FEBRUARY 2015

BASTEN & ASSOCIATES
CLINICAL PSYCHOLOGISTS

A bi-monthly broadcast of interesting and helpful ideas in local clinical psychology to support your practice.

Editor's Message

Dear colleague,

This newsletter is designed to add value to your practice by giving you access to useful information about the interface of psychology and general practice medicine. Each newsletter includes (a) a summary of an article from the psychological literature that is of high interest to GPs, (b) a serialised article on how a doctor can positively influence the behaviour of their patient to get better health outcomes, (c) an inspirational quote of the week and (d) an interview with a clinical psychologist. Have a read and contact us for more information:

chris@bastenpsychology.com.au

Interview with a Clinical Psychologist

ELIZABETH STANTON *(B.A. hons.; M.Psychol)*

Q: You have worked with Multiple Sclerosis Aust in the past as a psychologist. What did you find these clients often needed the most?
A: That usually depends on where they were in terms of their MS journey. As there is no cure for MS (yet!), individuals with MS will need psychological help at different times. People newly diagnosed may initially need support to help them to come to terms with the diagnosis and adjust. Others may struggle most when they are experiencing an MS exacerbation. Learning strategies on how best to cope and manage stress is very important- especially as research suggests a relationship between MS exacerbations and stress.
Q: What area of clinical work do you like the most?
A: This is something that tends to change for me. I find working with different presentations interesting and motivating. If I had to pick one area, I would have to say working with health populations. Individuals with health concerns often find themselves in positions where they are required to manage a number of issues (physical, emotional, cognitive) at the same time. I find it very rewarding to help individuals to learn to live a fulfilling life, even with their health problems.
Q: What inspires you as a clinician?
A: On a daily basis I am inspired by the braveness and resilience I see in all of my clients. Engaging in psychological treatment is not always easy! Seeing individuals face their concerns and demonstrate a willingness to change is most inspiring to me.
Q: What are your own mental health tips – what keeps your stress levels low?
A: Having regular down time is a big one for me! I find that having time to unwind (with no phone, computer, laptop etc) really helps me to de-stress. I also make a point of trying to leave work on time and then exercising straight after. I find that this really helps me leave stress from work, at work.

Literature Digest: Article of the Month

Two articles in recent volumes of The European Respiratory Journal provide fresh reasons for offering patients with respiratory conditions brief psychological interventions. In the first study a respiratory team in South Hampton, UK, identified their patients with more frequent admissions. A brief intervention with a clinical psychologist was provided for each patient. The number of admissions and days in hospital were noted over a six month period and again in the six month after seeing the psychologist. Prior to seeing the psychologist, the group had experienced 19 asthma admissions (159 hospital days), while in the next six months a 42% reduction was noted to 10 admissions (93 hospital days).
Tan et al. (2014). **The impact of input from a psychologist on a cohort of asthmatic frequent fliers.** *Eur Respir J*, 44; Suppl 58, 2940.

In the second paper, the incidence and severity of depression and suicidality in patients with COPD was reviewed. The authors of the literature review highlight that some studies have shown an increase correlation between COPD and both depression and suicidality. However, they also argue well that it is possible that general screening tools (as opposed to specific assessment or diagnostic tools) of depression may actually be detecting just signs and symptoms of the COPD. Recommendations that emerge from their review include (a) that CBT should be included as a part of rehabilitation and treatment for patients with this chronic illness and (b) that doctors use assessment tools that are not too vulnerable to medical/biological symptoms. The CES-D and the Hospital Anxiety and Depression Scale are good examples.
Hegerl & Mergl (2014) **Depression and suicidality in COPD: understandable reaction or independent disorders?** *Eur Respir J*, 44: 734–743.

At Basten and Associates, our website contains many assessment tools for GPs to use, including the HADS and the CES-D. You will find others as well. We also have clinical psychologists experienced in working with patients with limiting and painful medical conditions. **www.bastenpsychology.com.au/resources**

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"You may not control all the events that happen to you, but you can decide not to be reduced by them"

– Maya Angelou

Basten & Associates

Basten and Associates is a practice of clinical psychologists devoted to enhancing mental health in our community.

We have been providing psychological treatments since 1998 and have three locations in Sydney – Sydney CBD, Chatswood and Westmead.

We are passionate about making a special contribution to mental health and emotional wellbeing. We differ from other practices in several ways:

1. We are all clinical psychologists with post-graduate clinical training.

2. We have enough specialists for different conditions, so you will find the right psychologist to work with your patients.

3. Our clinicians are committed to staying up to date with research into the causes and treatments of common conditions.

4. We only use treatments that have a known basis of evidence showing them to be effective and then adapt and tailor these treatments to each individual after a thorough assessment.

Next article in April:

On how to use the doctor-patient relationship to alter behaviour.

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Series on Motivating Patients

Motivating patients to change their behaviour.

Part 3: Using Monitoring

As health professionals, we try to help people improve their health and yet it can be hard to motivate patients to do potentially helpful treatments or lifestyle changes. This is a serialised account of numerous strategies to increase motivation for change in our patients. In every section, two assumed 'cases' are used for illustration.

"Rob" is 48 and has Type 2 diabetes. He is over-weight. He does not always test his BSLs reliably; he has not yet lost any weight, as recommended; and he can't recall what he has for lunch or dinner when asked. His BSL range is 3 to 17. He has stated that he is too busy with his own book-keeping business to attend courses or hospital clinics on diabetes education.

"Karen" is 60 and has chronic obstructive pulmonary disease. Her adult son is often in trouble, needing her help with money, accommodation and baby-sitting for his children when he has custody but he can't meet their needs due to his chaotic lifestyle. She gets frequent chest infections (for which she requests antibiotics) and keeps relapsing into cigarette smoking because that is the only way she feels she can deal with all her stress.

Monitoring by self and others

This idea can take many forms but the essence of it is for the patient to have feedback about (a) the success they are having with treatment behaviours and (b) the level of symptom severity and functioning as it changes over time. Several aspects of monitoring have all been shown to alter behaviour for the better – knowing that they will be measured soon can increase self-care/adherence, having a monitoring form at home becomes a visual prompt to action, the monitoring can help administer raise and other positive reinforcers, and the monitoring can be a focus of clinical discussion between doctor and patient.

Rob might, at your recommendation, start keeping a record of the occasions of exercise each day in a week, including even small incidental exercise. Having this charted serves as a visual prompt around him to exercise and will hopefully be a positive reinforcement when he sees some days on the chart with positive content. Rob could also get a readout of his BLSs and share these with you regularly to see if exercise and diet changes things. You could start a line chart of his weight to keep in the front of his file and give him an updated copy every appointment.

Karen might benefit from recording a variety of things, but only pick one or two at a time. She could record:

- The number of times she successfully let an urge to smoke go by or the number of cigarette-free days in a week

- Her efforts at being more assertive with her son (so that the children do not come over when they are sick or they are not left with her longer than she wants)

- You could also periodically have her lung function measured and graph that.

One way that motivation for health behaviours can increase if through using **'Accountability'**. If a patient knows that their doctor will review some form of monitoring (e.g. e-record of BSLs or a written record of exercises), they are more likely to do the prescribed behaviours. We can encourage our patients to use this handy principle in other ways (apart from monitoring for a doctor), For instance, that could take the form of committing to a certain activity on a certain date and either telling people close what the intention is, or perhaps committing to do the activity with someone else. This has a dual effect of having camaraderie and also feeling obliged to turn up for them (such as a 'walking-buddy').

If Rob agrees to exercise more for his weight and insulin regulation, ask him how he could make himself accountable. If he has trouble generating ideas, you could suggest that he tell his wife or colleagues that his goal is to lose 5 kilos in as many months. He could arrange to meet a friend straight after work to exercise together (they need to both commit and count on each other). He could commit to you that he will come fortnightly to get his weight and BSLs reviewed. Karen might establish a carefully planned 'quit plan' for her smoking and, as a part of this, tell everyone close to her that she is quitting and that she wants their help.