

# **INTEGRATED HEALTH PSYCHOLOGY TRAINING PROGRAM**

Gilbert H. Newman, Ph.D.  
Director of Clinical Training  
The Wright Institute, Berkeley CA

**APA Education Leadership Conference  
Preparing Tomorrows Health Workforce  
October 3-6, 2009**

# WI Clinical Services

- Wright Institute Clinic (1969)
- IHPTP (2004)
- School-based Collaborative (2 elementary and 2 high schools, 2005)
- The Berkeley Cognitive Behavioral Therapy Clinic (2006)
- The WI Psychological Assessment Services (2009)

# Psychology Addressing National Problems

- The VA after WWII - The Boulder Conference
- Crisis in American Mental Health - The Kennedy Act of 1963

American Psychologist. Vol 18(6), Jun 1963, pp. 280-289.

The Professional School Movement

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MENTAL ILLNESS AND MENTAL RETARDATION

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MESSAGE

FROM

THE PRESIDENT OF THE UNITED STATES

RELATIVE TO

MENTAL ILLNESS AND MENTAL RETARDATION

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FEBRUARY 5, 1963.—Referred to the Committee on Interstate and Foreign Commerce and ordered to be printed

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*To the Congress of the United States:*

It is my intention to send shortly to the Congress a message pertaining to this Nation's most urgent needs in the area of health improvement. But two health problems—because they are of such critical size and tragic impact, and because their susceptibility to public action is so much greater than the attention they have received—are deserving of a wholly new national approach and a separate message to the Congress. These twin problems are mental illness and mental retardation.

finances of the individual families than any other single condition.

There are now about 800,000 such patients in this Nation's institutions—600,000 for mental illness and over 200,000 for mental retardation. Every year nearly 1,500,000 people receive treatment in institutions for the mentally ill and mentally retarded. Most of them are confined and compressed within an antiquated, vastly overcrowded, chain of custodial State institutions. The average amount expended on their care is only \$4 a day—

# Community Health Centers

- H. Jack Geiger, a doctor and civil rights activist studying in South Africa in the early '60's witnessed a community health model improving Zulu health
- Passage of the Economic Opportunity Act of 1964 marking the birth of America's Community Health Centers.

# The Future of Health Care is Self Care

- Help individuals and their families to become more empowered agents in their care
- Use our knowledge and abilities to promote access to services, prevention and wellness
- Place our students in interdisciplinary settings
- Become better citizen clinicians – civic minded and better equipped to promote advocacy and public policy

# New Directions for Preparing Psychologists

- Testing *and* Screening *and* Outcomes
- Research *and* Evaluation (including Program Development and Design)
- Evidence-based Interventions (not to be confused with and limited to empirically derived models)
- Value of becoming superlative clinicians *and* clinical Leaders
- Advocacy and Public Policy

# Public Service

- 1,668 State, Federal, and privately-operated correctional facilities in 2000 —
- Veterans Health Administration - 1,400 sites, including hospitals, clinics, nursing homes, domiciliaries, and Readjustment Counseling Centers
- 750 Community Mental Health Centers
- 7,000 Community Health Centers



# “Three Strikes for Incarceration”

## 1 IN 31: DOING THE MATH

### ONE

PRISON POPULATION	1,512,576
JAIL POPULATION	780,581
PROBATION POPULATION	4,293,163
+ PAROLE POPULATION	824,365
<hr/>	
CORRECTIONAL POPULATION	7,328,200

### TWO

ADULT POPULATION	229,030,637
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CORRECTIONAL POPULATION	7,328,200

### THREE

ONE IN EVERY 31 U.S. ADULTS  
IS UNDER CORRECTIONAL CONTROL

SOURCE: Calculation based on data from the Bureau of Justice Statistics “Prisoners at Yearend 2007” as well as “Probation and Parole at Yearend 2007” available at <http://www.ojp.usdoj.gov/bjs> and the U.S. Census State Population Estimates.

NOTE: Probation, parole, jail and prison populations do not sum to total due to offenders with dual status. Prison and jail populations differ from past reports due to method of counting prisoners held in jail.

PEW CENTER ON THE STATES (2009). One in 31: The long reach of American corrections. Retrieved from [http://www.pewcenteronthestates.org/news\\_Room\\_detail.aspx?id=49398](http://www.pewcenteronthestates.org/news_Room_detail.aspx?id=49398)

# Bureau Justice Statistics Summary

As of June 30, 2008

–an estimated 509 sentenced prisoners per 100,000 U.S. residents...

–at midyear 2008, there were 4,777 black male inmates per 100,000 U.S. residents being held in state or federal prison and local jails, compared to 1,760 Hispanic male inmates per 100,000 U.S. residents and 727 white male inmates per 100,000 U.S. residents.

# Leading causes of death in the US

- Heart disease: 631,636
- Cancer: 559,888
- Stroke (cerebrovascular diseases): 137,119
- Chronic lower respiratory diseases: 124,583
- Accidents (unintentional injuries): 121,599
- Diabetes: 72,449
- Alzheimer's disease: 72,432
- Influenza and Pneumonia: 56,326
- Nephritis, nephrotic syndrome, and nephrosis: 45,344
- Septicemia: 34,234

From <http://www.cdc.gov/nchs/FASTATS/lcod.htm>

## **Psychologists can help patients ...**

- understand the nature of their illness
- take a long term view of health
- establish healthier patterns
- maintain gains
- accept conditions that can not be changed

Psychologists are in a powerful position to help one of the largest problems in health care—the lack of treatment compliance.

# The Wright Institute Integrated Health Psychology Training Program

2004 to Fall 2009

- 39 Students (2<sup>nd</sup> and 3<sup>rd</sup> year practicum)
- 12 Postdocs
- 6200 patient encounters
- Grew from 1 to 5 sites
- 4 part-time (2 FTE) psychologists

# IHPTP Service Activities

- Physician/Psychology Trainee Encounters
- Individual Encounters (warm-handoffs; ...)
- Groups (Better Quality of Life; Diabetes; etc.)

Also Opportunities for:

- treatment program development and design
- evaluation and outcome research

**IHPTP Interventions:**  
**Brief Solution Focused Follow-up Treatments 1-3 sessions**  
**Manualized Individual Treatments 1-15 sessions**  
**Support Groups**



**Follow up, Consultation, Referrals**  
**Treatment Team Collaboration**



**Immediate Intervention: 30 min**



**Primary Care Visit Clinical Consult**  
**Assessment: 15-30 minutes**

# Consultations

- Non-compliance/adherence with medical regimens and/or psychological treatment;
- Diabetes/weight metabolic, Inflammation/cardiovascular diseases
- Chronic Pain (Multidisciplinary approaches; CBT; ACT)
- Coping with different diseases
- Sleeping hygiene and sleeping disorders
- Weight management and eating Disorders
- Smoking cessation
- Behavioral Medicine applications with oncology
- Working with patients who are dying
- Working with patients with pregnancy complications
- Post-partum Depression
- Coping with menopausal symptoms
- Working with patients with AIDS
- Working with patients with dual disorders
- Motivational Interviewing and stages of change.
- Harm reduction
- Relaxation techniques
- Mood Disorders: Depression (CBT; MBCT; Behavioral Activation); Bipolar
- Anxiety Disorders: Post-traumatic Stress Disorder (TIR & Exposure treatments, EMDR, Seeking Safety and STAIR program)
- Anxiety Disorders: Social Phobia, OCD, Specific phobia, Generalized Anxiety disorder, panic disorder, group treatments for Anxiety
- Thought disorder
- Emotion Dysregulation
- Stress Management
- Anger Management



# Understanding Blood Pressure

- Systolic over Diastolic – Normal is 120/80;  
Hypertension at >140/>90

## Factors Psychologists Must Consider

- Smoking
- Weight and Diet
- Physical Exercise
- Medication Adherence
- Stress Management

# PsyFind

A pedagogical tool to help students research areas important to their clinical work—much like a Wikipedia—but devoted to the field of psychology and behavior health.

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# Welcome to PsyFind

## Contents [\[hide\]](#)

- [1 High blood pressure](#)
- [2 Inflammation](#)
- [3 Headache](#)
- [4 Cardiovascular illness](#)

## High blood pressure

[What is high blood pressure? What are the ranges of normal blood pressure? What causes high blood pressure? What are the common ways to reduce it? How effective are these ways?](#)

[What are the risks of high blood pressure?](#)

[Psychoeducation of the risks of high blood pressure and effective ways of using psychotherapy to reduce those risks](#)

## Inflammation

[Basic understanding of why inflammatory conditions have higher risks for depression](#)

[Basic understanding of what are inflammatory markers are](#)

[What illnesses include an inflammatory component in their disease process?](#)

[Can psychotherapy reduce inflammatory markers? Review of the literature](#)

## Headache



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## Category:Headache

Headache

### Pages in category "Headache"

The following 25 pages are in this category, out of 25 total.

#### C

- [Couple's issues with debilitating headache](#)

#### E

- [Environmental and situational triggers in migraine \(change in weather; flashing lights; stress/duress; skipping meals; irregular sleep; changes in blood pressure: sex, heavy lifting, exercise, etc\)](#)

#### I

- [Identifying possible migraine triggers through keeping a diary: common format for recording possible exposure to triggers](#)

#### M

- [Migraine food triggers, listing of common foods which are triggers and why they may act as triggers \(nitrites, sulfites, MSG, tyramines, etc\)](#)

#### O

- [Overview of abdominal migraine](#)
- [Overview of chronic daily headache](#)
- [Overview of classic migraine](#)
- [Overview of cluster headache](#)

#### O cont.

- [Overview of hemiplegic migraine](#)
- [Overview of medication over-use headache](#)
- [Overview of menstrual migraine, understanding how hormones can trigger migraine.](#)
- [Overview of ocular migraine, including signs, symptoms, when pharmacological management is used, and what pharmacological options there are, usual age of onset and risk factors. Genetic transmission? Provide links to sites for patients and practitioners](#)
- [Overview of pediatric migraine](#)
- [Overview of post-concussive headache, including signs, symptoms, when pharmacological management is used, and what pharmacological options there and common causes. Provide links to sites for patients and practitioners](#)
- [Overview of tension headache](#)
- [Overview of the pathophysiology of classic migraine](#)

#### S

- [Stroke risk and migraine, psychoeducation to reduce the risks](#)

#### U

- [Understanding spreading depression and its relationship to migraine](#)
- [Understanding the basic pathophysiology of aura](#)
- [Understanding the basic pathophysiology of migraine](#)
- [Understanding the disability caused by headache: loss of days of work, educational interruption, relationship problems caused by disability, etc.](#)

#### W

- [What is a rebound headache?](#)
- [What is a thunderclap headache](#)
- [What is an absence headache?](#)
- [When does headache need medical or neurological referral?](#)

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# Category:Cardiovascular illness

Cardiovascular illness

## Pages in category "Cardiovascular illness"

The following 10 pages are in this category, out of 10 total.

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### C

- [Counseling regarding weight loss and exercise to reduce mortality from cardiovascular disease](#)

### G

- [Genetics and cardiovascular disease](#)

### H

- [How is cardiovascular illness medically managed?](#)

### P

- [Potential cognitive effects of cardiovascular illness, understanding how the illness can effect cognitive ability](#)

- [Psychoeducation for patients about their risks and how to reduce them](#)

### R

- [Risks of cardiovascular disease](#)

### S

- [Smoking and cardiovascular disease](#)

### U

- [Understanding the mood components to cardiovascular disease, why is there a risk for mood problems?](#)

### V

- [Vascular health in medical psychological work: working with medical doctors, referring and case conferencing](#)

### W

- [What is cardiovascular disease? What is the rate of cardiovascular disease in the US? Why do we have a high rate?](#)


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## Category:High blood pressure

High blood pressure

### Pages in category "High blood pressure"

The following 3 pages are in this category, out of 3 total.

#### P

- [Psychoeducation of the risks of high blood pressure and effective ways of using psychotherapy to reduce those risks](#)

#### W

- [What are the risks of high blood pressure?](#)
- [What is high blood pressure? What are the ranges of normal blood pressure? What causes high blood pressure? What are the common ways to reduce it? How effective are these ways?](#)

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# Key Problem Triage

- Utilizes a 14 Key Problem Screen, with Secondary Screens and Measures for Deeper Levels of Assessment
- Key Problem Selection Criteria
  - The most significant contributor to the main medical problem or
  - The “driver” problem in co-morbid conditions, or
  - The most treatable high-impact problem

# Key Problem Triage Contd.

- Focus on a single problem utilizing the briefest available treatment to improve functioning – behavioral change in response to key problems is the index of improvement.
- DASS-22 (Persons, J.) measures session-by-session impact of treatment – subscales for anxiety, depression, stress, and suicidality



# Key Problem Triage Contd.

- Applies empirically supported treatment protocols to the most common behavioral problems encountered
- Starts with assessment screen for 14 key problems and the three problem selection criteria.
- Once a problem is identified, the student utilizes one of 14 key problem protocols in time-limited treatment

# DBT Emotion Regulation Skills

## Mindfulness Skills

- Gets client out of the future (anxiety) and the past (shame/depression) and into the present moment
- Inner-outer shuttle
- Five senses exercise
- Mindful breathing
- Mindfulness in daily activities
- Wise Mind vs. Reasonable Mind and Emotion Mind
- Non-judgment meditation

# Emotion Regulation Skills Contd.

## Interpersonal Effectiveness

- Helps client improve his/her ability to get needs met, without damaging relationships
- Knowing what you want:
  - Put feelings into words
  - What do you want the other person to change?
    - More of, less of, start doing, stop doing

# Primary Care is Good for Independent Practitioners

So is prescriptive privileges

- We will become less adjunctive and more central to the care of the people
- Improvements in our role in health care will push back the over-dependence on prescriptions and allow psychologists to use their tools
- Our legislated authority and public credibility will expand
- It will reduce stigma and promote better access to care