

# BRIDGING THE GAP

A biopsychosocial newsletter for healthcare professionals

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## The New Wave in Health Psychology: Primary Care and Psychologists Teaming Up

It's a partnership that's taken years to develop, and now it's time to start the relationship.

“Ten years ago, psychologists had an attitude that we couldn't really partner with physicians,” says Jonathan Hoistad, Ph.D., founder of Natalis Counseling & Psychology Solutions in Minneapolis-St. Paul, Minn. “That isn't so anymore. I think psychologists need to embrace physicians and really see them as being collaborators in care.”

That collaboration is the key to Natalis's growing business, particularly in the area of health psychology. (The practice has four other main areas of focus: behavioral health, psychological evaluation, neuropsychology and immigrant psychology.) Natalis helps prepare patients for procedures like bariatric surgery, spinal implants, cardiac implants and transplants, making sure the patient is a good candidate, and determining what type of support he or she will need after the procedure. And although the practice helps its patients by using a variety of methods, it develops its patient base through an old-fashioned strategy: nourishing relationships.

“I would encourage psychologists to have a good relationship with several primary care clinics, and teach them about how a psychologist can support them and their patients,” Dr. Hoistad says. “One way is to introduce them to objective psychological tests like the BBHI™ 2 (Brief Battery for Health Improvement 2) test. Results from the BBHI 2 can provide critical information about a patient in a short amount of time.”

“I'm proposing that the clinics assess for anxiety, depression, chronic pain and chemical dependency, because if you measure all four of those things and you find that one of those is triggered, then you're controlling maybe 80 percent of the symptoms and not 25 percent of behavioral health symptoms.”

Because almost all patients have an association with a primary care physician, Dr. Hoistad recommends that psychologists reach out by sending a note to the physician, offering to collaborate to provide better care. “If psychologists use any objective assessments, they can also send that along with the note. Using an objective tool creates a baseline and can prepare for measuring an outcome in six to eight weeks.”

Dr. Hoistad notes that the average primary care visit is six to 15 minutes long. If someone tests high for depression, many clinics are not in a position to get the patient the proper treatment right away.

“If you're doing a six-minute primary care visit, and all of a sudden the person is wanting to talk to you for an hour, you're in trouble,” he says. The solution? “A good psychologist has a relationship with that physician in that clinic, so they can provide the support that person needs for their depression.”

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Dr. Hoistad favors tests like the BBHI 2 because of the simplicity of language, the technology that makes it so simple for patients, and the easy-to-digest results. “It becomes the tool that is the communicator for everybody—physician, patient, and psychologist.”

He also relies on the more comprehensive BHI™ 2 (Battery for Health Improvement 2) test, which assesses a number of psychological factors that can impact medical treatment, and a variety of the Millon™ tests, including the MBMD™ (Millon Behavioral Medicine Diagnostic) and the MCMI-III™ (Millon Clinical Multiaxial Inventory - III) tests which can help determine if patients need more support so they will more likely comply with medical treatments.

“I’ll often look at the graphs of the results with people and say, ‘I want your positives to go up more and your self-criticism to go down.’ It’s a snapshot for people, then hopefully they can take three or four important elements, and then do something to improve their lives.” And it gives people the that they have much more control over how they’re living their lives. It’s very simplistic in a way, but it’s very powerful for people. And providers like physicians can actually look at that printout and get much more understanding of the patient than they would otherwise.

That’s especially evident at a clinic Dr. Hoistad goes to once a week. The clinic treats a wide spectrum of patients, including some with severe emotional and personality problems.

“The social workers there truly appreciate having something that’s written out and concrete for them to look at and to work with their patients on,” he says. “Because they’re trying to get people just to do their basic daily activities. They know they might need a more specialized program for some people to be successful. So then it becomes a collaboration with the whole social services team, providing intervention and support for the patient.”

That concept of inclusion and relationship-building has definitely paid off on the business end: five years ago Dr. Hoistad’s practice consisted of five people—it now has 25. Alongside the business growth, Natalis has built a stellar reputation. And it all comes back to that idea of collaboration and relationships.

“There are a few people who promote relationships with primary care physicians or hospital settings, but most psychologists tend to be passive and wait for somebody to come to them. The world is different now.”

“We need to have the attitude that the world is about collaboration.”

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