AN INTRODUCTION TO THE BIOPSYCHOSOCIAL MODEL

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Outline

- History
- Legislation
- WHO ICF model
- Case studies

History

- George L. Engel (1913 – 1999)
  - Introduces the term “biopsychosocial”
  - University of Rochester School of Medicine
ABSTRACT
The dominant model of disease today is biomedical, and it leaves no room within its framework for the social, psychological, and behavioral dimensions of illness. A biopsychosocial model is proposed that provides a blueprint for research, a framework for teaching, and a design for action in the real world of health care.

History
- Discusses psychiatry’s role in medicine
- Argues for a more holistic approach in medicine
  - Supported by research
  - Answer the ‘why?’ and the ‘what for?’ as well as the how? and what?

History
- Shifted emphasis from patient social context to [medical] system social context
- Emphasized shift not just for psychiatry but all medicine
- Acceptance of mind & body
  - vs.
    - Mind over body
    - Body over mind
    - Mind or body
- Introduced the term BioPsychoSocial
History

Context then
- Arose out of psychiatry as a specialty to be a legitimate part of medicine
- Defining mental health issues
  - Abolish psychiatry, deal with “problems of living”
  - Focus on biology, bio medical model
- Turf disputes within psychiatry

Enormous Impact (Shorter, 2005)
- BPS firmly on the medical school undergraduate teaching agenda
- BPS firmly in the psychiatry residency training program
- Focus on ‘the [medical] system’ and how it can make people sick as well as better

Today

Current multidisciplinary health teams
- Enrrenched in legislation
  - Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008
- Elaborated into the WHO ICF

[Diagram of the WHO ICF model]
Today

- More accurately an approach than a model
- Considers 'cause' as well as 'care'
- Within Medicine/Psychiatry, still debating merit
  - Axis 1 – 5 added to the DSM III in 1980
    - The influence of a BioPsychoSocial approach
  - Axis 1 – 5 removed from the DSM 5 in 2013
    - Illustrative of the continued debate in psychiatry

Legislation

Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008

- For Adult Developmental Services
- Ministry of Community and Social Services

Legislation

- Ontario Regulation 299/10 QUALITY ASSURANCE MEASURES
  - Part III
    - Quality Assurance Measures With Respect To Service Agencies, Behaviour Intervention Strategies
      - 15. Application and definitions
“behaviour support plan” means a document that is based on a written functional assessment of the person that considers historical and current, biological and medical, psychological, social and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills.

Functional behaviour assessment

- A systematic method of assessment for obtaining information about the purposes (functions) problem behaviour serves for a person; results are used to guide the design of an intervention for decreasing the problem behaviour and increasing appropriate behaviour.

Functional analysis as part of a functional behaviour assessment

- An analysis of the purposes (functions) of problem behaviour, wherein antecedents and consequences representing those in the person’s natural routines are arranged within an experimental design so that their separate effects on problem behaviour can be observed and measured;

Legislation

- considers historical and current, biological and medical, psychological, social and environmental factors

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Legislation

- Bio-Psycho-Social
- Functional Analysis
- Functional Assessment

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Legislation

Policy Directives For Service Agencies

Under the Authority of the
Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities ACT, 2008

For Adult Developmental Services
Ministry of Community and Social Services

November 15, 2011
These policy directives are written to complement Ontario Regulation 299/10 regarding quality assurance measures, made under the authority of the Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008. They apply to all service agencies funded by the Ministry of Community and Social Services under the Act, to provide developmental services to adults with a developmental disability.

Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Complaints/Feedback Process</td>
<td>6</td>
</tr>
<tr>
<td>Purpose</td>
<td>6</td>
</tr>
<tr>
<td>Policy Directive</td>
<td>6</td>
</tr>
<tr>
<td>Supporting People With Challenging Behaviour</td>
<td>9</td>
</tr>
<tr>
<td>Purpose</td>
<td>11</td>
</tr>
<tr>
<td>Event Plan</td>
<td>11</td>
</tr>
<tr>
<td>Action Plan</td>
<td>11</td>
</tr>
<tr>
<td>Review Committee</td>
<td>11</td>
</tr>
<tr>
<td>Support Provided by More Than One Agency</td>
<td>12</td>
</tr>
<tr>
<td>Behaviour Support Plan</td>
<td>12</td>
</tr>
<tr>
<td>Extending Policing Measures or Secure Isolation/Confined Time-Out</td>
<td>13</td>
</tr>
<tr>
<td>Taking Other Measures</td>
<td>14</td>
</tr>
<tr>
<td>Contacting the Police</td>
<td>15</td>
</tr>
<tr>
<td>Training for Staff</td>
<td>16</td>
</tr>
<tr>
<td>Feedback to Staff on Behavioural Intervention</td>
<td>16</td>
</tr>
<tr>
<td>Use of Restraint or Secure Isolation/Confined Time-Out - General</td>
<td>17</td>
</tr>
<tr>
<td>Use of Secure Isolation/Confined Time-Out - Routine</td>
<td>17</td>
</tr>
<tr>
<td>Use of Mechanical Restraint</td>
<td>17</td>
</tr>
<tr>
<td>Use of Restrained Medication</td>
<td>17</td>
</tr>
<tr>
<td>Precautions Not Permitted</td>
<td>18</td>
</tr>
<tr>
<td>Notification of the Use of Behavioural Intervention</td>
<td>21</td>
</tr>
</tbody>
</table>

Legislation

Functional Assessment
- Crisis Situations p. 14
- Referencing the legislation p. 15

Definition:

*Functional assessment* is referenced in the definition of a “behaviour support plan,” which is defined in Ontario Regulation 299/10 as “a document that is based on a written functional assessment of the person who considers historical and current, biological and medical, psychological, social and environmental factors (a bio-psycho-social model) of the person with a developmental disability that outlines intervention strategies designed to focus on the development of positive behaviour, communication and adaptive skills.”

Bio-Psycho-Social p. 15
Quality Assurance Regulations requires accountability
- Compliance officer checks implementation of directives
- 260 check boxes to assess in 83 pages
- 2 relate to functional assessment/behavioural assessment
  - Crisis situations (“functional assessment”)
  - Challenging Behaviour (“behavioural assessment”)
- NO specific reference to “bio-psycho-social”
  - Implicit in the emphasis on medical, pharmacological and needs assessments and meeting those needs

Legislation sets the stage
- Behaviour support plan - biopsychosocial
- Reference Regulations
- Implicit among the various checklist items
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Ongwanada

Bio Psycho Social

- puts the notions of 'health' and 'disability' in a new light
- every human being can experience a decrement in health and thereby experience some degree of disability.
- Disability is not something that only happens to a minority of humanity.

http://www.who.int/classifications/icf/en/
http://www.who.int/classifications/icf/site/beginners/bg.pdf

Bio Psycho Social

- 'mainstreams' the experience of disability
- recognizes it as a universal human experience.
- shifting the focus from cause to impact it
- places all health conditions on an equal footing
- takes into account the social aspects of disability
  - does not see disability only as 'medical' or 'biological' dysfunction.
  - Contextual Factors, allows the impact of the environment on the person's functioning.

http://www.who.int/classifications/icf/en/
http://www.who.int/classifications/icf/site/beginners/bg.pdf

Bio Psycho Social

- Framework for describing the facets of human functioning that may be affected by a health condition

http://www.who.int/classifications/icf/en/
http://www.who.int/classifications/icf/site/beginners/bg.pdf
Bio Psycho Social

- Health Condition (disorder or disease)
- Body Functions & Structure
  - Activity
  - Participation
- Environmental Factors
- Personal Factors
- Contextual Factors

**Body Function and Structures**
- Physiological and psychological function of body systems
- Not linked to cause. For example, fluency and rhythm of speech functions – could be from stuttering, stroke, or autism

**Activities**
- Describes individual's functioning as a whole person, as opposed to function and structure of his/her body parts
- Range from Basic to Complex
  - Basic would be, for example, dressing, eating, and bathing
  - Complex include work, schooling, civic activities
Bio Psycho Social

- Participation
  - What is most important is that
  - there are a range of activities
  - going from basic to complex that describe
  - a person’s ability to live independently and be integrated into their communities

Bio Psycho Social

- WHO approach

- Activities and Participation
  - Activities – what people can do inherently without assistance or barriers
  - Participation – functioning taking into account the impact of barriers and facilitators in the environment

Bio Psycho Social

- Intervention
  - BIO —— treat the problem
    - Reduces or eliminates impairment
    - Reduces or eliminates limitations
    - Increases participation
Bio Psycho Social

- Intervention
  - PSYCHO: work with / around the issues
    - Recognizes and support limitations
    - Increases participation

Bio Psycho Social

- Intervention
  - SOCIAL: change the problem
    - Reduces restrictions
    - Increases participation

Bio Psycho Social

- Personal Factors
  - Gender
  - Age
  - Coping styles
  - Social background
  - Education
  - Past and current experiences
  - Personality, character, temperament
Bio Psycho Social

- Health Condition
- Impairment - problems in Body Functions & Structure
- Restrictions to Activity
- Participation
- Environmental Factors
- Contextual Factors

Bio Psycho Social

- Environment Factors
  - Local attitudes
  - Societal attitudes
  - Architecture
  - Legal and social structures and systems
  - Climate
  - Terrain
  - Geography, location

Condition

Challenging Behaviour

Biological
Psychological
Social

Body mind
Personal
Environment