Session 525 B8

Moving Beyond Behavioral *(only)* Screening and Assessment: The Case for Relational Screeners, Assessments, and Outcomes in Integrated Care

- Keeley J. Pratt, Ph.D., IMFT-S, Associate Professor[1,2]
- Katie Van Fossen, M.S., MFT, Doctoral Candidate[1]

1 Couple and Family Therapy Specialization, Human Development and Family Science Program, Department of Human Sciences, College of Education and Human Ecology, The Ohio State University
2 Comprehensive Weight Management Metabolic and Bariatric Surgery, Department of Surgery, The Ohio State University Wexner Medical Center

CFHA Annual Conference
October 17-19, 2019 • Denver, Colorado

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify evidence-based relational screeners for use in integrated care settings.
- Discern which combinations of behavioral and relational measures are appropriate for research and clinical evaluation in diverse healthcare settings and populations.
- Discuss the utilization of assessments for research, and clinical care to distinguish areas of concern for targeted treatment of patients and family members.

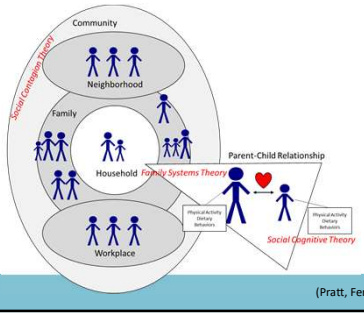
Agenda

- Overview
  - Behavioral health assessments
  - Relational assessments
- Use of relational assessments as screeners and outcomes
- Review the utility and evidence for behavioral and relational assessments in health care
- Assessment exemplar
- Practice-based relational assessment activity
  - Discuss how relational assessments can fit with attendees own clinical and/or research sites/settings

Foundations

- Practice and Discipline
  - Family science
  - Medical family therapy
  - Behavioral health
  - Integrated care
- Theoretical Models
  - Health behavior theories (SCT, TTM/MI, HBM)
  - Family systems theory (Brief models- SFT, F-CBT)

Theoretical Framework



(Pratt, Ferriby, Noria, Skelton, Taylor, & Needleman, 2018)

Rationale for Screeners

- A review of universal behavioral health screening in pediatric primary care revealed that patients responded well to behavioral health screenings, which were portrayed as
  1. universal
  2. confidential
  3. optimizing patient concerns
- Jonovich and colleagues (2014) included parent and child behavioral health screeners in routine well-child visits and found that screeners increased referrals to family and community therapy services

(Stein et al., 2008; Wissow et al., 2013; Jonovich et al., 2014)

Behavioral Assessment – Health Care

- General Questionnaires - Psychosocial
  - Pediatric Symptom Checklist (Jellinek, Murphy, Robinson, Feins, Lamb, & Fenton, 1988)
  - Child Behavior Checklist (Achenbach & Ruffle, 2000)
  - Patient Health Questionnaire (Spitzer, Kroenke, & Williams, 1999)
- Disorder specific
  - PHQ-9 (Depression; Spitzer, Kroenke, Williams, 1999)
  - GAD-7(Anxiety; Spitzer, Kroenke, Williams, 1999)
  - Eating Disorder Examination (Eating Disorders; Luce & Crowther, 1999)
  - DSM structured clinical interview (All Disorders; DSM 5)

Behavioral Assessment – Depression Example

Feeling bad about yourself __or that you are a failure or have let yourself or your family down

Trouble concentrating on things, such as reading the newspaper or watching television

Thoughts that you would be better off dead, or of hurting yourself

Relational Assessments

1. General Family Functioning
   - Family Assessment Device General Function Scale (Epstein et al., 1983)
2. Couple functioning
   - Relationship Structures Questionnaire (Fraley et al., 2011)
3. Condition-specific (ex. Weight management)
   - Social Support and Eating Habits Survey (Sallis et al., 1987)
   - Social Support for Exercise Survey (Sallis et al., 1987)
4. Dyadic assessment for relational congruence
   - Child Behavior Checklist & Youth Self- Report (Achenbach System of Empirically Based Assessment)
   - PedQL4.0 Parent and Child Proxy (Varni, Burwinkle, Seid, & Skarr, 2003)

Review of Family Screeners

- Alderfer and colleagues (2008) identified 19 family measures relevant to pediatric psychology
- The Society of Pediatric Psychology task force rated the McMaster Family Assessment Device (FAD) as a well-established self-report measure due to its consistent test re-test reliability and internal consistency
- The brief version of the McMaster Family Assessment Device, the General Functioning subscale, may provide an opportunity for pediatricians to identify families with impaired functioning

(Alderfer et al., 2008; Stein et al., 2008; Wissow et al., 2013)

Review of Relational Assessments

Family Systems Theory (FST) views the family as a complex, interacting system, and provides a framework for understanding family functioning as an open, ongoing, goal-seeking, self-regulating social system, with four basic assumptions:

1. Elements of a system are interconnected.
2. Systems are best viewed as a whole.
3. Environment interacts with the system in a feedback loop.

Family Functioning Assessments

- Family Environment Scale (Moos and Moos, 1994)
- Family Adaptability and Cohesion Scale (FACES IV; Olson, Gorral, Tiesel, 1985)
- Family Assessment Device (Epstein, Baldwin, & Bishop, 1983)

(Pratt & Skelton, 2018)

Review of Relational Assessments

The McMaster Model of Family Functioning is based on Family Systems Theory

Assessments:

1. McMaster Structured Interview of Family Functioning (Clinical Interview)
2. McMaster Clinical Rating Scale and Mealtime Interaction Coding System (Observational)
3. McMaster Family Assessment Device; General Functioning Subscale (Self-report)

- **Focuses on the following six dimensions of family life**
  1. Communication
  2. Problem solving
  3. Roles
  4. Affective involvement
  5. Affective responsiveness
  6. Behavior control

(Miller, Ryan, Keitner, Bishop, & Epstein, 2000)

Family Assessment Device

- **Family Assessment Device General Function Scale** (Epstein et al., 1983)
  - >12 years old ideal
  - Score of ≥ 2 indicates impaired family functioning

Question	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Planning family activities is difficult because we misunderstand each other.	4	3	2	1
2. In times of crisis we can turn to each other for support.	1	2	3	4
3. We cannot talk to each other about the sadness we feel.	4	3	2	1
4. Individuals are accepted for what they are.	1	2	3	4
5. We avoid discussing our fears and concerns.	4	3	2	1
6. We can express feelings to each other.	1	2	3	4
7. There are lots of bad feelings in the family.	4	3	2	1
8. We feel accepted for what we are.	1	2	3	4
9. Making decisions is a problem for our family.	4	3	2	1
10. We are able to make decisions about how to solve problems.	1	2	3	4
11. We don't get along well together.	4	3	2	1
12. We confide in each other.	1	2	3	4

Outcomes for Family Functioning

- Higher family functioning was associated with: (Berge, Wall, Larson, Loth, 2013)
  - Lower BMI in adolescents
  - Higher healthful dietary intake (i.e., fruit and vegetables, breakfast, family meals)
  - Less sedentary behavior (i.e., screen time)
  - More physical activity (only for boys)
- Halliday et al. (2014) systematic review
  - 12/17 studies identified reported significant associations between family functioning and child overweight/obesity
  - Poor family functioning was associated with increased risk of overweight and obesity
  - Authors recommend standardized family functioning measures
- Family functioning mediated the relationship between child chronic health symptoms and child anxiety and depressive symptoms (Ferro & Boyle, 2015)

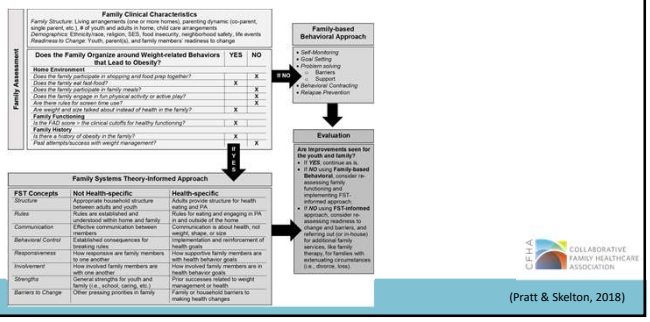
(Berge, Wall, Larson, Loth, 2013)

Outcomes for Family Functioning (our work)

- Among bariatric surgery patients (N=224):
  - ~45% of patients reported impaired family functioning
  - Patients who perceived their child to be overweight/obese reported ↓ family functioning, ↓ family exercise participation, and ↑ discouragement for eating habit change
  - Single parents more often perceived their children to be overweight/obese, and had ↓ family functioning, and ↓ support for changing eating habits and family exercise participation
  - Patients with impaired family functioning reported ↓ support for changing eating habits and family exercise participation
- Among adult weight management patients (N=203):
  - ~25% patients reported impaired family functioning
  - Parents with ↓ family functioning ↑ restrictive feeding practices
- In pediatric primary care, parents/caregivers (N=329):
  - ~13% of parents reported impaired family functioning
  - Caregivers who reported impaired family functioning reported that their child had a higher weight status
  - Caregivers with impaired family functioning and in two-parent families, with at least a Bachelor's degree, and ≥ the federal poverty level were more likely to report their child had a higher weight status

(Pratt et al., 2019; Pratt et al., 2019; Pratt et al., 2018; VanFossen et al., 2018)

Suggested Algorithm for use of FST Screener



(Pratt & Skelton, 2018)

Adult weight management patients' perceptions of family dynamics and weight status

Keeley J. Pratt, Megan Ferriby, Callie L. Brown, Sabrena Noria, Bradley Needleman, Joseph A. Skelton

First published: 24 June 2019 | https://doi.org/10.1111/cob.12326 | Cited by: 1

SECTIONS PDF TOOLS SHARE

The **purpose** of this study was to describe the dynamics between adult WMP patients and their children (restrictive feeding, pressure to eat) and romantic partners (romantic relationship anxiety and avoidance), the broader family environment (family functioning), and perceptions of both their children's and partners' weight status

Sample: Patients (N=203) who resided with a child (2-18 years-old) and partner from two US University-based outpatient WMPs

EXEMPLAR

Family Functioning in Pediatric Primary Care

- Van Fossen, Pratt, Murray, & Skelton, 2018. *Clinical Pediatrics.*
- Pratt, Van Fossen, Berge, Murray, & Skelton, 2019. *Clinical Obesity*.

EXEMPLAR

Article

Family Functioning in Pediatric Primary Care Patients

Clinical Pediatrics
2018, Vol. 57(13) 1549–1557
© The Author(s) 2018
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/0009922818791247
journals.sagepub.com/home/cpj
SAGE

Catherine A. Van Fossen, MS[1], Keeley J. Pratt, PhD[1,2], Robert Murray, MD[3], and Joseph A. Skelton, MD[4,5]

Purpose: To pilot a brief family functioning screener, using the General functioning subscale of the Family Assessment Device in pediatric primary care practices among a sample of diverse caregivers of pediatric patients aged 2 to 18 years

- Sample of 400 families in pediatric primary care
- Study identified 13% of families with clinically impaired family functioning

EXEMPLAR

ORIGINAL RESEARCH ARTICLE

Youth weight status and family functioning in paediatric primary care

Keeley J. Pratt, Catherine A. Van Fossen, Jerica M. Berge, Robert Murray, Joseph A. Skelton

First published: 21 May 2019 | https://doi.org/10.1111/cob.12314

PDF TOOLS SHARE

Bibliography / Reference

Achenbach, T. M., & Ruffle, T. M. (2000). The Child Behavior Checklist and related forms for assessing behavioral/emotional problems and competencies. Pediatrics in review, 21(8), 265-271.

Alderfer MA, Fiese BH, Gold JI, et al. Evidence-based assessment in pediatric psychology: family measures. J Pediatr Psychol. 2007;33:1046-1064. doi:10.1093/jpepsy/jsm083

Berge, J. M., Wall, M., Larson, N., Loth, K. A., & Neumark-Sztainer, D. (2013). Family functioning: associations with weight status, eating behaviors, and physical activity in adolescents. Journal of adolescent health, 52(3), 351-357.

Halliday JA, Palma CL, Mellor D, Green J, Renzaho AMN. The relationship between family functioning and child and adolescent overweight and obesity: a systematic review. International Journal of Obesity. 2014;38(4):480-493.

Haines J, Rifas-Shiman SL, Horton NJ, Kleinman K, Bauer K.... Family functioning and quality of parent-adolescent relationship: cross-sectional associations with adolescent weight-related behaviors and weight status. International Journal of Behavioral Nutrition and Physical Activity. 2016;13:68.

Ferro, MA & Boyle MH. (2015). The impact of chronic physical illness, maternal depressive symptoms, family functioning, and self-esteem on symptoms of anxiety and depression in children. Journal of Abnormal Child Psychology, 43(1), 177-187.

Fraley, R. C., Heffernan, M. E., Vicary, A. M., & Brumbaugh, C. C. (2011). The Experiences in Close Relationships-Relationship Structures questionnaire: A method for assessing attachment orientations across relationships. Psychological Assessment, 23, 615-625.

Jellinek, M. S., Murphy, J. M., Little, M., Pagano, M. E., Comer, D. M., & Kelleher, K. J. (1999). Use of the Pediatric Symptom Checklist to screen for psychosocial problems in pediatric primary care: a national feasibility study. *Archives of pediatrics & adolescent medicine, 153*(3), 254–260. doi:10.1001/archpedi.153.3.254

Jonovich, S. J., & Alpert-Gillis, L. J. (2014). Impact of pediatric mental health screening on clinical discussion and referral for services. Clinical pediatrics, 53(4), 364-371.

Luce, K. H., & Crowther, J. H. (1999). The reliability of the eating disorder examination—Self-report questionnaire version (EDE-Q). International Journal of Eating Disorders, 25(3), 349-351.

Miller, I. W., Ryan, C. E., Keitner, G. I., Bishop, D. S., & Epstein, N. B. (2000). The McMaster Approach to Families: Theory, assessment, treatment and research. Journal of Family Therapy, 22(2), 168-189. http://dx.doi.org/10.1111/1467-6427.00145

Moos, R. & Moos, B. (1994). Family Environment Scale Manual: Development, Applications, Research - Third Edition. Palo Alto, CA: Consulting Psychologist Press.

Pratt, K. J., Ferriby, M., Brown, C. L., Noria, S., Needleman, B., & Skelton, J. A. (2019). Adult weight management patients' perceptions of family dynamics and weight status. Clinical obesity, e12326.

Pratt, K. & Skelton, J. (2018). Families' organization around weight-related behaviors in childhood obesity treatment: A family systems theory-informed approach to assessment and treatment. Academic Pediatrics, 18(6), 620-627.