



# BEHAVIORAL MEDICINE MANAGEMENT OF IRRITABLE BOWEL SYNDROME: A REFERRAL TOOLKIT FOR GASTROENTEROLOGY PROVIDERS



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## OVERVIEW OF TOOLKIT RESOURCES

This toolkit is intended to help gastroenterology providers identify the best candidates for behavioral medicine services and provide guidance for the referral process.

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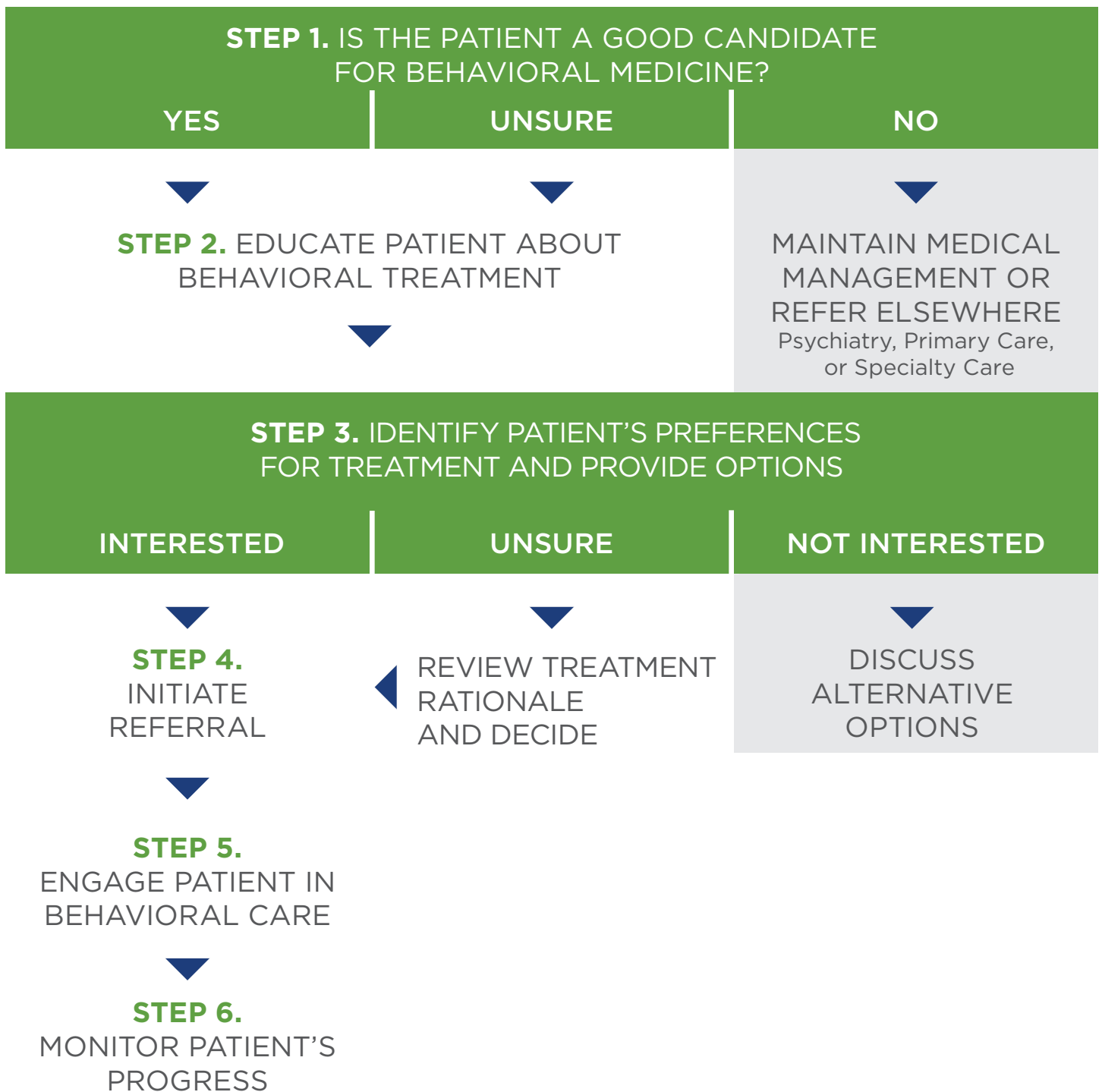
Sonora Hudson, MA

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# OVERVIEW OF THE REFERRAL PROCESS



## STEP 1. IS THE PATIENT A GOOD CANDIDATE FOR BEHAVIORAL MEDICINE?

A “good” candidate should have at least some of the qualities listed below.

GOOD CANDIDATE	POOR CANDIDATE
<ol style="list-style-type: none"><li>1. Moderate-to-severe IBS symptoms (including pain) that have not responded to first-line medical or dietary treatments</li><li>2. Stress, psychosocial, or emotional factors trigger or exacerbate IBS symptoms, or IBS is perceived to be a stressor<ul style="list-style-type: none"><li>• Do you believe stress impacts your IBS?</li><li>• Do you believe anxiety or depression impacts your IBS?</li><li>• Is IBS a source of stress for you?</li><li>• Does IBS interfere with your quality of life?</li></ul></li><li>3. Motivated to participate in treatment or prefers a non-drug approach<ul style="list-style-type: none"><li>• How motivated are you to learn new ways to control or reduce your IBS symptoms at this time?</li></ul></li><li>4. Believes he/she can control (or learn ways to control) his/her IBS symptoms and their impact<ul style="list-style-type: none"><li>• Do you believe there are things you can do to improve your IBS symptoms?</li></ul></li></ol> <p style="text-align: center;"><b>NEXT STEP</b> ▼</p>	<ol style="list-style-type: none"><li>1. Unstable medical condition that needs immediate attention</li><li>2. Unstable psychiatric comorbidity (anxiety or depression that is unrelated to IBS) or current, severe psychiatric symptoms (acute suicidal ideation/intent/plan, psychotic symptoms, OCD or an active eating disorder)</li><li>3. Uninterested and/or refuses to engage in behavioral medicine treatment</li></ol> <p style="text-align: center;">▼</p> <p><b>REFER ELSEWHERE OR MAINTAIN MEDICAL MANAGEMENT</b></p> <p><b>VA:</b> specialized care in the General Mental Health Clinic, or in other specialty medical settings (e.g., primary care, specialty care)</p> <p><b>Non-VA:</b> outpatient care (psychiatry, primary, or specialty care) in a non-VA academic medical center setting, or in the community</p>



**HELPFUL HINT:** A screening tool may help you identify if a patient is a good candidate for care. We recommend several decision support tools on the next page.

### UNSURE?

Refer for an assessment by the behavioral medicine provider who can help make this determination.

# CLINICAL RESOURCES: DECISION SUPPORT TOOLS

We present a variety of examples and their references for consideration.

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## IBS symptoms

**IBS Symptom Severity Scale (IBS-SSS):** A 5-item IBS Symptom Severity Scale (IBS-SSS) that measures the severity and frequency of abdominal pain, severity of abdominal distention, dissatisfaction with bowel habits, and interference over the past 10 days. Items are rated on a 100-point scale and summed. Scores range from 75-175 (mild severity), 175-300 (moderate severity), 300 or greater (severe).

Longstreth, G.F., Thompson, W.G., Chey, W.D., Houghton, L.A., Mearin, F., Spiller, R.C. (2006). Functional bowel disorders. *Gastroenterology*, 130, 1480-1491.

Francis, C., Morris, J., Whorwell, P. (1997). The irritable bowel severity scoring system: a simple method of monitoring irritable bowel syndrome and its progress. *Alimentary Pharmacology & Therapeutics*, 11, 395-402.

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## IBS and Health-related quality of life

**IBS Quality of Life Scale (IBS- QOL):** A 34-item measure to assess how IBS impacts quality of life. Items rated on a 1 (not at all) to 5 (extremely) scale and summed: higher scores indicate poorer quality of life.

Drossman, D.A., Patrick, D.L., Whitehead, W.E., Toner, B.B., Diamant, N.E., Hu, Y., Jia, H., & Bangdiwala, S.I. (2000). Further validation of the IBS-QOL: a disease specific quality-of-life questionnaire. *American Journal of Gastroenterology*, 95, 999-1007.

Patrick, D.L., Drossman, D.A., Frederick I.O., DiCesare, J., & Puder, K.L. (1998). Quality of life in persons with irritable bowel syndrome: development and validation of a new measure. *Digestive Diseases and Sciences*, 43, 400-411.

**Healthy Days:** Overall unhealthy days are measured by two questions that examine the number of recent days when physical or mental health was not good (the total number of days can't exceed 30 days and if it does the number is capped at 30 days to maintain a consistent timeframe for all responders). The advantage of this measure is that it is very brief.

Centers for Disease Control and Prevention Measuring Healthy Days: Population assessment of health-related quality of life (2000). Atlanta Georgia CDC. Retrieved from: <http://www.cdc.gov/hrqol/>

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## Anxiety and Mood Disorders

**Patient Health Questionnaire -9 (PHQ-9):** A 9-item instrument that can help providers screen, monitor and measure the severity of depression.

Kroenke, K., Spitzer, R.L., Williams, J.B.W. (2001). The PHQ-9: Validity of a Brief Depression Severity Measure. *Journal of General Internal Medicine*, 16(9), 606-613.

**Generalized Anxiety Disorders Scale-7 (GAD-7):** A 7-item instrument that can help providers screen, monitor and measure the severity of anxiety.

Spitzer, R.L., Kroenke, K., Williams, J.B.W., Lowe, B. (2006). A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092-1097.

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## Additional Resources

Laird KT, Lackner, JML. Screening for psychosocial factors in patients with irritable bowel syndrome. *NeuroGastroLatam Review*. 2017; 1: 144-155.

## STEP 2. EDUCATE PATIENTS ABOUT BEHAVIORAL MEDICINE TREATMENT

Below are some educational pointers and examples of explanations for patients

### IBS is known to be worsened by psychosocial factors.

“The cause of IBS is not clear. It is a problem with communication between the brain and gut that can be worsened by diet, stress, lifestyle, environment’ and, for some patients, anxiety and depression. IBS cannot be cured but it can be managed to improve your quality of life.”



**REMEMBER:** Veterans may have unique stressors, including psychological factors, such as posttraumatic stress disorder, combat related stressors, and military sexual trauma.

### EDUCATE the patient about the brain-gut connection and the stress-IBS link.

“IBS is a group of stomach and intestinal symptoms that last a long time or come and go. The brain controls some functions, such as sensation and movement of food through your system. Problems with the connection between the brain and your gut can lead to symptoms such as pain, gas, bloating, and diarrhea or constipation.”

“Stress impacts the functioning of your gut. Some patients are “gut-responders” to stress. This does not mean that your symptoms are all in your head but that they may be related to the connection between the brain and your gut.”

### VALIDATE that IBS is real.

“IBS is a medical diagnosis (per Rome-IV criteria) and the pain and bowel problems associated with IBS are real, even if no medical cause can be found.”

### DESCRIBE treatment options.

“You have tried some things to manage your IBS, but your symptoms are still not well controlled. We can discuss several treatment options including: medications, dietary changes and behavioral therapy, which can be used alone or in combination. Many patients with IBS do not see significant improvement with medications alone; changing diet or behaviors can be a helpful addition your usual medical care, and improve IBS symptoms, and quality of life.”

### SHARE the evidence.

“Decades of research suggest that behavioral treatments can improve how you feel physically and emotionally. Many patients have participated in and benefit greatly from these treatment approaches. For example, cognitive and behavioral therapy has been shown to reduce IBS symptoms (Lackner et al., in press) and these improvements have been shown to be maintained for at least 1 year after treatment (Laird, Tanner-Smith, Russell, Hollon, & Walker, 2017). I think they could be helpful for you, too.”

Lackner, J.M., Jaccard, J., Keefer, L., Brenner, D., Firth, R., Gudleski, G.D., Hamilton, F., Katz, L.A., Krasner, S.S., Ma, C., Radziwon, C., Sitrin, M.D. (in press). Improvement in Gastrointestinal Symptoms After Cognitive Behavior Therapy for Refractory Irritable Bowel Syndrome. *Gastroenterology*. doi: 10.1053/j.gastro.2018.03.063

Laird, K.T., Tanner-Smith, E.E., Russell, A.C., Hollon, S.D., Walker, L.S. (2017). Comparative Efficacy of Psychological Therapies for Improving Mental Health and Daily Functioning in Irritable Bowel Syndrome: A Systematic Review and Meta-analysis. *Clinical Psychology Review*, 51, 142-152.

▼ NEXT STEP ▼

## STEP 3. EXPLORE PATIENT'S PREFERENCES

### IDENTIFY patient's treatment goals and preferences

"I have given you a lot of different treatment options (e.g., medication, dietary changes, and behavioral treatment). What treatment option fits best with your goals? What would you like to start with?"

### EMPOWER the patient

"It's easy to feel lost when dealing with multiple providers, prescriptions, and approaches to IBS care, but how you proceed with your treatment is in your hands. The good news is that you can develop new ways to manage your IBS and gain better control over your symptoms with the strategies we talked about today."

### OFFER the option of behavioral medicine services

"We have (or I know) someone who focuses on treating IBS with behavioral treatment. If that's something you're interested in, I can make a referral."

Identify if the patient is interested and proceed accordingly.

Interested	Unsure	Not Interested
<p><b>NEXT STEP</b> ▼</p>	<ul style="list-style-type: none"><li>• Ask open-ended questions: "Tell me more about the difficulty you have when your IBS symptoms are triggered when you're out to eat at a restaurant."</li><li>• Empathize with the patient and reframe/validate their statements: "That must have been really difficult for you."</li><li>• Use reflective listening: "It sounds like you're concerned that others view you negatively at work."</li><li>• Summarize your patient's statements.</li><li>• Build self-efficacy: "How confident are you that you could get better? If the patient answers no, suggest, "This is a perfect place to start, building your confidence to manage your IBS."</li></ul> <p>Ultimately, it is the patient's decision.</p>	<ul style="list-style-type: none"><li>• Explore the possible reasons why the patient is not interested</li></ul> <p><b>Believes IBS is purely physical:</b> educate about multifactorial nature of IBS, and emphasize behavioral health and physical health are inseparable</p> <p><b>Stigma:</b> normalize and validate behavioral medicine care as part of the treatment plan. "I suggest that nearly all of my patients receive behavioral treatment for their IBS symptoms."</p> <p><b>Travel distance or scheduling conflict:</b> Offer alternative session locations or times if possible, explore if patient can make behavioral medicine care a priority</p> <p><b>No insurance coverage or can't pay out of pocket for services:</b> offer alternatives, such as a consultation call, lower cost, or outside provider who can work with their budget</p> <ul style="list-style-type: none"><li>• Respect the patient's wishes</li><li>• Reinforce recommendations and discuss alternative methods of care</li><li>• Give the patient the option of engaging in behavioral care at a later date</li></ul>

## STEP 4. INITIATE REFERRAL

Identify a behavioral medicine provider or service team:

- this will vary depending on the medical system
- providers may include clinical psychologists, psychiatrists, social workers, nurses, or licensed professional counselors
- provider should have training and knowledge about how to treat patients with IBS

The behavioral medicine provider will evaluate patients, recommend, and implement behavioral interventions, and refer and coordinate care with medical providers, dietitians, other mental health providers. Some providers (e.g., psychiatrists) may also prescribe psychotropic medications to manage abdominal pain (e.g., tricyclic antidepressants) or global well-being (selective serotonin reuptake inhibitors).

### ON-SITE REFERRALS

- Check the following departments to find a behavioral medicine provider:

VA	Non-VA
Primary Care Mental Health-Integration Clinic	Primary care setting
General Mental Health Clinic	Outpatient psychiatry setting
GI Specialty Care	GI outpatient clinics

Make the referral:

- Place consult in the electronic medical record.
- A warm hand-off or walk-in is when a behavioral medicine provider meets the patient during a co-visit or sees them for an initial appointment after their medical appointment. Example: “This is Dr. Smith, a behavioral medicine provider who is part of our team. Dr. Smith specializes in the treatment of IBS and can talk to you more about your needs and what she can offer through her behavioral medicine program here at the VA.”
- Ask the behavioral medicine provider or service team how scheduling will be managed (e.g., via the behavioral medicine provider, program clerk, or a patient liaison).

### OFF-SITE REFERRALS

To locate a provider in your community the following resources may be useful

- American Society of Clinical Hypnosis  
<http://www.asch.net/Public/CertificationInformation/FindCertifiedProfessionals.aspx>
- Association for Behavioral and Cognitive Therapies  
<http://www.abct.org/Help/>
- American Psychological Association  
<https://locator.apa.org/>
- Psychology Today  
<https://www.psychologytoday.com>

▼ NEXT STEP ▼



## STEP 5. ENGAGE PATIENT

- Provide patient with information on how to schedule an appointment with the behavioral medicine provider (see example, page 12) and answer any questions or concerns they might have.
- The patient information pamphlet (see example, page 10–11) may answer many of the questions patients may have. If a patient is not interested in formal behavioral medicine treatment, there are resources for self-management on this pamphlet (see example, page 13).

## ▼ NEXT STEP ▼

## STEP 6. MONITOR PROGRESS

- Identify if patient was scheduled and attended behavioral medicine sessions.
- Coordinate care with the behavioral medicine provider. For example, you may share medical information with the behavioral medicine provider to develop a comprehensive treatment plan.
- Assess changes in patients in IBS symptoms, stress levels, and quality of life.
- Consider patients medical management to determine if alterations are needed following behavioral therapy.

The next few pages contain patient pamphlets and an example of behavioral medicine provider contact information that could be used in your clinical practice.



# PATIENT INFORMATION

## IRRITABLE BOWEL SYNDROME: WHAT IS IT AND HOW IS IT MANAGED?

**Q:** What is IBS?

**A:** Irritable bowel syndrome (IBS) is a change in function, which causes a change in movements in the muscles of the gut, leading to diarrhea or constipation. People with IBS also tend to become more sensitive to sensations in their gut, which contributes to pain in the belly. You may also experience bloating and gas, low energy, and fatigue. Symptoms can range from mild to severe and may vary for each individual.

**Q:** What causes IBS?

**A:** IBS is a problem in the way the brain and gut work together. There is not one particular cause. It is likely triggered and made worse by a combination of things such as diet; stress; lifestyle; and, for some patients, anxiety and depression. People with a history of early trauma, including physical or sexual trauma, may be more likely to develop IBS. Some cases of IBS may be from an infection of the gut; this is called postinfectious IBS.

**Q:** How are IBS and stress connected?

**A:** Stressors such as life events, relationships, daily hassles (e.g., work, school, finances), and physical problems (e.g., pain, discomfort, health problems) can lead to IBS symptoms. IBS itself can be a significant stressor, especially when people feel that it is unpredictable and they have no control over it. Sometimes people with IBS have problems sleeping when their symptoms are bad or they are stressed. People with IBS may be “gut-responders” to stress. They may have or develop thoughts, feelings, beliefs, and behaviors that may interfere with their quality of life and ability to deal with IBS. Some examples include:

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**THOUGHTS** ▶

“At my friend’s birthday party, I can’t eat that cake because it might cause symptoms and I don’t know where the restroom will be. If I have gas or bloating, I won’t feel comfortable in my outfit, and if I have diarrhea, that would be even more embarrassing!”

“It’s easier if I don’t travel because every time I do I get so constipated and it takes me days to recover.”

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**FEELINGS** ▶ Shame, anger/frustration, hopelessness, worry, embarrassment

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**BELIEFS** ▶ “I need to be perfect.” “I need to have control.” “I need approval.”

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**BEHAVIORS** ▶ Avoidance of triggers (e.g., food), activities, socializing, or sex for fear of an IBS attack; excessive planning; decreased work productivity; decreased functioning.

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**Q:** Why seek help?

**A:** People seek help for many reasons; however, most often people want to identify triggers for IBS symptoms, increase control over their body and day-to-day life, improve confidence in managing IBS, decrease feelings of stress, anxiety, depression, pain, and increase functioning.

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**Q:** How is IBS treated?

**A:** Treatment may consist of medication and/or dietary changes. Behavioral treatment may also be useful. When discussing treatment options, it is important to be prepared with questions, discuss treatment goals and priorities, ask for more information about your condition, and summarize your plan going forward.

# PATIENT INFORMATION

## BEHAVIORAL MANAGEMENT OF IRRITABLE BOWEL SYNDROME

Research has shown that behavioral interventions that address stress and IBS can improve the functioning of your gut and quality of life. Behavioral treatments may help to reduce the frequency and intensity of your IBS episodes by helping to reduce disturbances in the brain-gut connection. This approach may not cure all symptoms, but there is good reason to believe that you will feel more in control of your symptoms and find relief to live a more comfortable and enjoyable lifestyle.

**Q:** How can a behavioral medicine provider help you?

- Set treatment goals with your IBS care team.
- Help you learn how to control IBS symptoms with behavioral strategies.
- Teach you stress-management techniques.
- Help you to manage your daily life more effectively.

**Q:** What is the time commitment?

**A:** Each session may range from a brief meeting (e.g., 15-30 minutes) to a more traditional therapy timeframe (e.g., 45 min-one hour). Treatment can be anywhere between 4 and 12 sessions. These numbers are only estimates, you will work with your provider to determine the number of sessions that fits your needs.

Many providers meet face-to-face with patients, but some providers may provide different options for care (e.g., telehealth). Providers will often ask that you complete home practice assignments.

**Q:** What is behavioral treatment?

**A:** There are several behavioral approaches to managing IBS. You will discuss your therapist's approach to managing IBS and mutually agree on a treatment plan that fits your needs. Two of the most common approaches are:

- **Cognitive Behavioral Therapy:**skills training to better understand the connection between thoughts about IBS symptoms, current stressful situations and behaviors. Skills to improve self-care (e.g., relaxation training) and manage stress more effectively are taught. Therapy may help you understand your IBS, face situations that are problematic or distressing, or cope with uncomfortable IBS symptoms.
- **Gut-directed Hypnosis:**A verbal intervention that helps an individual to become more receptive to suggestion. When people are in this state, they are more likely to experience psychological and physical changes that lead to better health and well-being. This intervention often involves a script.



# APPOINTMENT WITH BEHAVIORAL MEDICINE

## CAROL SMITH, PhD

Dr. Smith is a licensed clinical psychologist at the VHA Gastroenterology Specialty Clinic. Dr. Smith has experience treating IBS with behavioral interventions and hypnosis. She earned her doctorate in clinical psychology from Behavioral Medical Training University and completed a fellowship specializing in the treatment of gastrointestinal and pain conditions at The VA Medical Center and University Medical College.



You have a appointment scheduled to meet with Dr. Smith on:

If you need to change or reschedule your appointment,  
or to discuss payment options, please contact us at:  
888-888-8888 | [contact@va.gov](mailto:contact@va.gov)

### LOCATION

Our office is located at University Blvd.  
We are on the 3rd floor in the blue section of the VAMC.

EXAMPLE

### APPOINTMENT INSTRUCTIONS

Please arrive 10 minutes early to check in and fill out any necessary intake paperwork.

What you can do to help your behavioral medicine provider effectively treat your IBS?

- Attend all appointments, or call to reschedule when needed.
- Discuss your IBS experience honestly and openly.
- Ask questions and communicate your preferences.
- Work together with the behavioral medicine provider, and complete home practice exercises.
- Discuss progress with your behavioral medicine provider and medical care team.

# PATIENT INFORMATION

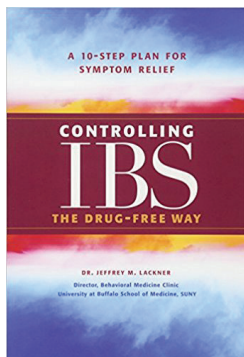
## SELF MANAGEMENT OF IRRITABLE BOWEL SYNDROME

There are also several resources to help you manage IBS on your own.

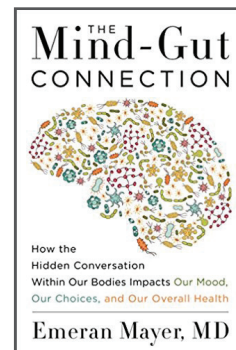
### ONLINE

- ▶ **International Foundation for Functional Gastrointestinal Disorders**  
<https://www.iffgd.org>
- ▶ **UNC Chapel Hill**  
<https://www.med.unc.edu/ibs/patient-education>
- ▶ **Gastro Girl – Empowering Digestive Health**  
<https://gastrogirl.com>
- ▶ **National Institute of Diabetes and Digestive and Kidney Diseases**  
<https://www.niddk.nih.gov/health-information/digestive-diseases/irritable-bowel-syndrome>
- ▶ **Information on Hypnosis (Dr. Olafur Palsson)**  
<http://www.ibshypnosis.com>

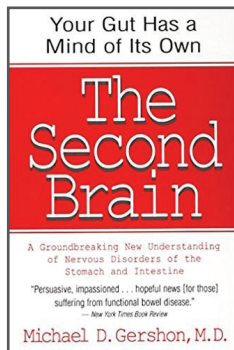
### BOOKS ▼



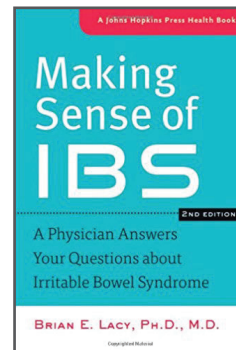
**Controlling IBS the Drug-Free Way:  
A 10-Step Plan for Symptom Relief**  
by Dr. Jeffrey Lackner, PsyD



**The Mind Gut Connection**  
by Dr. Emeran Mayer, MD



**The Second Brain**  
by Dr. Michael Gershon



**Making Sense of IBS**  
by Brian E. Lacy