

Moving from Failure to Success: The MBMD® Benefits Bariatric Surgeons and Their Patients

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The effectiveness of bariatric surgery depends on the patient's long-term success in following through with drastic lifestyle changes. The difficulty or a lack of success in maintaining lifestyle changes is what usually leads patients to consider bariatric surgery. Typically, these patients have tried several different weight loss programs in the past, and failed at every attempt.

How can bariatric surgeons and their teams help their patients overcome patterns of failure and adopt patterns of success? The first step is to recognize that every patient has a unique set of basic beliefs that guides the individual's choices throughout life, in much the same way as a computer's operating system directs the computer's responses. Understanding the patient's "operating system" through a psychological evaluation can help practitioners tailor a treatment plan and design patient communications that will better enable the candidate to carry through on the healthcare team's recommendations.

The MBMD test: A tool designed for medical populations

Psychologists Susan Franks, PhD, and Lisa Steres, PhD, have found a tool designed to help healthcare providers understand their patients' "operating systems" and change previous patterns of failure—the [MBMD \(Millon® Behavioral Medicine Diagnostic\)](#) assessment. Independently, they each had been searching for a psychological test designed for use with medical patients rather than psychiatric patients. They discovered that the MBMD assessment was tailored to their needs.

Both Franks and Steres regularly administered the MBMD test as part of their pre-surgical psychological evaluations of bariatric patients.

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— Susan Franks

Test results present information about patients' psychosocial assets and liabilities, such as coping styles, stress moderators, and treatment prognostics. Both practitioners use this information to help their patients overcome previous patterns of failure by using their strengths and working around their weaknesses. In addition, the assessment provides psychiatric indicators and data on patients' health practices such as smoking, eating, inactivity, alcohol and drug use. Franks and Steres find the MBMD test useful for several purposes:

- Help determine if a patient is suitable for bariatric surgery
- Learn how a patient is likely to react following surgery
- Recommend ways the staff can work with patients to maximise their success

Texas surgeons discover the value of understanding the patient

The surgeons with whom Franks worked at the University of North Texas School of Medicine have come to insist on psychological evaluations for their patients—and on using a team approach for pre-surgical evaluation and preparation as well as post-surgical care. Every bariatric patient is assessed by a team composed of a surgeon, a psychologist, and a nutritionist.

Franks' evaluation of bariatric surgery candidates includes psychological testing and an interview. All patients are given the [MMPI®-2 \(Minnesota Multiphasic Personality Inventory-2\)](#) test to learn whether they have any significant psychopathology, the Eating Inventory to learn about their eating patterns, and the MBMD test to learn about how they are likely to react under stress and what support resources they can call upon.

Having used the test for many years, Franks has found it to be very helpful for post-op patient management—particularly the scales for coping styles, stress moderators and illness apprehension. “The coping styles data is incredibly informative in helping predict

how patients will interact with us and how they will meet the challenges of lifestyle changes following the surgery,” says Franks.

Success—Applying patient knowledge to patient aftercare

To illustrate how the MBMD test has helped her guide patients to success, Franks describes the case of a 45-year old female patient with Type 2 diabetes. The patient hadn't worked for several years and was receiving disability payments. Her pre-surgical evaluation indicated no significant psychiatric distress and she was approved for surgery.

Franks found the comprehensive MBMD Interpretive Report narrative very helpful for this patient. The patient's MBMD test coping styles scores indicated she had a pessimistic attitude with numerous complaints, that she would have a passive-aggressive response to treatment and that she could easily become defensive, angry, and blaming. Her MBMD test stress moderators scores indicated she was overly passive and somewhat irresponsible in taking her pain medications, and that she had a strong spiritual faith. Her MBMD test treatment prognostics indicated problematic compliance, suggesting that the patient may become apathetic when under distress. The MBMD test management guide suggested that slower recovery, overuse of healthcare services, and problematic adherence to a self-care regimen or prescribed lifestyle changes should be expected. The report also recommended using the patient's conforming style and encouraging her to draw upon her support network.

Following surgery, the patient reacted exactly as her MBMD test profile had predicted. Two days post-op she called to report severe chest pains for which no medical cause was found. Nine days post-op she complained that her diet was boring and that she had modified it. Three weeks post-op she had lost 15 pounds, but reported being unhappy with her weight loss. Six weeks post-op she had lost 32 pounds. At this point, she was still complaining but partially compliant.

Armed with the predictive information provided by the MBMD test during the initial evaluation, Franks had

been able to forewarn the medical staff and suggest ways to treat the patient that could increase the likelihood of her compliance. The staff worked within the patient's style and needs, encouraging her to use her spiritual support network, providing very explicit dietary instructions, and recommending that she attend aftercare psychotherapy group sessions.

After attending the first group therapy session, the patient was pleased with her weight loss and shifted the focus of her complaints. After her second group session, the patient became very positive and enthusiastic. At 17 weeks post-surgery the patient had incorporated new eating behaviors into her lifestyle, had become more physically active and had lost 58 pounds. She returned to work and no longer received disability payments. In this success story, the care team helped the patient integrate some significant changes into her life by taking the time to first understand her "operating system".

A different scenario

Without the patient information gained through the MBMD test, the case described above might well have had a much different ending, Franks believes. As a contrast, she cites the case of the last patient to have received bariatric surgery without undergoing the psychological evaluation that is now a required procedure at the clinic.

At four months post-op this patient had lost 15 pounds and was totally non-compliant. Because of the patient's difficult interpersonal style, she was very challenging to manage, says Franks. Franks believes that if the patient had taken the MBMD test, she would not have been immediately offered surgery, but may have been offered psychological treatment before proceeding. In fact, it was the medical team's experience with this patient that convinced the surgeons to incorporate psychological evaluation into their standard protocol for all bariatric pre-surgical evaluations.

The MBMD test put into practice at a California clinic

At the Scripps Clinic Medical Group in which Steres

practiced, candidates for bariatric surgery received a psychological evaluation conducted by Steres, as well as evaluations conducted by the surgeon, an internal medicine doctor specialising in metabolic issues and obesity, and a dietician. Steres' evaluation protocol includes the MBMD test and the [Beck Depression Inventory®-II \(BDI®-II\)](#), combined with a clinical interview. Since introducing the use of the MBMD assessment into her practice, Steres had conducted about 75 MBMD test administrations. She finds that the surgeons on her team are pleased with the patient information the test provides.

MBMD test scales target the most critical data

In her evaluation, Steres first reviewed MBMD results to look for psychiatric indications, particularly for depression. She integrated this information with her impression from her clinical interview with the patient and the BDI-II test results.

Then, Steres appraises the treatment prognostics provided by the MBMD report; specifically, problematic compliance and utilisation excess. Next, she examines MBMD report data on the patient's coping styles and stress moderators to learn about assets and liabilities the medical team can work with to help the individual be successful. Based on this information, Steres determines whether the patient can tolerate the surgery. If so, her goal is to optimise the patient for surgery, facilitate treatment compliance, and manage utilisation. She includes specific treatment recommendations suggested by the MBMD data in her reports so that the treatment team can work with the patient to prepare for surgery and optimise the patient's long-term success post-surgery.

For example, when problematic compliance is flagged in a patient's MBMD report, the report may suggest that the patient is very much an individualist who wants to do things his own way. It may also add that the patient is likely to resist if he feels a treatment plan is imposed on him. In such case, Steres might write in her report, "Actively involve this patient in treatment design and implementation."

In another case, the MBMD report might indicate that the patient tends to be indulgent and thoroughly enjoys leisure activities, suggesting that the patient may not be inclined to follow the rules of the treatment program.

“ I don't think it would be possible to have this kind of information flagged without the MBMD test ”

— Lisa Steres

Steres notes that the MBMD report also predicts certain behaviours, such as that of a patient who won't complain but may get anxious, withdraw, and fail to keep follow-up appointments. With this type of patient, Steres discusses previous behaviour to find out how the medical team can help the patient remain engaged in the treatment program this time.

Taking a client-centered approach, Steres uses MBMD results to flag areas for discussion with the patient, operating on the belief that patients are experts on themselves. Only 20% of the candidates she sees are approved for surgery at the time of the initial evaluation. The other 80% must work on certain behaviours before they will be approved for surgery. The MBMD test helps target the areas where work is needed, whether it be on improving coping skills, stabilising mood, addressing compliance concerns, or allowing time to more firmly establish pre-surgery diet and exercise routines.

Proven efficacy

Post-bariatric surgery aftercare is a long, involved process. Franks' and Steres' teams found that understanding their patients' "operating systems" through psychological evaluation is key to successful outcomes—and that the MBMD test is a valuable component of such an assessment. They learned that the test's psychiatric indicators are useful for surgical patient selection and that test scores and interpretive reports on coping style, treatment prognostics, stress moderators, and management guide are especially beneficial for post-operative treatment planning and patient management. After some searching, both have been pleased to find a medically oriented tool that helps patients put previous failures behind them and experience success at last.

About Dr. Franks and Dr. Steres

Susan Franks, PhD, is the health psychologist for a five-clinic family medicine practice within the University of North Texas School of Medicine, which uses an integrated care model that combines health psychology and medical treatment. Franks, who is also a neuropsychologist, specialises in obesity and Type 2 diabetes.

Lisa Steres, PhD, practices general clinical psychology with a specialisation in bariatric patients within Scripps Clinic Medical Group, located in greater San Diego, California. The clinic is a multi-location, multi-specialty medical group that uses a team approach.

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