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 multifactorial 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 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

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

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

**AN INTEGRATED ASSESSMENT - PHYSICAL**

- Physical window
  - Listening in a relaxed manner to the patient’s story
  - Build up a trusting relationship
  - Concentrate on the medical aspects
  - Picking up on verbal and non-verbal clues to explore further
  - Exploring their health beliefs
  - Appropriate examination and investigations

**TAKING A HERSTORY**

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Whole-person</th>
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<tbody>
<tr>
<td>Present complaint</td>
<td>Open up to patient’s story</td>
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<tr>
<td>Past history</td>
<td>Listen</td>
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<tr>
<td>Direct questioning</td>
<td>Observe patient’s belief system</td>
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<tr>
<td>Add on social to aid discharge home</td>
<td>Patient - led</td>
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**PSYCHO/SOCIAL ASSESSMENT**

- Done by a counsellor
- Usually takes 2 to 3 sessions
- Patient gives permission to share findings with other team members
- Report is integrated with the other physical and spiritual findings.
- This assessment can be combined with the spiritual one

**LIFE-LINE**

- Timeline starting from birth.
- Key episodes in their lives are represented by peaks and troughs, symbols, words and numbers.
- Tell their story as they go along.

**SIGNIFICANT PEOPLE / SUPPORT NETWORKS**

- Patient draws a circle representing themselves.
- Other circles are drawn at varying distances to represent significant people (+ve and –ve)

**COUNSELLING**

- Two basic tools used
  - Life-lines
  - Significant people/support networks
- Additional questionnaires and counselling tools
  - A number of models of counselling (Person centred, TA, Gestalt, REBT)
  - Personality developmental models

The physical assessment completed by the doctor, takes around 2 sessions of an hour each to complete. The essential component of the assessment is to enable the patient to tell their “health story” in their own words. During these sessions two simple tools are the main techniques used. These involve the patient describing their life story and drawing a life-line, followed by drawing their relationship map.
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; 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.

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.

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

6 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

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
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 level where the patient’s “health stories” record the person-centred experience of illness.

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

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

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

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!)
**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

**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

**Referral Criteria**

- Patient willing to attempt a whole person approach
- Referred by usual GP
- Chronic mental health issues (NOT acute)
- Combination of physical and psychological problems
- Received a full “physical” work-up
- Already referred to several specialists

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

Main Reasons for Referral

- Family, marital and personal issues
- Anger and low self-esteem
- Spiritual growth issues
- Low self-esteem with ME
- Stress, anxiety and depression
- Chronic mental health problems
- Personal relationship issues
- Multiple medical problems

Each patient who was entered into the pilot study was seen by all three therapists over a two month period, with consultations booked for at least an hour each. The care was integrated as all three therapists met to discuss each patient and produce with the patient an action plan for future management.

Results: Over a one year period, 20 patients were included in the study and two of the representative cases are described below. Six patients were not considered suitable for the whole assessment process, and one patient died.

Patient F01

A 28 year old young lady with epilepsy. As she drew her lifeline she told her life story and also gave the counsellor an understanding of her problems as listed in the slide.

She received some simple REBT therapy and with open discussions made rapid progress.

Patient F01: Lifeline

- 28 year old receptionist
- Born in a Scandinavian country
- Suffers from epilepsy with frequent fits - makes her fearful.
- Constant terror about everything: “fear of being invaded”
- Had two names for herself
- Very committed Christian
- Negative relationship with the church, men and her own language “I feel assaulted by my own language”
- Felt she had to rescue everyone
- Dominant and crushing influence of her father.

Significant People Network

Mike Sheldon
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 - 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

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
Whole Person Assessment

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

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
Whole Person Assessment

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

Resource:
- 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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