

# BRIDGING THE GAP

*A newsletter for medical professionals*

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**A note from the editor**—This issue of Bridging the Gap is dedicated to one of today's fastest-growing practice fields: **medical psychology**. In recent years, psychologists have expanded their practices to assist in a broad range of medical areas—from chronic pain to bariatrics, from cardiology to gynecology.

Our feature articles present recommendations from leading medical psychologists on how to build cross-referral relationships with physicians and work effectively as integral members of healthcare teams. You'll also learn about standardized biopsychosocial tests specifically designed for use with medical populations.

In addition, we've included an update on the new CPT codes for Medicare reimbursement for psychological and neuropsychological testing, which reflect a greater recognition of assessment services ([click here for article "New CPT® Codes for Psychological Testing"](#)). We've also furnished details on an upcoming CPA pre-convention workshop, Medical Psychology: The Newest Frontier in Practice Development, which will offer practical guidance on evaluating medical patients.

We hope this information will help psychologists and medical professionals take greater advantage of opportunities to partner with one another in delivering multidisciplinary care that addresses the needs of the whole patient.

## Targeted Testing Provides Strong Support to Medical Psychologists

In the following article, Timothy Coy, PhD, and Richard Reinking, PhD, who operate private practices in the field of medical psychology, talk about how psychological testing has helped them improve client care, foster more effective communications with physicians and patients and build their practices. They also offer recommendations to psychologists who are considering expanding their practices in this growing field.

### Discovering the benefits of standardized tests

As a medical psychologist, Dr. Richard Reinking has come to believe wholeheartedly in the value of using standardized psychological tests to assess the many biopsychosocial factors related to the treatment of medical patients.

Since 1980, Dr. Reinking has operated a private practice with Behavioral Medicine Associates, in Bellevue, Washington. The clinic serves chronic pain and rehabilitation patients as well as individuals with conditions that involve major life changes such as stroke and post-coronary patients.

"We used to administer our own questionnaire to gather information on psychosocial issues such as coping styles," Dr. Reinking says. "We've switched to using standardized instruments for several reasons. First of all, these assessments are backed by strong normative data. They also provide a common tool for the patient's care team as well as for different therapists a patient may see over the course of time. My experience has shown me that psychological testing should be part of any best practice guidelines developed for the care of medical patients."

*"I was very pleased to discover [the BHI 2 and MBMD] assessments because they are normed on patients with chronic medical conditions."—Timothy Coy, PhD*

## Selecting tools designed for the job

Dr. Reinking's standard battery includes two tests that are specifically designed for use with medical patients: the BHI™ 2 (Battery for Health Improvement 2) and the MBMD™ (Millon™ Behavioral Medicine Diagnostic) tests.

"A medical condition can affect a person's life in so many ways," says Dr. Reinking. "Both of these tests help us quickly and efficiently gather a wealth of information about our patients. They not only help confirm our clinical impressions; they also help identify issues we might not have had time to surface during our visit with the patient."

Dr. Timothy Coy, who also uses the BHI 2 and MBMD instruments, shares Dr. Reinking's respect for these targeted tools. Dr. Coy operates a solo practice at Creekside Behavioral Health in Bellevue, Washington, that focuses on helping patients cope with and manage chronic illnesses, injuries and stress-related conditions. "I was very pleased to discover these assessments because they are normed on patients with chronic medical conditions," he says.

### BHI® 2 test helps efficiently identify underlying factors

Dr. Reinking and Dr. Coy have developed somewhat different protocols for their use of the BHI 2 and MBMD™ instruments and other standardized tools.

At intake, Dr. Reinking first administers the MCMI-III™ (Millon Clinical Multiaxial Inventory-III) test. With those patients whose MCMI-III results indicate the presence of psychological distress, he then administers the BHI 2 test. This tool helps him evaluate whether the psychological distress is producing physiological responses that may amplify the patient's pain.

Dr. Reinking finds the BHI 2 scales that measure functional impact and muscular skeletal bracing to be especially helpful. "Often, people who suffer severe pain hold themselves in a chronically tensed-up position, which causes fatigue that makes them even more susceptible to pain," he explains. "An elevation in these two scales helps support a recommendation that the patient use relaxation techniques such as bio-feedback."

Dr. Coy first administers the MBMD test and then gives the BHI 2 test to those patients who are reporting significant pain complaints. The main feature that initially attracted him to the BHI 2 test was its efficiency. Previously, he had been using three separate inventories to measure pain, mood, and functional ability. "Now I can use one inventory in place of three," he says. "In a brief period of time, the BHI 2 test measures a complex range of biopsychosocial factors relevant to medical patients. It's an excellent bang for your buck."

### MBMD test helps evaluate personal assets and liabilities

Both Dr. Reinking and Dr. Coy rely on the MBMD test to help assess psychosocial issues that may support or interfere with a patient's course of treatment. "The MBMD test helps identify coping resources that I can encourage patients to continue making use of as well as coping skills I will need to teach them," Dr. Reinking says. "I especially like that the test asks about the patient's spiritual support, which can be such a powerful balancing tool. It's the only test I am aware of that covers this item. When I learn from the MBMD results that

a patient has a spiritual support system, I urge them to keep up that connection. I'll tell them, You want to play every card in your hand; make sure you don't start skipping religious services because you feel bad in the morning.'"

Dr. Reinking also considers the MBMD test useful in determining whether the patient has a tendency to handle medical problems in a way that may negatively affect treatment. "For medical doctors, this is the most important information provided by the MBMD test," he says. "When you can let the doctors know in advance that the patient needs extra follow-up to ensure compliance, they can take preventive measures such as having the nurse call the patient more frequently."

In his experience with the MBMD instrument, Dr. Coy has observed that most patients are receptive to the test format. "Patients rarely object to completing the test, as they sometimes do with other inventories that are lengthier or poorly worded," he says. "As patients complete the MBMD test, it often becomes clear to them that my purpose is not to disregard their medical symptoms or to quickly label their experience with an inappropriate psychiatric diagnosis. The MBMD test has served to reassure patients that my approach to working with them will acknowledge and respect the many ways in which their lives have been challenged, if not turned upside down."

Dr. Coy also notes that the MBMD test can save him considerable interview time by identifying underlying issues before he meets with the patient. In addition, he likes the test's style. "I am not aware of any other instrument designed for the same purpose that is as well organized as the MBMD test and that synthesizes information in such an intuitive, treatment-ready fashion," he says.

## Raising a red flag on critical issues

To illustrate the benefits of the MBMD test, Dr. Coy cites the case of a patient diagnosed with traumatic brain injury. During medical appointments, the patient seemed to understand what the physician was communicating to her, frequently nodding her head in agreement. However, the MBMD test alerted Dr. Coy that the patient might be suffering a cognitive dysfunction that would make it difficult for her to learn and remember new information. "In addition, several personality scales on the test showed that this patient felt a need to be relatively free of complaints and to readily agree with others, so that she would mask her cognitive dysfunction by nodding compliantly in response to whatever treatment recommendations were suggested," he says.

After further evaluation to confirm the diagnosis, the healthcare team began providing the patient with a written copy of the doctor's discussions with her and of all treatment recommendations. This approach enabled the patient, as well as family and friends assisting her, to refer to the information as often as necessary.

*"When I am discussing a case with physicians, the [BHI 2 and MBMD] test results focus attention on selected issues and carry more legitimacy than if I were simply to say, 'Here's my gut reaction to your patient,' It's there in black and white, like an x-ray."*

—Richard Reinking, PhD

## Facilitating communication with physicians

Both Dr. Reinking and Dr. Coy report that the MBMD and BHI 2 results strengthen their communications with medical colleagues. "When I am discussing a case with physicians, the test results help bring attention to selected issues and carry more legitimacy than if I were simply to say, 'Here's my gut reaction to your patient,'" says Dr. Reinking. "It's there in black and white, like an x-ray."

Dr. Coy appreciates the MBMD report's one-page summary. "Several healthcare providers I work with have told me they look forward to the summary because it gives them concise, relevant information," he says. "It presents a clear outline of data that can help them anticipate how the patient might respond to treatment and better estimate a patient's prognosis."

*"[With these results] I am able to show patients how the medical and psychological factors are interrelated so that they understand the need to address both areas. Incorporating test results into my conversations with patients has had dramatic positive value."*

—Richard Reinking, PhD

## Fostering relationships with patients

The MBMD and BHI 2 tests help Dr. Reinking and Dr. Coy in their communications with patients as well. "When I am presenting my treatment plan to the patient, I start off by reviewing the case," says Dr. Reinking. "As I share my clinical observations, I point out the specific scales on the tests that support my findings so that, step-by-step, I'm building buy-in for my treatment recommendations. It's so much easier to have frank discussions with patients about issues such as depression or anxiety when they are looking at the test results. I am able to show patients how the medical and psychological factors are interrelated so that they understand the need to address both areas. Incorporating test results into my conversations with patients has had dramatic positive value."

Dr. Coy has learned that patients are not only receptive to taking these tests, they often wonder why the questions weren't asked of them earlier, especially among patients with prolonged illness. "The BHI 2 test, for example, assesses a variety of illness-related concerns such as how the patient's condition affects family members, or whether the individual can handle the frequency of medical appointments required by the treatment plan," he says. "When I sit down with patients to discuss test results, I often sense their relief that someone has finally recognized the breadth of life changes resulting from their illness or prolonged rehabilitation."

In addition, Dr. Coy finds that the BHI 2 test's double-norming provides reassuring information for patients. "Other questionnaires of this sort are normed on general populations, so that a chronic pain patient's depression score, for example, might seem unusually high," he says. "The BHI 2 test, by contrast, uses a sample of rehabilitation and chronic pain patients as well as a community sample and it provides reference groups for specific areas of the body. I can show an individual with low back pain that the degree of depression he or she reports is similar to levels reported by other similar patients. It seems to put patients at ease to learn that their mood changes are not atypical given the chronicity of their pain."

## Stressing the need for an integrated approach

Dr. Coy and Dr. Reinking emphasize the importance of raising awareness among physicians and psychologists about the value of collaborative care. "The field of medical psychology has matured quite a bit since I started practicing in 1999, but I'd like to see more active sharing of patient information and integrated treatment planning among healthcare providers," says Dr. Coy. "The more understanding I have about a patient's medical condition and ongoing therapies, the more effective I am as a treating psychologist. I also would expect that medical providers who take into account patient characteristics such as coping style, health behaviors and interpersonal skills will see better outcomes."

Dr. Reinking concurs. "Physicians and psychologists aren't being taught at school how to work with and appreciate each other," he says. To make up for this gap, he and his associates provide training in several

ways to the doctors with whom they work, who are housed in the same suite of offices. Dr. Reinking's clinic produces a quarterly newsletter that focuses on published research about psychological issues pertinent to the treatment of medical patients. In addition, the psychologists file copies of test results in each medical office to help the physicians gain first-hand knowledge of the assessments. "We often leave a sticky note suggesting that they look at a highlighted section of test results for a particular patient," Dr. Reinking says. "This helps them become more familiar with the instruments so that they'll grow more comfortable with referring patients to us for testing."

Dr. Reinking and his associates also present sessions as part of continuing education courses that are set up by the physicians. And, Dr. Reinking takes the clinic's primary referring physicians out to lunch four times a year. "These one-on-ones give me a chance to provide further education, such as pointing out to a physician instances in which he could be making additional referrals to us," he says.

### Tips on building a practice in medical psychology

Dr. Reinking advises psychologists who are interested in expanding their practices in medical psychology to be prepared to educate referring physicians. "You need to let the doctors know what you can offer, which types of cases to refer, and how to make referrals so that the patient doesn't come away saying, 'My doctor thinks it's all in my head,'" he says.

Dr. Coy recommends that psychologists familiarize themselves with instruments such as the MBMD and BHI 2 tests, which are normed on medical populations. "Even psychologists with a good knowledge of assessments might not be aware that there are psychological tests designed specifically for use with medical patients," he says. "These tools have really helped me serve patients better, communicate more effectively with my medical colleagues and maintain a successful practice."

Timothy Coy, PhD, operates a solo medical psychology practice, Creekside Behavioral Health in Bellevue, Washington. A member of the National Academy of Neuropsychology and the American Psychosomatic Society, Dr. Coy has served as a professor and lecturer. He also held a research position at the University of California before redirecting his work efforts to patient care. He earned his master's degree in psychology from New York University and his doctoral degree in clinical psychology through a joint program at San Diego State University and University of California-San Diego.

Richard Reinking, PhD, operates a private practice at Behavioral Medicine Associates, in Bellevue, Washington. Founded by Dr. Reinking and his associates in 1980, the clinic provides multidisciplinary services, including psychology, psychosocial services, physical therapy and biofeedback techniques. Dr. Reinking received his master's degree in clinical psychology with a specialty in child development and his doctoral degree in clinical psychology from the University of Kansas.

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