


AN INTRODUCTION TO THE BIOPSYCHOSOCIAL MODEL

Dr. Katherine Buell, PhD, C. Psych
Ms. Rachel Brace, B.A., Dip BBT

Outline

- History
- Legislation
- WHO ICF model
- Case studies

History




- George L. Engel (1913 – 1999)
 - Introduces the term "biopsychosocial"
 - University of Rochester School of Medicine
- 1977 **Science** *The Need for a New Medical Model: A challenge for biomedicine.*

History

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

History

- 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
- Entrenched in legislation
 - ▣ Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2008
- Elaborated into the WHO ICF



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

Legislation

- Part III 15 (2)
- “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;

Legislation

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.

Standards Of Practice For Practitioners Of Behaviour Analysis In Ontario (ONTABA, 2010)

Legislation

Functional analysis:
as part of a functional behaviour assessment

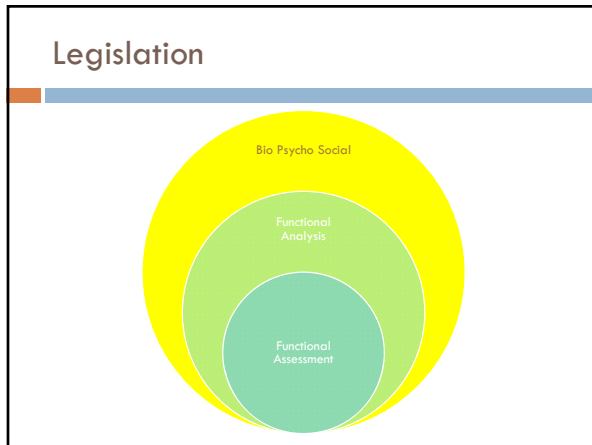
- An analysis of the purposes (functions) of problem behaviour, wherein antecedents and consequences representing those in the person’ natural routines are arranged within an experimental design so that their separate effects on problem behaviour can be observed and measured;

<http://www.ontaba.org/pdf/Standards.pdf>

Legislation

a bio-psycho-social model

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



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
http://www.mcass.gov.on.ca/documents/en/mcass/publications/developmental/policy_service_directive/Policy%20Directives_DS.pdf

Legislation

- 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.**
 - ▣ 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

0.0 Introduction	4
1.0 Complaints/Feedback Process	5
Introduction	5
Purpose	6
Policy	6
Directive	6
2.0 Supporting People With Challenging Behaviour	9
Introduction	9
Purpose	10
Policy	11
Directive	11
Review Committee	11
Support Provided by More than One Agency	12
Behaviour Support Plan	12
Debriefing Following Restraint or Secure Isolation/Confinement Time-Out	13
Crisis Situations	14
Contacting the Police	15
Training for Staff	15
Feedback to Staff on Behaviour Intervention	16
Use of Restraint or Secure Isolation/Confinement Time-Out – General	16
Use of Secure Isolation/Confinement Time-Out Rooms	17
Use of Mechanical Restraint	16
Use of Prescribed Medication	16
Procedures Not Permitted	20
Monitoring	21
Notification of the Use of Behaviour Intervention	21

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 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".

Bio-Psycho-Social p. 15

Legislation

Ontario
Ministry of Community and Social Services

Developmental Services Compliance Checklist Report
Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2009

Legislation Regulations Directives Compliance

Legislation

Ontario
Ministry of Community and Social Services

Developmental Services Compliance Checklist Report
Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act, 2009


- 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

- Legislation
 - Sets the stage
- Regulations
 - Behaviour support plan - biopsychosocial
- Directives
 - Reference Regulations
- Compliance
 - Implicit among the various checklist items

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

37

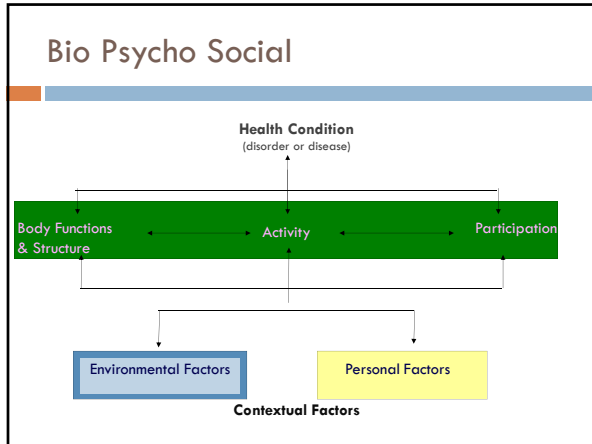
- 'mainstreams' the experience of disability
- recognizes it as a universal human experience.
- shifting the focus from cause to impact it
- places all health conditions on an equal footing
- takes into account the social aspects of disability
 - does not see disability only as 'medical' or 'biological'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

- 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

Bio Psycho Social

- 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

43

- 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

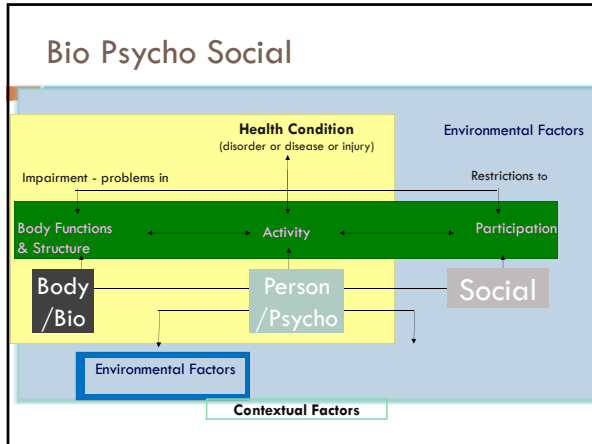
- Intervention
 - ▣ **PSYCHO** —————> work with / around the issues
 - Recognizes and support limitations
 - Increases participation

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

