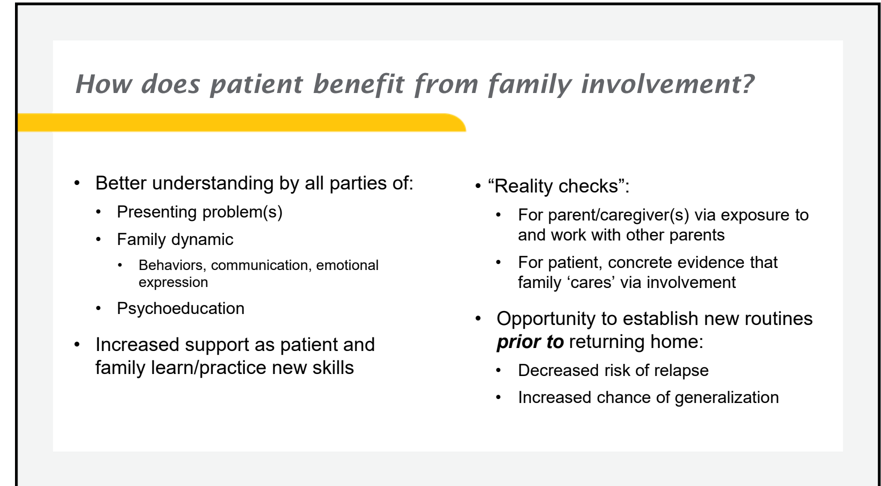

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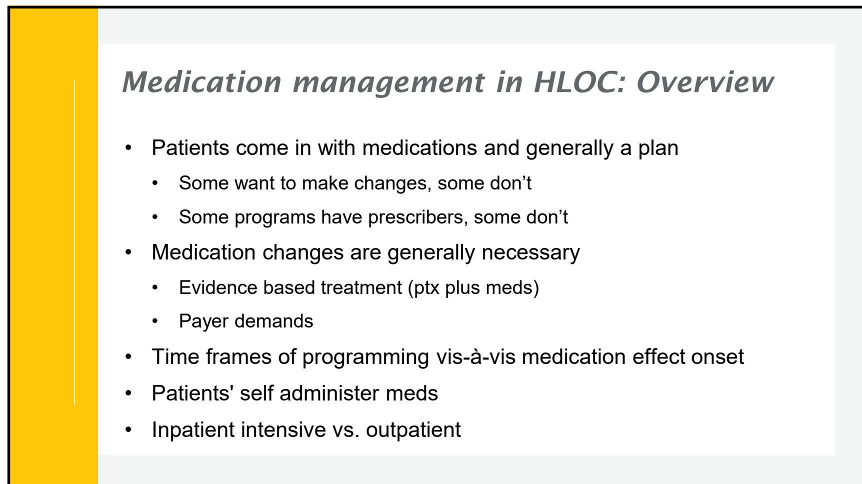

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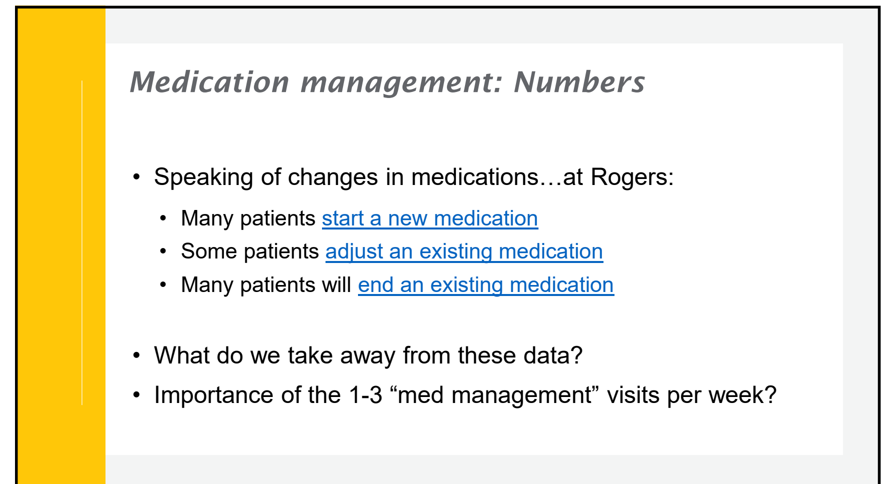

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Medication management barriers in HLOC

- Anti-medication beliefs and experiences
  - "Wait and See" effect (let's see if med-free HLOC works first…)
- Significant distance/removal from OP provider
  - Lack of OP provider (or access to same)
  - Refusal of OP provider to reaccept following HLOC d/c
- Discharge during medication changes or streamlining
  - Often insurance-initiated
- "Fishbowl" effect revisited
  - Barriers to med compliance are unique to home environment

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Team-based solutions

HLOC advantage

- We can incorporate medication information and guidelines into the psychoeducation for <u>all</u> patients
- We can closely attend to effects (and SE) of med changes in real time
- Longer length of stay (usually) allows time for med changes or streamlining

Family involvement advantage

- We can identify and correct incorrect beliefs by parent(s) regarding meds
- We can generate (and role play) OP provider strategies
- We can provide education to parent(s) regarding med effects/SE
- We can establish new routines incorporating medication compliance

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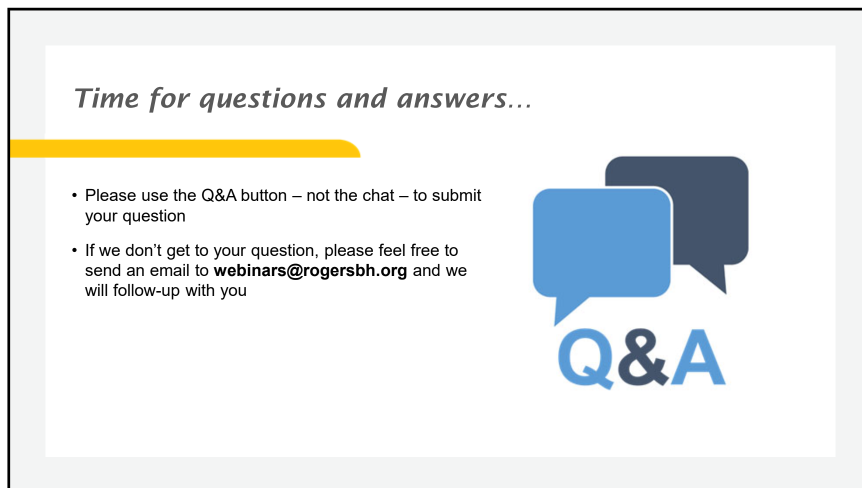

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Where to get additional information…

- Supportive Parenting for Anxious Childhood Emotions (SPACE)
  - Dr. Eli Lebowitz (Yale Child Study Center)
  - spacetreatment.net
- Confident Parenting Program
  - Kirby Alvy (Center for the Improvement of Child Caring [CICC])
  - qic-ag.org
- Parent-Child Interaction Therapy (PCIT)
  - Dr. Sheila Eyberg (PCIT, International)
  - pcit.org

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About the presenters….

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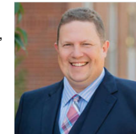

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