

**BEHAVIORAL SCIENCE PROGRAM**  
**UNIVERSITY OF CALIFORNIA IRVINE**

The Behavioral Science Program provides a continuity teaching and learning experience which occurs throughout the three years of training. The primarily clinic-based curriculum also includes a weekly didactic seminar series, utilizing a problem-based learning approach.

The major components of the three year curriculum include:

**Year 1:** All first year residents are required to be observed monthly by Behavioral Science faculty during normal patient interactions in the Family Practice Center. Upon completion of the interview, the behavioral scientist provides verbal feedback to the resident. The emphasis of training is on the development of the physician/patient relationship, the refinement of interviewing skills, increasing sensitivity to gender, age, racial, and cultural differences in patients, and enhancing resident self-awareness as it relates to patient care issues.

During the year, each resident will be videotaped at least once during a patient encounter. Tapes will be reviewed during monthly intern support/video review sessions with all first year residents.

Additionally, all first year residents will be scheduled for one counseling clinic per month. (See description). Residents will observe behavioral science faculty conduct these sessions. Family Practice Center patients who are experiencing psychosocial problems, crisis situations, or those individuals/families whose illness requires lifestyle changes may be referred to a Counseling Clinic.

**Year 2:** All second year residents are scheduled for one counseling clinic per month. Behavioral Science faculty and residents share responsibility for conducting these sessions. As the year progresses, residents begin to assume the primary role as counselor. The foci of Behavioral Science education in the second year include: to help the residents to solidify interviewing skills, to develop psychosocial assessment skills, to identify common psychopathologies and life stress issues which may become manifest in somatic ways, and to identify appropriate treatment strategies. Second year residents also participate in weekly Behavioral Science Seminars. (See Seminar Series).

**Year 3:** All third year residents are scheduled for one counseling clinic per month. Residents assume the role as primary interviewer or co-therapist, depending upon the situation. The emphasis of Behavioral Science training is to prepare family practice residents to assess and to treat effectively the complex psychosocial issues patients present in practice. Third year residents also participate in the weekly Behavioral Science Seminars.

## WHAT ARE COUNSELING CLINICS?

Counseling Clinics were established at CCOC in order to provide a longitudinal educational experience in Behavioral Science for third year residents and to fill a much needed gap in community services. At the time Counseling Clinics were instituted, our primary resource for CCOC patients, Clinica Nueva Esperanza, was no longer accepting referrals. This factor - patient need for counseling services, contributed to the immediate success of the program.

On an educational level, Counseling Clinics have provided an unparalleled exposure to mental health aspects of patient care. Family Medicine Residents now are able to diagnose and treat accurately: depression, anxiety disorders, adjustment disorders, somatization, PTSD, etc. They are able to identify signs and symptoms of child abuse, sexual abuse, domestic violence, and adult abuse. Further, Family Medicine residents have developed an understanding of the DSM IV (and its multi-axial diagnostic criteria), the efficacy of psychopharmacologic agents used in conjunction with therapy, and appropriate psychotherapeutic techniques for brief counseling. As a result of its educational value, plans for Counseling Clinic expansion became an integral component in the most recently funded federal residency training grant. This allowed Behavioral Science Faculty to add a monthly Counseling Clinic session for second year residents which helps reduce the backlog in patients waiting to be seen. Also, Jane McDonald, MSW, volunteers one half-day per week to see patients in Counseling Clinic in exchange for clinical supervision for her state licensure (LCSW).

The impact of Counseling Clinic has been felt on many levels. A preliminary study conducted by Dr. Johanna Shapiro indicated that participation in Counseling Clinics resulted in a decreased utilization of non essential medical services.

At a time when community agencies, already stretched in their attempts to provide services, are experiencing downsizing, the Department of Family Medicine has been able to meet patients' mental health needs in a limited capacity.

The following three case examples are, I believe, illustrative of the types of patient care services provided in Counseling Clinic.

Mr. N. is a 64 year old Vietnamese gentleman who emigrated to the U.S. two years ago with his wife and adult daughter. Mr. N. was a Colonel in the South Vietnamese Army and spent 12 years in a Communist re-education camp in North Vietnam where he endured - and witnessed - numerous atrocities. Mr. N. has a number of chronic health problems as a result of his experiences. Most significant of late, however, is his concern for his daughter. Abandoning traditional values, she has left her parents and is living with a man. This has led to an estrangement, prompting Mr. N. to complain of "a broken heart." Mr. & Mrs. N., who receive \$400/month from General Relief, pay \$300/month rent for a room. Unable to pay for therapy, Mr. and Mrs. N., through Counseling Clinic,

have been able to share their feelings about the life changes they have endured and the alienation they have experienced from their daughter. Somatic complaints have decreased and Mr. N. has responded well to antidepressant therapy. Mr. and Mrs. N. have made a distinction between “physical” problems such as hypertension, and the emotional problems prompted by their daughter’s departure from the home.

Mrs. M. is a 33 year old Mexican woman who lives with her husband and three children, ages 14, 11, and 4. She is very nervous, anxious, and depressed. She states that she has “family problems” because she does not want to have a sexual relationship with her husband. As an adolescent in Mexico, she attempted suicide, but was found by her parents. She attends a self-help group now for neurotics. Mrs. M. came to Counseling Clinic and acknowledged that her sexual problems stem from having been sexually abused by 2 family members as a child. Mrs. M. says she wants to be rid of the guilt and bad feelings and be capable of caring for her family again.

Mr. C. is a 25 year old Mexican man who came to CCOC with a complaint of anxiety, panic attacks, and agoraphobia. While he was given medication to help relieve the symptoms, he said he knew this was not the solution. He is frustrated that his anxiety prevents him from driving the freeway which, in turn, impacts his work. Mr. C. was given some relaxation techniques, breathing exercises, and was taught how to use visualization to help him cope better with his anxiety and to help restore his sense of mastery.

These three cases underscore types of problems and issues which confront the residents and Behavioral Science faculty in Counseling Clinic. Depression, anxiety, personality disorders, marital and family problems, domestic violence and substance abuse disorders, along with culture-bound syndromes, crisis situations, somatization disorders, and issues of non-compliance are all treated through Counseling Clinics. The services provided in Counseling Clinic give our patients, whose resources are so limited, access to a mental health service not available in the community.