

**Course Number:** IBC 640

**Course Title:** Family and Couples in Primary Care

**Credits:** 3 credit hours

**Pre-requisites:** Graduate student (degree-seeking or non-degree seeking). Non-DBH students should contact the instructor for permission to enroll.

### **Faculty:**

**Name:** C.R. Macchi, PhD, LMFT, CFLE

**Office:** (602) 496-1355

**Cell:** (785) 221-0739

**E-mail:** crmacchi@asu.edu

**Office hours:** arranged via e-mail

### **Catalog Description**

Covers advanced principles of evidence-based integrated behavioral care in primary care and other medical settings. Develops evidence-based approaches in the assessment and treatment of families and couples and deepens and expands the skills in specific applications of assessment and treatment modalities for adults.

### **Course Overview**

This course explores the systemic dimensions of healthcare delivery that are relevant to working with families and couples in primary care. Students will study models from family therapy and medical family therapy that address family dynamics associated with the management of health and illness, the progression of chronic diseases, and other medical conditions. This course reviews strategies for adapting family systemic approaches to provide patient- and family-centered healthcare in a primary care setting.

### **Learning Outcomes**

<b>Course Learning Objectives (CLOs)</b>	<b>PLOs</b>
1. Examine general family systems theories that address the relational dimensions of managing health and illness	C10
2. Explore ways that the phases of illness progression, diagnosis, and treatment approaches impact relational dynamics	C10
3. Apply a family systems framework to assess patient and family dynamics related to medical conditions	C08, C09
4. Analyze the impact of typical challenges of medical providers working with patients and their family members on treatment progress	C04, C05
5. Identify specific family and couple relationship adaptations that are required to support effective chronic disease management	C08, C09
6. Develop an integrated clinical pathway for a specific patient population	C07
7. Analyze health conditions and end-of-life issues that exert stress on and require family dynamics adaptations	C10

### Methods of Instruction

This course uses Canvas for the facilitation of communications between faculty and students, submission of assignments, and posting of grades. The course site can be accessed at <http://my.asu.edu> or <http://myasucourses.asu.edu>.

Activities in this course include discussion, presentations; textbook and supplemental readings; video recordings and lectures; individual and group activities; case scenarios and other assignments as described below.

### Weekly Webinar

Purpose: This weekly meeting provides students to engage in a discussion focused on applying ideas, concepts, and models from the weekly readings to real-world scenarios.

Students are responsible for all material and viewing of each weekly webinar. Weekly webinars are scheduled in Arizona time.

### Methods of Evaluation

This course is based on 100 points. Twenty of these points will be based on participation in Discussion Board Activities. Discussion Board posts/responses will be worth four points total. The distribution of assignments for this class is as follows: Fill in table below. Do not use lists (bulleted or otherwise) in the table.

Assignment	Number in Course	Total Course Value
Discussion Boards	3	12
Case Presentation	1	25
Clinical Pathway	1	25
Final Exam	1	38
<b>Total Course Points</b>		<b>100</b>

### Grading Policy

The 100 points will be translated to a grade using the breakdown listed below. The breakdown is to be followed strictly, utilizing standard rounding procedures.

Grade	Percentage
A	90-100%
B	80-89%
C	70-79%
D	60-69%
E	<60%

## Summary of Assignments

### *Case Presentation (25 points) (PLOs – 2, 3, 4, 5)*

Purpose: This assignment provides students with the opportunity to develop the skills needed to make the shift from an individual patient, medically-focused assessment toward a family systems-focused, relational approach to patient care and integrated team collaboration.

In two to three pages, identify a patient and family you are currently working with or have seen in the recent past. Choose a case that will allow you to address chronic diseases and family dynamics discussed in this course to date. You may not select a case you have previously used for a paper, whether in this class or other classes in the DBH program. In a well-developed paper, present your patient's case under each of the following titled subsections:

- **Chief Complaint/Reason for PCP Referral** – describe the targeted patient and associated relational issue that prompted the PCP's referral to BHP
- **Case Conceptualization/Functional Analysis** – describe how the patient and the other family member(s) interact when managing the physical condition
- **Evidence-based Assessment** - describe both the individual patient and family assessments you would use and the rationale for each of your choices
- **Integrated Treatment Plan and Interventions** – describe how you intend to address both individual patient and the relational system
- **Expected Outcomes and Measurement Strategy** – describe both the individual patient and relational outcomes that are expected as a result of the treatment used
- **Describe BH Follow-up Plan and Referrals** – describe your BH follow up with the patient and family and any referrals that you would make to specialty care, patient education, or support groups
- **BH Recommendations to PCP** – provide a *verbatim* description of your communication with PCP that describes ways your patient and family BH interventions are designed to: 1) address the initial PCP referral and 2) support the improvement of the patient's health management and medical outcomes.

### *Integrated Clinical Pathway Proposal (25 points) (PLOs – 3, 4, 5, 6)*

Purpose: This assignment provides students with the opportunity to develop the skills necessary for aligning clinical practices with clinic operations.

For this assignment, you will develop an evidence-based care pathway. You must detail the steps to include family members, friends, and caregivers in the routine care or treatment of this medical condition for this population.

Effective care pathways typically include:

- Application of evidence-based literature to practice
- Detailed steps involved in care
- Timeframes or criteria for progression
- Efforts to standardize care for a specific procedure, illness, or population (Kinsman, Rotter, James, Snow, & Willis, 2010)

Your final proposal should include the following subsections for each of the key pathway elements (7-9 pages + reference page(s)):

- **Description of the clinical setting (one page).** Examples include primary care family practice, fertility specialist clinics, long-term care facilities, cancer treatment centers, pediatric care practices, FQHCs, etc.
- **Description of the target comorbid (medical and behavioral) conditions (two to three pages).** Examples include obesity, cardiovascular disease, SLE, diabetes (any type), or any of the other conditions detailed in Sperry (2014) chapters 14-20. (Support the need for a pathway for this population with **at least 2 peer-reviewed articles**).
- **Visual flowchart (one page)** that illustrates:
  - the steps of the treatment,
  - the decisions made between each step,
  - which member(s) of the integrated team are involved at each step, and
  - length of time needed to complete each step
- **Detailed description of each step in the proposed flowchart (two to three pages).** Cite at least two peer-reviewed articles that supports each of the steps, decisions, care team involvement, and timeframes within your pathway diagram.
- **Medical team collaboration (one page).** Describe the collaborates among the members of the clinical team (including physicians, nurses, specialists, etc. onsite, as well as outside community referrals) who are involved in the clinical pathway. Include **at least two references from a peer-reviewed articles** that support those collaborations.

*For this proposal, you will need to include at least four to seven peer-reviewed references, of which only two may be assigned course texts/articles.*

*Final Exam (38 points) (PLOs – 1, 2, 3, 5, 7)*

Purpose: This assignment provides students with the opportunity to engage in a comprehensive review of all course materials and reinforce the skills associated with assessing patients' relational dynamics, monitoring illness progression, and applying family interventions.

The exam will be comprised of short essays addressing the main topics of this course.

**Discussion Boards (PLOs - 1, 2, 3)**

Purpose: These assignments provide students with the opportunity to apply the concepts learned from course readings materials and minilectures to develop and refine relational case conceptualizations designed to enhance patient engagements.

Participation in the written and/or verbal discussion board posts is necessary for success of this class. Discussion board assignments are to facilitate class interaction regarding the weekly topic and questions. Responses must answer the question, or discuss the topic posed by the instructor in the Discussion Board Question/Topic. The student is expected to synthesize the content of the readings and other course materials, citing specific sources in their posts. Posts that do not address the question posed by the instructor will not receive credit. This is a graduate level course and you are expected to respect and learn from one another.

***Note: At all times, inappropriate messages may be deleted if the course instructor deems it necessary. Authors of inappropriate posts will be notified privately and a zero will be assigned to a post that is deemed inappropriate. Please be respectful of your classmates.***

Discussion board activities begin and end within the designated weeks/modules. Do not work ahead and post early unless you receive pre-approval from your instructor. The intent of this activity is to engage the class as a whole in a discussion so please adhere closely to timelines. To get full credit on the discussion board posts and responses, students must complete an initial substantive\*\* post with reference(s) **by Friday at 11:59 pm (AZ time) of the corresponding week.** An additional substantive\*\* response must be submitted to at least one classmate's post **by Sunday 11:59 pm (AZ time) of the corresponding week** under each designated forum.

**NOTE: A late discussion board post/response will receive a score of 0.** This includes discussion board initial posts and responses.

**\*\*Substantive Posts/Responses/Comments:**

Please note that both length and quality are important considerations when it comes to participation in discussion board posts. Posts/responses are expected to reflect critical thinking. You must demonstrate that you have synthesized the materials presented in the articles/websites and that you are relating your posts/responses to materials covered in class and/or the greater literature available. To earn full credit, you must add something of substance to the discussion -- this consists of new ideas, your perspectives, specific follow-up questions, and relevant references. ***All posts/responses should integrate the new information with the information previously reviewed in the course.***

***All posts/responses/comments must be at least 300 words. Substantive initial posts include at least one in-text citation of references provided from the course materials. Response posts to your classmates (due on Sundays at 11:59pm) do not require references, but must be at least 300 words. Please proofread your posts carefully, as grammar and spelling errors will impact your grade. References must be in APA 6<sup>th</sup> edition format.***

**Grading Procedure**

The course grade will be based on the assignments and compliance with deadlines and rubric guidelines. Graded assignments will be available within 7 business days of the due date via the Gradebook (e.g. if the assignment is due at 11:59pm AZ time on Sunday, grades will be available in the Gradebook by 11:59pm AZ time the following Sunday). Assignment of letter grades is in accordance with established criteria for the Doctor of Behavioral Health program and as outlined above.

**Assigned Readings**

Each week there will be assigned readings from the literature and/or the textbook. Please refer to the relevant week/module in the course shell to access these reading assignments.

***Required Textbooks***

- McDaniel, S., Campbell, T., Hepworth, J., Lorenz, A. (2005). *Family-oriented primary care* (2<sup>nd</sup> ed.). Springer.

- McDaniel, S., Doherty, W., & Hepworth, J. (2014). *Medical family therapy and integrated care* (2<sup>nd</sup> ed.). American Psychological Association.
- Sperry, L. (2014). *Behavioral health: Integrating individual and family interventions in the treatment of medical conditions*. Routledge.

When textbooks are assigned, you will find the textbook listing in the left side navigation labeled 'Textbook Information' as well.

### *Recommended Textbooks*

- Dean, M. (2013). *Lean: Healthcare deployment and sustainability*. McGraw-Hill.
- Macchi, C. R. & Kessler, R. (Eds.). (2018). *Training to deliver integrated care: Skills aimed at the future of healthcare*. Springer.
- Middleton, S., & Roberts, A. (2003). *Integrated care pathways: A practical approach to implementation*. Butterworth-Heinemann.
- Rolland, J. (2018). *Helping couples and families navigate illness, and disability: An integrated approach*. Guilford.

### *Required Articles*

See course shell under individual weeks for required readings. *Additional readings may be assigned as needed.*

### Week 1 – Overview of Family Systems Theory

#### Texts:

- Chapter 1 in McDaniel, Campbell, Hepworth, & Lorenz (2005)
- Chapter 1 in McDaniel, Doherty, & Hepworth (2014)
- Chapters 1-3 in Sperry (2014)

#### Articles:

- Cohen, S. (2004). Social relationships and health. *American Psychologist*, 59, 676-684.
- Doherty, W. & Colangelo, N. (1984). The Family FIRO Model: A modest proposal for organizing family treatment. *Journal of Marital and Family Therapy*, 10(1), 19-29.
- Doherty, W., Colangelo, N., & Hovander, D. (1991). Priority setting in family change and clinical practice: The Family FIRO Model. *Family Process*, 30, 227-240.

### Week 2 – Patient & family health, illness, and chronic illness models

#### Texts:

- Chapter 2 in McDaniel, Campbell, Hepworth, & Lorenz (2005)
- Chapters 2-4 in McDaniel, Doherty, & Hepworth (2014)
- Chapters 4-5, 10 in Sperry (2014)

#### Articles:

- Patterson, P. (2002). Integrating family resilience and family stress theory. *Journal of Marriage and Family*, 64, 349–360.
- Weingarten, K. (2010). Reasonable hope: Construct, clinical applications, and supports. *Family Process*, 49(1), 5-25.

### Week 3 – Working with families in primary care & Families navigating healthcare system

#### Texts:

- Chapters 4-5 in McDaniel, Campbell, Hepworth, & Lorenz (2005)
- Chapters 5, 6, & 14 in McDaniel, Doherty, & Hepworth (2014)
- Chapters 6-9, 11-13 in Sperry (2014)

#### Articles:

- Bischof, G., Mohr, L., & Lieser, M. (2004). Family therapy meets internal medicine: Innovations in medical family therapy. *Michigan Family Review*, 9(1), 19-29.
- Fox, M., Hodgson, J., & Lamson, A. (2012). Integration: Opportunities and challenges for family therapists in primary care. *Contemporary Family Therapy*, 34, 228-243. DOI 10.1007/s10591-012-9189-3
- Integrated Behavioral Health Project. (2009) *Partners in health: Primary care/county mental health collaboration*. San Francisco, CA: Author. Retrieved from <http://www.ibhp.org/uploads/file/IBHP%20Collaborative%20Tool%20Kit%20final.pdf>
- Kathol, R., Butler, M., McAlpine, R., & Kane, D. (2010). Barriers to physical and mental condition integrated service delivery. *Psychosomatic Medicine*, 72, 511-518.
- Lurie, S., Schultz, S., & Lamanna, G. (2011). Assessing teamwork: A reliable five-question survey. *Family Medicine*, 43(10), 731-734.
- Nutting, P., Miller, W., Crabtree B., Jaén, C., Stewart, E., & Stange, K. (2009). Initial lessons from the first national demonstration project on practice transformation to a patient-centered medical home. *Annals of Family Medicine*, 7(3), 254–60.
- Ruddy, N. (2013). Medical family therapy in the age of health care reform. *Couple and Family Psychology*, 2(3), 179-191.

### Week 4 – Assessment of relational dynamics

#### Texts:

- Chapter 3 & 18 in McDaniel, Campbell, Hepworth, & Lorenz (2005)
- Chapters 14-17 in Sperry (2014)

#### Articles:

- Alderfer, M. (2008). Evidence-based assessment in pediatric psychology: Family measures. *Journal of Pediatric Psychology*, 33(9), 1046-1061.
- Mendenhall, T. (2014). Including the family in research evaluating integrated care: A call for expanding investigators' scope beyond single-person measures. *Families Systems & Health*, 32(3), 291.
- Palmer, V., Renata Kokanovic, J., Griffiths, F., Shrimpton, B., Hurworth, R., Herman, H., ... Dowrick, C. (2010). Diverse voices, simple desires: A conceptual design for primary care to respond to depression and related disorders. *Family Practice*, 27, 447-458.
- Taggart, J., Williams, A., Dennis, S., Newall, A., Shortus, T., Zwar, N., ... Harris, M. (2012). A systematic review of interventions in primary care to improve health literacy for chronic disease behavioral risk factors. *BMC Family Practice*, 13(49), 1-12.

### Week 5 – Children's health – Families, parents and siblings

Texts:

- Chapter 11-13 in McDaniel, Campbell, Hepworth, & Lorenz (2005)
- Chapters 10 in McDaniel, Doherty, & Hepworth (2014)
- Chapters 18-20 in Sperry (2014)

Articles:

- Franck, L., Gay, C., & Rubin, N. (2013). Accommodating families during a child's hospital stay: Implications for family experience and perceptions of outcomes. *Families, Systems, & Health, 31*(3), 294-306.
- Kichler, J., Kaugars, A., Marik, P., Nabors, L., & Alemzadeh, R. (2013). Effectiveness of groups for adolescents with type 1 diabetes mellitus and their parents. *Families, Systems, & Health, 31*(3), 280-293.
- Nabors, L., Kichler, J., Brassell, A., Thakkar, S., Bartz, J., Pangallo, J., . . . Lundy, H. (2013). Factors related to caregiver state anxiety and coping with a child's chronic illness. *Families, Systems, & Health, 31*(2), 171-180.
- Scholer, S. (2010). A brief primary care intervention helps parents develop plans to discipline. *Pediatrics (Evanston), 125*(2), e242-e249.

Week 6 – Couples & health – Pregnancy, infertility, & reproductive technology

Texts:

- Chapter 3 in McDaniel, Campbell, Hepworth, & Lorenz (2005)
- Chapters 8-9 in McDaniel, Doherty, & Hepworth (2014)
- Chapters 21-22 in Sperry (2014)

Articles:

- Checton, M., Greene, K., Magsamen-Conrad, K., & Venetis, M. (2012). Patients' and partners' perspectives of chronic illness and its management. *Families, Systems, & Health, 30*(2), 114-129.
- Kiecolt-Glaser, J., Loving, T., Stowell, J., Malarkey, W., Lemeshow, S., Dickinson, S., & Glaser, R. (2005). Hostile marital interactions, pro-inflammatory cytokine production, and wound healing. *Archives of General Psychiatry, 62*, 1377-1384.
- Kowal, J., Johnson, S., & Lee, A. (2003). Chronic illness in couples: A case for emotionally-focused therapy. *Journal of Marital and Family Therapy, 29*(3), 299-310.
- Peterson, B., Gold, L., & Feingold, T. (2007). The experience and influence of infertility: Considerations for couple counselors. *The Family Journal, 15*, 251-257.

Week 7 – Caregiving, end-of-life & loss

Text:

- Chapter 16 in McDaniel, Campbell, Hepworth, & Lorenz (2005)
- Chapters 13 in McDaniel, Doherty, & Hepworth (2014)

Articles:

- Kazak, A. & Noll, R. (2004). Child death from pediatric illness: Conceptualizing intervention from a family/systems and public health perspective. *Professional Psychology: Research and Practice, 35*(3), 219-226.



- O'Brien, M. (2007). Ambiguous loss in families of children with Autism Spectrum Disorders. *Family Relations*, 56, 135-146.
- Rabow, M., Hauser, J., & Adams, J. (2004). Supporting family caregivers at the end of life: They don't know what they don't know. *Journal of the American Medical Association*, 291(4), 483-491.
- Schulz, R., Mendelsohn, A., Haley, W., Mahoney, D., Allen, R., Zhang, S., ... Belle, S. (2003). End-of-life care and the effects of bereavement on family caregivers of persons with dementia. *New England Journal of Medicine*, 349, 1936-1942.
- Wright, A., Zhang B., Ray, A., Mack, J., Trice, E., Balboni, T. ... Prigerson, H. (2008). Associations between end-of-life discussions, patient mental health, medical care near death, and caregiver bereavement adjustment. *Journal of the American Medical Association*, 300(14), 1665-1673.

### Weekly Topic and Course Schedule

For the specific requirements of assignments, please see the items in the Canvas course shell. You can access topics, assignments, and due dates in the section labeled 'Course Calendar'.

Week	Topics/Lessons	Activities	Assignments Due
1	Overview of family systems theory	Readings Lectures Webinar	Discussion Board – <i>Self-Introduction</i>
2	Patient & family health, illness, and chronic illness models	Readings Lectures Webinar	Discussion Board
3	Working with families in primary care Families navigating healthcare system	Readings Lectures Webinar	Discussion Board
4	Assessment of relational dynamics	Readings Lectures Webinar	Case Presentation
5	Children's health – Families, parents and siblings	Readings Lectures Webinar	Discussion Board
6	Couples & health – Pregnancy, infertility, & reproductive technology	Readings Lectures Webinar	Clinical Pathway Proposal
7	Caregiving, end-of-life & loss	Readings Lectures	Final Exam