

## **PSYCHOLOGICAL SERVICE**

Psychiatric/Psychological services will be available, as needed, for the bariatric resident to promote emotional and behavioral well-being throughout their stay. Psychosocial concerns may include, but are not limited to, the following:

1. Low self-esteem
2. Control issues
3. Lifestyle coping strategies and effective communication techniques
4. Psychiatric illness
5. Other problems assessed by the facility or expressed by the resident

## **FACILITY SUPPORT**

All staff members in the facility should receive sensitivity training and education regarding the nature and treatment of eating disorders and the psychological needs of bariatric residents.

## **DEDICATED UNIT OR PROGRAM STAFF SUPPORT**

The DON may assist in screening staff who will work on a unit or work with a staff support group, if needed.

1. Staff members receive sensitivity training and education regarding the nature and treatment of eating disorders and the psychological needs of bariatric residents.
2. Staff members receive additional and ongoing education regarding the psychological problems frequently found in the bariatric population.

## **PSYCHOSOCIAL ASSESSMENT**

Psychological factors play an important role in behavior patterns that influence caloric intake, energy expenditure, and subsequent weight loss.

The high rates of psychological disorders found in the obese population suggest that these psychological problems may play a leading role in obesity and may have an important effect on weight loss and weight control treatment planning. These disorders include, but are not limited to, the following:

1. Avoidant, passive aggressive, self-defeating, and borderline personality traits, including major depressive and thought disorders. Symptoms may include:
  - A tendency to passively avoid demands placed on them and may have poor insight into their issues, as they do not address them.
2. Histrionic, narcissistic, and anti-social behavior, including drug and alcohol dependence. Symptoms may include:
  - Feelings of righteousness, being better than others, presenting in an overly dramatic manner, and expressing anger as a primary coping skill

3. Milder forms of anxiety, somatoform, and dysthymia. Symptoms may include:
  - Eating for comfort, unexplained physical complaints, being hypochondriacal or suffering from long-term, low-grade depression
4. Paranoid and delusional personality traits. Symptoms may include:
  - Suspiciousness – may accuse staff or others of persecuting them
5. Identify patterns of stress and coping to assist in the care planning process, which may include the following:
  - a. Psychosocial History (Bariatric)
  - b. Weight and Significant Life Events History
  - c. Referral to Behavioral Health