

BRIDGING THE GAP

A biopsychosocial newsletter for healthcare professionals

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Functional Restoration Program draws on an interdisciplinary approach to help pain patients gain greater independence

The Bay Area Pain and Wellness Center provides comprehensive, interdisciplinary services to help pain patients regain optimal physical and emotional health. The center operates two facilities: a full-service clinic in Los Gatos that offers a Functional Restoration Program as well as a range of other pain treatments; and a San Francisco clinic dedicated to the Functional Restoration Program, which opened in late 2009. Referrals to the center come from the patient, the primary care physician, another medical specialist, or a workers’ compensation attorney or carrier.

Greg Garavanian, PsyD, joined the center in 2004 and serves as director of behavioral medicine and program director of the Functional Restoration Program at the San Francisco clinic. In this article, he discusses the importance of integrating psychological services with medical care and the value of using standardized psychological tests in assessing medical patients.

Program takes multifaceted approach to pain care

The objectives of the Functional Restoration program headed up by Garavanian are to provide patients with a range of tools to help them manage pain, help return patients to the highest functional level possible for them, increase patients’ sense of emotional well-being and independence, and establish achievable goals within the workplace that enable injured workers to return to productive employment. Most referrals to the program are workers’ compensation cases.

“Our goal is to take a truly interdisciplinary approach that treats the whole person and not just their spine or their neck,” says Garavanian. The spectrum of components includes gym sessions, psychology classes, art therapy, wellness sessions, nutrition classes, and pain-related presentations. Participants attend sessions for 6 hours daily, Monday through Friday, with a different activity every hour. The program lasts 4 to 8 weeks, depending on the individual’s needs.

Addressing the psychological needs of pain patients

Garavanian explains the role of psychology in the program’s approach. “Many of the chronic pain patients who come to the clinic have been on a very traditional course of medical treatment without adequate benefit,” he says. “Often, the psychological aspects of their care have been minimally addressed—or not addressed at all. I find that in most cases, the patient’s psychological distress is at least as great, and sometimes greater than, their physical pain and disability.”

“Our Functional Restoration Program helps patients learn much more about pain, about their bodies, about the importance of safe movement,” says Garavanian. “It helps them overcome their fears of pain, movement, and reinjury. In addition, we give people tools to help combat depression, which is common among people with a serious chronic pain injury.”

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The program also gives patients the opportunity to grieve their losses relative to pain and disability. “Very often, people with serious chronic pain are facing a multitude of losses,” says Garavanian. “They are dealing with the loss of their physical body as they know it. They may be dealing with the loss of work, of self-esteem, of friendships and social interactions. They are likely to feel a loss of control. We depend on our bodies to do what we want them to do. When this doesn’t happen, it can be very stressful. Grieving these losses is an important part of the healing process.”

Another focus of the program is to help people live with the least amount of medications possible, Garavanian notes. “A patient who has been following a standard medical approach to treatment may be on medications that were escalated with every doctor’s visit and are causing side effects that interfere with the person’s ability to function in everyday life,” he says.

Family involvement facilitates best outcomes

Because Garavanian believes strongly in the importance of including family members in the restorative process, he developed the option of weekly education sessions for families as part of the Functional Restoration Program.

“When a person is in chronic pain, it can affect family dynamics in various ways,” says Garavanian. “In some cases, a family member might become overly helpful in doing tasks for the patient, which can lead to the patient becoming physically deconditioned and losing self-esteem—and can cause the family member to feel resentment. In other cases, a family member may simply not understand the patient’s experience; they may be thinking, ‘I was injured once, I took a week off work and got better, what’s the problem?’”

“That’s why we find it critical to involve the family in the program,” he says. “We can help them learn about the person’s pain experience, we can open up the lines of communication. The patients in our program are truly changing their lives. Bringing the family into the loop is important in helping ensure that the family doesn’t fall back into old patterns and that they understand how to best support the patient in continuing with the positive changes they are making.”

Assessment tools help determine the right pathway for care

The Bay Area Pain and Wellness Center conducts a full evaluation of new patients, including a review of available medical records and test results and a physical examination. This assessment also may include a meeting with one of the clinic’s medical psychologists.

The clinic also administers a selection of standardized psychological tests to all new patients to help determine the best course of treatment. Garavanian emphasizes the importance of assessing for psychological factors. “I believe pain and illness always have a psychological component,” he says. “That doesn’t mean ‘the pain is all in your head’—only that each of us reacts differently to pain, depending on our personality.”

MBMD™ test helps inform care decisions

One of the instruments used in the initial evaluation is the MBMD (Millon™ Behavioral Medicine Diagnostic) test, which helps assess psychosocial assets and liabilities that may influence an individual’s response to treatment.

“I like the MBMD because it was specifically designed for use with chronically ill patients—so it gives us a more reliable measure of key factors such as somatization, depression, and anxiety with the people we are serving,” says Garavanian. “Other tests of psychopathology that were developed for use with the general population are not really useful for us. And, I find that the MBMD is a much more humane choice with our clients than more extensive tests of psychopathology. For people who are experiencing chronic pain and also may be taking a number of medications, a longer test can be very difficult to take. With the MBMD, we receive a lot of good information with a reasonable investment of time and effort on the client’s part.”

Garavanian appreciates the scope of information provided by the MBMD. “The MBMD does more than simply state what the patient’s behavior may be; it also suggests underlying reasons for that behavior in the Coping Styles section of the report. For example, if a patient isn’t inclined to follow doctors’ recommendations, it may be because this person has difficulty trusting people. Having this second level of information helps our care team empathize with the patient and target our treatment plan. Plus, we find it useful that the MBMD report recommends the best approaches for us to take with the patient in order to help the individual be an active participant in the process, which helps ensure optimal treatment outcomes.”

Garavanian also likes the time-saving feature of computer administration and scoring for the MBMD. “I have found that even patients with serious carpal tunnel syndrome don’t have a problem taking the MBMD on computer, because it’s not a long test,” he says.

Beck tests provide efficient measures for repeat administration

The clinic’s test battery also includes the BAI® (Beck Anxiety Inventory®), which helps screen for and measure the severity of anxiety and the BDI®-II (Beck Depression Inventory®-II), which helps screen for and diagnose the severity of depression.

“These tests take only 5 to 10 minutes to administer, which makes them practical for use with our clients, “ says Garavanian. “We give them as part of our initial test battery to help direct care recommendations; and we readminister them during and after treatment to monitor progress. The information that the Beck tests provide is valuable as an adjunct to our clinical impressions.”

Treating the whole patient

“I’m very proud of the work we do at the clinic and I think all the providers feel that way; we have a passion for our work,” says Garavanian. “In the San Francisco Bay area, we get patients from all walks of life; pain does not discriminate. We always try to find the best approach to help people across genders, races, ages, socioeconomic status, and cultures. We believe strongly in treating the whole person—that philosophy guides us with all the patients we see.”

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Gregory Garavanian, PsyD, earned his doctorate in clinical psychology from the California School of Professional Psychology in 2000. Garavanian completed his post-doctoral fellowship at Kaiser Permanente in San Rafael, Calif., where he was first introduced to the field of chronic pain. His career has largely been focused on integrating psychological services with medical care. He worked in medical clinics under a grant to bridge mental health services with primary medical care and has acted as a supervising psychologist to other mental health professionals. Currently, Garavanian serves as director of behavioral medicine and program director of the Functional Restoration Program at the Bay Area Pain and Wellness Center’s San Francisco clinic.

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