



# ACTIVE-CLP: Teaching ACT as a Bridge to Patient-centered Care in Consultation-Liaison Psychiatry

M. Brandon Goodman, MD; Jonny Gerkin, MD  
The University of North Carolina at Chapel Hill School of Medicine,  
Department of Psychiatry



## INTRODUCTION

### ACT as Patient Centered Care Intervention

- In scoping review of patient centered care (PCC) frameworks, shared themes encouraged effective communication, health promotion, and partnership<sup>[1]</sup>
- These themes represent “values” of the healthcare system, yet operationalization of values can prove difficult<sup>[2]</sup>. ACT is uniquely suited to address this discrepancy as understanding of values is inherent in ACT practice<sup>[1]</sup>.

### Consultation Liaison Psychiatry (CLP) at UNC

- CLP operates at interface between mental health and medicine, most often via brief, psychiatric evaluation-based consultation in the hospital setting. Focus is often given to medication management and health-interfering behaviors that affect immediate health concerns.
- UNC has a robust inpatient CLP teaching service at an 800 bed tertiary-care hospital. Typically staffed with ~2 teaching psychiatrists, 2-3 CL subspecialty trainees (fellows), 3-4 psychiatric resident physicians, and 2-5 medical learners.

### Brief ACT for residents on inpatient CLP Service

- An inpatient CLP service tasks the resident physician with consolidating years of psychiatric and medical knowledge, while also acquiring CL specific skills and bringing forward established skills such as psychotherapy into a new context<sup>[3]</sup>
- Although there are brief psychotherapies that are well-suited in the CL setting, few (if any) provide a behavioral framework for navigating complex systems in CLP
- ACTIVE-CLP (ACT Integration for Values Engagement in CLP) offers a pragmatic therapeutic tool for CLP residents based in the ACT Matrix<sup>[4]</sup>. We believe utilization will encourage practice of patient-centered care and promote competencies in: brief psychotherapy, case formulation, effective communication, and multidisciplinary collaboration<sup>[3]</sup>

## PROJECT METHOD

### Resident Recruitment and Training

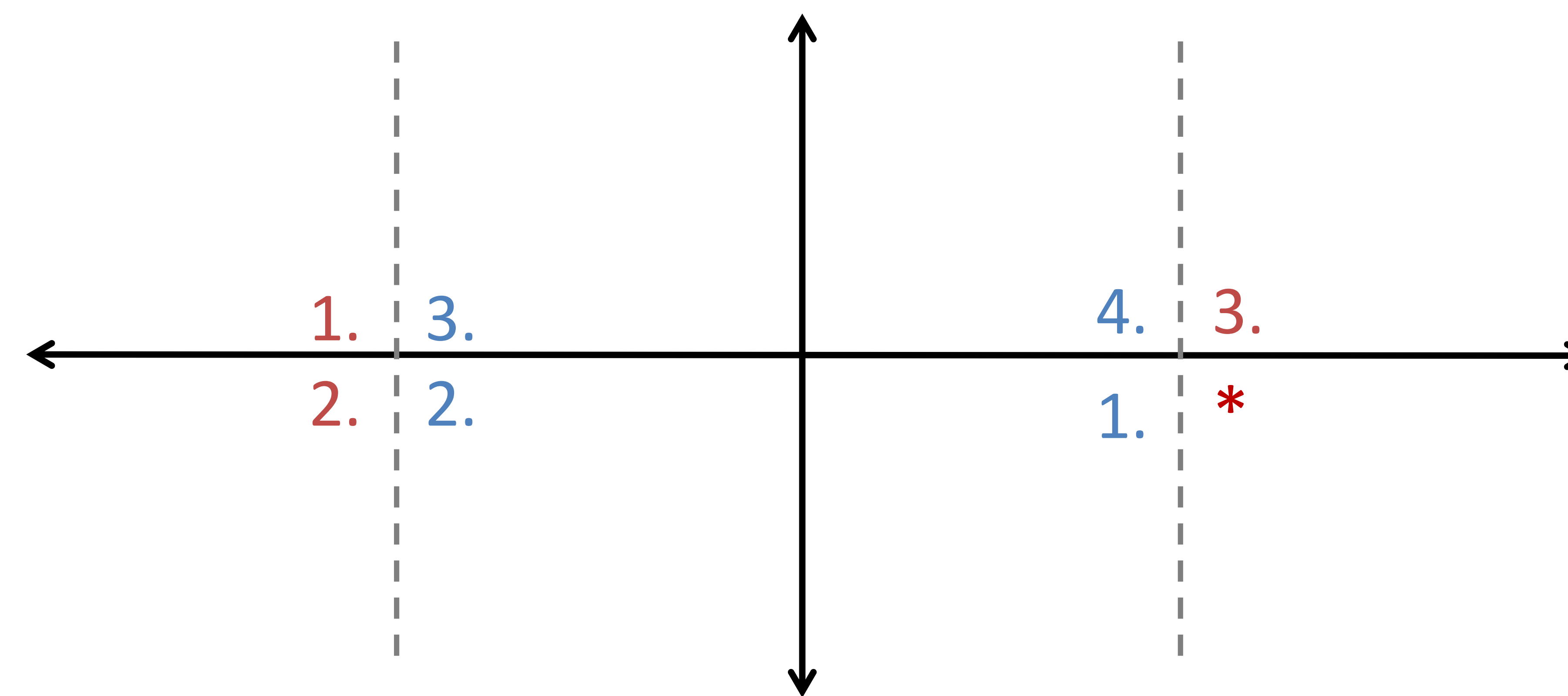
- Email inquiries sent to all four residents starting on inpatient CL training service in Aug. 2019 and again in Sept.
- Two interested residents per month engaged in project and received 1hr long training ACT Matrix and ACTIVE method. Particular attention was given to explanation of “values”.
- Participating residents were offered coaching on 1-2 cases per month, where facilitator discussed case ahead of interview, observed ACTIVE interview, and de-briefed with feedback.

### Assessment of ACTIVE-CLP

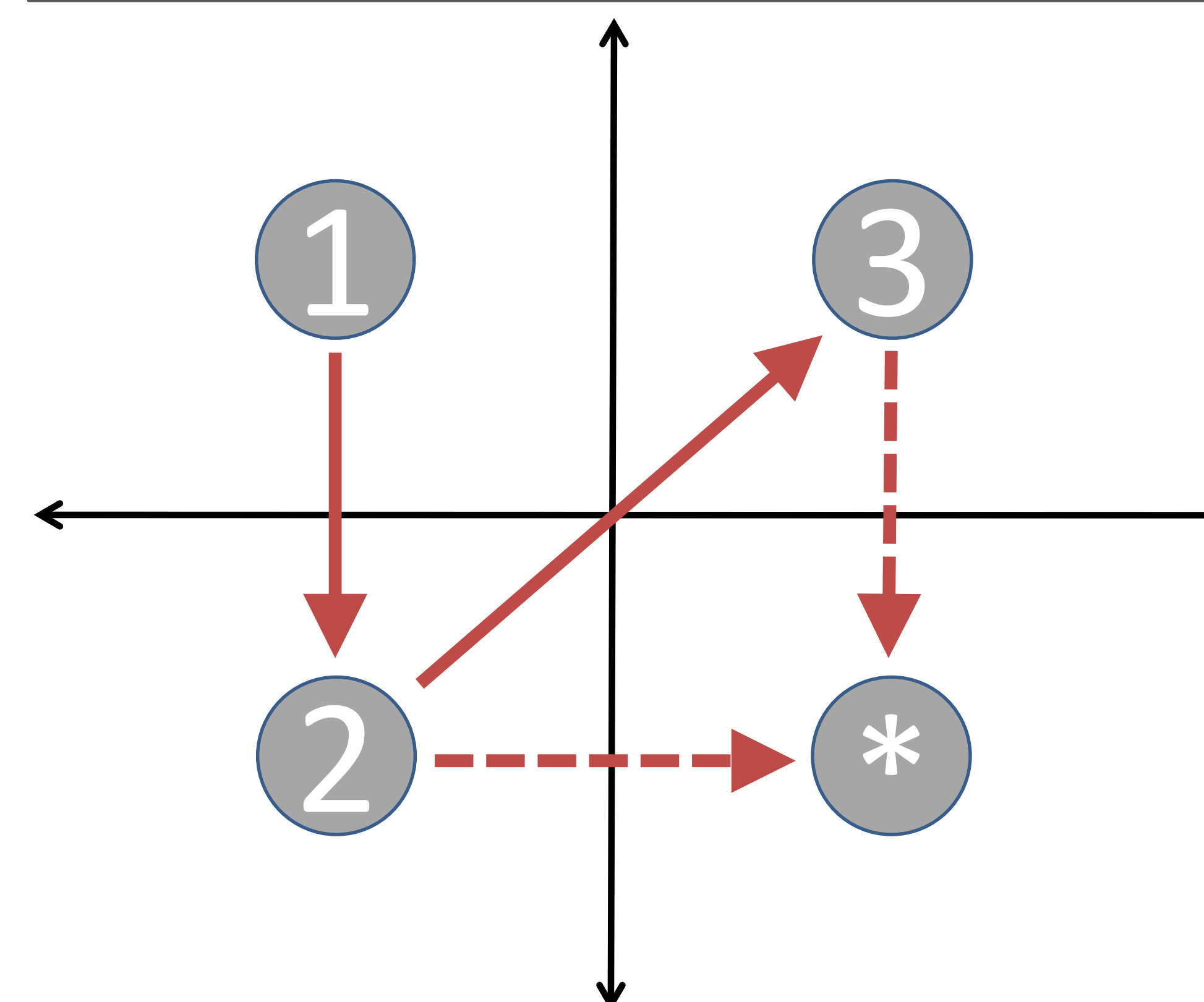
- Survey assessing satisfaction with model and perceived effectiveness given to participants/non-participants, but did not provide meaningful data
- A 1hr focus group was performed with three of four participants. Responses were recorded, transcribed, and are organized according to topic above.



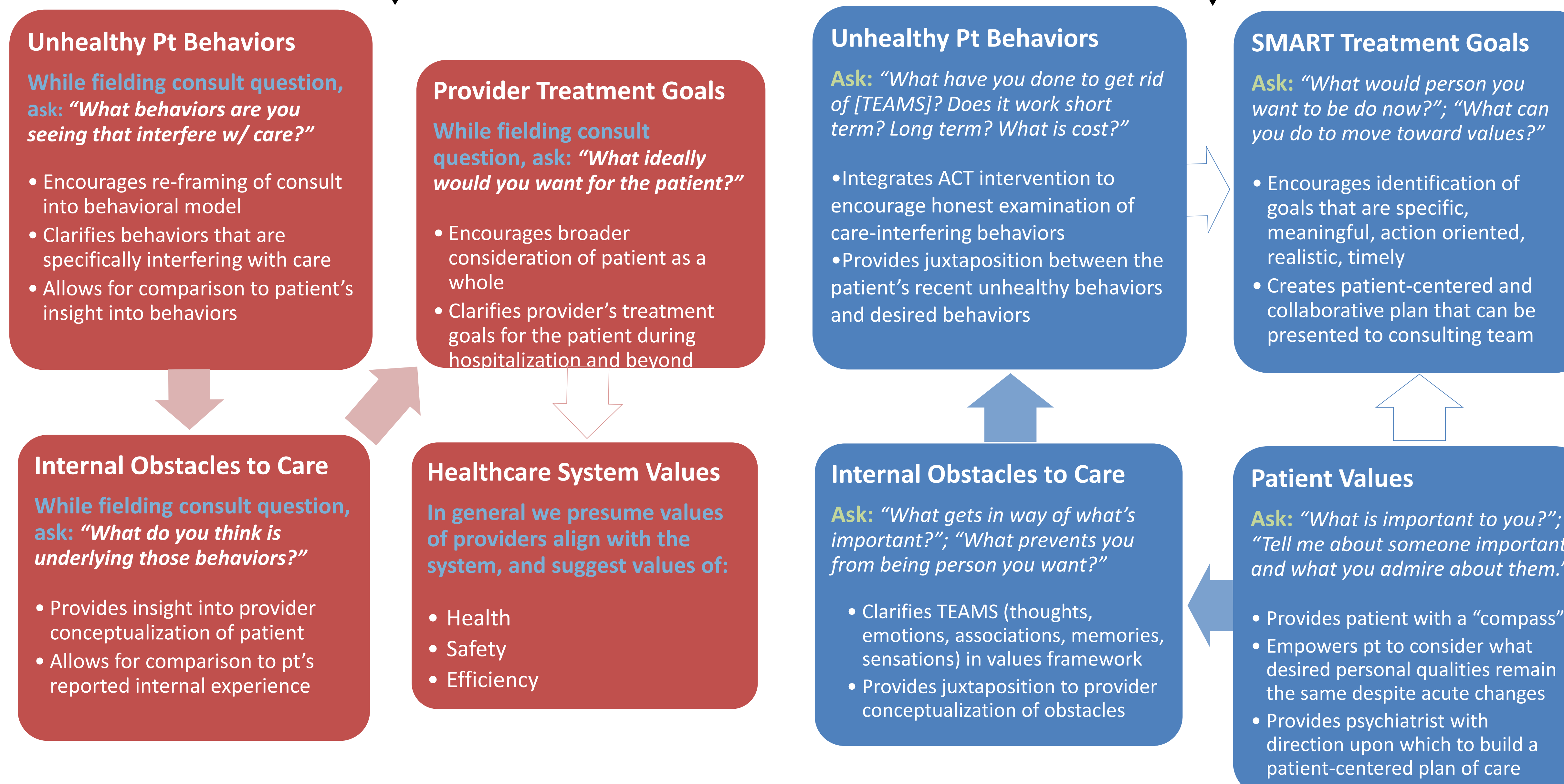
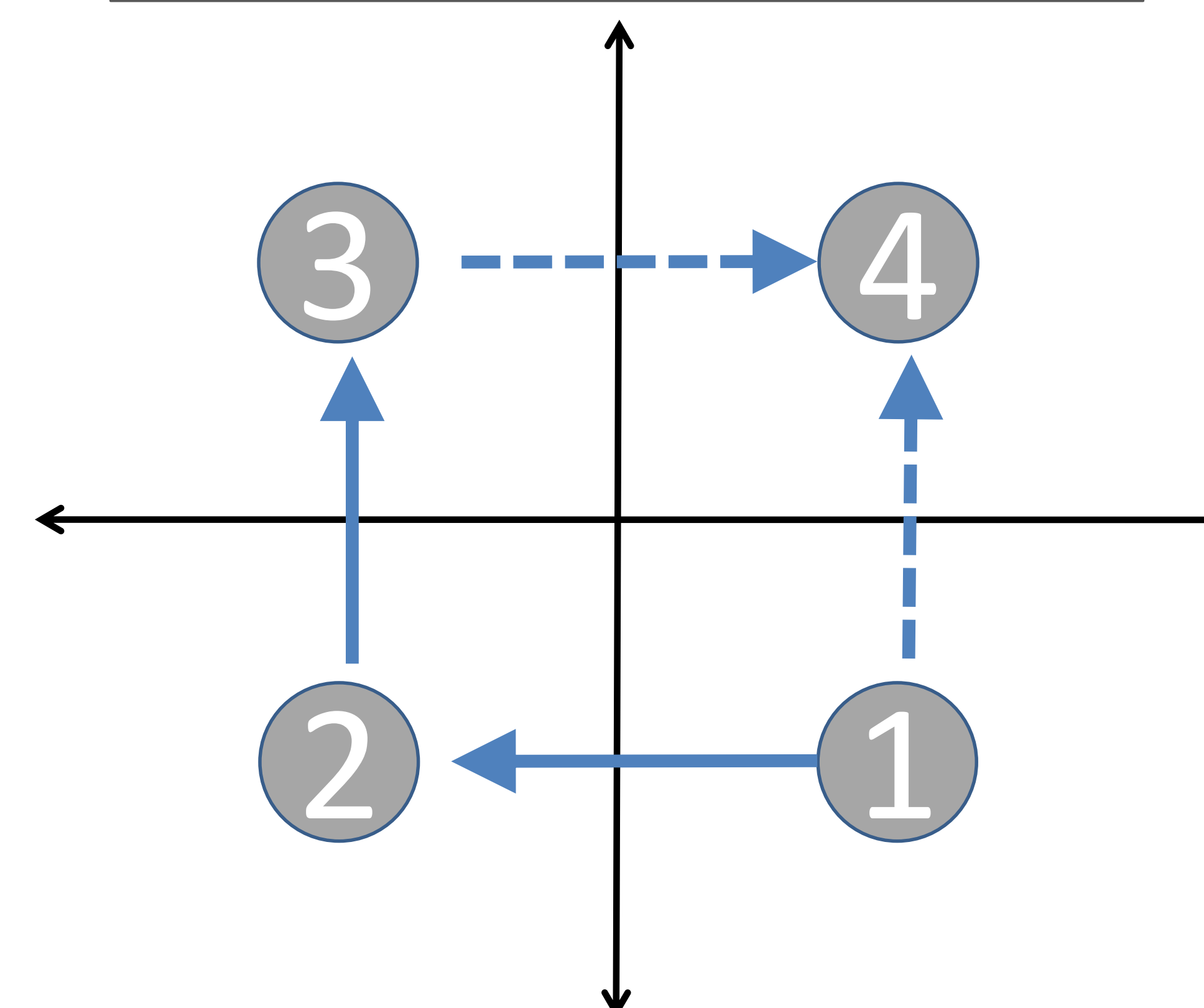
Integrated patient and provider matrix that provides scaffolding for use during CLP consultation to promote ACT-informed case conceptualization



### Outside: PROVIDER MATRIX



### Inside: PATIENT MATRIX



## RESULTS

**Summary:** All residents in focus group found the ACTIVE –CLP method clear, helpful and applicable to CL, but noted limitations to its implementation into standard practice. Particularly, service time-constraints impacted ability to trial novel approach.

### Initial impressions of ACTIVE-CLP

G: “I think it was really useful thing to do. Both from a therapeutic standpoint, and also for myself – to see how a framework like this can be done in practice. I was under the impression that you would have to dramatically alter the interview or a session with a patient to do [ACTIVE], and it didn’t really feel like that at all”

### Benefits of ACTIVE-CLP method

C: “I found it helpful for those going through a lot of life changes. Like patients with a new cancer diagnosis, or a burn patient, or an amputation – these are all big life changes. And to help them see ‘this is what my life used to be, but this is what is still important to me. And it may look different than what it was before, but I can still do what is important to me’ – that was big... It is a tangible way to help the patient live a life they want to live in spite of that confusion.”

### Limitations with utilization

C: I think I would have liked [using with the provider] more if I had more time to think about it. I think sometimes when you are calling back the consult, those questions are just not on the forefront of my mind. And especially when we are so busy, I just wasn’t even thinking about it, and afterwards I think: “Oh crap – that would have been super helpful to approach it in that way and I just didn’t”

### Generalizability

A: “I used the values aspect of it on the Gero inpatient unit today! [...] I think part of why I brought it up was because I don’t really understand, for the patient, what they are going through during the whole hospitalization. Like how can we make this time in the hospital, for their fiftieth time in their life, how can we make it a different experience, make it worthwhile?”

## DISCUSSION

### Conclusions

- ACTIVE-CLP represents a promising method with strong conceptual underpinnings that is rooted in many key elements of PCC
- Early utilization demonstrated benefits in case formulation and reconciliation of patient concerns with provider-level concerns
- Implementation in the training environment has proven difficult given varying duties of the CLP resident. Unsurprisingly time restraints represent the largest barrier.
- Per feedback from residents, future directions will focus on further development of educational material, including: list of common values for patient/provider reference, worksheet of common SMART goals that promote pt values in hospital, and readings for pts on ACT

## REFERENCES

- Constand MK. Scoping review of patient-centered care approaches in healthcare. *BMC health services research*. 06/2014;14(1):271.
- Kelly MP. The importance of values in evidence-based medicine. *BMC medical ethics*. 10/2015;16(1):69.
- Heinrich TW. Recommendations for training psychiatric residents in psychosomatic medicine. *Psychosomatics (Washington, D.C.)*. 09/2014;55(5):438-449.
- Polk, K and Schoendorff, B (2014). *The ACT matrix*. Oakland, CA: New Harbinger Publications.

