

BEHAVIORAL MEDICINE

Behavioral Medicine is a clinical psychology subspecialty. It integrates advances from a variety of health care fields and disciplines to provide evaluation and treatment of presenting problems which have medical, behavioral and psychological elements. Outpatient evaluation and treatment is provided for such problems as: headaches, chronic pain, anxiety disorders, stress related disorders, Raynaud's disease, diabetes mellitus, urinary incontinence, irritable bowel syndrome.

The orientation towards treatment is one that seeks to actively engage the patient in the assessment and treatment of psychological and behavioral factors that can contribute to the patient's medical/physical condition. Because of its multidimensional approach, behavioral medicine can also provide consultation to a variety of clinical services such as Internal Medicine, Oncology, Cardiology, Rheumatology, Neurology and Dermatology.

The treatment philosophy of behavioral medicine assumes the presence of a physical problem that can be influenced by behavioral and psychological factors. Treatment seeks to identify, control and limit the potentially negative influence these factors can have on a patient's physical/medical problem. To this end, a variety of treatments and techniques are used within a general cognitive behavioral framework. Treatment is time limited, problem focused based on the patient's evaluation, and actively seeks to involve the patient in his or her own treatment. This is accomplished in at least two ways. First, the patient monitors the status of the presenting complaint in between sessions. Second, the patient learns and practices using techniques designed to limit and control the negative effects of certain cognitive and behavioral factors. These techniques may include relaxation training, applied psychophysiology, cognitive restructuring, communication skills, contingency management and behavioral assessment and modification.

The following are examples of areas in which these therapeutic approaches are used.

CHRONIC HEADACHE MANAGEMENT: The treatment of chronic headache begins with an assessment of physical, psychological and behavioral factors which contribute to headache occurrence. Treatment and management of the headache follows a multidimensional approach which actively involves the patient in his or her own treatment. Treatment focuses on controlling and managing factors identified by assessment which contribute to the headache. These often include decreasing tension through relaxation training and/or increasing peripheral blood flow through relaxation and autogenic training in the treatment of migraines.

CHRONIC PAIN MANAGEMENT: The management of pain that has not responded to traditional medical/surgical interventions requires a multidimensional approach. First in the initial evaluation factors which can contribute to the chronic pain such as stress, tension, anxiety, mood, daily activities and medication are examined. The treatment program is then tailored to the patient's individual needs and symptoms. The goal of the program is to provide the patient with skills to actively cope with his or her own pain. Specific elements of the program may include stress management, improving sleep, increasing activity level and decreasing muscle

tension through biofeedback training. Where indicated, the treatment plan is coordinated with other health care professionals involved in the patient's treatment.

ANXIETY DISORDERS: Many people have difficulty controlling anxiety due to specific fears, episodes of panic, uncontrollable and intrusive thoughts and ritualistic behavior. These anxiety based problems often seriously interfere with daily functioning. Through the use of relaxation techniques, gradual and systematic confrontation of their fears and cognitive therapy to change anxiety producing thought patterns, the therapist and client can often make rapid progress and greatly improve functioning.

STRESS MANAGEMENT: The purpose of stress management is to provide patients with an individually tailored program designed to enable them to cope with and manage the stress in their lives. Such a program actively involves the patient through: 1) daily record keeping to identify relationships between thoughts, feelings, behaviors, events and stress, 2) relaxation techniques often assisted by biofeedback training, 3) cognitive restructuring for stress producing thought patterns and 4) communication skills to better manage interpersonal situations.

RAYNAUD'S DISEASE: The management of idiopathic Raynaud's disease often requires a coordination of stress management training and autogenic exercises to help dilate peripheral blood vessels and thereby increase temperature in the affected digits. In many patients, Raynaud's disease is worse during periods of stress and therefore a more thorough understanding of patient's stressors will often help to bring about improvement of this condition.

DIABETES MELLITUS: Patient's with diabetes often have specific fears which adversely affect their ability to manage their disease. These include fear of injections as well as the fear of low blood sugars. In addition, patients with Type II diabetes often have stress related hyperglycemia. The use of relaxation training has been shown to be an effective way of decreasing glycosylated hemoglobin levels in some patients with Type II diabetes. Comprehensive evaluation is necessary in order to determine which patients will be most likely to benefit from this treatment.

Many additional clinical problems with psychological components may be appropriately treated through behavioral medicine. Patient's or health professionals with questions about the appropriateness of a specific problem for referral or consultation should feel free to call Mark S. Schneider, Ph.D. (401-949-2900) or email mssphd@att.net for further information.