

# Profiles

PUTTING ASSESSMENTS TO WORK

## P-3® TEST

### P-3® Test Helps Treat the Whole Pain Patient

The P-3® (Pain Patient Profile) test by C. David Tollison, PhD, and Jerry C. Langley, DC, was published by NCS in 1992 in response to a recognized need for a psychological assessment designed specifically for pain patients. While factors such as depression, anxiety and excessive somatization are recognized as contributors to a patient's perception of pain (Tollison & Satterthwaite, 1991), most psychological tests used to help measure such factors were not designed for pain patients. Results of such tests may not be appropriate, and symptoms may be interpreted as "severely abnormal" when they are actually quite normal for the average pain patient. Tollison and Langley designed the P-3 test specifically for pain patients to help identify those patients who may benefit from treatment by a mental health professional as part of their total treatment plan.

The P-3 test was developed to serve health care professionals and facilities who do not provide mental health services. The Pain Center at Western Baptist Hospital in Paducah, Kentucky, is such a facility. In the following article Vanessa Harris, RN and unit clinical coordinator, describes the clinic's experience with the P-3 test, and why they give it to nearly all their patients.

#### Clinic Chooses P-3 Test Based on Pain Patient Norms and Ease of Use

*"Physicians and nurses at Baptist Pain Management wanted a tool that would provide more objective results to help support their decisions for referral."*

Baptist Pain Management is a chronic pain management clinic located within a 350-bed general services hospital. The center opened in 1997 and currently sees an average of 75 chronic pain patients each week through physician referral. Patients have already tried several treatments for pain, and/or seen several doctors by the time they come to the center. While patients come in for a whole range of pain issues, the most common complaints are back pain, reflex sympathetic dystrophy (RSD), fibromyalgia, and headaches.

Prior to opening Baptist Pain Management, the staff toured several other similar facilities and found referrals to a psychologist were often based on a physician's or nurse's "feeling." They wanted a tool that would provide more objective results to help support their decisions for referral. The director researched the various tools available, and after review with the anesthesiologist and psychologist, chose the P-3 test primarily because its norms are based on chronic pain patients.

Another factor in their decision was that the P-3 test requires only 15-20 minutes to complete. Each of the 44 items consists of just three statements from which the patients must choose the one that best describes how they have been feeling lately. The items are easy to answer, making it quicker for the patients to take.

“This is a huge benefit to the clinic,” according to Harris, because most of their patients are elderly and have difficulty sitting and all are in pain when they take the test. She also reports that the clinic staff believes that the shortness and quickness designed into the P-3 test help to increase its validity.

In addition, a large percent of the center’s patients are depressed and somatization is high. The somatization scale on the P-3 tests helps the psychologist determine the extent to which the patients use pain to manipulate family, circumstances or environment.

Yet another factor in their decision concerns the fact that the education level in the Paducah area is low. Many of Baptist Pain Management’s patients have a low reading level and some are unable to read. For those who can read, the 8th grade reading level of the test helps minimize the nursing time needed to administer it.

All in all, the staff at the center has now been using the P-3 test for more than a year and is very pleased with their results.

## The P-3 test at the Foundation of Pain Management Protocol for all Patients

At Baptist Pain Management, nearly every patient must take the P-3 test at the first appointment. The results are used to help determine if a patient should be referred to the hospital’s contracted psychologist for further evaluation for mental health treatment. Other tests the psychologist might use in his evaluation include the MBHI™, MMPI-2™ and BHI™ tests.

The P-3 test is given in an exam room during the first appointment. After completing her paperwork with the patient, the nurse explains how to complete the test and explains why all the questions must be answered.

The patient is left alone to complete the test, though on occasion a patient requires someone to read the test. In these cases, the nurse directs the reader to only read the questions, and let the patient respond. Harris says the staff at the Pain Management Clinic is adamant that the responses not be influenced by anyone else.

According to Harris, their patients are aware they are taking a psychological test, and most accept it. When faced with the occasional objection, the nurse explains that: 1) taking the test is required at their clinic; 2) the results help the medical staff understand the patient better; and 3) the results help them identify different ways to treat the patient. Once these points are explained, those patients accept taking the test.

Occasionally a patient refuses to take the test for religious reasons. In those cases, the nurse documents and accepts the reasons for refusal.

Completed P-3 tests are scored between the patient’s’ first and second appointments using the MICROTEST Q™ Assessment System software and a scanner from NCS. According to Harris, the software and scanner enable them to get test results back quickly without a lot of nursing time.

P-3 test results are ready and in the patient’s file when the patient arrives for the second appointment. At this time, the physician reads and explains the results to the patient and makes the referral to the psychologist, if appropriate. Harris reports that the physicians find the bar graph of results in the P-3 report easy and quick to read.

## P-3 Results Help Address a Variety of Concerns

*“The P-3 test has proven to be a very reliable criteria to use when referring patients to psychological services, especially for those patients with anxiety, depression, and somatization issues.”*

The staff at Baptist Pain Management recognizes the psychological factors in a patient’s physical symptoms, and has successfully put the P-3 test to use to help in their comprehensive healing plan. According to Harris, they see a high number of people who have depression due to pain and need counseling. The psychologist evaluates them to determine the appropriate treatment and refers them as necessary.

As an example, a married female patient showed high levels of anxiety and depression on her P-3 test and was referred to the psychologist. He learned she had been experiencing spousal abuse, a factor which may not have been revealed otherwise. As a result, the patient was referred for mental health care.

“Psychology is an integral part of our program,” explains Alan Vick, MA, Baptist Pain Management’s contracted psychological associate. “The P-3 test has proven to be a very reliable criteria to refer patients to psychological services, especially for those patients with anxiety, depression, and somatization issues. The test has also helped identify clients who would have otherwise not received the benefit of psychological services.”

In conclusion, Harris reports that she and her associates at Baptist Pain Management tell colleagues that they love the P-3 test, and that it has worked very well for them. It has shown that when people do need to see a psychologist, there have been justified problems. She adds that their psychologist has seen very few patients whom he felt did not need to see him.