

Textbook of Applied Medical Psychology

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A Multidisciplinary Approach

Susanne S. Pedersen, Kirsten K. Roessler,
Tonny Elmoose Andersen,
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Foreword for the Textbook of Applied Medical Psychology: A Multi-Disciplinary Approach

William R. Miller

William R. Miller, PhD, Emeritus Distinguished Professor of Psychology and Psychiatry, The University of New Mexico, Albuquerque, USA

A satisfying aspect of a medical career is the ability to repair things and see relatively quick results. When you can fix a broken bone, heal a wound or cure an infection, do it! Compared to a century ago, it is remarkable how much of the human body can be mended through health sciences.

Yet medical professionals face a broad range of challenges beyond acute healing. As reflected in the chapters of this volume, much of current medical practice involves managing chronic conditions that are related to patients' behaviour and lifestyle. Whether or not a disease was caused by lifestyle, its course, management and outcome are often intertwined with behavioural choices. Even in acute care, pharmacotherapy and physical rehabilitation rely on patients adhering to prescribed medication or practices.

Behaviour change is therefore fundamental in health care; yet it often receives relatively little time and attention in medical training. "Doctors don't do behaviour," a consultant physician once told me. If this is so, then one is left to blaming patients for "noncompliance."

Happily, psychology is a well-established science of behaviour. (Actually, in its origins, it is the study of *psyche* – the human spirit or whole person, but behaviour has been its primary scientific focus). Some psychological interventions can be delivered within the relatively brief time constraints of primary or specialist care. More often, health behaviour change occurs through successive approximations over time and can be facilitated by behavioural professionals.

Consequently, medical psychology has emerged as an inter-professional collaboration. Successfully treating chronic diseases (and, indeed, maintaining optimum health) involves far more than medical interventions. When psychological professionals are

co-located within health care services, they can be called into medical visits, offer on-site consultation or education, and be there for “warm hand-offs” with a simple walk down the hall.

Medical professionals also encounter behavioural disorders that underlie physical problems and that require attention if treatment is to be successful. Substance use disorders, for example, are over-represented in health care populations, and are far more likely to be found there than in specialist addiction treatment services. Failure to recognise and treat substance use disorders can overlook an important contributing factor in health problems and can compromise medical treatment. Patients who are referred out for specialist addiction treatment often do not arrive, and much can be done successfully within general health care settings, particularly when psychological services are co-located there.

It can be unhelpful to think of health problems as being either medical or psychological. In etiology and treatment, many conditions have both medical and psychological aspects. In pain management (Chapter 6), for example, pharmacological and psychological interventions can be complementary. Stress (Chapter 2), physical activity (Chapter 13) and palliative care (Chapter 14) all have substantial psychological components to be addressed. Behaviour change is important in treating common chronic illnesses such as diabetes (Chapter 4) and cardiovascular disease (Chapter 3).

In healing professions, it matters not only *what* you do, but *how* you do it. When receiving the same treatment, patients can have very different outcomes depending on the provider. Except when working with unconscious patients, your interpersonal communication skills matter (Chapter 17). *How* you communicate with patients affects their adherence to what you prescribe, satisfaction with services, and medical outcomes. Medical practice requires interacting not only with patients, but also with their family members and caregivers (Chapter 15), and again psychology matters.

Health care involves a complex interplay of medical and behavioural expertise. This volume offers both a broad overview of medical psychology and some deep dives into specific areas of practice. We are, I suspect, only beginning to discover the ways in which medical and psychological science offer complementary paths for healing.

Preface

**Susanne S. Pedersen, Kirsten K. Roessler,
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We live in an era where advances in medicine have led to patients surviving and living longer with their chronic disease, increasing the risk that they will develop other co-morbidities. Together with the ageing of the population, this has led to a substantial increase in the number of individuals living with multi-morbidity, which is one of the leading public health challenges in the 21st century. In most countries, care for patients with multi-morbidity is fragmented. Hence, there is an urgent need to integrate care for patients with multi-morbidity that frequently includes mental disorders. In 2020, depression will be among the top ten contributors to the disease burden worldwide.

Exchanging information across specialties and learning from each other may lead to a better understanding of patients' issues among health care professionals but likely also enhance collaboration across disciplines and lead to better quality of care for patients that hopefully will be less fragmented. We hope that this book in some small way will also serve this purpose, in addition to being used for teaching aspiring and experienced health care professionals.

Initially, the idea for this book grew out of a need at the Department of Psychology, the University of Southern Denmark and sister departments in Europe, to have a textbook in medical psychology and psychosomatic medicine to prepare psychology students for clinical practice. However, the book changed from being a departmental affair to an international and multi-disciplinary team effort. The addition of the

multi-disciplinary perspective changed the original objective of creating a textbook for psychology students to creating a textbook applicable to professionals from many other disciplines, such as practitioners or researchers from health care, nursing, physiotherapy, medical psychology and clinical psychology. Due to the contributions of specialists in diverse fields, the textbook has information relevant to those interested in learning about many different specialised areas, such as endocrinology, cardiology, rheumatology, nephrology and pain research. The contributions come from a wide range of countries, including Australia, Denmark, Germany, the Netherlands, Sweden, the United Kingdom and the United States.

With this book, we also want to continue to increase the awareness of the importance of treating not only the underlying somatic disease but also comorbid mental disorders, such as depression, anxiety and posttraumatic stress. Disorders, such as depression, are not only debilitating for patients and their families, they also serve as barriers for adherence, participation in rehabilitation, risk factor management, and return to work, and they increase risk of readmissions, premature death and health care costs.

We would like to thank all authors and co-authors who helped create this book. Without their dedication, expertise and skills, this book would not exist today. It is not an easy task to collaboratively write a textbook that ambitiously encompasses such a diversity of fields and perspectives. Their commitment, energy and patience have been extraordinary.

We would like to thank Professor William Richard Miller for graciously writing the book foreword, and Rachel Kooy for her thoughtful edits and streamlining of chapters.

A specific dedication is made to the recently deceased Professor Johan Denollet who helped to inspire the field. Johan Denollet was the Chair of the Department of Medical and Clinical Psychology at Tilburg University in the Netherlands and served as an inspiration to write this book. Johan was a fantastic researcher, teacher, department chair and friend. He dedicated his career to developing medical psychology and training upcoming psychologists according to the scientist-practitioner model. He developed close collaborations between universities and medical specialists and hospitals. This led to many national and international collaborations, prizes, grants and publications – all with the goal of enhancing the quality of care for patients through a multi-disciplinary approach. Johan knew that we had started this exciting “project”, but sadly he passed away due to cancer before the final version of the book was published.

We hope that this book will continue to foster collaboration and a multi-disciplinary approach to medical psychology in the years to come.