

Physician-Psychologist Collaborations: Optimizing Your Patient's Health and Well-Being

Teri L. Bourdeau, Ph.D.
Clinical Assistant Professor
OSU – Center for Health Sciences

Disclosure Statement:

- In the past 12 months, I have had no relevant financial relationships with the manufacturers of any commercial product or providers of commercial services discussed in this CME activity. I do not intend to discuss an unapproved or investigative use of a commercial product or device in my presentation.

Learning Objectives

- Identify variety of settings and levels of collaboration
- Present ways to build effective relationship with patient and other providers to enhance impact of referral
- Identify purposes of collaboration
- Address barriers and promoters of collaboration
- Discuss reasons for referral
- Provide education on behavioral health interventions
 - Give specific examples of ways collaboration can enhance patient functioning

Overview

- Benefits
- Providers and Setting
- Establishing Relationships
- Purpose of Collaboration
- Barriers/Enhancements to Collaboration
- Reasons for Referral/Need for Closer Collaboration
- Types of Psychological Interventions
 - Examples
- Q & A

Pediatrics, Psychology, Psychiatry

- White House Conference on Child Health and Protection. *Psychology and Psychiatry in Pediatrics. The Problem.* Report of the Subcommittee on Psychology and Psychiatry. Bronson Carothers, Chairman. New York: The Century Co., **1932.**
- Discussion of who treats childhood behavioral difficulties
- Recognition that pediatricians may have earlier and more frequent contact. Highlighted need for education.

Collaboration

- “working together in joint intellectual effort” toward a common set of goals and objectives. (Hinshaw & Leon, 1995)
- Cooperation
- Teamwork
- Communicating
- Several characteristics of collaborative clinical, educational, and research endeavors:
 - Merging of expertise
 - Division of Labor
 - Collegueship
 - Distribution of Power



Benefits of Effective Collaboration

- May improve quality of care
- Efficiency of care
- Satisfaction of patients and providers

“Our health care system is truly multifaceted, and no discipline possesses all the skills and knowledge necessary for providing the highest possible quality of care patients require.” (Hinshaw & Leon, 1995)

Type of Practice

- Medical School
- Private Practice
 - Group vs. Solo
- Community Agency
- University Health Center
- Multidisciplinary
- Inpatient (Pediatric Units, PICU, NICU)
- Outpatient
- Emergency Room/Urgent Care Clinic

Providers

- Physicians
 - Family Medicine
 - Pediatrics
 - Subspecialty
 - Endocrinology, psychiatry
- Behavioral Health
 - Psychologist
 - Clinical, Counseling, School,
 - Adult/Child, Child Pediatric/Health/Behavioral Medicine/Sports, Neuropsychology
 - Master's level Clinician (Social Work, LPC, LBP)

Levels of Collaboration

- Level 1: Medical and Behavioral Health Provider; separate locations, communication rare
- Level 2: Separate locations and systems, periodic communication (“as needed”)
- Level 3: Different systems in same location without shared resources; sense of part of larger team
- Level 4: Same location and system, not fully integrated. Regular face-to-face interaction, coordinated tx plans for complex cases
- Level 5: Fully integrated. Same location and system, shared vision and resources. Regular collaborative team meetings. Coordinated patient care.

Increasing Levels: An example

- Step 1: Collaborative Case Conference
 - Problem-focused, action-oriented
 - Improved communication and management
 - Increased knowledge of specific conditions and behavioral health interventions
- Step 2: Establishment of a Co-located Collaborative Practice

Establishing a Relationship

- Patient relationship
 - Knowledge of collaboration
 - Educate
 - Collaboration Enhances? Impairs? Relationship
 - How to introduce
 - Obtaining consent/assent
- Provider relationship
 - Do you often refer to this provider?
 - Ease of contact
 - Communication style and preferred means/time of communication
 - Written, verbal
 - Summary, entire record
 - Comfort with consultations

Purpose of Collaboration

- Consultation
 - How? When? Where?
- Share necessary information
 - Need to know
 - Update on progress
- Treatment Planning
- Multimodal treatment
- Generalizing treatment success
- Coping/Adjusting
- Optimizing medical/psychological well-being

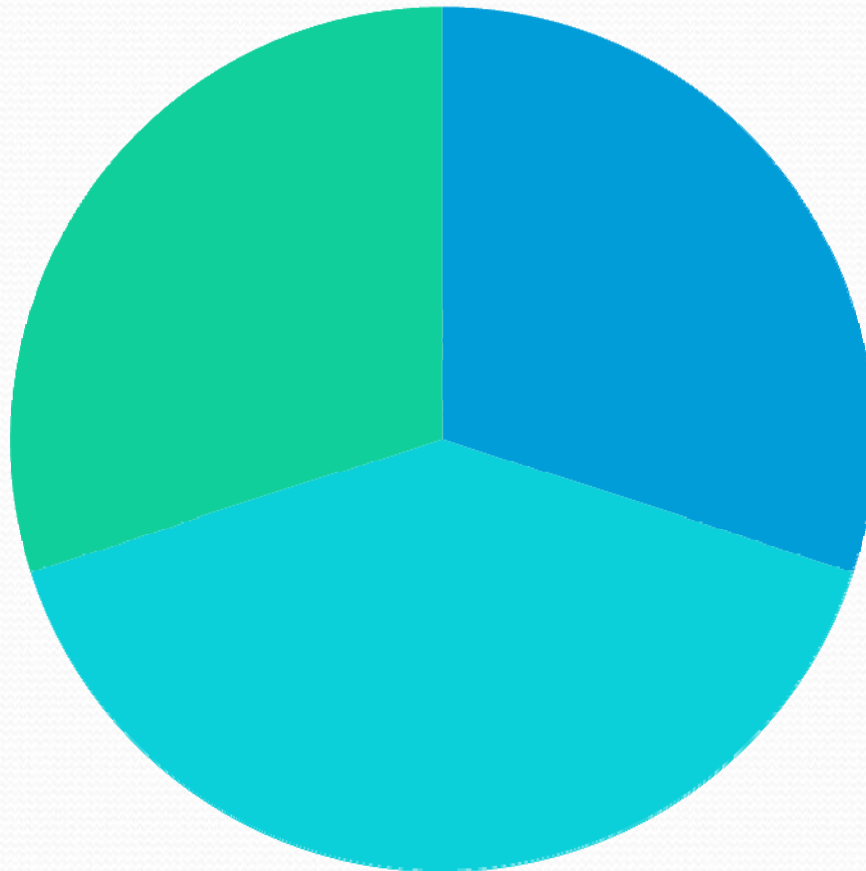
Barriers to Referral

- Barriers for physicians when referring to psychologist
 - Timeliness of appt, especially if patient in crisis
 - Clinic requirement that patient make his/her own appt
 - Insurance coverage
 - Perception of some, insurance will pay for meds (psychiatrist), but not for therapy (psychologist)
 - Poor communication between departments
 - Attitudinal resistance from patient and physician to therapy
 - Uncertainty of professional boundaries

Kainz (2002)



Sharing the Pie



- **Psychiatry**
- **Pediatrics**
- **Psychology**

Conflicts in Health Care

- Types of Conflict
 - Conflict between health-care providers and people in other systems, such as the patient, family members, the workplace, the courts
 - Conflicts between groups of providers
- Traditional view: that patients and providers have mutual goals, health and cure
 - Further analysis reveals different agendas, concerns, values, expectations, and goals

Factors that Promote Referrals

- Good rapport with psychologist
- Reputation of psychologist in specific area needed
- Clinical competence
- Timeliness of feedback to physician
- Awareness of treatment approach
- Confidence that your patient will be comfortable and psychologist will be sensitive to patient needs
- Being able to select the psychologist and give patient a specific name
- Psychologist within same group setting

Physician Believed...

- Fibromyalgia, Cancer, Infertility, and Irritable Bowel Syndrome could “often” benefit from psychological and/or behavioral interventions.
- Most often aware of treatments for anxiety, depression, and ADHD. Less aware of those for chronic pain.
- Referred most often for “depression” or “anxiety.”
- Important factors: insurance coverage, summary of tx, short-term therapy, and child/adolescent provider
- 42% received “some” information in med school/residency about psychological or behavioral interventions; 14% said a great deal

Provider Relationship Important

- “When a strong professional relationship is established, the physician is in a position to “sell” the psychologist to his or her patient.” Kainz, 2002



Approaching the Patient

- Describe what you would like
- Explain it does not mean patient must stay with this psychologist or behavioral health intervention
- Want to provide all that can be offered
- Reconvene after assessment/first few appointments to determine next step.

Educating and Motivating

- So much info.....so little time
- Priority
- Planting seeds
- Group versus Individual
- Maintaining Attention
 - How long is your attention span? Did I lose you already? Why are you motivated to listen to my talk today? What is holding your interest? What is making you fall asleep? Do you need caffeine? Should I play the piano and sing my talk? Would it help if you draw?

Intervention Focus

- Adherence
 - Health Behavior Change
 - Maintenance
- Psychological/Emotional
 - Distress/Coping
 - Depression
- Targets of Behavior Change
 - Motivators
 - Inhibitors/Facilitators
 - Intentions
 - Triggers



Possible Reasons for Referral

- Common referrals: Anxiety, depression
- Health-Related Behaviors
 - Obesity/Overeating/Too much screen time
 - Smoking/Alcohol Use
 - Eating Disorders or 'Disordered Eating'
 - Adherence to medical regimen/coping/adjustment: asthma, diabetes, rheumatologic
 - Pain and associated anxiety
- Enuresis/Encopresis
- Poor academic functioning
- Family relationships/Parenting
- Frequent visits to physician office
- Disruptive behavior



Evidence for Effectiveness

- Adherence to medical regimens
 - Diabetes – Behavioral Family Systems Therapy, Family Teamwork Models, MST, Community-Based
 - Cystic Fibrosis – Behavioral treatment addresses improvement in dietary adherence
 - E.g., relaxation, distraction, reframing
 - Pain (procedural, recurrent abdominal, headaches) – CBT
 - Trauma
 - Injury, diagnosis of life-threatening illness, intrusive and/or painful procedures, urgent tx in ER or ICU
 - Patient-Family-Staff Triad Conflict - Difficult Family Protocol

Interventions

- Educational Interventions
 - E.g., Diabetes Education
- Goal Setting
- Motivational Interviewing
- Problem-solving and coping skills training
- Environmental Change
- Behavioral Contracting
- Self-monitoring
- Use of incentives/rewards
- Social Support

Assessing Need for Emotional/Behavioral Intervention

- Is the person having difficulty accepting diagnosis?
- Is the person overwhelmed by the regimen?
- Is the person tired of having the condition and following the regimen?
- Is the person being supported by the family?
- Is the person worrying excessively about complications/consequences of condition?
- Are there behavior/emotional difficulties interfering with life functioning?

Age Considerations

- Adults

- Family System
 - Upper management
- Autonomous
- Long history of health behavior
- Motivational factors
 - Prolong life for self and/or others; feel better
 - Minimize negative consequences
 - Doctor said so, spouse said so

- Children

- Family System
 - Employee
- Dependent
- Shorter history of health behavior
- Motivational factors
 - Mom said so
 - Fear of “new condition”
 - Dad said so
 - Doctor said so
 - Curiosity

Teens....ah, very special consideration

- Not yet completely autonomous
- All they need to know they already learned from their friends, the internet, themselves....the experts. Denial is sometimes a very close friend. Illusion of Invulnerability
- Motivation
 - Get to miss school and then go to Sonic for my favorite lunch. 😊
 - Mom pulled, pushed, and bribed me in the door
 - Doctor said I need a review of the basics b/c I counted on my mom to learn this when I was diagnosed at age 8.
- Very receptive to validation and collaborative approaches

Team Approach

- Basically, means you don't have to provide all info. We can all be liaisons.
 - Patient
 - You
 - Physician/Diabetes Specialist
 - Me (when needed)
 - Personal Trainers
 - Physical Therapy
 - Podiatrist
 - Eye Care Specialist
 - Case Manager (Coordinator of Services)

Behavioral and Psychosocial Issues in Diabetes

- Behavioral → Well-established unhealthy habits
 - Eating, physical activity/exercise, smoking
- Psychological
 - Depression, Anxiety, Stress, Phobias (like fear of needles)
- Social
 - Family, Work, Community
 - Habits of others
 - Kids go to friends' homes where unhealthy foods abound
 - Parents makes high carb, high fat foods,
 - Family has limited finances. Pt can't afford fresh fruits and vegetables

Summary

- Consultation can enhance treatment and patient overall functioning
- Ease of communication may be a key to effective collaboration
- Pediatricians can work collaboratively with psychologists and psychiatrists by better understanding barriers and establishing good working relationships
- Better understanding services provided may maximize patient gains and overall functioning



Questions and Discussion

References

- Doherty, W. J., McDaniel, S. H., & Baird, M.A. (1996). Five levels of primary care/behavioral healthcare collaboration. *Behavioral Healthcare Tomorrow*, 5, 25-28.
- Feierabend, R. H. & Barteo, Z. L. (2004). A collaborative relationship between a community mental health center and family practice residency program. *Families, Systems, and Health*, 22(2), 231-237.
- Fischer, H. L. & Engeln, R. G. (1972). How goes the marriage? *Professional Psychology*. 73-79.
- Glenn, M. L. (1987). Structurally determined conflicts in health care. *Family Systems Medicine*, 5(4), 413-427.
- Haley, W. E., McDaniel, S. H., Bray, J. H., Frank, R. G., Heldring, M., Johnson, S. B., Go Lu, E., Reed, G. M., & Wiggins, J. G. (1998). Psychological practice in primary care settings: Practical tips for clinicians, 29(3), 237-244.
- Hinshaw, A. S., Leon, P. (1995). Toward Achieving Multidisciplinary Professional Collaboration. *Professional Psychology: Research and Practice*, 26(2). 115-116.
- Kainz, K. (2002). Barriers and enhancements to physician-psychologist collaboration. *Professional Psychology: Research and Practice*, 33(2), 169-175.
- Kazak, A. E. (2006). Pediatric psychosocial preventative model (PPPHM). *Research, practice, and collaboration in pediatric family systems medicine*, 24(4), 381-395.
- Rosenberg, A. J. & Rothbaum, P.A. (2003). Physician-psychologist teamwork: Twelve years of practice. *Bulletin of the Psychologists in Independent Practice*, 23 (1).



Sample Handouts

www.doernbecher.com

www.mypyramid.gov

TIPS FOR FAMILIES



EAT RIGHT

- 1 Make half your grains whole.** Choose whole-grain foods, such as whole-wheat bread, oatmeal, brown rice, and lowfat popcorn, more often.
- 2 Vary your veggies.** Go dark green and orange with your vegetables—eat spinach, broccoli, carrots, and sweet potatoes.
- 3 Focus on fruits.** Eat them at meals, and at snack time, too. Choose fresh, frozen, canned, or dried, and go easy on the fruit juice.
- 4 Get your calcium-rich foods.** To build strong bones serve lowfat and fat-free milk and other milk products several times a day.
- 5 Go lean with protein.** Eat lean or lowfat meat, chicken, turkey, and fish. Also, change your tune with more dry beans and peas. Add chick peas, nuts, or seeds to a salad; pinto beans to a burrito; or kidney beans to soup.
- 6 Change your oil.** We all need oil. Get yours from fish, nuts, and liquid oils such as corn, soybean, canola, and olive oil.
- 7 Don't sugarcoat it.** Choose foods and beverages that do not have sugar and caloric sweeteners as one of the first ingredients. Added sugars contribute calories with few, if any, nutrients.

EXERCISE

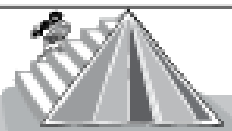
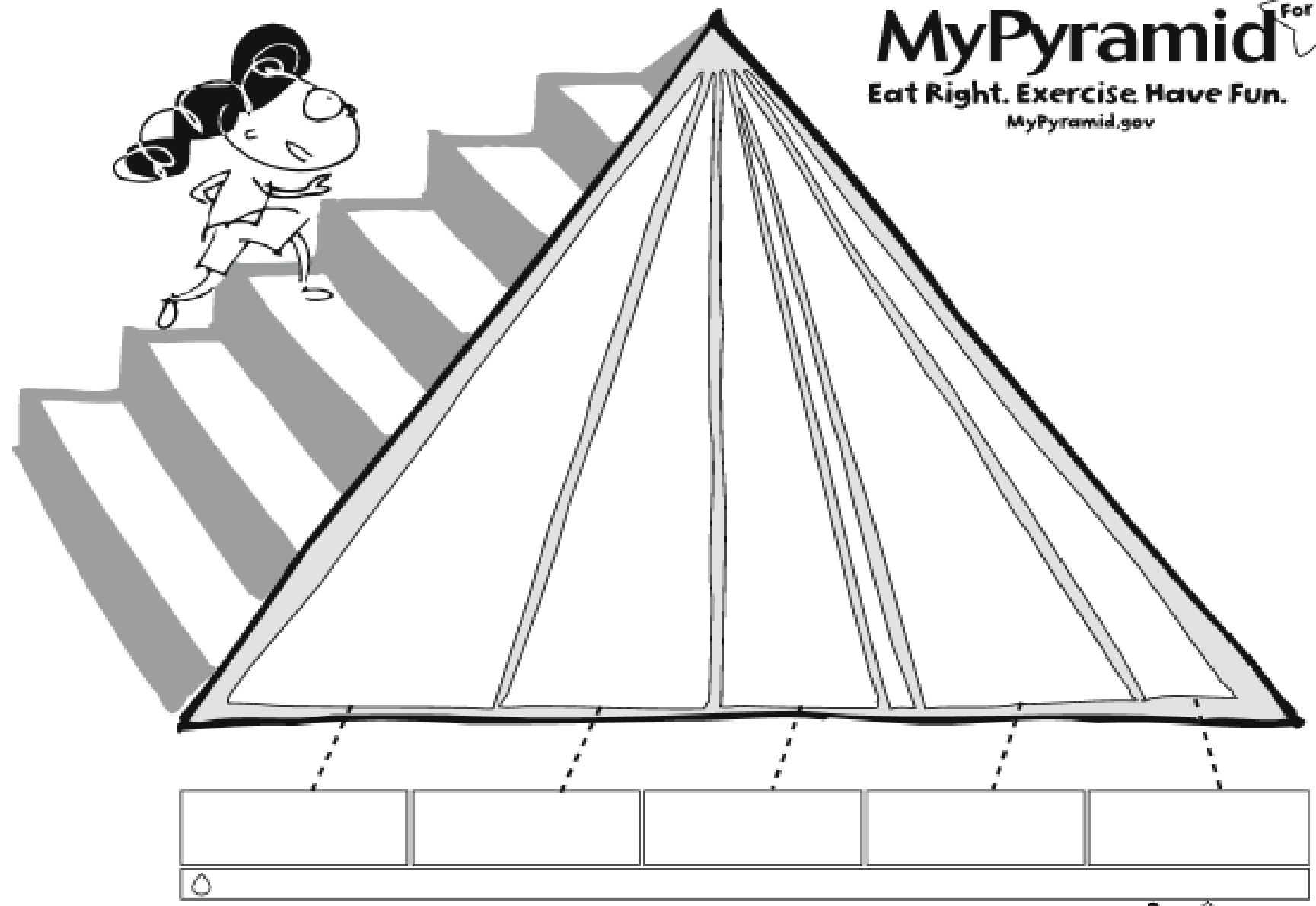
- 1 Set a good example.** Be active and get your family to join you. Have fun together. Play with the kids or pets. Go for a walk, tumble in the leaves, or play catch.
- 2 Take the President's Challenge as a family.** Track your individual physical activities together and earn awards for active lifestyles at www.presidentschallenge.org.
- 3 Establish a routine.** Set aside time each day as activity time—walk, jog, skate, cycle, or swim. Adults need at least 30 minutes of physical activity most days of the week; children 60 minutes everyday or most days.
- 4 Have an activity party.** Make the next birthday party centered on physical activity. Try backyard Olympics, or relay races. Have a bowling or skating party.
- 5 Set up a home gym.** Use household items, such as canned foods, as weights. Stairs can substitute for stair machines.
- 6 Move it!** Instead of sitting through TV commercials, get up and move. When you talk on the phone, lift weights or walk around. Remember to limit TV watching and computer time.

For Kids

MyPyramid

Eat Right. Exercise Have Fun.

MyPyramid.gov









MyPyramid Worksheet

Name: _____

MyPyramid
FOR KIDS

Check how you did yesterday and set a goal to aim for tomorrow

Write in Your Choices From Yesterday	Food and Activity	Tip	Goal (Based On a 2000 Calorie Pattern)	Put Each Food Choice in Its Food Group*	Estimate Your Total
Breakfast: _____ _____	Grains 	Make at least half your grains whole grains.	6 ounce equivalents (1 ounce equivalent is about 1 slice bread, 1 cup dry cereal, or ½ cup cooked rice, pasta, or cereal)		_____ ounce equivalents
Lunch: _____ _____	Vegetables 	Color your plate with all kinds of great-tasting veggies.	2 ½ cups (2 ½ cups from dark green, orange, starchy, dry beans, and peas, or other veggies)		_____ cups
Snack: _____ _____	Fruits 	Make most choices fruit, not juice.	1 ½ cups		_____ cups
Dinner: _____ _____	Milk 	Choose fat-free or lowfat most often.	3 cups (1 cup yogurt or 1 ½ ounces cheese = 1 cup milk)		_____ cups
_____ _____	Meat and Beans 	Choose lean meat and chicken or turkey. Vary your choices—more fish, beans, peas, nuts, and seeds.	5 ounce equivalents (1 ounce equivalent is 1 ounce meat, chicken or turkey, or fish, 1 egg, 1 T. peanut butter, ½ ounce nuts, or ½ cup dry beans)		_____ ounce equivalents
Physical activity: _____ _____	Physical Activity 	Build more physical activity into your daily routine at home and school.	At least 60 minutes of moderate to vigorous activity a day or most days.		_____ minutes

How did you do yesterday? Great So-So Not So Great

My food goal for tomorrow is: _____

My activity goal for tomorrow is: _____

* Some foods don't fit into any group. These "extras" may be mainly fat or sugar—limit your intake of these.









MyPyramid Worksheet

Name: _____

MyPyramid
FOR KIDS

Check how you did yesterday and set a goal to aim for tomorrow

Write in Your Choices From Yesterday	Food and Activity	Tip	Goal (Based On a 2000 Calorie Pattern)	Put Each Food Choice in Its Food Group*	Estimate Your Total
Breakfast: _____ _____	Grains 	Make at least half your grains whole grains.	6 ounce equivalents (1 ounce equivalent is about 1 slice bread, 1 cup dry cereal, or ½ cup cooked rice, pasta, or cereal)		_____ ounce equivalents
Lunch: _____ _____	Vegetables 	Color your plate with all kinds of great-tasting veggies.	2 ½ cups (2 ½ cups from dark green, orange, starchy, dry beans, and peas, or other veggies)		_____ cups
Snack: _____ _____	Fruits 	Make most choices fruit, not juice.	1 ½ cups		_____ cups
Dinner: _____ _____	Milk 	Choose fat-free or lowfat most often.	3 cups (1 cup yogurt or 1 ½ ounces cheese = 1 cup milk)		_____ cups
_____ _____	Meat and Beans 	Choose lean meat and chicken or turkey. Vary your choices—more fish, beans, peas, nuts, and seeds.	5 ounce equivalents (1 ounce equivalent is 1 ounce meat, chicken or turkey, or fish, 1 egg, 1 T. peanut butter, ½ ounce nuts, or ½ cup dry beans)		_____ ounce equivalents
Physical activity: _____ _____	Physical Activity 	Build more physical activity into your daily routine at home and school.	At least 60 minutes of moderate to vigorous activity a day or most days.		_____ minutes

How did you do yesterday? Great So-So Not So Great

My food goal for tomorrow is: _____

My activity goal for tomorrow is: _____

* Some foods don't fit into any group. These "extras" may be mainly fat or sugar—limit your intake of these.



Screen time log sheet for: _____

How many hours of screen time (TV, video games, computer games) did your family have each day?
Add up the totals for the week.

Activities during the week of: _____

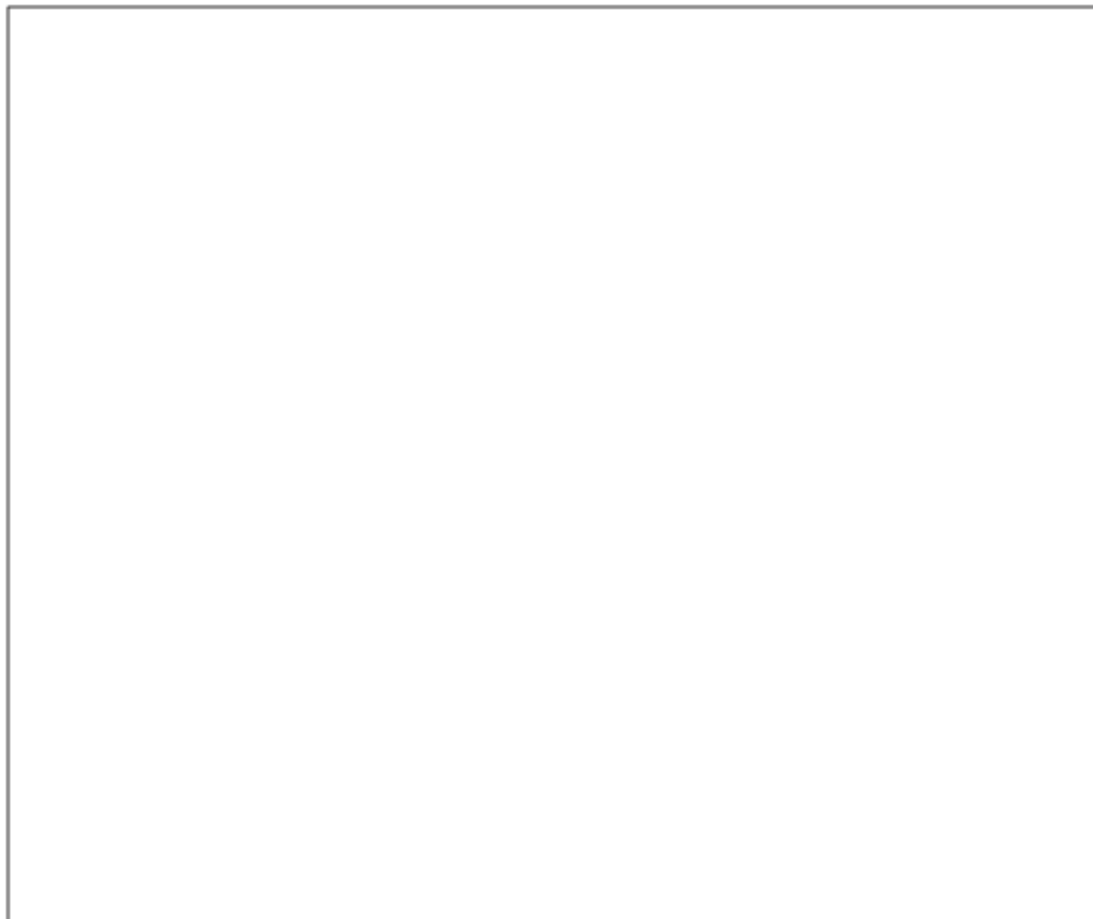
		Amount of time	What you did for screen time	What snacks you ate
Monday	before lunch			
	after lunch			
Tuesday	before lunch			
	after lunch			
Wednesday	before lunch			
	after lunch			
Thursday	before lunch			
	after lunch			
Friday	before lunch			
	after lunch			
Saturday	before lunch			
	after lunch			
Sunday	before lunch			
	after lunch			
Total amount of screen time:				

GET ACTIVE

BE HEALTHY!

What did you and your family do instead of watching TV?

Draw a picture or write a story—or both.



GET ACTIVE

BE HEALTHY!

Kids: cool things to do

There are lots of ways to have fun besides watching TV or playing video games or computer games. Take a look!

- Paint or draw a picture.
- Write a story.
- Make sock puppets and put on a show.
- Make up a new board or card game and try it out with family or friends.

- Create a drum set from household containers.
- Organize a treasure hunt or scavenger hunt.
- Bike, skate, Frisbee, swing, swim, or go to the park.
- Read a book.
- Read a book to someone else.

For more ideas, check out some of the ideas from the list of 101 screen-free activities at www.screentime.org.

