FACILITATOR GUIDE:
The Biopsychosocial Model and Therapeutics
DocCom Module 3

Pre-session Assignment: Ask clinicians to complete the MCQs and the question of their choice from Discussion Question 2.

Check-in: (5 min): Ask questions like: “What’s happening?”; “What do we have to do to clear the air so we can begin the session?”; “Do you have any major stressors?”

Self-assessment: Ask clinicians to mark pre-session conviction and confidence scales. (handout)

Session Goal Setting:
- Inform your group members of the following goals:
- Describe core concepts underlying the therapeutic efficacy of the physician-patient relationship.
- List the therapeutic goals of medical encounters.
- Describe strategies that advance the therapeutic aims of your medical encounters.

Personalized Goal Setting: Ask what specific skills from the Behavior Checklist each resident wants to improve for him/herself. (Write these on the board or easel.)

Engaging Learner Interest/Discussion: (25-30 min) Open the discussion by asking about the main insights they had from reading Module 3. Review the most interesting points from their replies and from their answers to MCQs and discussion questions. Emphasize the following points:
- The Biopsychosocial Model, first articulated by George Engel, views people as integrated biological and psychological beings who behave in certain ways in their social contexts. Changes in any one of these dimensions of human functioning affect all of them.
- The field of psychosomatic medicine has produced copious scientific evidence confirming the biopsychosocial model. As examples: stress, depression and social isolation are associated with physiologic and anatomical changes that promote disease. Unhealthy behaviors such as smoking and drug abuse also promote the pathophysiology of diseases.
- The biopsychosocial model assumes the essential unity of mind, body and spirit. Thus, in thinking scientifically about illness and disease, you must consider the biological, psychological, behavioral, and social factors that contribute to your patient’s illness.
- You can learn to use your understanding of biopsychosocial interactions to share and discuss information with your patients and counsel them so they can change their reactions to stress, recover from depression, reengage with their loved ones and community and change maladaptive behaviors.

Ask: “Can anyone give us an example of how this model applies to one of your patients?” The next concepts to go over are these: “Who knows the difference between disease and illness?”

Answer: Disease is objective - can be identified under a microscope or with abnormal lab tests or
imaging. **Illness** is subjective - what the patient feels. You can have disease without illness (i.e., hypertension or a small breast cancer that haven’t been diagnosed yet) and illness without disease (i.e., hypochondria) and most patients who have some disease, have an illness presentation that depends on the patient’s personality, personal history, fears, concerns, affective state, social support, etc.

Parallel concepts are **curing** and **healing**.

**Ask:** “What is the difference between curing and healing?”

**Answer:** You can cure disease with drugs or surgery. You heal with your words. Question: “What do patients come to see you with?” They come with illnesses and part of the problem of medical care is that we immediately search for disease. If we are to effectively help patients, we must appropriately respond to their illnesses and diseases.

The next concept to discuss briefly is the distinction between the Science vs. the Art of medicine.

**Ask:** “What is the **Art of Medicine**?”

**Answer:** The **Art of Medicine** is using yourself as an instrument of healing. You use your knowledge, experience, values, judgments, skills, well-being and caring in the words you choose with your patient. Next, discuss what is therapeutic about the physician-patient relationship?

- Remembering that for thousands of years every society has had healers, and the medical profession has been around since before Hippocrates, and until the modern era physicians had little in the way of effective diagnostic and therapeutic modalities. In fact much of what our predecessors had at their disposal was ineffective or harmful.
- Yet patients have always come to physicians and often were healed.

**Ask:** “What do we have in common with our physician ancestors and with modern day native healers that we can articulate and use in our care of patients?”

Write on the board the clinicians’ answers and have a brief discussion of each. (The answers to this question can be found in Module 3 and in the attached article.) (Novack, DH - Therapeutic Aspects of the Clinical Encounter.)

**Skills Development:** (20 min)

Show [VIDEO: Module 18: (TOC: Ask About Sex/Expanded History/click on video icon duration-5 min)]. This depicts a healing encounter with an internist. Dr. Williams noticed a patient’s distress during the sexual history and decided to take an extra 5 minutes to address the issues. It was a turning point and healing moment for the patient.

- Debrief Video Exercise: Ask the clinicians: “What did Dr. Williams do that created a healing encounter?”
- Some answers - she noticed the patient’s distress - the sigh when the patient first started talking, she showed she was comfortable asking about a difficult subject, she was non-judgmental, she made empathic statements and legitimized the patient’s feelings, she gently pushed the patient, even after the patient said, “that’s it.”, she used the patient’s metaphor and made the beginnings of a solution non-threatening, she asked, “Would you be willing to open the door a little?”, she was silent and let the patient talk, express painful emotions, etc.
Conclusion/Next Steps: (5-10 min)
Ask clinicians to take a few minutes to fill out the post session questionnaire. Then go around the room and ask each of the clinicians to say something they learned from this discussion and which of the skills will they begin to apply in the next week in their clinical work?

Next Session Assignment:
- Complete the MCQ’s and respond to one of the questions in Discussion Question 2.
Rationale:
Physician-patient encounters are therapeutic in and of themselves; independent of diagnostic and therapeutic activities of proven effectiveness. For thousands of years, before the modern era of efficacious drugs and other medical interventions, sick people have sought care from physicians. Many of these patients experienced relief and started on the road to healing. How did this happen? If we can identify the therapeutic elements of clinical encounters, we can be intentional about maximizing these elements with patients. There are several core concepts that help us understand the therapeutic efficacy of physician-patient encounters: the biopsychosocial model, understanding the definitions and distinctions between disease and illness, curing and healing and the science and art of medicine.

Learning Goals:
At the completion of this session you will be able to:
- Describe core concepts underlying the therapeutic efficacy of the physician-patient relationship.
- List the therapeutic goals of medical encounters.
- Describe strategies that advance the therapeutic aims of your medical encounters.

Key Principles:
- Independent of your accurate and appropriate biomedical diagnostic and treatment activities, clinical relationships can be therapeutic or counter-therapeutic!
- You can enhance therapeutic and healing aspects of encounters by identifying windows of opportunity and employing specific interview skills in those moments.
- You can learn communication and counseling strategies that help your patients cope with stress and illness and change unhealthy behaviors.
Pre-session: Conviction and Confidence:

How convinced are you that it is important to practice within a biopsychosocial model of care? 
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How convinced are you that there are therapeutic strategies that are timeless and core to the practice of medicine? 
(0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How confident are you that you can practice within a biopsychosocial model of care AND that you can use psychosocial therapeutic strategies to facilitate healing in your patients? (0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10
Post-session: Conviction and Confidence:

How convinced are you that it is important to practice within a biopsychosocial model of care? (0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How convinced are you that there are therapeutic strategies that are timeless and core to the practice of medicine? (0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

How confident are you that you can practice within a biopsychosocial model of care AND that you can use psychosocial therapeutic strategies to facilitate healing in your patients? (0 = not at all; 10 = totally)

0 1 2 3 4 5 6 7 8 9 10

What are two or three main points that you learned in the session today?

What skill do you plan to practice in your clinical work in the coming week?