

BRIDGING THE GAP

A newsletter for medical professionals

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Nurses Report Psychological Testing Helps Them Provide Better Patient Care

Increasingly, health care professionals are realizing the utility of identifying psychological factors that may influence a patient's response to treatment. Because nurses may spend more "face time" with patients than do other members of the care team, they are often the first to sense the presence of a psychological issue through that age-old tool, "gut feeling." Based on their front-line experiences with patients, some nurses also recognize the fallibility of such gut feelings and advocate for the use of objective psychological assessments to validate subjective impressions. This article focuses on three nurses who discuss how the use of psychometrically sound psychological assessments has helped them understand their patients, tailor care to individual needs, and improve outcomes.

Validating "gut feelings" with objective data

Rosalee Bachman, RN, has worked with chronic pain patients long enough to witness the benefits of administering psychological assessments to patients. "In the past, we did not have a formal process for gathering psychological data on patients," says Bachman. "Sometimes we might receive a note from the family doctor of a past psychiatric history, but most of the time there was nothing. We just had to try to pick things up from talking with the patients."

Bachman supports Dr. John Brendel, an Interventional Pain Medicine Physician with Interventional Pain Specialists of Wisconsin. Brendel began incorporating psychological assessments into his practice in 2001, starting with the P-3® (Pain Patient Profile) test, which measures depression, anxiety and somatization. He has since added to his protocol the BBHI® 2 (Brief Battery for Health Improvement 2) test, which they use to benchmark patient health status.

Bachman explains how psychological assessments have benefited the clinic staff and the patients: "The P-3 test works as an indicator to help point out when we should refer people on for psychological counseling before we do any further procedures. Now we can back up our 'gut feeling' with the test results."

The majority of Brendel's patients are treated with cervical or lumbar epidural injections, but some patients require further treatment. Brendel has the BBHI 2 test administered to those patients three times: prior to receiving the advanced procedure; two weeks post-procedure; and three to four months post-procedure. Bachman says comparing the functional rating on the three BBHI 2 profiles has been very helpful to the medical team by quantifying improvement in the patients' daily functioning. When the BBHI 2 scores show improvements, Bachman can point out to patients that not only has their pain level improved, but also that their depression is decreasing, and their outlook on life is better. She notes that patient outcomes have been enhanced since the care team has incorporated psychological testing into their protocol.

Expanding bariatric surgery program to include psychological testing

Teri Barker-Connor, RN, who works in a very different medical setting from Bachman, also appreciates that her “gut feelings” are validated with the objective data gained through psychological assessments. Barker-Connor is the Bariatric Surgery Program Manager at Park Nicollet Medical Clinic, a large multi-specialty clinic with several offices throughout the Twin Cities area of Minnesota. Until recently, Barker-Connor had recommended a psychological evaluation only when she sensed the need from her nursing assessment.

Feeling that she had been missing some important information, Barker-Connor was dissatisfied with having to rely only on her “gut feelings.” She could see that there were weaknesses in the program due to the quantity of phone calls she and the other nurses would receive from patients who were struggling following bariatric surgery. While the program already addressed support, education and nutrition for their patients, Barker-Connor felt something was missing. After several conversations with local psychologist Lana Boutacoff, PhD, who provides psychological evaluations for another surgeon in the area, Barker-Connor invited Boutacoff to a meeting with the Park Nicollet surgeons. Boutacoff was helpful in convincing the surgeons that psychological evaluations, when conducted and written properly to meet the specific needs of bariatrics, can be very valuable for the medical team and patients. As a result of her efforts, the program added psychologists to the staff, and they now include testing with the MMPI-2[®] (Minnesota Multiphasic Personality Inventory-2[®]) and MBMD[®] (Millon Behavioral Medicine Diagnostic) and QOLI[®] (Quality of Life Inventory) tests in their evaluation protocol.

Framing patient expectations and preparing medical staff

In evaluating candidates for bariatric surgery, Barker-Connor finds the psychological profiles particularly valuable because they provide information about personality characteristics that may influence how a patient is likely to react following surgery.

“The assessments help the psychologists alert the staff to issues we need to prepare for,” says Barker-Connor. “The tests also help us frame expectations for the patients based upon their psychological profile.”

Barker-Connor also finds that the information in the psychological profile helps increase her confidence when dealing with patients. To illustrate, she recalls a recent patient who was medically a good candidate for the surgery, but whose psychological profile indicated that the patient would likely face difficulties following the surgery. Barker-Connor explained these issues to the patient and recommended that she see a psychologist within the first year following surgery. “I felt much more confident making the recommendation because I was armed with the objective data in the patient’s psychological profile,” says Barker-Connor. “I was not just relying on my gut feelings.”

Customizing care to patient needs

Maureen Moran, LPN, lead nurse for Advanced Pain Management in Milwaukee, Wisconsin, has seen firsthand how psychological testing has helped the staff at her clinic tailor patient care to individual needs. The P-3 test has been a part of their evaluation protocol for more than five years. “Patients may look fine on the outside, but once we administer the P-3 test we may find that issues may be present that are impeding their recovery,” says Moran. “I believe that because of the test, we learn how to focus our services to be of most benefit to the patient. For example, we learn when we need to spend additional time with patients to help them build up their self-worth, and help them learn how to manage their daily activities.”

Countering resistance through education raises patient awareness

Moran notes that some patients resist when they are requested to take a psychological test. She counters this resistance by talking with these patients and acknowledging their pain, then explaining that there may be reasons for the pain that are not readily apparent, or that the patient may be depressed because of the pain. She explains that the P-3 test is a tool that helps the medical team identify these kinds of factors and ultimately helps the team provide better treatment. Moran finds this approach does ease the resistance.

Like Moran, Bachman also finds a discussion with the patient helps counter resistance to psychological testing. "I point out to the patient that the psychological test can identify issues that could affect their healing, so that we can address those issues," says Bachman. "I tell them that we understand that irritability is a normal part of the pain process and can be a manifestation of depression or anxiety, factors the test would identify."

Bachman has found that for many patients, her discussion creates a new self-awareness. "I can see it on their faces," she says. "Many of them will say something like, 'Wow, things have been kind of tough—do you think the pain is doing that to me?'"

Addressing psychological issues leads to improved outcomes

These nurses have learned that psychological testing can reveal issues that may affect patient outcomes. "We can help our patients take their healing a step further through referrals," says Bachman. "The psychological tests provide us objective data we need because sometimes 'gut feeling' is not enough."

Dr. Boutacoff is scheduled to speak on the use of the MMPI-2 and MBMD tests in assessing bariatric surgery candidates at the American Society of Bariatric Surgeons conference in June.

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