

BRIDGING THE GAP

A newsletter for medical professionals

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BBHI® 2 Test Helps Psychologists Improve Outcomes in Work Hardening Program

As practicing psychologists with the work hardening program at Aurora Rehabilitation Centers, Michael DiMarco, PsyD, and Randall Daut, PhD, are taking a non-traditional approach to mental health therapy.

"In our program, the psychologist is involved with every client from the onset as standard protocol," says DiMarco. "The more common approach is for psychologists to see clients only if a problem becomes evident at some point during treatment. But we don't want to wait four or five weeks to discover barriers that may hinder the patient's progress. An injury can have a profound impact on a person's life. There's a domino effect—the worker is pulled out of the normal routine and may be worried about a loss of income, which can lead to stress, depression, or anxiety, which, in turn, may cause problems at home or on the job. We want to start addressing these issues as soon as possible."

Taking an interdisciplinary approach

A specialty service offered by Aurora Health Care, the work hardening program treats clients at three locations in the Milwaukee metro region. Initially housed within hospitals, the service was later moved to free-standing clinics to better reflect the program's focus on wellness and prevention. DiMarco joined the staff two years ago and helped develop the service for two of the sites.

In addition to DiMarco and Daut, the care provider teams include a physical therapist, an occupational therapist, an athletic trainer, and a vocational rehabilitation counselor. Most referrals come from psychiatrists, orthopedic specialists, and neurosurgeons.

The desired outcome of the program is that the client will be able to return to the same job or a similar job. Impressively, the clinics have achieved this goal 86% of the time to date. Treatment lasts from two to six weeks, depending on the severity of the injury and the worker's needs.

The treatment protocol includes:

- An initial assessment by each member of the care team, including the psychologist
- An onsite evaluation of the client's work environment, conducted by the vocational rehabilitation counselor and the occupational therapist
- A simulation of work activities at the clinic
- An individualized, multidisciplinary treatment plan

Psychologists add value on many fronts

DiMarco and Daut are involved with clients throughout the treatment process. They evaluate a range of psychosocial, behavioral, and cognitive issues that may influence the patient's rate of progress. They then share this information with the rest of the team to help them better understand the client's pain complaints and adjust their teaching style to the individual's needs.

In addition, the psychologists communicate with the client on a variety of topics. For example, they may attend the physical and occupational therapy sessions to help the client visualize what's happening "under the skin," which can help reduce an individual's fear of re-injury and more readily adopt the exercise plan. They also educate clients on pain management techniques and discuss how to incorporate behavioral changes—such as proper body mechanics, time management, and pacing of activities—into their lifestyles. In addition, their counsel may include advising the client on how to communicate with supervisors and co-workers about needed adjustments in the workplace to avoid a repeat injury.

BBHI 2 test supports best practice standards

One of the tools DiMarco and Daut have found highly useful in their multi-faceted approach to treatment is the BBHI 2 (Brief Battery for Health Improvement 2) test, a brief, self-report assessment of psychomedical factors. The clinics began administering the instrument in the fall of 2003 as part of an overall initiative launched by DiMarco and Daut to implement best practice standards at the clinics.

"We were looking for a contemporary assessment that more closely represents our population," says DiMarco. "What most impressed us about the BBHI 2 test is that it does not pathologize symptoms into psychiatric diagnoses per se. The instrument is normed on a medical population rather than a psychiatric population. This allows us to understand psychological symptoms associated with individuals coping with medical conditions. Aurora Health Care wants us to be competitive and cutting-edge; well, the BBHI 2 test is cutting-edge because it is directly applicable to physical rehabilitation patients."

The clinics administer the BBHI 2 assessment to every client at intake to get a quick snapshot of psychomedical factors and help determine appropriate interventions. DiMarco and Daut have observed the test to be valuable in gathering information that patients might not want to share in the clinical interview or simply might not know how to explain. DiMarco also points out that the instrument has good face validity, with a primary focus on physical symptoms, which helps patients understand why the test is relevant to them.

"The BBHI 2 test has proven to be a real asset in enabling us to achieve our goal, which is to help people resume their lives as soon as possible," says DiMarco. "It allows us to quickly identify underlying issues so that the team can begin addressing them from the outset, which can reduce the time the client needs to be in the program."

"The BBHI 2 test provides a cost-effective, efficient tool to help us gain critical insights about our clients," says DiMarco. "It measures Somatic Complaints, Pain Complaints, Functional Complaints, Depression, and Anxiety, which are particularly relevant in our work, since patients with pain often experience these symptoms—and patients with these symptoms tend to heal more slowly. The test is especially useful in pre-surgery and post-surgery evaluations to track these issues." DiMarco also appreciates that the BBHI 2 test alerts the examiner to potential issues that could have been pre-existing, such as substance abuse or sleep problems. The psychologist can use the generated data during a clinical interview to determine the accuracy of reported symptoms and timelines.

An aspect of the test that Daut considers particularly beneficial is that it asks patients to assess their medical care. "Responses to this question have helped alert me to problems in patients' relationships with the health care system," he says. "If left undetected, negative attitudes about health care can significantly affect a patient's progress. When these attitudes are detected early, we can enhance progress significantly."

In addition, DiMarco notes the instrument's value in generating objective, measurable data to augment the clinical interviews, which is very important in dealing with insurers and decision-makers in the workers' compensation system. He also finds that the test results facilitate communication with patients. "When we show clients how the problem areas they endorsed in the BBHI 2 test are reflected in the psychologists' reports, it demystifies how we are deriving our impressions," he says.

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Michael DiMarco, PsyD, is a clinical health psychologist who concentrates his practice on individuals coping with chronic health conditions. Areas of specialization include pain management, work injury, cancer, stroke, sexual dysfunction, obesity and HIV/AIDS. Dr. DiMarco received his doctorate in clinical psychology with a specialization in health psychology from the Illinois School of Professional Psychology-Chicago.

Randall Daut, PhD, operates a private practice and has been involved with Aurora Health Care's work hardening program for the past 15 years. He received his doctorate from the clinical psychology program of the University of Wisconsin-Madison. He has served as president of the Wisconsin Psychological Association and as a surveyor of pain clinics for the Commission on Accreditation of Rehabilitation Facilities (CARF).

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