

Introduction

Psychological practice in the inpatient medical setting is different in many ways from both outpatient clinical work and inpatient work in a psychiatric unit. Yet psychology trainees usually begin their first clinical placement in a hospital without any guidance or coursework on how to work in that setting. The same is true of established clinicians who have not specialized in health psychology. Although supervisors usually have a good grasp of the relevant issues, there is never enough time to sit with every trainee or to run a basic seminar on hospital work before the trainee begins.

This book seeks to provide basic information on clinical and professional issues operative in the inpatient medical setting for individuals who already have skills in general clinical psychology but who have little experience in a hospital. It addresses clinical questions, such as the following:

- What is delirium and how do I treat it?
- How do I treat anxiety that is directly caused by medication, rather than due to psychological concerns?

The book also addresses ethical questions, such as the following:

- What if a patient refuses to be seen?
- How do I maintain confidentiality when I am working with a large medical team?

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Health Psychology Consultation in the Inpatient Medical Setting, by S. M. Labott

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It addresses professional issues, such as the following:

- How do I handle a patient's death?
- What do I do if I am evaluating a patient and another provider also wants to see the patient?

It answers basic questions regarding consultation, including the following:

- How do I understand the medical information in the patient's chart?
- What should my report look like, and where does it go?

This book provides detailed instruction on matters of significance when working in a hospital, including interpretation of the medical record, description of major psychological problems that occur in the hospital, and conducting assessment and treatment in this setting. It also provides information on attending to particular patient needs in the hospital setting, such as evaluating decisional capacity and helping them deal with end-of-life issues.

The theoretical approach of this book follows the biopsychosocial model, the current standard of practice in clinical health psychology. In this model, the biological, social, and psychological dimensions of illness are all considered when developing a conceptualization of the patient and his or her illness. The interventions described for use with medical inpatients are based largely on cognitive-behavioral, evidence-based approaches. For some of the thorny questions in this book, there is no empirical literature; these are discussed from a practical perspective based on the author's many years of clinical experience in this setting.

The book is divided into five parts. Part I focuses on the hospital setting and inpatient consultation models. Chapter 1 explains the structure of hospital units and the hierarchy of medical teams, as well as relevant hospital standards, including credentials and privileges. Differences between hospital and outpatient practice are discussed, as well as documentation and infection control procedures. Chapter 2 describes the biopsychosocial model—the foundation of inpatient health psychology consultation—as well as various types of consultations and consultation services in which a psychologist can work.

Part II addresses the nuts and bolts of performing an inpatient consultation. Chapter 3 describes background preparation before seeing the patient and includes information on understanding the referral, interpreting the medical record, and generating specific topics to be addressed in the interview with the patient. Chapter 4 describes the patient interview and includes tips on getting it started, specific content to cover, common problems in conducting inpatient interviews, and providing feedback to the patient. Chapter 5 discusses gathering collateral information, integrating data, and providing written and verbal reports to the patient's medical providers.

Part III addresses common psychological issues in the hospital setting. Chapter 6 defines and describes adjustment problems faced by hospitalized patients and describes theories of adjustment, relevant tasks and interventions to aid adjustment, and factors that can influence adjustment. Chapter 7 addresses anxiety and describes

etiologies of anxiety that can occur in the hospital, such as premorbid anxiety, new anxiety due to the current medical situation, medical disorders that can present with anxiety, and anxiety symptoms caused by medications. Treatments to address anxiety are presented, including education, medication, and cognitive-behavioral interventions. Chapter 8 addresses depression and includes a description of its various etiologies, including premorbid depression, new-onset depression secondary to a medical problem, medical disorders associated with depression, and depression due to medication. Suicide in hospitalized patients is discussed, as are relevant risk factors. Interventions to address depression and depressed mood are described and include education, cognitive-behavioral strategies, social support, and psychotropic medication. Chapter 9 defines delirium, its clinical features, and its causes. Means to assess and diagnose delirium are described, together with strategies for the management of delirious patients. Chapter 10 focuses on substance use and abuse and begins with a description of referrals for substance use. The prevalence and impacts of illicit and prescription drug use are presented, as well as assessment strategies. Psychological treatments for drug and alcohol overuse are then delineated.

Part IV is focused on special issues in the hospital, that is, those occurring frequently in the hospital but less often in the outpatient setting. Chapter 11 addresses decisional capacity and describes referrals, criteria for capacity, the evaluation to determine capacity, and implications if the patient lacks decisional capacity. Chapter 12 deals with nonadherence to medical recommendations and outlines the implications of nonadherence and relevant theoretical models. Factors that influence adherence are presented, as are strategies to establish initial adherence, evaluate adherence problems, and interventions to address nonadherence. Chapter 13 is focused on pain and includes sections on assessment, factors that affect pain, and psychological interventions to decrease pain. Chapter 14 deals with end-of-life issues. It includes details about the primary concerns of dying patients, advance directives, death with dignity legislation, and steps the psychologist can take to promote a good death.

Part V focuses on ethics and professional issues. Chapter 15 discusses ethical issues that are especially relevant in the hospital, such as confidentiality, respect for other professionals, and culture and diversity issues. Chapter 16 provides guidance for training students in the hospital setting, as well as billing matters. Developing a professional identity, caring for oneself, marketing inpatient psychology services, and other professional challenges are also discussed.

My perspective on health psychology inpatient work is derived from a university-based medical center, but the information and examples are also applicable for consultants working in nonacademic hospitals. The cases and medical record samples are based on real patients and provider notes, but identifying information has been altered to protect patient privacy. Throughout the book, I have made some patients and providers male and others female to avoid the cumbersome use of “he or she.”