Purpose of A Biopsychosocial Evaluation for Osseointegration Patients

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"Yes sir, you're absolutely right, you can never stop learning - in fact I'm on a course right now."
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A BIOPSYCHOSOCIAL EVALUATION

- To gain a greater understanding of the patients developmental/ psychological and social substrates that can be used in combination with one's biological predisposition to help, support and assist in the surgical and rehabilitation process

PURPOSE OF PSYCHOSOCIAL EVALUATION FOR OSSEOINTEGRATION

- Consultation is for Patient and Staff
- Assist surgical team in candidate selection-readiness
- Maximize Patients capacity to benefit from surgery and rehabilitation
- Help to prepare and support pt regarding OI surgery and rehabilitation
- Initiate Development of Therapeutic Alliance
- Appreciate THE Patient

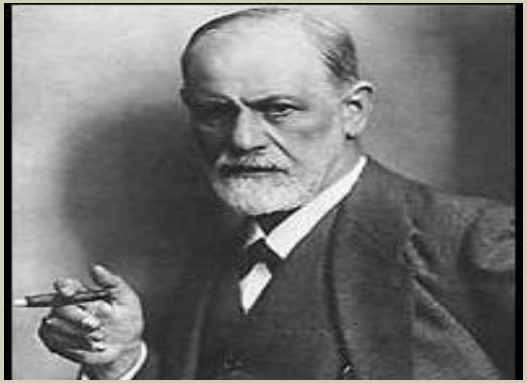
WE NEED TO FIRST TRY TO UNDERSTAND THE PATIENTS

Perception of

- Trauma
- What Occurred Physically
- What Occurred Medically
- Impact on Self Schema
- Alteration of Self
- Alteration of Their Role
- Language of the Trauma
- Focus on their Strengths

PSYCHIC CONTINUITY

- Suggests that all perceptions and experiences ever gained during an individual's lifetime remain part of his/her psychological inventory. (Freud 1902)



Subsequent to recent trauma patient may refocus on past physical trauma

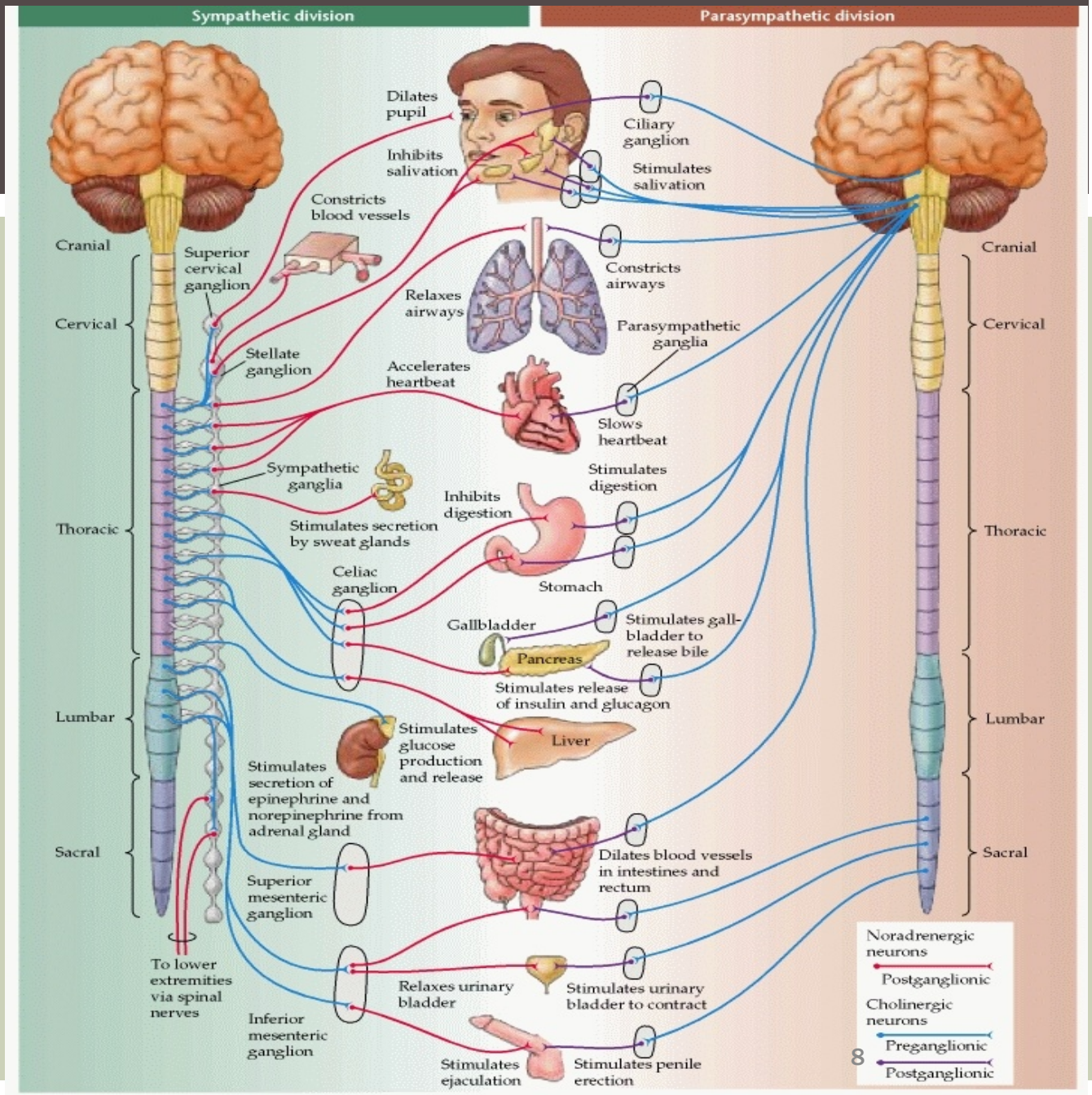
- e.g 58 year old male has abdominal surgery feels immobile and begins having tremors, paralysis and nightmares.

Sympathetic and Parasympathetic Nervous Systems

Threat memory involves the entire body (the body keeps the score):

- Immediate reactions to threat

- Long-term effects



RESPONSES TO COMBAT AND INJURY

- Fear-Constant Threats
- Sleep Deprivation
- Worry-Existential
- Disbelief
- Prayer-Bargaining
- Rage
- Anticipation
- Need to maintain alertness
- Grief
- Concerns about families
- Separation Anxiety
- Dissociation
- Regression
- Denial
- Intellectualization
- Anxiety
- Cognitive Distortion
- Psychiatric
- Self inflicted wounds

Wain, 2005

FACTORS INTERFERING WITH RECOVERY

- Lack of Supportive Others
- Separations
- Ongoing Stressors
- Maladaptive Beliefs
- Confusion-Disorientation
- Sorrow, Grief, Sadness, Fear
- Substance Abuse
- Withdrawal, Anger
- Physiological Symptoms, Fatigue
- Ongoing Medical Issues-Pain
- Psychiatric Issues

WHY DO INDIVIDUALS RESPOND DIFFERENTLY

- Biological Entities
- Previous Hx
- Developmental Milestones
- Intelligence
- Coping Styles
- Personality Styles
- Defense Mechanism
- UC
- Assets

GOALS OF PSYCHOSOCIAL EVALUATION

- Diagnose and provide treatment options for active psychiatric disorders
- Evaluate amount, stability, and availability of social support system
- Help staff in recognizing patient idiosyncratic behavior that might interfere with surgery and or rehab

"It was Socrates, wasn't it, who said, 'The unexamined life is not worth living'?"

INITIATION OF THE EVALUTION

- Form alliance
- A safe place
- Be Columbo rather than Kojack
- Listen
- Focus on Interaction
- Focus of areas of Interest
- Accept patient's comments

INTERVIEW AND INITIATION OF TREATMENT

- Focus on symptoms
- Respect patient rights
- Look for metaphors
- Clarify ambiguities
- Transference/ Countertransference
- Develop and capitalize on the positive

MANAGE CHARACTEROLOGICAL ISSUES

- Pathological adjustment of patient, wife, husband, significant other, mother, father, step parents and fathers, siblings , grandparents, aunts, uncles, and children!!
- Narcissism, obsessive attempts at control
- Narcotic dependence
- Macho behaviors

"The answer is politics. In your manic state you can go out campaigning, and in your depressive state you can stay in the office."

TRANSFERENCES/COUNTERTRANSFERENCE AND/OR BIASES

- Perceptions and/or Feelings projected from a patient towards a provider or provider towards a patient.

"I'm always like this, and my family was wondering if you could prescribe a mild depressant."

RESULTS

- 25% Referred for tx
- 14% Had surgery dates either postponed or refused
- 08% Presented with issues but went on to have surgery

- Delphi Project
- Consultation

THANK YOU

- I want thank my patients, my colleagues, fellows, residents and interns for teaching me the need to go beyond the diagnosis in understanding behavior in order to relieve suffering and in making me a better clinician as well as enhancing my academic pursuits.

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