BRIDGING THE GAP
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Feature Article 1

# A Recent Revolution: An Evidence-based Model for Assessing a Patient's Mind and Body Before Treatment

Many years ago, a surgical patient came into Dr. Daniel Bruns's psychology office in a highly agitated state. "He told me he wasn't mad at meóbut he wanted to let me know that he wanted to kill his surgeon, then kill himself," says Dr. Bruns.

After the situation was stabilized, Dr. Bruns thought a lot about it. "I thought, here's the worst possible surgical outcome, which is everybody ends up dead. This was a person who was psychologically at high risk, and was ready to explode."

The incident exposed a glaring gap in the treatment of patients. "I started thinking that psychological evaluations can really be predictive of surgical outcomes," says Dr. Bruns. "In the 1980s though, to a lot of people, it was really inconceivable that psychologists could have any role at all in evaluating patients for surgery."

## Presurgical Psychological Evaluation

Dr. Bruns has become a pioneer in the field of pre-surgical psychological evaluations. He has co-authored, with Dr. Mark Disorbio the highly-regarded Battery for Health Improvement (BHI™) tests, which provide a concise, coordinated summary of a patient's biopsychosocial issues.

"Over the years, studies have shown that psych evals are very predictive of the outcome of spinal and other surgeries," he says. Psychological factors can predict the onset of some conditions, whether patients will comply with their treatment, who becomes a delayed recoverer and who becomes disabled. "If you can understand what's going wrong, then you have a chance to intervene in a way that's more effective."

## What Factors to Consider

So what are some of the factors psychologists should watch for in a patient? Dr. Bruns's approach to assessing the factors is based on the evidence he and Dr. Disorbio found in their latest research, recently published in the Journal of Clinical Psychology in Medical Settings. In that research, Dr. Bruns and Dr. Disorbio look at two types of risks, exclusionary and cautionary. Exclusionary risks are extreme symptoms that would likely exclude a patient from surgery, such as the person being psychotic, suicidal or homicidal.


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"That's a person who's too emotionally unstable for elective surgery," says Dr. Bruns. "Surgery can make their pain worse, and make their lives much more stressful. And that can tip a person over the edge."

Cautionary risks are issues that are less severe, but risk factors nonetheless. For example, when patients are unhappy at work. "If they don't like their job, they're less motivated in treatment to get better and go back to work," says Dr. Bruns. Or they don't like their doctor. "If you're at odds with your doctor, you're less likely to comply, or do what they tell you." Or patients who have a history of substance abuse. "If you are dependent on pain medication, surgery by itself probably won't change that. As you get more and more of these mild cautionary risks, the odds of recovery go down."

## About the BHI 2 and BBHI 2 Assessments

The BHI tests can assess these factors quickly and reliably. Patients can take the BHI 2 test in about 35 minutes, while the Brief Battery for Health Improvement 2 (BBHI™ 2) takes less than ten minutes. Both tests have validity scales, which address whether the patient is withholding or slanting the information, and factor in sub-norm groups, allowing comparisons among patients in their own diagnostic category, such as back pain, headache/head injury, or neck pain. "This approach offers greater precision, by comparing apples to apples instead of apples to oranges," says Dr. Bruns. He adds, "The BHI tests are unique in that they assess a range of risk factors that have been identified by research."

"This approach offers a method to assess these risk factors. Beyond that, it also offers suggestions about how you help this patient," says Dr. Bruns. "Sometimes patients need surgery, but sometimes other treatments are better. It's about figuring out what is most likely to help somebody get better.

"There are some surgeons who simply won't do surgery without feedback from a psychologist now. Many surgeons, after reading an evaluation, will say ëthat was really helpful. I wasn't sure what to do, but now I feel real confident about moving forward with surgery,' or ëI realize that surgery is not the answer for this patient.'"

A lot has changed in the 20 years since that patient barged into Dr. Bruns's office. Presurgical psychological evaluations are now widely accepted in medical treatment guidelines. Dr. Bruns notes that, "I think that this is one of the best examples of how psychological services have become an integral part of the medical mainstream."

Dr. Bruns has practiced health psychology for more than 20 years, specializing in the psychological assessment and treatment of medical patients. He is the coauthor of a number of research articles and book chapters on the impact of psychological disorders on medical treatment, and has frequently presented on topics such as injury, chronic pain and health psychology. In addition, he has served on several panels that developed medical guidelines and regulations pertaining to the treatment of injured patients and to rating impairment. He serves on multiple committees for the American Psychological Association, and is the Chairperson for the Health Psychology Clinical Health Services Council. Dr. Bruns received his PsyD in counseling psychology from the University of Northern Colorado.

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