Leading Change

Psychologist expands hospital roles for practitioners

When the Hospital of Central Connecticut brought Steve Moore, PhD, on board in 2002, he was the only psychologist at the facility. Dr. Moore was charged with rebuilding the flagging outpatient services department while managing the behavioral health programs.

Nearly six years later, there are almost seven full-time equivalent positions filled by psychologists in the outpatient department, representing about one-quarter of the treatment staff. As part of expanding psychology’s presence, Moore also added psychology internship and postdoctoral positions.

The hospital outpatient department now offers a wide array of outpatient-level services in substance abuse, geropsychology and mental health, along with specialty services for victims of sexual assault and domestic violence, and a variety of health psychology services. The broad range of services compares to primarily intensive outpatient services in areas such as substance abuse and general mental health that existed when Dr. Moore arrived.

Psychologists are integral players in every facet of service delivery. They manage support groups for diabetes, conduct motivational interviewing and work with individuals on medication compliance. Psychologists also support the work of the infectious diseases outpatient clinic—for example, helping medical and other staff deal with difficult situations such as informing patients that they are HIV-positive and assisting with the emotional upheaval the diagnosis can create.

Psychologists are particularly involved with weight management programs. Participants in these programs meet with a psychologist for initial goal-setting based on the client’s history. The psychologist and a dietician serve as co-leaders in group sessions that address weight-loss procedures. In addition, psychologists perform pre-surgical evaluations for bariatric surgery candidates.

According to Dr. Moore, the largest new growth area for the hospital outpatient department involves pain management. Psychologists provide a combination of non-pharmacological pain management techniques—such as mindfulness, relaxation procedures and coping skills—sometimes coupled with family contact to assist in environmental interventions.

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To bolster this growing program and generate more referrals, the hospital is exploring a plan to place some of the outpatient department staff in nearby medical office buildings. “[The relocation] would help psychologists clarify that these services are not for ‘mental patients,’ but instead for the kinds of patients seen in medical practices,” says Moore. The change would allow the medical doctors literally to walk the patient next door or down the hall to the psychologist, rather than just referring the patient elsewhere for another appointment. According to Moore, “This kind of ‘warm hand-off’ has been shown as effective in increasing patient compliance and attendance.”

The road to expanded psychological services hasn’t always been smooth. Moore says that challenges were essentially twofold. Psychologists had never been in similar roles at the hospital before. And other mental health workers lacking a background in health psychology had tried unsuccessfully to provide services.

Moore says the necessary first steps involved establishing professional credibility within the behavioral health arena and having psychologists clearly seen as members of the hospital community. “Probably the most important part of establishing credibility involved demonstrating how we could intervene and be successful,” says Moore. “I’ve heard that the best way for psychologists to fit into a hospital environment is to show that we are good at doing what we do.”

The next step involved seeking opportunities for small interventions. A single evening program for caregivers of terminally ill patients expanded to a small role with oncology services. One day at the lunch table, the director of the wellness program mentioned that a couple of participants in the weight management program asked questions that sounded psychological in nature. The physician-director wanted a psychologist to visit the program and address these questions. One visit turned into repeat visits, and a hospital psychologist soon became co-facilitator of the program. “As psychologists became more established in these programs, other physicians began to ask why we weren’t available to them,” Moore recalls. “Patients often present with psychological issues, and the medical professionals don’t always know how to handle them.” Moore says psychologists have been very helpful by serving as consultants in addressing the emotional aspects of physical illness.

What advice does Moore offer to psychologists who are interested in pursuing leadership roles in health care facilities? “Start by being good at what we psychologists do traditionally. Then be opportunistic in seeking chances to expand.” A dose of realism also helps. “Find opportunities within organizations that are realistic about the speed of expansion,” Moore cautions. “It takes time to get services developed, and some of the payment sources are inconsistent.”

Moore emphasizes that psychologists’ background and experience are highly applicable to health care systems. “We are trained to understand systems and organizations because they are made up of people.” He sees the value that psychologists bring to his hospital as replicable in a range of settings. “Psychologists have broad experience with a variety of settings and populations, and that comprehensive experience is a real plus,” says Moore.