

## Cooper University Hospital Behavioral Medicine Research

### Research Lab Team:

**Kelly L. Gilrain, Ph.D.** – Director of Behavioral Medicine. CL, Obgyn/Nicu. Interests: Trauma, End of Life Issues, Expansion of Behavioral Medicine programs across settings

**Ana Bullock, Psy.D.** – Licensed Clinical Psychologist. CL, Obgyn/Nicu, IP Psychiatry. Interests: Somatic Symptoms Disorders, Chronic Illness, Anxiety

**Cori McMahan, Psy.D.** – Licensed Clinical Psychologist, Infectious Disease/Early Intervention Program. Interests: LGBTQ Issues, Oncology, Integration of technology in behavioral health interventions

**Michael DeAngelo, Psy.D.** – Licensed Clinical Psychologist, Infectious Disease/Early Intervention Program. Interests: Serious Mental Illness, Post-Partum Issues, Women's Health,

**Philip Fizur, Psy.D.** – Licensed Clinical Psychologist, CL and UHI. Interests: Integration of technology in healthcare, Oncology, Pediatric Diabetes, Adherence and Compliance with medical regimen

**Rachel Allen, Psy.D.** – Post-Doctoral Fellow. CL, UHI, Pediatrics, Cardiology. Interests: Consultation-Liaison, Behavioral Cardiology and Cardio-oncology

### Summary of CUH IBM Research:

The Cooper University Hospital Behavioral Medicine Research Team maintains interest in a few arms of research based in areas of Health Psychology relevant to our clinical practice focus. Summarily, we are interested in the management of chronic disease, improving adherence and compliance across all medical areas, treatment of side effects and reduction of psychological distress as it relates to medical issues both acute and chronic. Research at this time is primarily in trauma, oncology, HIV/AIDS and Urban Health Institute. We are champions of the utilization of technology (mHealth or digital health) in healthcare for health behavior change, to improve health literacy, and to improve doctor-patient communication. We are interested in the patterns of consultations in the ways in which Behavioral Medicine is integrated within our academic medical center, with focus on enhancing interdisciplinary communication and patient care. We are presently engaged in Behavioral Medicine's relationship with patient satisfaction and reduced hospital length of stay as well as 30-day readmissions. We have previously established a standard of care (SoC) for evaluating and intervening with patients who are admitted to the Trauma service with elevated blood alcohol levels. We have developed a similar SoC protocol to address psychological distress and cognitive impairments post-sepsis/ICU and are planning to integrate this with Critical Care and a Post-Sepsis Clinic. Notably we remain interested in the impact of brief, bedside motivational interviewing and referral for treatment (SBIRT). Moving forward we hope to integrate cardiac research examining Takotsubo cardiomyopathy.

### ***Open active research include:***

- 1) Predicting Distress in Hospitalized Trauma Survivors (Trauma/Behavioral Medicine)
- 2) Identifying preliminary quality indicators of Psychology CL service at an Academic Health Center (Behavioral Medicine)
- 3) Patterns of Consultation Liaison Referrals in an Inpatient Urban Academic Medical Setting (Beh Med)
- 4) Integrated Behavioral Medicine in HIV care: Improving health literacy & engagement in medical regimen through interdisciplinary consultation. (Infectious Disease/Behavioral Medicine)
- 5) Examining the efficacy of Behavioral Medicine in an Urban Primary Care Setting: A structure to reduce Emergency Room Visits. (Urban Health Institute/Behavioral Medicine)
- 6) Using the Tigr AP Interactive Patient Education to Promote Adherence to Mindfulness Practice in Inpatient Behavioral Pain Management Cases (Behavioral Medicine and IT)