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## Teaching Basic Clinical Health Psychology Interventions at a Sri Lankan Medical School

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### Abstract

There is an overlap between the fields of medicine and psychology. Doctors are involved in health conditions that require training in basic psychological interventions. For instance, as the frequency and magnitude of natural and man-made disasters increase, doctors need to provide medical and psychological care of survivors. Then, there is the situation of lifestyle diseases such as cancer and diabetes. These diseases and their complex treatments have an enormous psychosocial impact on the patient and family over many years. Prevention and management of these entail behavioural changes and adherence to complicated medical regimens. Doctors with knowledge in psychological interventions can make valuable contributions in the care of such patients. Furthermore, it is known that psychological treatment of mental illnesses such as phobias and obsessive compulsive disorders show good prognosis. If doctors are trained in basic psychological interventions for these conditions, it may reduce the necessity to refer such patients to a psychology service, which is scarce in Sri Lanka. In this context, the author developed a teaching programme on basic clinical health psychological interventions for medical students as part of their professorial programme in psychological medicine. The six sessions are: (1) tenets of liaison health psychology, (2) psychological work with disabilities, (3) psychological work in grief reactions, (4) life style change through psychological interventions, (5) behaviour therapy for phobia, and (6) behaviour therapy for obsessive compulsive disorder. The teaching, done via role plays, is built upon knowledge on basic psychology that students obtain during the initial years in the medical curriculum.

*Key words:* Medical education, clinical psychology

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### Introduction

Medical doctors are increasingly, called upon to be involved in an array of disease conditions which are often beyond the traditional medical training of the past decades. Some of these conditions require some knowledge and training in basic psychological interventions. This situation is relevant in Sri Lanka too. This is particularly so as there is dearth of specialist mental health personnel in the country, such as clinical psychologists (De Zoysa & Ismail, 2001). It is the authors' observation that there may be about 15 clinical psychologists in a country of about 20 million people. In this context, other health professionals, including doctors could play a significant role in providing psychological services, albeit preliminary and in accordance with their level of training, for the Sri Lankan populace.

There are several areas in which doctors could be involved in the provision of basic psychological care. One is the care of survivors of natural and manmade disasters. This is particularly pertinent as the frequency and magnitude of such disasters in the world have increased dramatically leaving hundreds of survivors in their aftermath. This was seen clearly as Sri Lanka was severely affected by the Asian Tsunami in 2004, which brought not only infrastructure and economic devastation but also significant psychosocial ramifications to those affected by it. The dramatic increase in the psychological needs of these survivors cannot be managed solely by specialist mental health practitioners such as clinical psychologists. Instead, the assistance of non-psychology health professionals, such as generalist doctors should be enlisted.

A second area in which doctors could contribute is in the interface of non-communicable diseases and psychological health (Milgrom *et al.*, 2001). Since the latter half of the previous century, chronic illnesses, notably cardiovascular disease and cancer,

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have been a leading cause of death. These illnesses are inherently psychological in two important aspects - they are chronic and are, at least in part, lifestyle diseases. These diseases and their increasingly complex treatments can have an enormous impact over the course of many years, including that of emotional adjustment and family relationships. Prevention and management of these conditions entail behavioural changes involving diet, exercise, substance use, and adherence to often complicated medical regimens. Doctors with knowledge and training in working with the psychological dimensions of such life style diseases could make a valuable contribution to patient management, especially in a country such as Sri Lanka where there is a dearth of clinical or health psychologists.

Another area in which Sri Lankan doctors can make a valuable contribution is in the management of common mental illness such as phobias and obsessive compulsive disorder. Research has shown that for these disease entities, psychological interventions are the treatment of choice (Lindsay & Powell, 2007). Hence, training doctors in delivering such interventions would reduce the workload of clinical psychologists, whereby the former could manage such cases in their medical set-up, reducing the necessity to make referrals to a psychology service.

#### **Brief clinical health psychology training programme for medical students at the University of Colombo**

Keeping the above indicated demands in mind, the author developed a six session training programme on basic clinical health psychological interventions for medical students for the professorial training programme in psychological medicine at the Faculty of Medicine, University of Colombo. The primary focus of the professorial programme is child and adult psychiatry, with a small time allocation for basic clinical health psychology teaching. While the psychiatry teaching is done by psychiatrists, the basic clinical health psychology teaching is done by the author, a clinical psychologist.

The six sessions, presented over a span of six weeks, each lasting about 1.5 hours are: (1) basic tenets of liaison health psychology, (2) psychological work with patients with disabilities, (3) psychological work with grief reactions, (4) initiating life style change through psychological interventions, (5) behaviour therapy for phobia, and (6) and

behaviour therapy for obsessive compulsive disorder. The teaching is primarily via role plays and builds upon theoretical knowledge on psychology students obtain in their initial years in the medical curriculum. This includes lectures on general psychology such as learning, memory, personality and intellectual functioning. There is also some theoretical teaching on introductory psychotherapy, psychological impact of diseases and psychosomatic medicine. Having such teaching in place assists students to grasp concepts of basic clinical health psychology quite easily at their professorial years. This training has been in place since early 2006, though a more simplified version of it has been a part of the professorial training since 1998.

#### **The way forward**

It is hoped that such inputs to the medical curriculum will increase the psychology knowledge and skill base in the medical profession in Sri Lanka. It is also hoped that the Colombo Faculty of Medicine's medical curriculum will increase the time allocated for medical students to be trained in such basic psychological interventions as research elsewhere in the world has indicated that most generalist doctors when confronted with patients with psychological issues tend to use psychological interventions more than pharmacological interventions (Sahhar & O'Connor, 2004). Further, it is hoped that other medical faculties in the country would also include training in basic psychological interventions, in the event that they have not yet done so. By such capacity building endeavours, we could to some extent, and at some level, circumvent the lack in numbers of specialist mental health professionals such as clinical psychologists in the country.

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