

Psychologists Beneficial to Multi-Specialty Bariatric Surgery Center

Teri Barker-Connor, RN, and Heather Gallivan, PsyD, Park Nicollet Medical Clinic in Minnesota

Park Nicollet Clinic is one of the largest multispecialty medical clinics in the United States with 25 clinics located throughout Minneapolis and surrounding suburbs. When the bariatric surgery program opened in 2000, the staff included three surgeons, their nurses, physician assistants, a dietitian, and a physical therapist. At the time they believed their new program had anticipated all of the medical and support needs of their surgery patients—yet, the nurses' phones rang constantly with calls from patients. "It would not be unusual for each of our nurses to receive 25 calls in a single day," says Teri Barker-Connor, RN, manager of the Park Nicollet Bariatric Surgery Program.

A need for psychological expertise

While the Park Nicollet program already addressed support, education, and nutrition for their patients, Barker-Connor sensed something was missing. Based on the numbers of phone calls the nurses were receiving from patients who were struggling following surgery, Barker-Connor determined that lack of psychological services weakened their program.

At that time, only some patients received psychological evaluations, partly due to insurance requirements, while others were referred to a psychologist by Barker-Connor after "red flags" came up in her interviews. The psychological evaluations that were conducted were based solely on a clinical interview and did not include objective testing. Barker-Connor says that, in general, these evaluations were not valuable to the care team.

Barker-Connor enlisted the help of a local psychologist, Lana Boutacoff, PhD, who helped articulate Barker-Connor's concerns to the surgeons. Boutacoff presented her opinion that psychological evaluations, when

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conducted to meet the specific needs of bariatric patients, can be helpful for everyone involved. As a result, the program hired Boutacoff to consult and help develop a psychological component to the Park Nicollet bariatric surgery program mix.

The enhanced multi-specialty program

In January, 2004, Park Nicollet increased the bariatric surgery program staff to include five part-time psychologists. Since then, every patient who has met the basic requirements for surgery and wishes to continue the process meets with a licensed psychologist, registered dietitian, bariatric behavioral services physician, and physical therapist. Each of these disciplines evaluates the patient's suitability for surgery while also educating the person about the surgery and life after surgery.

The psychologists conduct a complete psychosocial history during a two-hour appointment that includes an initial interview and psychological testing. They learn about the patient's understanding of the surgery, as well as the patient's motivation for and expectations of surgery. They also seek to better understand the patient's mental health status, coping styles, and social support network.

Later, the psychologists meet with each patient to discuss test results and recommend ways to help adjust to a healthier lifestyle and maximize success before and after surgery. The goal for the psychologists is not to be gatekeepers, but to learn what each patient needs. They may find that a patient has a psychological issue that would likely be a barrier to successful recovery following surgery.

The psychologist may refer the patient to a psychotherapist before receiving clearance to proceed in the surgery program.

Psychological testing provides a clearer understanding

Psychological testing gives the psychologists another view of the candidate in order to better understand the individual and what that person's

needs may be following surgery. According to staff psychologist Heather Gallivan, PsyD, "It can also identify potential red flags to consider that may lead us to recommend additional treatment or education prior to surgery." She says that testing can also help identify potential problems that may come up post surgically. "Many times when individuals present for these evaluations, they are trying to put their best foot forward and may not disclose to team members important information about themselves or their life situation. Information that we really need to know. Psychological testing can sometimes give us that additional information," says Dr. Gallivan.

The psychologists administer the MMPI® -2 (Minnesota Multiphasic Personality Inventory® -2), MBMD® (Millon® Behavioral Medicine Diagnostic) and the QOLI® (Quality of Life Inventory) tests to every patient.

The Park Nicollet bariatric surgery program psychologists administer the MMPI-2 test because it provides a picture of the individual's general psychological state. Dr. Gallivan shared that she and the other psychologists are especially interested in whether or not the patient may be experiencing significant levels of depression, anxiety, and other psychological symptoms that may impact that person's ability to make permanent lifestyle changes that are needed for a successful recovery after surgery. She believes that the MMPI-2 test can also give the psychologists insight into coping styles and ways of relating that they can use to help team members tailor treatment plans and recommendations based on the needs of the individual patient.

Dr. Gallivan noted that the MBMD test is widely used for bariatric and other medical assessments because it looks at the potential role of psychological factors in a patient's disease and treatment. Dr. Gallivan and her colleagues administer the instrument to help identify current psychological symptoms that may require additional evaluation or treatment. "It is important that we identify clinically significant psychological symptoms that could affect the patient's response to surgery and ability to adjust or recover from surgery," says Dr. Gallivan. She noted that the MBMD test also helps the psychologists

identify coping styles, personal strengths, and liabilities that may impact the patient's ability to manage the stressors related to the surgery and daily life. She believes that the information provided by the general prognostic indicators can also help guide the team in tailoring a treatment plan for the patient's individual needs.

The team uses the QOLI test to help measure patients' general life satisfaction. Dr. Gallivan says it provides an idea of how happy a patient is with life and gives the psychologists an opportunity to discuss realistic expectations of the surgery. "Some patients believe that having a bariatric surgical procedure will improve many more aspects of their lives than is realistic," says Dr. Gallivan. "We hope," she continues, "following the procedure, some areas of their lives will be improved, such as their health, self-esteem, and ability to participate in activities, but it is unrealistic to expect all areas of their lives to be better. Patients need to have a good understanding of this before having surgery."

"Testing provides us with a better understanding of each patient so the entire team can gear support and evaluate that patient more effectively," says Barker-Connor. "For example, if a person has an addictive history, we then know to watch for a leaning towards addictive behaviors," she explains. "Or, if we learn that a person has experienced depression in the past, we know to watch for warning signs of another onset of depression."

Patients are better prepared

The surgeons have noticed that the patients they see are better prepared now. "They tell me they are no longer seeing the people who are inappropriate candidates for surgery," says Barker-Connor. "The patients now are either well-prepared by the time they meet with a surgeon or they choose not to proceed with the program." The medical team has also found that the patients are less anxious going into surgery and they struggle less after surgery since psychologists were added to the team.

"The most obvious evidence that their patients are well-prepared for surgery psychologically and otherwise is that the nurses' phones are not ringing off the hook anymore," Barker-Connor says.

Overall positive results

Nurses meet with the patients one week, one month, and at six additional intervals during the first two years following surgery, and annually for the rest of the patient's life. The nurses use these visits to offer help when patients may be struggling and to track their progress.

Barker-Connor notes that the center's patients average 68% excess weight loss at three years after surgery. It is too soon to know what impact the psychologists' work may have on that figure. What she does know is that their patients are reporting improved health and improved quality of life.

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