

## Consultation, Teaching, Administration

Psych 454 - Clinical Psychology  
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## Consultation

- Application of knowledge and theories of human behavior to specific questions and problems in settings outside of the clinical office or academia.

## Roles

- Expert
- Trainer/Educator
- Advocate
- Collaborator
- Fact Finder
- Process Specialist

## Expert

- Consultant brings area of expertise to question proposed by the hiring agent.
- Community Mental Health Center wants to design a substance-abuse program.
- Hire an expert in program design to develop program.

## Trainer/Educator

- Consultant brings educating/training skills to a specific problem of the hiring agent
- Private school wants to train its teachers in better understanding and intervening with their learning-disabled students.
- Hires a consultant to teach seminars on exceptionality and learning problems.

## Advocate

- Goal: convince the hiring agent to do something that the advocate thinks is beneficial.
- Parent believes that the school system's evaluation of their learning disabled child was not done correctly.
- Hires an advocate to speak at the IEP meeting and present alternate data to ensure that the child meets criteria.

## Process Specialist

- Frequent model used in Industrial/Organizational Psychology.
- Examine business process, identify inefficiencies, recommend solutions.

## Roles

- Different roles are not mutually exclusive.
- Fluid process.
- Different aspects of each consultant's roles may be used to address a given problem.

## Types of Consultation

- Consultation to other mental health professionals
  - Case conference
  - Supervision
  - Testing interpretation
- Consultation with non-mental health professionals
  - Teachers, educators, administrators
  - Judicial/legal entities
  - Medical personnel

## Consultation/Liaison in Hospitals

- Frequent role of health/pediatric/clinical psychologists is to consult with medical personnel
- and*
- Consult with patients and their families being treated by medical personnel

## Stages of Consultation

- Understanding the Question
- Assessment
- Intervention
- Termination
- Follow-up

## Consultation/Liaison Case Study

Nicole is a 10-year-old Caucasian female who is highly anxious and tearful with regard to her hospitalization and loss of motor abilities. Approximately eight days ago, Nicole fell and suffered a bruised knee which remained swollen and tender but was otherwise unremarkable. Three days ago, her grandparents first noticed a deterioration in the articulation of Nicole's speech. Approximately twenty-four hours later, Nicole experienced two more falls and complained of weakness in her legs and a "pins and needles" sensation in her lower extremities. She is "in hysterics" and is in need of a lumbar puncture. *The Intensive Care Unit pages you to the PICU for help!*

## Guillain-Barre: Pathology / Etiology

- Autoimmune disease
- Often starts with a mild infection
  - typically upper respiratory
  - or gastrointestinal
- Theory: immune system response to the infection is inappropriate.
  - lymphocytes attack the myelin sheath of the patient's nerves
  - causes extensive polyneuritis

## Guillain-Barre: Pathology

- since the myelin is targeted by the lymphocytes and **not** the nerve fibers themselves, permanent nerve damage is rare
- The syndrome often begins with the patient experiencing paresthesias (tingling or pins & needles) or numbness in their hands and feet.
- This is followed by progressive muscle weakness which travels rapidly from the extremities toward the head.

## Guillain-Barre: Pathology & Course

- The paralysis moves quickly from the extremities upward, and complete paralysis often occurs in a matter of days or weeks. (Also called acute ascending paralysis).
- Medical concerns include:
  - maintenance of
    - blood pressure
    - respiration
    - heart rate

## Guillain-Barre: Course

- Psychological Concerns
  - patient and family adjustment to:
    - paralysis
    - long-term hospitalization
    - rehabilitation
  - depression
  - anxiety

## Guillain-Barre: Treatment

- No known cure
- Trial of immunosuppressant medication, steroids -- not generally effective.
- Plasmaphoreses seems to improve the course of recovery
  - draw blood and plasma
  - remove plasma
  - infuse own blood cells with donated plasma

## Guillain-Barre: Prognosis

- In adults, approximately 2/3 of those afflicted with GBS fully recover.
  - factors which influence better outcome:
    - lack of mechanical ventilation
    - neuropathy limited to effects of demyelination
- In children, modern studies show that rates of full recovery are about 85 to 95%
  - duration of paralysis is also shortened in children

## Guillian-Barre: Prognosis

- Muscle strength tends to return on its own in the reverse direction in which it was lost.
  - trunk control appears first, **descending** to the extremities
- Residual paresthesias or muscle weakness appears to be a consequence of poor physical rehabilitation programs
  - secondary pressure neuropathy

## What to do with Nicole?

- Immediate problem: imminent lumbar puncture.
  - Anxiety reduction
  - Pain management
- Medium-term problem: likely increase in paralysis.
  - Anxiety, supportive individual psychotherapy
  - Family therapy, supportive
- Long-term: physical rehabilitation

## What to do with Nicole?

- Define the question
  - What does the PICU staff want?
- Assessment
  - Level of anxiety, depression
- Intervention
  - Supportive therapy, pain management
- Termination
  - Discharge from hospital to rehabilitation facility
- Follow-up
  - At rehabilitation facility