

# BRIDGING THE GAP

*A newsletter for medical professionals*

Published by Pearson | Summer 2005

## Medical Psychology: Practical Support for Differing Medical Needs

Over the course of his 25-year career, Robert L. Gant, PhD, FAPM, has witnessed significant growth in his area of practice: medical psychology. This field addresses populations that fall predominantly into the general health category rather than the mental health category. "Medical psychology uses knowledge from all branches of psychology and medicine to help prevent, assess and treat physical diseases," Gant notes.

"Physicians look to psychologists for assistance with patients who are not compliant with medical treatment recommendations," says Gant. "We offer practical skills such as hypnosis, biofeedback, cognitive behavioral counseling and psychological testing to help reorient these patients' behaviors toward compliance."

A clinical neuropsychologist, Gant directs several pain management programs in Dallas- Ft. Worth, Texas, that provide psychological services. He also serves as liaison between the American Psychological Association and the American Academy of Pain Management where he assisted APA president Dr. Levant in his initiative to integrate physical health and psychological health. (For more information on this initiative, see sidebar.)

Having worked with many types of medical patients over the years, Gant now primarily serves three categories of patients: individuals suffering brain trauma who have been physically hurt and are involved in litigation; chronic pain patients; and people seeking bariatric (weight loss) surgery. He uses a variety of psychological assessments to meet the differing needs of each of these groups.

### Testing supports chronic pain cases

The chronic pain patients Gant sees typically are referred to him by insurance companies to help determine whether the patient qualifies for a chronic pain program in order to help the individual return to work.

As part of his test battery with these patients, Gant administers the BHI™ 2 (Battery for Health Improvement 2) test. He finds this instrument well suited to his needs because it identifies issues of particular relevance to pain patients.

Since Gant focuses on helping these patients return to work, he especially values the BHI 2 assessment's real-world content. For example, the test evaluates the patient's relationship with his or her employer, which may affect the individual's willingness to return to work. In addition, the BHI 2 test addresses functional complaints, such as ability to work, sleep problems, and perceived disability. Gant observes that although mental health professionals typically do not consider such everyday issues, these factors carry weight with pain professionals who are helping patients reclaim their lives.

Gant also appreciates that the BHI 2 test includes critical items such as suicidal ideation. "While we are working in a healthcare setting," he says, "there are still patients who are despondent. We want to know if someone needs urgent attention."

Gant's pain patients also take the P-3® (Pain Patient Profile) test, which, like the BHI 2 assessment, targets pain-related concerns. CARF (Commission on Accreditation of Rehabilitation Facilities)-certified programs such as the Medway Pain Management Program that Gant directs are expected to track outcomes. He chooses the P-3 test for this purpose because it provides a well-rounded assessment of progress, providing three indices of functioning: depression, anxiety and somatization.

Gant administers the P-3 test to establish a baseline, then readministers the instrument weekly over an eight-week program, and again at six months and one year. He notes that the P-3 progress report allows for a graphic representation of several readministrations of the test at no additional charge.

The fact that the BHI 2 and P-3 tests employ formats that resemble medical reports rather than mental health documents also appeals to Gant. "The look of these tests makes them very palatable to healthcare providers as well as their patients," he says.

### Testing supports bariatric surgery cases

Gant's work with candidates for bariatric surgery focuses on health psychology, recommending behavioral changes that individuals can work on to improve their health. With these individuals, Gant always administers the MMPI-2™ (Minnesota Multiphasic Personality Inventory-2™) and the MBMD™ (Millon™ Behavioral Medicine Diagnostic) tests.

He administers the MMPI-2 test to learn if the patient has the cognitive ability to understand what bariatric surgery entails and knows the limits of the procedure.

He also uses the MMPI-2 test to help ensure that the patient is not one for whom the surgery would do more harm than good—a person with borderline functioning in relationship to his or her mental abilities [a person whose functioning is not in balance with his or her mental abilities]. "A major surgery for such a person could engender a psychotic break," says Gant. "This would be rare, but a surgeon would want to know."

He administers the MBMD test to help ascertain whether the patient can manage postoperative care. He particularly appreciates that the MBMD test includes treatment prognostic information that provides a perspective on a patient's likely future compliance, an important issue with bariatric surgery patients.

According to Dr. Gant, the overriding purpose of the psychological evaluation is to increase positive outcomes. "As part of the team," he says, "the psychologist must tell the team when they need to slow down with a patient, ask for counseling, explore in greater depth why the patient wants surgery, make sure the patient understands the psychological impact of having the surgery."

### Testing supports trauma cases

Gant receives referrals from insurance companies and attorneys to evaluate individuals with brain trauma who have entered litigation. "Since these individuals could potentially receive large financial sums, there are secondary gain concerns that can affect their motivation regarding rehabilitation. This, in turn, can alter their performance on the assessment battery I administer," he says.

To ascertain whether the client is being cooperative and compliant during the evaluation process, Gant administers the VIP® (Validity Indicator Profile) test, which he refers to as the "Cadillac of validity testing." "When I am assessing a client, I don't like being fooled," he says. "The VIP instrument goes a long way in helping support my findings."

In addition, Gant uses the MMPI-2™ assessment with almost all litigant clients. He points out that the current forensic environment is shaped by the Daubert ruling, which requires that psychologists use reliable, scientifically validated instruments.

"I want to go to court with as bulletproof a case as I can, backed up by well-established instruments," Gant says. "I cannot think of a test with better acceptance in the courtroom than the MMPI-2 assessment, especially due to its compliance and malingering scales."

## Multiple applications for medical psychology

"Medical psychology has many applications, from pain management to life-threatening issues such as cancer," says Gant. "Throughout my 25-year practice, it has been tremendously encouraging to me to see more psychologists moving into these settings and doing a terrific job of contributing their skills to benefit medical patients."

## An Initiative to Integrate Mental and Physical Health Care

American Psychological Association (APA) president Ronald L. Levant, EdD, developed four principal initiatives to pursue during his term. One of his initiatives, "Promoting Health Care for the Whole Person," addresses the separation of psychological health from physical health.

Dr. Levant is gathering a coalition of professional health care organizations to draft and sign a statement stating that the U.S. health care system must integrate psychological and physical care to better serve the public.

He intends to release the statement in the fall, when the U.S. Congress reconvenes.

As liaison between the APA and the American Academy of Pain Management (AAPM), Dr. Gant encouraged AAPM to join this initiative, which he says they are pleased to do.

Gant also brought Levant's message to the Commission on Accreditation of Rehabilitation Facilities, the American Pain Society and the American Chronic Pain Association. He says these groups are excited that something is being done to promote people as integrated rather than differentiating physical and mental health.

For more information about Dr. Levant's 2005 Presidential Initiatives, visit [www.apa.org/about/president/initiatives.html](http://www.apa.org/about/president/initiatives.html)

Robert L. Gant, PhD, FAPM, provides medical psychological services in Dallas-Ft. Worth, Texas, where he directs Lighthouse Clinical Services, LLC; the Interdisciplinary Pain Management Program, Fort Worth Institute of Pain Management; and the CARF (Commission on Accreditation of Rehabilitation Facilities)-certified Medway Pain Management Program.

**To request a print copy of this newsletter, please call 1-888-627-7271 and reference F12SU05.**

"MBMD" and "Millon" are trademarks of DICANDRIEN, INC.

"MMPI-2" and "Minnesota Multiphasic Personality Inventory-2" are trademarks of the University of Minnesota, Minneapolis, MN.