

BRIDGING THE GAP

A newsletter for medical professionals

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Psychologist Calls MBMD™ Test Key to Efficiency and Effectiveness

Lisa M. Steres, PhD, provides bariatric presurgical psychological evaluations for surgeons at Scripps Clinic in San Diego. She writes health and behavior evaluations that review psychological readiness along with personality and social factors that are important to pre- and post-bariatric surgery.

With only 90 minutes available for each patient appointment, Steres needs to perform efficiently and effectively. She believes psychological testing is crucial to accomplishing those goals. She has developed a testing protocol that includes the MBMD™ (Millon™ Behavior Medicine Diagnostic) assessment along with the BDI™-II (Beck Depression Inventory™-II), a psychological symptom checklist, an eating disorder assessment and eating behavior checklist. She has completed more than 400 evaluations using the MBMD test and said she considers the test the key to her efficiency and effectiveness.

When candidates for bariatric surgery arrive at Dr. Steres' office, they first fill out general informational forms, then complete the battery of assessments, beginning with the MBMD assessment. Patients complete the test's 165 true/false items in just 20-25 minutes. Steres then scores the MBMD answer sheet using Q Local™ computer scoring software and runs an interpretive report while the patient is in the waiting room completing the remaining short assessments.

The MBMD test was written specifically for medical patients and its norms are based on groups of medical patients. Practitioners can choose reports based on general medical norms or bariatric norms which are based on a pool of more than 700 candidates for bariatric surgery. The test's 29 scales are grouped into five Domains: Psychiatric Indicators, Coping Styles, Stress Moderators, Treatment Prognostics, and Management Guide. The test also includes three Response Patterns and Negative Health Habits: Alcohol, Drugs, Eating, Caffeine, Inactivity, and Smoking.

"I only have 90 minutes to spend with each patient. There simply is no other way I would be able to get all the information I need than through using the MBMD test."—Dr. Lisa Steres

The key to efficiency

Steres appreciates the speed at which she can process a patient's MBMD answer sheet to quickly receive a bar graph profile and interpretive report. She brings the report with her when she meets the patient for a structured clinical interview.

Steres introduces the test to patients as a tool to help them prepare for surgery rather than as a hurdle to block their clearance for surgery. She uses the data to uncover the patient's psychosocial assets which may help mitigate their psychosocial liabilities.

She can look at the graphically represented profile and quickly get an idea whether or not the patient can be immediately cleared for surgery or if some area needs to be worked on prior to receiving surgery. For example, Figure 1 illustrates a profile where Steres immediately cleared the patient for surgery. The elevated score for problematic compliance flags Steres to ensure she receives patient buy-in to the program in order to maximize the patient's likely compliance. The report indicates no other issues with this patient.

Scripps Clinic requires that patients with a history of alcoholism need to show sobriety for a set period of time proceeding with surgery. Steres notes that alcohol use following bariatric surgery could be dangerous, even life threatening, and emphasizes the importance that the treatment team know this information. Figure 2 reflects a patient who had verbally told Steres he was not a heavy drinker while his MBMD profile indicated otherwise. Steres has found that sometimes patients disclose information on the test that they do not reveal in the face-to-face interview. When she comes across a discrepancy like this, Steres tells the patient that the answers he or she provided suggest differently than what the person told Steres in the interview. When Steres pointed out the discrepancy on the profile and asked him about it, he did agree that he does drink heavily.

Had Steres relied solely on information gathered in her structured interview, she probably would not have uncovered this important fact. "Without the MBMD test, I may not have discovered his alcohol use," she said.

Steres believes the MBMD test improves efficiencies by asking the right questions to get at the information that she needs to help select and prepare patients for surgery. "I only have 90 minutes to spend with each patient. There simply is no other way I would be able to get all the information I need than through using the MBMD test," said Steres.

The key to effectiveness

To illustrate why Steres calls the MBMD test the key to effectiveness, she offers the example of a patient shown in Figure 3. This woman came to her appointment lambasting the staff, calling the evaluation ridiculous. Steres describes this patient as a tall, large woman with a commanding presence and bright red hair that sprung wildly from her head. She dressed in loose, flowing, flamboyant clothing. Her MBMD profile scored rather high in Forcefulness and extremely low in Respectfulness, which was clearly evident in her behavior. Steres said it was helpful to see this interpersonal style on paper in graph form to remain clinically grounded while being verbally challenged during the interview.

Other elevations on this woman's MBMD profile indicated that she was depressed, introversive, inhibited, socially isolated, with some tendencies toward guardedness, nonconforming, oppositional, and denigrated. The profile also indicated problematic compliance. Dr. Steres understood she would need to get this patient's buy-in before she would follow a treatment plan.

From the MBMD profile, together with her structured interview, Steres recognized that this woman was using her forcefulness as a defense against her shyness and social isolation. When Steres suggested this possibility to the patient, the woman broke down in tears. This patient told Steres, "You have learned more about me in an hour than my family has known in thirty years." At that point, the patient became more agreeable.

Steres works from the philosophy of solution-focused psychotherapy, that is to build on the patient's strengths to find solutions within the patient. Steres had discovered that this woman was a ballroom dancer and framed the treatment process within dancing terms. Ultimately the woman agreed to dance with the surgeon and to let the doctor be the lead. Within that framework, together they developed a treatment plan that works with the woman's assets and around her liabilities. Because Steres treated the woman as an ally and involved her in treatment planning, this patient now has bought into the treatment plan and therefore is more likely to follow through.

A person-centered approach

Steres says she doesn't write just psychological evaluations, she writes health and behavior evaluations. In order to do that she needs to look at the complete psychological and social aspects of her patients. "The MBMD test lets you take a more person-centered approach and lets you build on patient strengths," she said. Steres said the MBMD test helps her work efficiently and effectively because she uses it to help her collaborate with her patients, gather and confirm critical information, engage the patient in the process and to develop a targeted treatment plan that will be useful for the surgery team.

Lisa M. Steres, PhD, maintains a private general clinical/health psychological practice in San Diego, California, where she uses solution-focused therapy with people who need to make a behavioral change. She has practiced health psychology for thirteen years, first as a member of the Scripps Clinic Medical Group, and more recently in her private practice. Her experience with the MBMD test began with conducting health and behavior assessments for transplant patients and transferred to bariatric presurgical evaluations which she has provided for Scripps Clinic for at least six years.

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