



**Chronic Disease Self-management
Special Interest Group
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Frameworks for Health



What is Frameworks for Health?

FFH is a dedicated research and implementation unit focussing on clinical “real world” research.

FFH works with organizations to implement service delivery models of care and individual programs.

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Frameworks for Health

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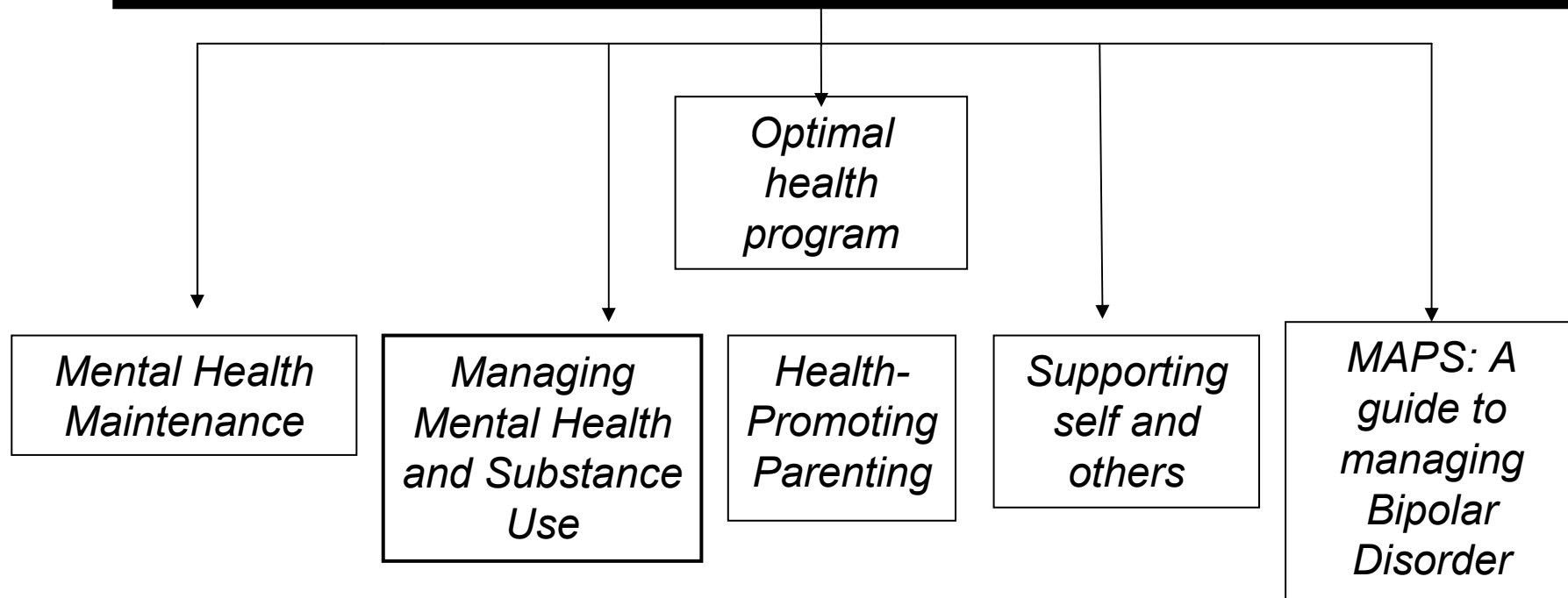


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Frameworks for Health Provides

Framework for Service Delivery
Entire Service Delivery Model incorporating comprehensive assessment, treatment pathways and best practice collaborative therapy programs





Collaborative Therapy (CT) underpins FFH programs

Comprehensive therapeutic approach for clients, carers, services and others to work **systematically** towards the achievement of **optimal health** outcomes.

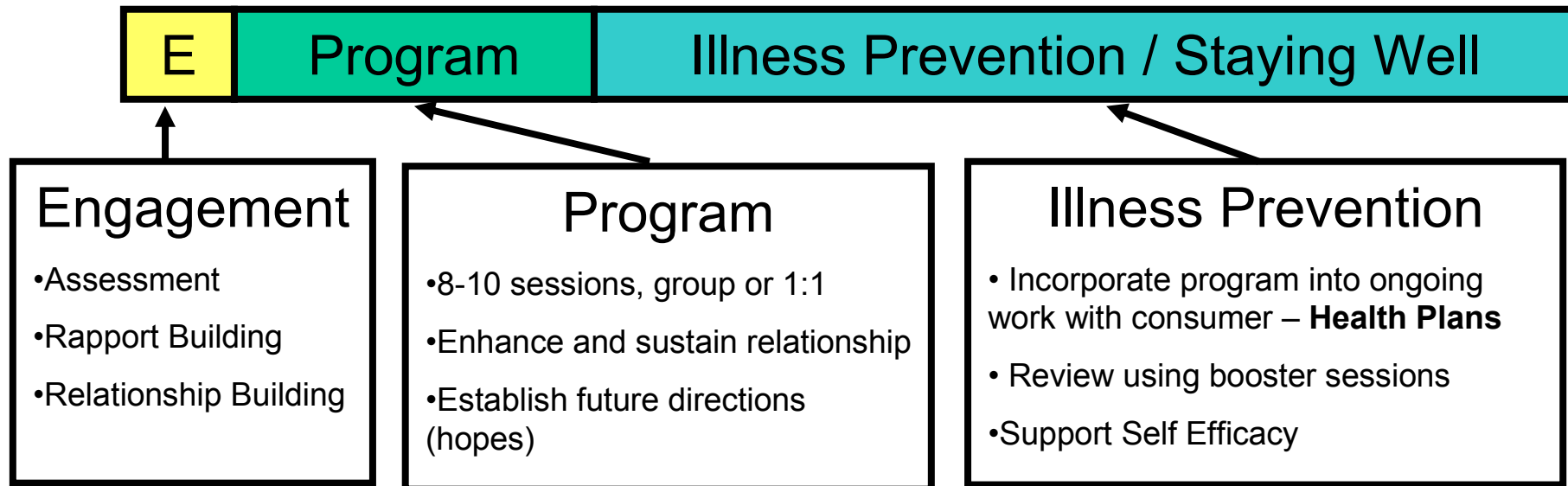
Collaborative = working together
Therapy = treatment

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Features of CT Approach





Frameworks for Health Programs Essential Components

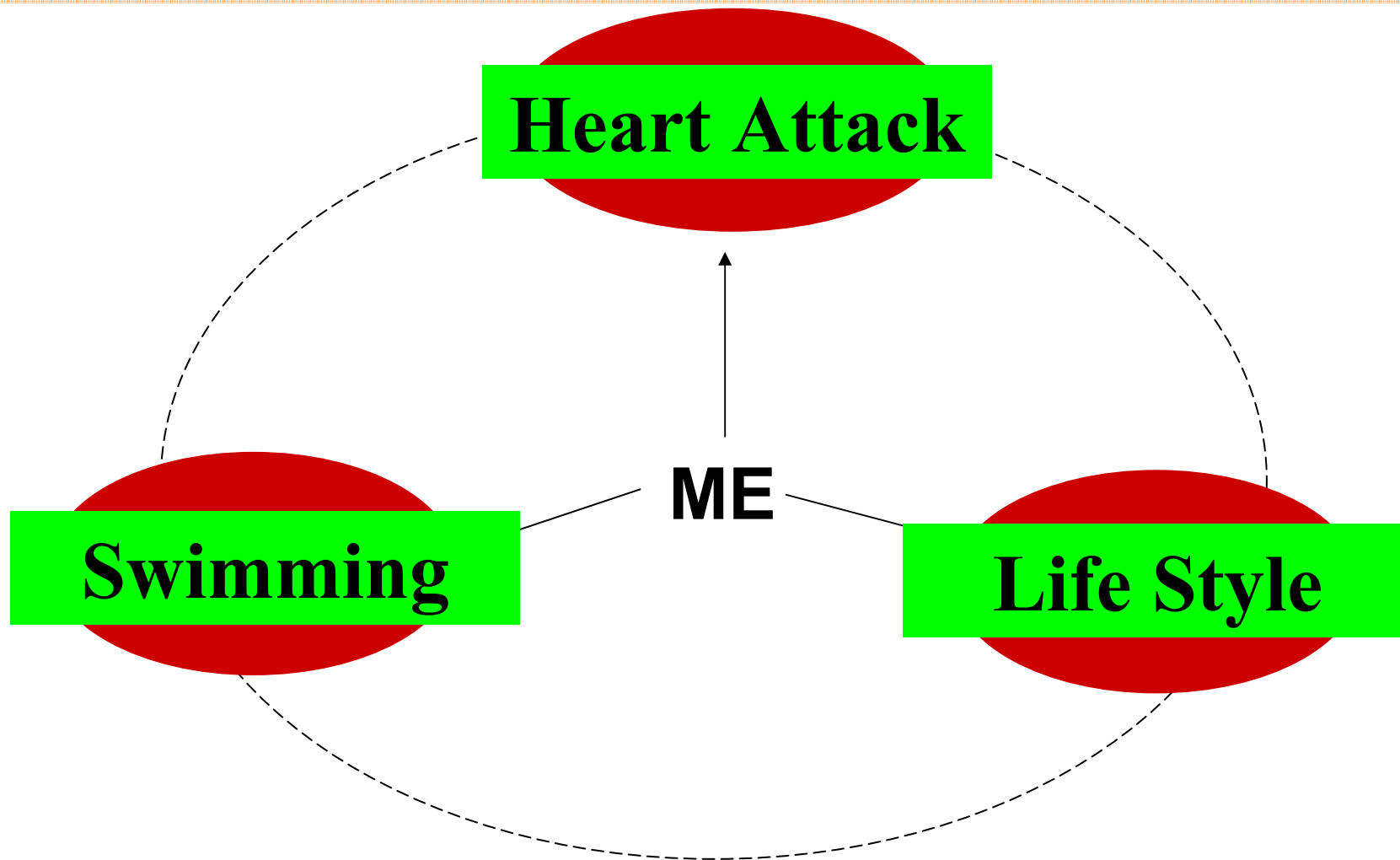
- **Education**
 - Knowledge of the “I Can Do” model
 - Increase sense of control
- **Coping Strategies**
 - Maintenance of health and well-being
 - Focusses on person’s strengths
 - Learning new strategies eg. goal setting
- **Skills Development**
 - Symptom recognition
 - Increased variety of techniques to promote optimal health
 - Working together with others using Health Journal

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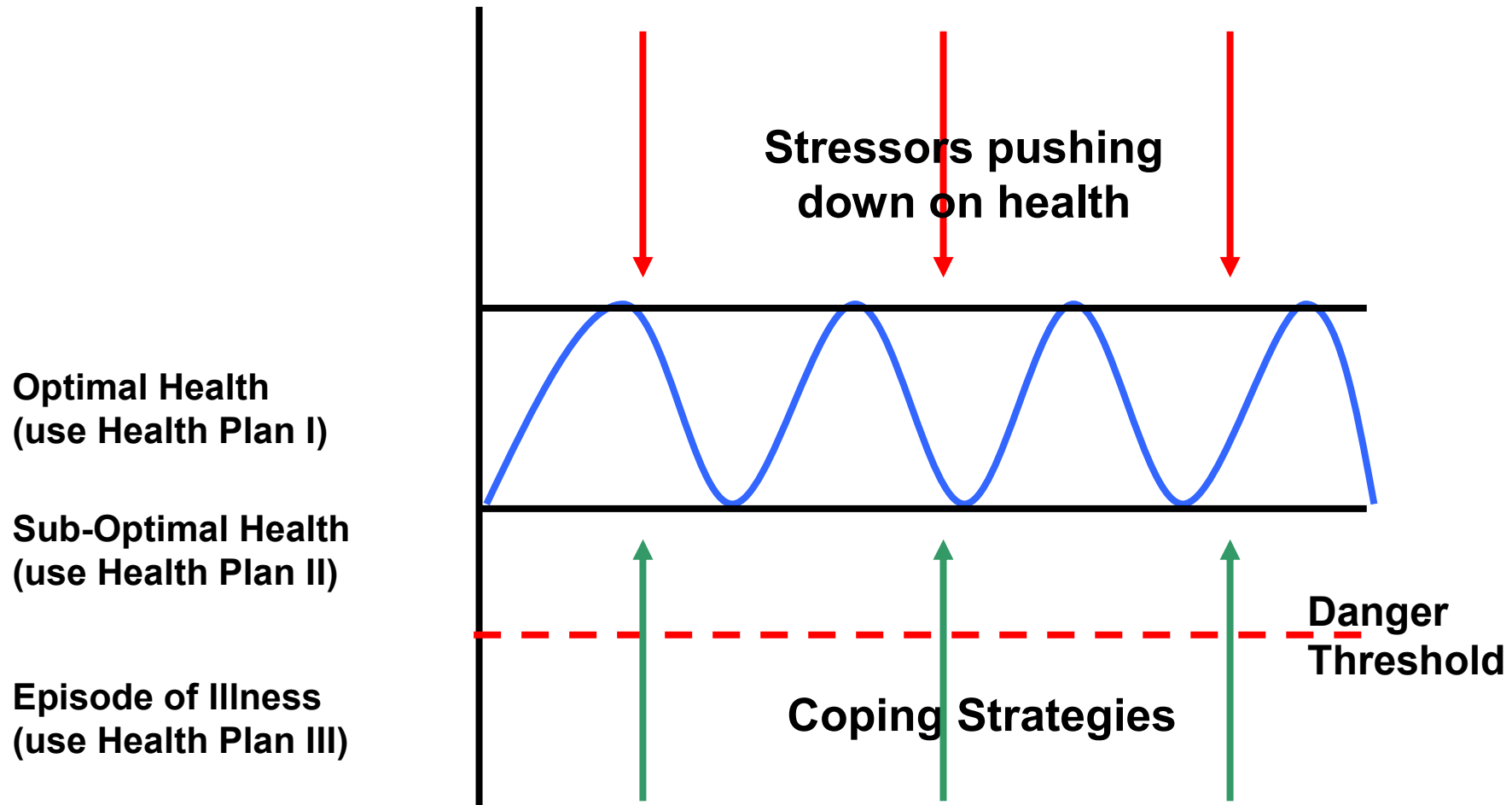
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“I Can Do” Model





The “How to” of the “I Can Do” Model



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The Health Journal

Designed to increase self efficacy of consumer as well as a sense of control over their illness

- Relapse prevention tool: Health Plans
- Collaborative network
- Integrated into individual and group-based intervention
- Aids communication between consumers and their service provider

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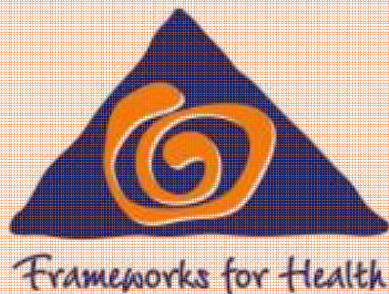


Optimal Health Program

The program:

- Provides education about stress and vulnerability and how this impacts on health and well-being.
- Develops or maintains coping strategies necessary to attain optimal health and/or prevent illness/relapse.
- 8 x weekly sessions (1 hr individuals) (2 hrs groups)
- **Resources:** Participant Workbook, Health Journal

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Optimal Health Program session outline

Session	Title	Content
1	What is health?	•Perceptions of health and behaviours that influence health
2	The “I Can Do” model, Part 1: Stress	•Understanding stress and how to recognise it; breathing exercises
3	The “I Can Do” model, Part 2: Coping strategies	•Positive and negative stressors; goal setting
4	The “How to” of the “I Can Do” Model	•Health Plan I – Daily Coping Plan
5	The “I Can Do” model, Part 3: Vulnerability	• Cumulative stress, sub-optimal health, recognising vulnerable situations and early warning signs, collaborative partners
6	Coping strategies for optimal health	• Health Plan II – Collaborative Strategies; problem solving
7	The “I Can Do” model: Episode of illness	•What does it mean to experience an episode of illness; medication; Health Plan III – Action Plan
8	Review: Putting it all together	•What is optimal health to me? Maintaining optimal health
Booster	What is my health like now?	•Review health plans, problem solve vulnerable situations.

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Moving forward...

- Developing model to address chronic illness:
 - Working with HARP:
 - Adapt current program to fit within current service delivery
 - Common language framework to respond in a similar manner across teams
 - Enhancing self-efficacy of consumers and clinical staff
 - OHP for people on kidney dialysis.
 - Qualitative study on how people with on-going health conditions influence their health and well-being through their participation in activities.
 - Community settings:
 - younger age groups, people with HIV, Cancer, MS

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Evaluation

- Qualitative: Interviews and focus groups for needs analysis, consumer and clinician feedback forums.
- Quantitative: Efficacy eg. RCTs and open trials
- Action research: eg. adapting manual
- Service evaluation: Using existing data collected eg. routine outcome measures.

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