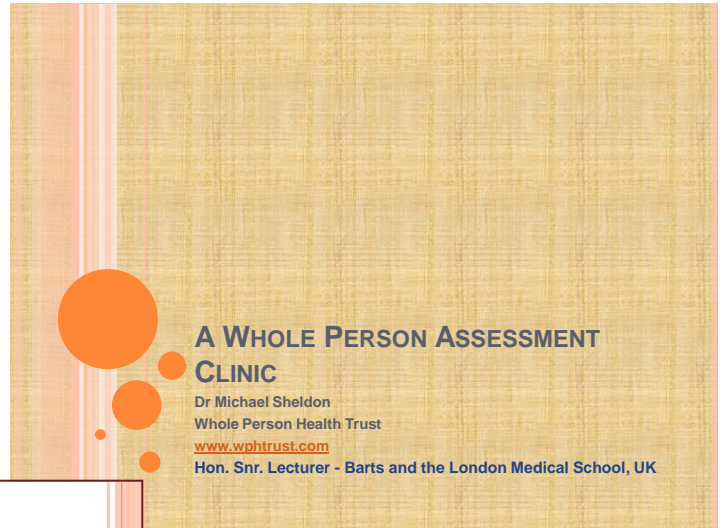


Experience with a whole person assessment clinic in primary care

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Introduction: As part of an ordinary General Practice in east London we have completed a pilot study of a whole-person assessment process using a physician, counsellor and pastor to complete a physical, psychological and spiritual assessment of patients with chronic and multi-factorial health problems.



A WHOLE PERSON APPROACH TO HEALTH CARE

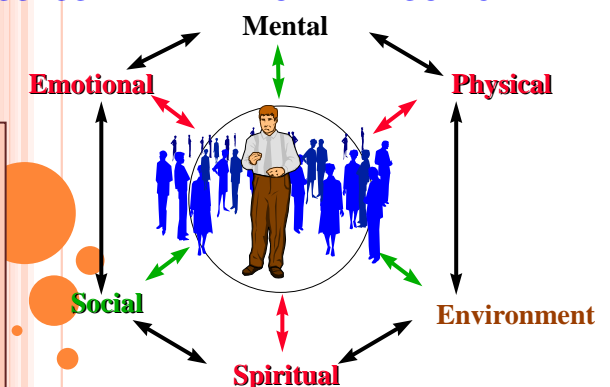
- THE SETTING
- GP practice (Christian) in east London
- Treating all types of patients (40% Muslim)
- Referrals made by GPs to the Whole Person Clinic
- This was a pilot study to explore methods
- Doctor, counsellor and pastor saw each patient
- Integrated assessment made
- Action plan agreed with patient

The assessment process attempts to study the patient's health problems through the three "windows" into the person – physical, psychological and spiritual.

THE THREE WINDOWS

- **Physical window**
 - Normal 'medical model' view of problems, translated into a whole-person approach
- **Psychological window**
 - Normal psychological counselling viewpoint looking at mind, emotions and life events
- **Spiritual window**
 - Looking at the spiritual and religious aspects of a person's health problems

ASSESSMENT IN WHOLE-PERSON CARE



The spiritual window looks mainly at spiritual issues, but also at religious experience.

www.wphtrust.com/wholeperson01.html

Whole Person Assessment

The spiritual assessment is undertaken by the pastor or pastoral counsellor and again usually takes two one hour sessions.

Our understanding of the roles and functions of the human spirit is based on a seven stage model which includes: self-image; relationships; attitude to the world around; morals and ethical practice;

SPIRITUAL ASSESSMENT

- About the human spirit and not just religious experience
- Varies according to known beliefs of the person
- Assessment and not therapy at this stage
- Start with explanation of what the spirit is and does

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SPIRITUAL ASSESSMENT

- Best undertaken by a chaplain or pastoral counsellor
- Usually takes one or two sessions
- Based on the 7 stage model
- Exploring patient's understandings, beliefs and actions.
- Highlight problems in – self image, relationships, world-view, ethical practice, hope, purpose, meaning, will and beliefs

purpose and meaning in life; will power; and then finally beliefs and faith. This model allows us to assess people of all faiths and also of none and little time is spent focusing on religious practice.

7 STAGE MODEL OF THE HUMAN SPIRIT

- 1 Self-image
- 2 Relationships with others
- 3 Relating to the world
- 4 Moral and ethical practice
- 5 Purpose and meaning in life
- 6 Will – decisions and choices
- 7 Belief and faith

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WHAT WOULD WHOLE-PERSON CARE LOOK LIKE?

- Major differences would be –
- 1: Integrated team includes patient
- 2: Full assessment of person through three windows
- 3: Diagnosis made in whole person terms
- 4: Continuing assessment is dynamic
- 5: Therapy will be multi-disciplinary but integrated

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Principles of whole person health care

What distinguishes a whole person approach to health care from the traditional medical model?

We have listed 10 main principles, but the approach may be summarised as being a patient centred approach by an integrated team able to assess and treat physically, psychologically and spiritually.

Whole Person Assessment

A **diagnosis** needs to be made in a whole person way, and therapy following this needs to be given by an integrated multi-professional team with the patient at the centre, seeking to help themselves as much as possible.

The whole person diagnosis may be considered on three levels: bio-physical level; the level of causation, which can include psychological, social and spiritual conditions; and thirdly on the personal

PRINCIPLES OF WHOLE-PERSON HEALTH

- 1 Patient is central
- 2 Importance of narrative
- 3 The true story of the patient's health
- 4 Man – whole greater than the sum of the parts
- 5 Making a diagnosis
- 6 Definition of health
- 7 An integrated health care team
- 8 Self-help by patient is encouraged
- 9 Outcomes to be achieved
- 10 Growth, development and maturity

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MAKING A DIAGNOSIS

- Bio-medical model
 - Diagnosis made in patho-physiological terms
- Patient-centred model
 - Diagnosis made in terms of problems
- Whole-person model
 - Diagnosis is **layered** on three levels

level where the patient's "health stories" record the person-centred experience of illness.

WHOLE-PERSON DIAGNOSIS

- Bio-Physical level
 - Signs and symptoms which are the end result of multiple internal and external factors
- Causation level
 - Multi-factorial causations of the physical end-points of symptoms and signs
 - Patho-physiological
 - Psycho-somatic
 - Life events
 - Attitudes and beliefs
- Personal level
 - Stories of ill-health

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AN INTEGRATED HEALTH CARE TEAM

- The patient needs to be at the centre of the team
- An integrated team has –
 - Skill mix
 - Respect for one another
 - Awareness of own limits of competence
 - Cooperate and support one another
 - Teach each other
- This implies – time to meet together, and good communications

3 SIMPLE RULES FOR WHOLE PERSON CARE

- Be patient centred
- Be integrated
- Be committed
- Be practical (if you need a fourth!)

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Whole Person Assessment

FINAL ASSESSMENT AND FOLLOW-UP

- Final review with whole team
- Writing the patient report in consultation with the client
- Possible referrals
- Short-term counselling support
- Ongoing support through usual GP

An Integrated Assessment

The three therapists meet together to put together the different aspects of the patient's story, and this is fed back to the patient by a "lead therapist" chosen according to the major component of the patient's needs.

The Clinic

Over one year we enrolled 20 patients in a pilot study in an east end of London GP practice

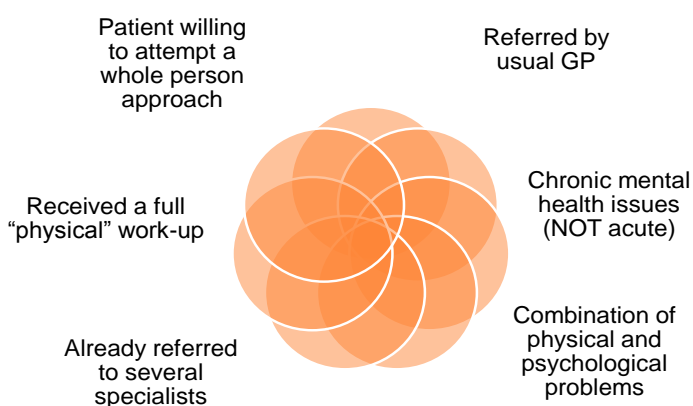
10 patients went through to a final outcome assessment

CLINIC PATIENTS

- During the pilot year – 20 patients referred
 - 10 male and 10 female
 - 6 dropped out after the first explanatory consultation
- 14 patients went through the whole assessment process
 - 8 male and 6 female
 - One successfully completed the course and then died
 - Follow up on 13 patients
 - 10 patients completed with "successful" engagement

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REFERRAL CRITERIA



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Following the referral from local General Practitioners an initial consultation was held with the doctor to determine suitability for the clinic. Around half of the patient's referred were not considered suitable because of ongoing serious mental health problems and an inability to participate in a reflective process of health assessment.

Whole Person Assessment

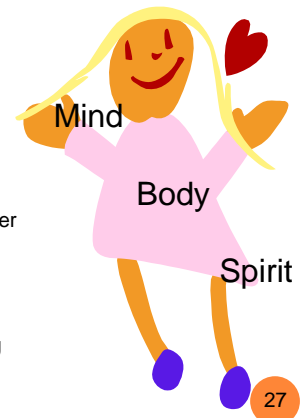
OUTCOMES

She felt more integrated and more confident in her person. She significantly shifted in her attitude to men (and was married shortly afterwards).

She improved in her relationship with God and her native country, returning home to get married.

PATIENT F01 - OUTCOMES

- Returning to her home country to study
- Felt more integrated
"I feel as if I leave as one person"
- Significant shift in her relationship with her father and other men
- Significant shift in her relationship with God
- More balanced view about receiving and giving
-significant shift in her attitude and response to the epilepsy



Patient M06

PATIENT – M06 - SUMMARY

- 55 year old man from the East End
- History of anxiety and depression
- Crisis precipitated by the benefits agency
- Worked well – **clearly empowered by the team – accepted, heard, given time to tell his story**
- Much of the anxiety goes back to his childhood – emotional and material insecurity
- Had become very isolated
- Tension between his Christian upbringing and current life-style

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PATIENT – M06

Action plan

- Main goal to overcome his fears and anxieties
- REBT to address certain beliefs and negative behavioural patterns
- Explore faith issues and repair his relationship with God

Outcomes

- **Started to travel using public transport**
- **Anxiety and depression under control**
- **Reawakening of faith**
- **Able to apply the REBT tool to other situations**

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conclusions

1. The three therapists all need a broad training in health care, psychology and spirituality
2. Patient must be able to engage, if they do results are always positive
3. The whole assessment process takes a long time (12 hours spread over 12 weeks), but this in itself is helpful to the patient.
4. Integration is vital, no issues of confidentiality
5. Action plan completed with the patient who is empowered to lead in their future health care

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Some Good Outcome Measures

- 1 Increased self-awareness
- 2 Diminished anxiety and fears
- 3 Increased self-confidence
- 4 Better coping strategies
- 5 Better decision making
- 6 Increased hope for the future
- 7 Better relationships

Discussion

Clearly this type of clinic takes a lot of time, however as we suggest the results of those patients able to engage is always positive, we feel the time is well spent.

Patient selection is important and only patients willing to work at their health problems will benefit.

We have also looked at alternative models of introducing whole person care into routine General Practice.

With a doctor and Christian counsellor working together it is possible to complete all of the stages listed above with both the doctor and the counsellor exploring the spiritual areas. It is important for the patient to understand that the counsellor and doctor will meet together to produce a combined report and action plan after the assessment phase.

A single doctor working alone can also make significant strides to adopting these principles if with suitable patients he conducts a long consultation (one hour) in which he covers a simple lifeline and spiritual assessment. Suitable referrals can then be made for counselling or spiritual help.

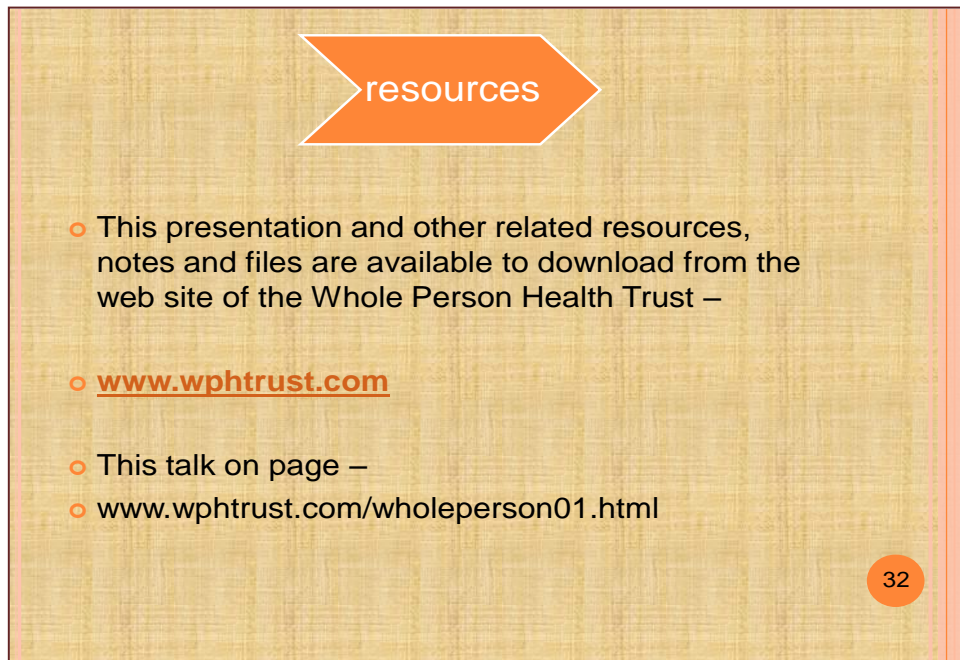
Future developments

- We have experimented with three models of whole person assessment –
 1. Three therapists as described above
 2. Doctor and Christian counsellor working together
 3. Doctor working alone in a busy practice
- Further clinical trials now needed
- Agreement needed on the principles of whole person care

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Whole Person Assessment

This presentation is available on the whole person health trust web site



The slide features a light brown textured background. At the top center, there is an orange arrow pointing to the right with the word "resources" written inside it. Below the arrow, there is a bulleted list of four items. The second item is a URL. In the bottom right corner of the slide, there is a small orange circle containing the number "32".

- This presentation and other related resources, notes and files are available to download from the web site of the Whole Person Health Trust –
- www.wphtrust.com
- This talk on page –
- www.wphtrust.com/wholeperson01.html

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