

BRIDGING THE GAP

INSIDE

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HEADACHE PROGRAM FOCUSES ON KNOWLEDGE AS KEY TO EFFECTIVE MANAGEMENT

At the Diamond Headache Clinic in Chicago, psychologist Lorna London, PhD, and her colleagues recognize that when it comes to the diagnosis and treatment of headache pain, information is power. Their approach to helping patients manage chronic headaches begins with gathering detailed data from the patient—and results in providing the patient with a comprehensive education on management techniques.

Founded in 1974 by Seymour Diamond, M.D., the clinic is currently housed at St. Joseph Hospital. In addition to Diamond, the staff includes five physicians, two psychiatrists, and two psychologists under the direction of London, who serves as Director of Behavioral Medicine. The clinic team works closely with hospital nursing staff and specialists, including the dietician, pharmacist, and physical therapist.

“Everyone in our group acknowledges that patients stay with us only for a short time—and that we’re not going to ‘cure’ them,” says London. “Our goal is to learn as much as we can about patients in the time they are with us—and to teach patients as much as we can about how to manage their symptoms effectively once they head home.”

Detailed information-gathering

The clinic provides outpatient care as well as a five- to ten-day in-hospital program for those who require more intensive treatment. At intake, every patient completes an initial interview with a physician, which includes a physical examination and a detailed review of the patient’s history. A number of patients also receive MRIs, EKGs and/or CAT scans, if needed, to identify any other physical problems that may be co-existing.

London and her staff then conduct a thorough psychological examination, starting with a semi-structured diagnostic interview. In reviewing the patient’s psychological/social history, they look at a wide variety of issues, including influencing factors, life stressors, family relationships, how headaches have affected the patient’s life, health habits, and coping strategies.

Along with identifying pain management techniques that haven’t been successful for the patient, the psychologists ascertain if there are coping strategies that have worked well, so that they can reinforce these behaviors with the patient. They also discuss psychiatric issues such as anxiety and depression as well as cognitive problems to pinpoint areas in which they can make appropriate recommendations for further intervention.

Tailored teaching programs

Upon completion of intake, patients are referred to appropriate in-house specialists for patient education sessions, based on their needs. For example, patients who are beginning pharmacological therapy using an MAO inhibitor will meet with the hospital dietician to discuss foods that may interact with the medication, as well as with the pharmacist to cover issues such as the use and function of the drug and its interaction with other medications. Or, patients who exhibit physical tension that may exacerbate headaches will meet with the physical therapist to learn relaxation exercises.

The range of sessions offered also includes biofeedback training, physical therapy, and stress management techniques. Since many headache patients tend to be passive and to internalize anger, classes on assertiveness training and anger management also are available. “We don’t

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**Special Edition on
Headache Clinics**

advantage with our patients," she says. "They have a difficult time completing longer assessments, especially if the patient is suffering from a headache during intake and/or is taking medication, which is often the case. With the MBMD test, we can receive results promptly so that we can use the information to help develop a course of treatment."

Another feature of the MBMD instrument Tweel finds valuable is the detail of information provided. "In addition to helping identify emotional and psychological factors, the MBMD assessment looks at a wide range of levels of functioning and behaviors that are vital to treating headache pain," says Tweel. "It provides very helpful specifics on such factors as the patient's coping styles and general response to stressors, whether the patient channels depression or anxiety into physical symptoms, health practices such as smoking, eating and exercise, and the individual's expectations for treatment." In addition, Tweel appreciates that the MBMD instrument helps provide suggestions on how to best direct treatment for the patient.

Test format helps team overcome resistance and share results

Tweel notes that both the brevity and the content of the MBMD assessment help address patient resistance to test-taking. "One of the issues we often face with headache patients," says Tweel, "is that in the long struggle with chronic pain, the individual may have received the message somewhere along the way that since medical treatment has not been effective, the pain must be 'all in your head.' Due to this, the patient may have become very hesitant about taking a psychological assessment. It's easier to gain patients' cooperation with the MBMD instrument because it's shorter. It's also easier to position the MBMD test in a positive light because of its focus on influencing factors. I can explain to the patient: 'I'm not giving you this assessment to find out whether you are truly in pain. I recognize that you have a very real pain condition. The purpose of this tool is to help us understand more about issues that affect your symptoms, such as your general health habits and your response to stressors, so that we can develop a better treatment protocol.'"

"Tweel appreciates that the MBMD instrument helps provide suggestions on how to best direct treatment for the patient."

In addition, Tweel finds the MBMD report format useful in communicating results to the treatment team and the patient. "Unlike other tests that are written in language geared toward psychologists, the MBMD interpretative report uses terminology with which medical professionals are familiar. And, our physicians find the one-page summary very convenient in providing a concise view of results," she says. With patients, she finds the graphic representations of specific indicators helpful in reviewing results, as the first step in patient education.

Helping patients regain control

In her experience as part of a multidisciplinary team, Tweel has observed the benefits of this approach for both patients and care providers. "If you're only addressing headache pain as a medical problem, you're simply not going far enough," she says. "By offering coordinated services, we can be much more effective in helping patients understand and address the many factors that play a part in headache pain. Our team feels rewarded because we are better able to help improve the quality of our patients' lives." ■

Jill Ahrold

Monica Tweel, PsyD, received a BA from West Virginia University, and a doctorate in Clinical Psychology from Nova Southeastern University. She currently serves as a clinical psychologist with the Houston Headache Clinic, where she provides individual and group therapy.

just focus on medical or physiological causes," says London. "We work very closely with a multidisciplinary staff to deliver a program that's tailored to the patient's situation."

Protocol includes variety of psychological tests

The clinic uses several psychological assessments to help support diagnosis and treatment planning. During intake, all patients receive a brief self-report screener for anxiety and depression. All adult patients who enter the hospital program complete the MMPI-2™ and the MBMD™ instruments. Adolescent inpatients complete the MMPI-A™ assessment. At the end of the hospital stay, the patient meets with London to discuss recommendations based on the test results.

Outpatients who exhibit personality variables that may influence diagnosis and treatment also complete the MMPI-2 and MBMD tests. In addition, some patients take the Thematic Apperception Test (TAT) or Rorschach® assessments, a neuropsychological test and/or an objective measure of intelligence.

Highly normed MMPI-2 instrument provides solid foundation

The MMPI-2 test, which the clinic has used for a number of years, helps the team identify personality issues to better understand the patient's level of functioning and ability to cope with chronic pain. London finds the MMPI-2 assessment very useful in helping provide indicators for the type of treatment that will be appropriate for the particular patient. "If we learn that the patient has a greater tendency to somaticize their stress, for example, we can make recommendations on that area in our follow-up session," she says.

A key strength of the MMPI-2 instrument, says London, is that it has been widely normed, including with chronic pain patients. "The depth of research behind the MMPI-2 test definitely helps make the interpretation more substantive," she says. She also appreciates that the test offers an audiotape version, which can be helpful for headache patients who may have difficulty focusing on a written format. To further facilitate test-taking, she encourages patients to complete the test in increments and factors this variable into her analysis of test results.



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MMPI-A assessment helps clarify issues with adolescents

In treating adolescents, London and her colleagues find the MMPI-A™ instrument especially beneficial in getting the full picture. "Kids want to be seen as 'normal.' They don't want to be stereotyped," says London. "Because the headaches set them apart, many of them have learned to wear a mask around their peers so that they don't miss out on their lives. And with psychologists, they often try to present as being very healthy."

On the other hand, some adolescents may overdramatize their symptoms to call attention to their distress and validate their situation. "In both cases," says London, "it's really important to do a thorough analysis to get under the surface of what the patient is presenting. The MMPI-A test helps us do that, in conjunction with our interviews. And, if the child seeks to disguise their symptoms in the way they answer the test, we can rely on the MMPI-A instrument's strong validity indicators to alert us."

To address resistance to test-taking, which is common among adolescents, London finds that developing a trusting relationship is key. "We explain to them that although the questions might 'feel

funny,' the test is just a tool to help us help them manage their pain and get on with their lives," she says.

MBMD test helps design tailored treatment plans

Recently, London added the MBMD™ assessment to their protocol for all in-patients. One of the benefits of the instrument, London points out, is that it has been normed with a variety of medical conditions, including chronic pain. She finds that the MBMD instrument helps provides useful information on specific health habits, such as diet, exercise, substance abuse and activity level. It also gives detail on the patient's coping styles, response to stressors and ability to respond to treatment. "The MBMD test helps us pinpoint strengths and limitations a patient might have to assist our treatment planning," says London.

Assessments support educational goals

The MMPI-2™, MMPI-A and MBMD instruments, London notes, can play a role in educating the patient. "We find that the tests provide the patient with an opportunity for self-reflection," she says. "While they are sometimes initially taken aback by the length of the MMPI-2 test, for example, patients often comment that they've learned a lot about themselves in the process of completing it.

They often say, 'I never thought about these issues. No one's ever asked me about them before.'"

Similarly, London finds the MMPI-A instrument can serve as a helpful self-awareness tool for adolescents. "Developmentally, kids aren't likely to be engaging in much introspection—along with the fact that they feel the need to see themselves as 'perfect' to gain social acceptance," says London. "The MMPI-A test often gets them to think about issues they might not have been aware of, which can help them manage their headache pain."

Thorough information forms basis of effective treatment plans

London considers comprehensive information-gathering and individualized patient education to be hallmarks of the clinic's program. "Both elements are important to truly understanding the patient's situation and helping them address it successfully," says London. "We've found that patients respond very well to our approach." ■

Jill Ahrold

Lorna London, PhD, received a BS from the University of Iowa and a doctorate in Clinical-Community Psychology from the University of South Carolina. She serves as Director of Behavioral Medicine at the Diamond Headache Inpatient Unit of Columbus Hospital in Chicago. London also teaches and conducts research at the Department of Counseling Psychology, Loyola University-Chicago.

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