

Interview with an Early Career Health Psychologist, Ben Miller, PsyD

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1. Dr. Miller, what drew you to the field of health psychology and why were you interested in the mind/body connection?

Growing up in Tennessee, I was fortunate enough to have a family that was actively involved in health care. On one side of my family, I had a grandfather who was a family physician; the other side, a politician. This led me to have a more comprehensive understanding of health and systems. My interest in the mind/body connection began while I was a sophomore in college. I was taking a philosophy class, when the professor began a discussion about Descartes. Coincidentally, I was also enrolled in several psychology courses at the time; the rest is history. I recognize this seems to be too good to be true, but I have always had a fascination with the role of emotions, human behavior, and our health.

2. What kinds of special training have you had that would set you apart from someone who is more of a generalist?

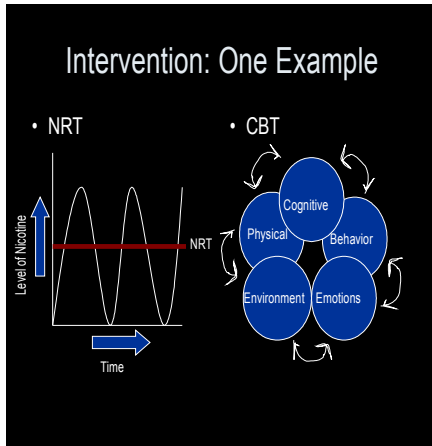
In graduate school, my program allowed me to enroll in a health psychology emphasis area, which basically meant I took a few extra classes in health psychology. While these health psychology classes were helpful in my understanding of psychology and health, I also wanted to experience what health psychology looked like in practice. As with most graduate students, I too jockeyed for position to be placed in a practicum setting where I would be able to work in a medical settings. I also took an extra step and contacted one of the health psychologists in the community who worked at a cancer center. This particular health psychologist agreed to meet with me and ended up inviting me to be a volunteer and later employee of his clinical practice and research lab. Having a part time job throughout graduate school was difficult; however, I saw this as further training for my professional development in health psychology.

3. What would you want generalist psychologists to know about when to refer to someone who specializes in mind/body – or should they?

Interesting question as I often argue that all psychologists should be experts in the mind/body connection. If we are truly addressing the whole patient, we have to include all aspects of the patient's health. The biopsychosocial model has been discussed for over thirty years yet for the most part, our health care system (insurance, etc.) and training programs (of all disciplines) have not evolved to accept this. For those psychologists who work in primary care, it is often recommended that their training be generalist in nature. The rationale behind this is that primary care patients present with all aspects of psychological diagnoses and a generalist can recognize an issue and address it accordingly whereas a specialist only looking at one aspect of the patient's presentation may miss the larger picture. Psychologists as a whole are excellent at recognizing

systems and the role of individuals within their specific context; there just needs to be more psychologists who consider what they do as treating health, not just mental health.

4. What do you see most often in terms of the mind/body overlap as a psychologist (i.e. recent diagnosis of illness, smoking cessation, weight management, etc.)?



Arguably one of the most significant areas where the mind/body connection is most easily referenced is within stress. Everybody experiences some form of stress, yet we all have many ways of managing it differently. Stress management in primary care opens up many doors to demonstrate to the patient how their mind affects their body and their body affects their mind. I often use the exam room paper to draw out a diagram that looks similar to the diagram to the left. Yes, this is an overly simplified explanation of a cognitive-behavioral approach, however, patients can use this schematic to make connections between their mind and their body, and it often is initiated by stress.

I also will go into detail about stress and explain the underlying physiological reasons why we experience stress.

5. What are some barriers present in the field of health psychology/primary care psychology?

Arguably one of the most significant barriers in the field of health psychology/primary care psychology remains the health care system. Look at the back of your insurance card. Which number do you call to find a medical provider? Now, look underneath that number. Is there a number to call for behavioral health/mental health or substance abuse? The health care system is still set up to operate under the assumption that mental health and physical health should be encapsulated in silos of different health categories. Talk about the antithesis of a mind/body connection.

6. What trends do you see evolving as the mind/body connection has become more understood and integrated into mainstream America?

Employers are beginning to recognize the role of stress on health. Primary care clinics are emerging onsite at major employers. Absenteeism takes a back seat as presenteeism becomes more a focus. Medical facilities are hiring more behavioral health providers (e.g. psychologists). Health is brought into almost every news story each day. Mental health is becoming less stigmatized as society slowly begins to recognize how our minds and our bodies interact.

7. What would you suggest for early career psychologists who are interested in learning more about this topic?

Become involved collaborating now. If you have no experience collaborating with professionals outside of psychology, find collaborators immediately. Being able to distill years worth of training into a succinct, cogent argument can take you very far in your attempts to collaborate with others. State psychological associations are often a great place to meet professionals who collaborate with non-psychologists each day. Associations such as the Collaborative Family Healthcare Association, whose conference is in Denver this year (November 6-9) focus on bringing together multiple disciplines interested in collaborating together for the betterment of societies health. Early career psychologists may benefit from attending non-guild related conferences as to better get to know others outside of their own profession.

8. Anything else you would like others to know about you and/or the mind/body connection.

Here are some excellent resources:

www.integratedprimarycare.com

www.cfha.net

Miller, a graduate of Spalding University, completed his internship at the University of Colorado Health Sciences Center, where he trained in primary-care psychology. He is currently a postdoctoral fellow he at the University of Massachusetts Medical School in the Department of Family Medicine and Community Health.

Professionally, Ben is actively involved in governance within the American Psychological Association for Graduate Students where he holds the elected position of Member at Large – Practice Focus. Miller was recently elected to the Collaborative Family Healthcare Association's (CFHA) Board of Directors where he serves to advance the mission of integrated health care as an organizational liaison to other associations who have similar missions.

Ben's research interests include behavioral medicine in primary care, health care policy issues related to integrated health care, tobacco cessation, and behavioral health interventions in primary care. Outside of psychology, Miller enjoys playing music, rock climbing, and running. He and his wife live in Newtonville, Massachusetts with their two month old daughter and two dogs.