The role of the psychologist in the IBD team: ways to utilise psychology within services to address patient needs

Dr Fiona Eldridge

Disclosures

 Abvie speakers fees – 2018 – IBD Nurse Education Programme. "Though the doctors treated him, let his blood, and gave him medications to drink, he nevertheless recovered."

LEO TOLSTOY, WAR AND PEACE

Psychology

Formulation informed intervention

Processes

Systems

Bio-Psychosocial model











Looking at...

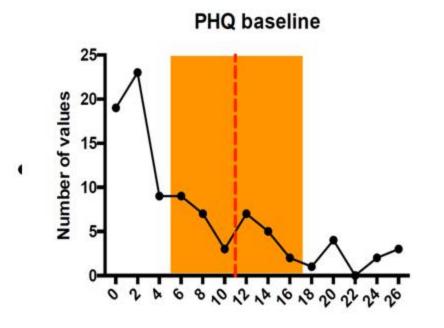


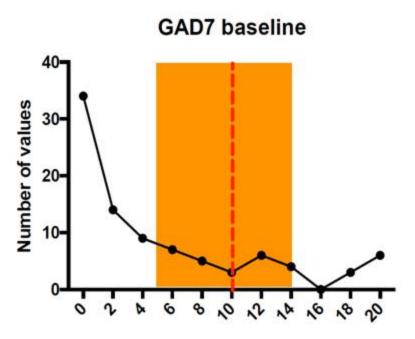
Published Research Overview:

- Psychological co-morbidity: Elevated rates of low mood/anxiety (Mikocka Walus et al 2007; Walker et al., 2008)
- Does it work? Give them a meaningful intervention then select a distressed patient:
- Group ACT intervention RCT: Wynne et al., 2019 (perceived stress)
- CBT: Jordan et al., 2019. Non-randomised clinic based benchmarking study (effect sizes improved in mod/severe psychological distress).

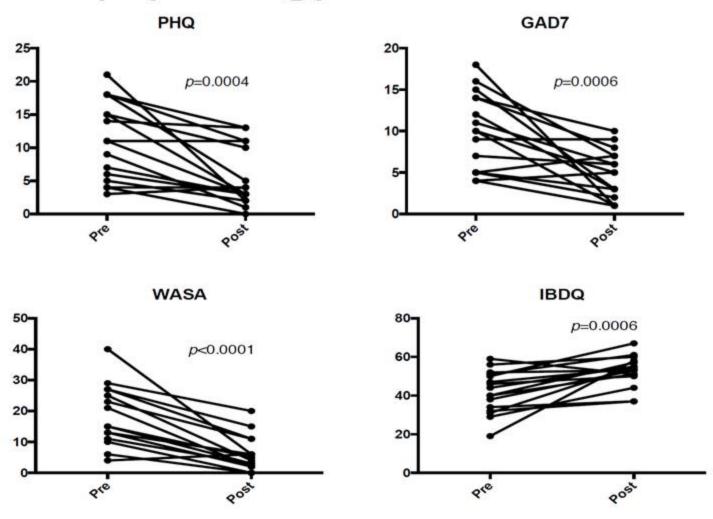
Addenbrooke's Study – early results

Baseline screen:

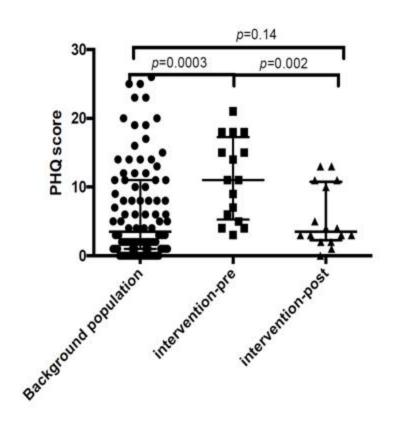


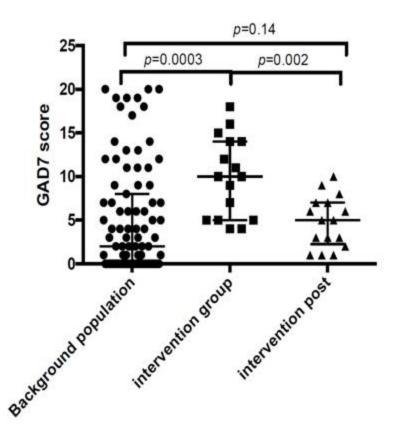


Outcomes for clinical based psychology intervention



Outcomes for psychology intervention compared with baseline





Average IBD service – approx 2,500 patients

27% reach cut off for moderate to severe depression and 20% for anxiety (Addenbrooke's baseline)

Help...Wine...resignation letter process



Instead...think back to umbrella

- What process is needed?
- What system can meet this need?

Psychological processes to support the IBD patient

Assimilation Accommodation

Understanding of intra and interpersonal dynamics (access to treatment)

Validating, Normalising

Compassion (from self and others)

Resilience building – accessing supporting systems

Psychology in the IBD MDT system

Time or

1-1 psychological support

MDT care informed by biopsychosocial model

Case discussion/joint working/groups/patient info sessions

Psychological assessment

TEAM: resilient, educated, supported.

Compassionate and open (reducing power dynamic)

PATIENT: resilient, educated, supported

Case study 1

Referral: Medication adherence issues

18 year old female patient

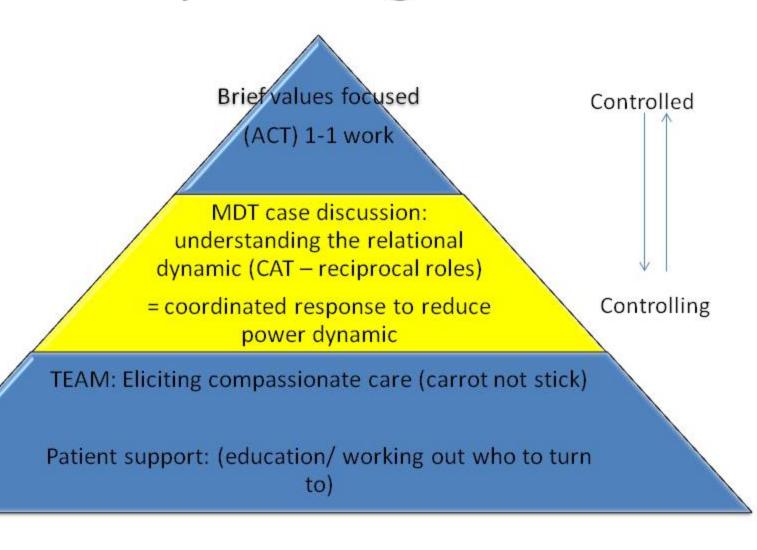
UC diagnosis

long-term steroid use referral

Not engaging in conversations about alternative treatments

needle phobic? refusing blood tests

Case study 1: triangle in action



Case study 2

Referral: The distressed pre-surgery in-patient:

- Multiple requests for help
- Inpatient
- 17 year old; referred from district hospital;
- 'End of line' for medication
- ? Surgery

Case study 2: triangle in action

Time

Psychological assessment:

Awareness of language – (surgery end of line (read 'giving up on me')

Confidence in team

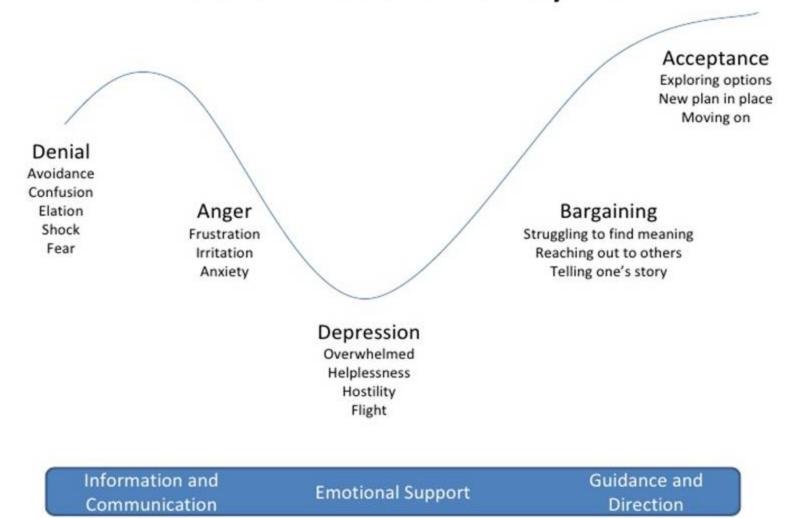
Space - Kloebers' model of grief

TEAM: Normalising and validating

Compassionate care

PATIENT: (support/education)

Kübler-Ross Grief Cycle



Case study 2: triangle in action

Time

Psychological assessment:

Awareness of language – (surgery end of line (read 'giving up on me')

Confidence in team

Space - Kloebers' model of grief

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? How do we outcome this data?

- Staff welfare/retention rates/patient satisfaction rates...
- Ultimately good patient outcomes...

SOS

- More Psychologists = better evidence base = increased support for each other
- IBD Psychology Network

Maya Angelou quotes

I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

If you don't like something, change it. If you can't change it, change your attitude.