



Improving the lives of people
with disorders of gut-brain
interactions

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Brain-Gut Psychotherapy Referral Guide



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Psychological interventions for gastrointestinal (GI) conditions, now referred to as brain-gut psychotherapies, have extensive research demonstrating their effectiveness at improving GI symptoms and quality of life for patients with Disorders of Gut Brain Interaction (DGBIs). These interventions are delivered by a GI-Mental Health Provider (GI-MHP) and the primary goal of treatment is to improve coping and GI symptom management.

Referral Process

- The GI-MHP will complete a thorough assessment and determine whether the patient is a candidate for a brain-gut psychotherapy approach and if so, what specific treatment modality is indicated.
- When referring patients, indicate the **GI diagnosis and specific reason for the referral** (medical work up should be complete prior to referral). Patients may be under the care of an outside counselor or psychologist to address general mental health concerns; it's okay to refer patients in these circumstances, as we can coordinate care.

BILLING AND INSURANCE

Brain-gut psychotherapy services are often covered by insurance; In some cases the provider may use specialized billing codes that are covered under the patient's medical benefits using a GI diagnosis (Health & Behavior CPT codes).

APPROPRIATE REFERRALS

- Patient has been **conclusively diagnosed** with a GI disorder (e.g., irritable bowel syndrome, inflammatory bowel disease, chronic pancreatitis, rumination syndrome etc.) and **medical work-up is complete**
- Patient has **moderate to severe** GI symptoms that have not responded to conventional medical care (e.g., 3-6 months of medical treatments), or the patient is reluctant to take medication or sensitive to their side effects and would like a **non-pharmacological** treatment approach



- **Stress and/or psychosocial factors** trigger or exacerbate GI symptoms, or GI problems are perceived to be a stressor
- Patients with **food-related anxiety** or overly restrictive diets
- GI concerns interfere with **quality of life or functioning**
- Patient is **open** to the role of stress or psychosocial factors impacting the brain-gut axis, and **accepting** of the idea of using psychological methods to manage symptoms
- Patient is **motivated and willing to commit** to multiple treatment sessions (e.g., weekly or bi-weekly over 3-4 months) and to complete "homework" outside of sessions

INAPPROPRIATE REFERRALS

- Patients with untreated or unstable psychiatric issues or mental health problems that are unrelated to their GI condition (e.g., severe depression, PTSD, OCD). In these cases, referral to a general mental health provider is top priority (psychologytoday.com)
- Patients with cognitive limitations and language barriers
- Active substance abuse
- Untreated eating disorder or BMI <17





How to Recommend Brain-Gut Psychotherapy Treatments

Introduce the role of Brain-Gut Psychotherapy early!

By introducing the concept of psychological treatment early, rather than later in the treatment process, patients are less likely to feel “dumped” or perceive that you are referring them as a last resort.

It is also helpful to introduce the GI-MHP as a member of the GI team as patients are often appreciative of a multidisciplinary approach to GI health.

To reduce feelings of physician abandonment, inform the patient that you will continue to provide them with medical care and that you will remain in contact with their GI-MHP.

A clear discussion of the brain-gut axis is essential for providing a strong and compelling rationale for a referral to a GI-MHP.

Use patient-friendly language when explaining this:

- The brain and the gut are highly interconnected via a complex network of nerves and chemical signals. This bidirectional communication can become dysregulated as a result of a number of factors, including infection, chronic stress or intense emotional experiences. As a result, this faulty communication can cause the brain to perceive sensations from the gut too strongly (e.g., normal amounts of gas in the intestines becomes highly painful) or send inappropriate signals back down to your digestive system causing uncomfortable symptoms.
- Furthermore, many individuals with brain-gut disorders are more sensitive to sensations in their GI tract and the brain can influence how those sensations

are experienced- either amplifying them or tuning them out, like a volume knob on a stereo. Brain-gut psychotherapies work by helping your brain learn to better filter out those uncomfortable sensations.

Discuss the role of stress as a possible contributing factor, not a cause:

- Stress is one of many factors that can contribute to worsening symptoms for patients. This does not mean that symptoms are “all in your head.” Research studies have shown that patients with DGBI have abnormalities in their physiological stress response, so you may experience more significant disruption in gut symptoms in response to everyday stressors, meaning that you are a “gut responder”. Also, the symptoms themselves can become a source of stress which can create a viscous cycle (i.e., worrying about the symptoms activates the stress response which then further upsets the gut).

De-stigmatize brain-gut psychotherapy by framing it as a treatment for their GI condition, not a mental health treatment

- Brain-gut psychotherapies are different from traditional psychotherapy because they are targeting GI symptoms specifically. Many patients with DGBI do not meet criteria for a mental health disorder and yet still benefit from Brain-Gut Psychotherapy treatment.
- These treatments can also help you learn to cope better with your GI symptoms which we know can be highly stressful and unpredictable. For example, a GI-MHP will help you learn techniques to let go of worrisome thoughts about your symptoms and find ways to resume social activities so that you can have a better quality of life.

Efficacy and Features of Brain-Gut Psychotherapies

Brain-Gut Psychotherapy treatments have >30 years of research supporting their effectiveness at improving GI symptoms, particularly IBS, with a number needed to treat of 4. Cognitive behavioral therapy (CBT) and gut-directed hypnotherapy (HYP) are the psychological treatment modalities that have been most extensively studied and utilized.

Cognitive-Behavioral Therapy

Efficacy: 20 RCTs in IBS with ~60- 70% of patients being treatment responders (at least 50% reduction in IBS symptoms); 6 RCTs in pts with Non-cardiac chest pain (5 showing positive results); 2 RCTs in Functional Dyspepsia

Treatment Duration: 4-10 sessions (highly motivated patients can respond in as few as 4 sessions)

KEY FEATURES:

CBT is a short-term, collaborative treatment approach that targets skills deficits that exacerbate brain- gut disorders. Specific components of treatment are customized for each patient and typically include:

- Psychoeducation regarding DGBI, role of stress and the brain-gut axis, and rationale for psychological treatment
- Relaxation skills to target autonomic arousal (e.g., diaphragmatic breathing, guided meditation)
- Cognitive restructuring skills to address symptom anxiety and preoccupation (e.g., rather than worrying about the possibility of needing a bathroom when you are away from home or passing gas in a social setting, focus instead on how this is highly unlikely to occur, how you could cope and survive an embarrassing incident, and that it is not helpful to focus on the worst case scenario).
- Coping skills training to address maladaptive coping behaviors (e.g., excessive reliance on anti- diarrheal medications before leaving the house, avoidance of social situations due to fear of symptoms or following an overly restrictive diet).



Gut-Directed Hypnotherapy

Efficacy: 12 RCTs in IBS with up to 75% of patients with severe, refractory IBS achieving at least a 50% reduction in bowel symptoms after treatment; 1 RCT in pts with Non-cardiac chest pain; 1 RCT in pts with Functional Dyspepsia; Pilot studies have shown promising results in globus and functional heartburn.

Treatment Duration: 7- 12 sessions

KEY FEATURES:

HYP is a verbally guided intervention encouraging focused mental attention and deep relaxation to induce a special mental state, referred to as a hypnotic trance state, during which the mind is more receptive to therapeutic suggestion. The imagery, metaphors, and suggestions used in GI hypnotherapy are specifically tailored to address the patient’s gut symptoms, such as reducing pain sensitivity in the bowels, normalizing motility, reducing stress reactivity in the body, and increasing the patients’ overall sense of well-being.

Diaphragmatic Breathing

This simple breathing technique is often included as a component of CBT and can also be used as a stand-alone treatment for certain GI conditions, including rumination syndrome and supragastric belching.

Additional Resources:

- Directory of GI-MHPs: RomeGIPsych.org
- Directory for locating a general mental health provider in your area (not GI-specific): <http://www.psychologytoday.com>
- Listing of GI hypnotherapy providers: ibshypnosis.com
- Diaphragmatic Breathing Demonstration by Dr. Megan Riehl: <https://www.youtube.com/watch?v=UB3tSaiEbNY>
- Keefer L et al., 2018, Best practice update: Incorporating psychogastroenterology into management of digestive disorders, Gastro.