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ABSTRACT

In recent years, clinical and developmental psychologists have been practicing in health care settings, including public health programs and hospitals. Psychologists have struggled to develop an identity in the health care setting and a medical-psychological theory for practicing as a consultant with medical patients. Because consultation/liaison practice requires practitioners to leave their offices and come into hospital wards and because of uncertain payment for this kind of practice, the participation and status of psychiatrists in this role is uncertain. In addition to preventing and treating psychological symptoms, the liaison psychologist or psychiatrist provides continuing education programs to help medical and nursing personnel handle patients' psychological needs. Psychiatrists and hospital administrators have developed a delivery system staffed by social service employees at a less expensive rate than paid to psychiatrists. Recent legislation in several areas allows hospital privileges for psychologists, who enter the hospital as autonomous and competent agents, rather than being employees under the supervision of psychiatrists or other physicians. A training model for psychologists that embraces the autonomous practitioner in the health care setting is needed. (SW)

CONSULTATION/LIAISON PSYCHOLOGY: A NEW DIRECTION FOR PROFESSIONAL PRACTICE

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Increasing demands for psychological assistance in a variety of areas in health care has, over the past decade, foisted clinical and developmental psychologists into many health care environments. Psychologists have taken positions in public health programs, VA hospitals, state hospitals, and more recently, in general hospitals. Deleon et al. (1982) reports that 10 percent of the membership of the American Psychological Association currently work in hospitals. Psychologists work along with psychiatrists in traditional neuro-psychiatric settings and are beginning to take professional positions in more diverse areas such as rehabilitation, pediatrics, coronary care, renal dialysis, and family medicine. There is also increasing acceptance of psychological consultation in the medical care of surgical patients, victims of trauma, and general ward hospital patients (Enright, 1985). The movement of psychology into the hospital was first documented by Anderson (1930) some 50 years ago, who described psychology's potential in the treatment of hospitalized patients. In recent years, psychologists have struggled to develop an identity in the health care setting and an organized medical-psychological theory to meet the growing need for psychological consultation with medical patients.

A proliferation of terms and labels has been put forth to this end, including behavioral medicine (Schwartz and Weiss, 1978, Matarazzo, 1982), medical psychology (Asken, 1979, and Masur, 1979), health psychology (Stone, Cohen, and Adler, 1979), health care psychology (Wertleib and Budman, 1979), and pediatric psychology (Tuma, 1982). Each of these terms attempts to define or delineate psychological intervention from the specific theoretical or philosophic orientation of the author.

In the last twenty years we have witnessed a tremendous awareness in the need to apply psychological principals to the care of medical patients.

Psychiatry has attempted, with limited success, to respond to this need both by consulting to medical services and acting as liaison between patients and primary care providers. Consultation/liaison practice as defined in the early 1970's involves the psychiatrist seeking to "enhance the quality of psychological care for the medically ill by . . . anticipating and preventing the development of psychological symptoms; by treating such symptoms after they have developed, and by rehabilitating patients who have manifested such symptoms in order to prevent reoccurance . . . in addition the liaison psychiatrist provides ongoing education programs that promote more autonomous functioning by medical, surgical, and nursing personnel with regard to handling their patients' psychological needs" (Strain & Grossman, 1975).

Because consultation/liaison practice necessitates psychiatrists leaving their offices and coming into the hospital ward and because of uncertain monetary reimbursement for this kind of practice, consultation/liaison psychiatry had not developed a strong foothold in the general hospital or in the mainstream of psychiatry and faces an uncertain future in its present form. Pasnau (1983) recently commented on the status of consultation/liaison psychiatry. "In light of many present conflicting goals and pressures within and outside psychiatry, consultation/liaison psychiatry can expect to continue to sputter along without firm financial support from the departments of psychiatry in general hospitals. Whether it will lose its teaching emphasis and return to old-fashioned consultation levels or be supplanted by behavioral medicine and lose it's identity, remain unanswered questions."

There is growing awareness on the part of the general public and hospital management, as well as primary medical providers, for the value of psychological

involvement with medical patients. Hospital administrators attempting to meet their patients' psychological needs in the face of ever-rising medical costs have been forced to purchase psycho-social services at the least expensive rate. One only needs to look at the development of social work departments in every health care setting to understand the trend in the health care marketplace with regard to the delivery of psycho-social interventions.

The National Association of Social Workers, in response to what they consider the need for social work intervention in the medical environment, sponsored the first National Health Conference (1984) in Washington, D. C. this summer. Titles of papers presented included:

"Expanding Hospital Social Work Resources: How Can Front Line Social Work Staff Create New Jobs",

"Developing Physician Confidence in Social Work Skills", and

"Stress Management: A New Health Care Role for Social Workers".

In fact, 73 percent of the papers presented in the section under "Clinical Practice and Therapy" addressed what psychiatry has defined as Consultation/Liaison practice. All of the papers are focused on social workers delivering psychological treatments or interventions with medical patients. Psychiatric nurses are also being hired in hospitals to provide a wide range of psychological and administrative tasks including psychotherapy, education, and even peer review.

Psychiatrists continue to remain aloof from the actual delivery of psychological services in hospitals and have joined with hospital administrators in developing a delivery system staffed by social service employees purchased at bottom dollar.

The late 1980's may well bring about a health care delivery system offering a multitude of psychological treatment programs that have been developed by psychologists and are implemented and staffed by social workers and nurses with psychiatrists and other physicians being paid to oversee and administrate these services.

Professional psychologists can ill-afford to be seduced into competing for positions as psycho-social technicians in health care settings (the most blatant example of this is the burgeoning HMO system in California). Where this has taken place, psychologists have become the "hired hands" of psychiatrists and other physicians and continue in the traditional subserviant position bowing to the supremecy of psychiatry in the health care marketplace. Some of our colleagues are being bought with the guarantee of a steady income and job security. It is heartening to note, however, the results of two recent studies on professional psychology. One suggests that increasing numbers of psychologists are going into private practice and perhaps even more important is a trend for psychologists who have been employed and operating part-time private practices to chose to relinquish their salaried positions and work as full-time independent providers (Tryon, 1983). The second study is a poll of health psychologists' work environments. This study reports that the greatest percentages of health psychologists are practicing as private practitioners as opposed to working as employees of hospitals or universities (Stabler & Mesibov, 1984).

Although it is important that psychologists continue to demonstrate the efficacy of psychological interventions with medical patients, the immediate challenge for psychology lies in demonstrating that it has matured as a profession to the point where psychological practitioners are willing to shun the role of employee and are able to enter the hospital and other health care settings as autonomous, competent, independent agents.

This issue is both urgent and timely for the independent psychological practitioner. Recent legislation in California, the District of Columbia, and other states permitting or mandating hospital privileges for psychologists and new JCAH guidelines are opening the health care environment to the independent psychologist.

Further, there is some evidence to suggest that non-psychiatric physicians prefer dealing with an independent consultant when requesting psychological consultation rather than interacting with a hospital employee (Enright, 1984).

As consultation/liaison psychiatrists continue to retreat from direct contact with hospital patients, a growing vacuum of need must be filled. Independent practitioners must act now to create state-by-state legislation to remove the restraints on psychological practice in hospitals and all medical settings.

In order to maintain our professional identity and successfully compete in the health care marketplace, independent psychologists must demonstrate their expertise and value not only to physicians, but to all members of the health care team including supportive staff and administrators.

Finally, in order to secure a future for applied psychological practice, independent psychologists must communicate to our own colleagues in the mainstream of psychology the urgency for a shift away from traditional training of practitioners toward a model that embraces the needs of a mature, autonomous psychological practioner in the health care system of the 1980's and 1990's.

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