

**Suzanne R. Engelman, Ph.D.**  
**Clinical Psychology**



years as a clinical psychologist I've worked in a variety of medical centers and UCSF Medical School providing psychological services to general medicine, oncology, physical and rehabilitation

***Tell us about your passion for integrating behavioral and physical medicine.***

Major diseases in the U.S. today largely derive from behaviors such as smoking, alcohol abuse and sedentary lifestyles, which can all be changed with psychological help. Studies have shown that work-related stress can double one's risk of dying from heart disease, and that two-thirds of all office visits to family physicians are due to stress-related symptoms. Furthermore, a 2009 edition of *Psychiatric Studies* demonstrated that, "collaborative care in which patients receive mental health services on site led to reduced treatment time; fewer appointments, and consequently lower costs than traditional patient referral to off site mental health centers."

***What's your professional background?***

I found my niche in graduate school when I helped start a psycho-social resource program at Palo Alto Veterans Administration Oncology Center. In my 27

patients and their families; and taught Family Practice residents about biopsychosocial aspects of primary care. I have also published many articles on working with patients in medical settings.

I joined the SJO Medical Staff nine months ago. I've been working with **Dr. Melvyn Sterling**, seeing palliative care patients and their families to address pain and adjustment to medical issues; and providing consultations throughout the hospital, partnering with physicians to address psychological aspects of patients' medical treatments and crises created by medical illness.

***What are some ways you help patients?***

General medical patients may have psychological conditions that increase pain. For example, a chronic medical illness greatly increases the likelihood of anxiety

and depression, which can increase pain. My work involves assessing patients' pain levels; using cognitive behavioral technique to help them discover triggers for the pain; and correct negative thinking about their pain that leads to its exacerbation. I teach relaxation techniques and use biofeedback to decrease patients' sympathetic nervous system arousal, manage stress, lower blood pressure or generally help them be more relaxed.

In working with end-of-life patients, those who are critically ill and their caregivers, I facilitate communication among family members and with their physicians about their illness trajectory; treat depression and anxiety associated with pending death; clarify end-of-life goals; facilitate resolution of unfinished business; address spirituality and offer grief counseling. When young children are involved I assist family members to communicate at the child's level of understanding. For the patient grieving over loss of functioning, I can help them to still find meaning in life as a viable human being. When a physician makes a referral I don't know what I'll find, but I'm always ready to deal with the unexpected.



A PUBLICATION FROM THE ST. JOSEPH HOSPITAL MEDICAL STAFF OFFICE



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