As a specialist in the areas of pain management, sleep medicine and bariatric surgery, clinical and health psychologist Jonathan Cole, PhD, has no shortage of patients and referring physicians in need of his services. And as founder and president of his own successful health psychology practice, he has valuable advice for others looking to establish niche practice areas.

Keep an Open Mind

“My early interest was in the psychological effects of exercise,” says Cole, who wrote his dissertation for his clinical psychology doctoral program at the Illinois Institute of Technology on his findings that regular, structured exercise reduced symptoms of both schizophrenia and bipolar disorder.

“My core was exercise,” he explains, “and then pain and rehabilitation followed. My work was all about getting people better and back to work.” When Cole realized that most pain patients suffered from insomnia, he added increased study of sleep medicine to his internship and subsequent fellowship at a VA medical center and pain practice in Mississippi and received additional training in using cognitive-behavioral therapy to treat insomnia.

Some of his patients, on opioids for their pain, also had sleep apnea, but neglected to use the uncomfortable CPAP [continuous positive airway pressure machine], which had been provided to keep their airwaves open. “That can be fatal,” Cole says, so he developed a CPAP desensitization program—and sleep centers with whom he shared details of his program started referring patients to him.

Cole performed pre-surgical evaluations on patients scheduled for pain device implantation, and when the hospital began a bariatric surgery program, he was asked to perform those evaluations as well. Cole took courses from the American Society for Bariatric Surgery and consulted with colleagues practicing in the field before he took on the function. “That was about 2,000 evaluations ago,” he says.

In a typical scenario, a patient having difficulty coping with chronic pain goes to see her doctor, who refers her to Cole’s central Kentucky practice, Bluegrass Health Psychology. Cole or his partner Amanda Merchant, PhD, evaluates the client and sets up a treatment plan.

“We mainly do cognitive behavioral treatment,” he says. “Our focus is on brief treatment. If we think a patient has significant psychopathology, we refer him out.”

Another patient may present with insomnia, headache and post-traumatic stress disorder (PTSD). The patient will be referred out to a generalist for therapy to address his PTSD and Cole’s treatment plan may include CBT, and possibly biofeedback, for his headaches and insomnia.

“We work on reducing stress with relaxation training, thermal and/or EMG biofeedback. A lot of what we treat is psycho-physiological – a physical problem made worse by stress. For example, a migraine is physical, but the number-one trigger is stress.”

“What is exciting is that the best available treatment for insomnia is cognitive-behavioral therapy, which has been found to be more effective than medication,” says Cole. “I have a greater than a 90 percent success rate [using CBT].”

“I think if I just did pain all the time, it would burn me out,” Cole shares. “By having a variety, I am able to be more effective. When you keep an open mind and get the appropriate training, you’ll see that one thing can lead to another.”

Cole counsels practitioners not to think small with regard to professional opportunities. “And if what you want doesn’t exist, create it,” he says.
That advice extends to participation in organizations. “If you don’t have a society in your specialty, create one. I primarily facilitated bringing a group of like-minded individuals together and formed the Kentucky Pain Society.”

**Network for Referrals and Support**

When he was recruited by a large pain clinic in Kentucky, Cole and his family moved back to his home state. He was later recruited by a local hospital system to service the pain, spine, sleep, bariatric and cardiac programs. He began as a hospital employee and within 18 months broke away and contracted with the hospital to provide services through his private practice.

“We went from about 15 referring physicians to over 150 [at Bluegrass Health Psychology],” Cole says “Ninety-eight percent of our patients are physician referrals.”

His office is inside a hospital office park complex and “in the early days, my colleague and I would take a lunch hour to knock on physicians’ doors and introduce ourselves.”

“We keep [the referring physician] in the loop about the treatment plan, which keeps us fresh in their minds.”

He also builds referrals by giving presentations at medical meetings at the sleep and pain societies, and by working at local hospitals. “If you can get on staff at a medical hospital, you will meet physicians on rounds,” he explains. “They’ll see what you can do and refer patients in need of your expertise.”

Cole believes he has two types of clients: patients and referral sources.

“You have to be available to both,” he says. “My job is not just knowing how to treat patients, it’s also knowing how to communicate with physicians. In fact, a lot of my work is physician education.”

“We keep [the referring physician] in the loop about the treatment plan, which keeps us fresh in their minds.”

Cole does advance legwork by giving physicians referral pads printed with details of his practice. “There are boxes with all the services we offer,” he explains. “All the physician has to do is write his or her name, check the relevant box, sign it and fax it” along with the patient’s information “so we can go ahead and pre-certify for insurance [coverage]. We want to make the referral process as easy as possible—and it also reminds the physician of the services we offer.”

He also provides physicians with information sheets to share with patients being referred. The sheets briefly explain what Cole does and what patients can expect in a visit.

“Most of the patients I see have never seen a psychologist before and they are apprehensive,” he says. When the physician gives the information sheet to the patient, Cole says, the practice gets better follow through.

Cole works hard at cultivating his relationships with referral sources. “I may go to dinner with a physician or have lunch with a dentist who specializes in headaches and jaw pain” so his referrals can learn more about him and the work he does.

Cole also emphasizes the importance of networking with colleagues in his field. “I attend state association events and collaborate with the people I meet there. We’ve developed a health psychology subsection at KPA [Kentucky Psychological Association]” so practitioners can share information and support.

His day is long, Cole says. “Mine isn’t a nine-to-five job,” he stresses.

**Emphasize Psychology’s Unique Contribution**

For certain treatments, Cole collaborates with other health professionals. When working on bariatric evaluations, for example, he’s part of a team that includes the surgeon, dietician and exercise physiologist. “I share the psychological facts that are influencing the patient’s behavior and medical condition and do my best to help predict outcomes based on past behaviors. I come up with a treatment plan to address problem behaviors where [other members of the team] may not have a program or protocol in place.”

A pain treatment team of Cole’s can include a pain physician, nurses and physical therapist. “I’ll go over the psychological factors that could be influencing pain presentation, including substance abuse issues, so we can have a unified treatment approach.”

“I don’t talk about what I don’t know, but I assert my expertise,” Cole says. “The psychologist’s input is just as important as the physician’s.”