today, mental healthcare professionals are becoming involved in a wider spectrum of what have been traditionally considered physical ailments. Psychologists have become an essential part of the treatment team in oncology (cancer medicine), geriatric medicine, cardiology (heart and circulatory medicine), pediatric medicine, and other specialties. Likewise, cross-disciplinary teams have become more common in mental healthcare. Individuals suffering from a disease such as schizophrenia, for example, may be treated by a team consisting of a psychiatrist, a psychologist, a neurologist, a vocational counselor, a family therapist, an art therapist, and a social worker.

Some patients may require ancillary services and after-care support such as vocational rehabilitation (job training or retraining), independent living skills training, social skills training, and housing assistance. For these individuals, specialists outside of traditional medical disciplines may be integrated into the interdisciplinary team.

Interdisciplinary teams are becoming more commonplace in clinical settings that involve healthcare research, also. A program for teen pregnancy prevention started at the University of Minnesota in 1997 is staffed with a team of psychologists, sociologists, physicians, nutritionists, nurses, biostatisticians, epidemiologists, and others who can provide effective strategies, and translate their results into meaningful research data that can improve quality of care.

Hospice care, a treatment setting for terminally ill patients, is another example of interdisciplinary treatment at work. Hospice patients, who are often coping with chronic pain and with emotional and spiritual issues related to the end of life, require care that focuses on both physical symptom relief and emotional well-being. Their interdisciplinary care may consist of one or more physicians, a psychologist, a family therapist, and other healthcare professionals. In addition, bereavement care for the patient’s family is often worked into the overall interdisciplinary treatment plan.

One of the challenges of an interdisciplinary treatment approach is harmonizing the varying methods and philosophies of different professionals into a cohesive care plan that works toward a unified treatment goal. One approach is for the interdisciplinary team to perform the intake interview (or initial assessment) of the patient in a group setting to ensure unity in their treatment approach, and then follow up with regularly scheduled meetings to create the treatment plan and adjust it as necessary as they follow the patient’s progress.

However, the logistics of such a plan are often difficult, given the patient care load of many healthcare providers. What is more common is the appointment of a case manager, who is responsible for coordinating delivery of treatment and following the patient’s progress, to organize and inform the treatment team. The manager provides the patient with a “point person” to approach with any problems or concerns. They also have responsibility for scheduling therapies and treatments in the correct sequence for maximum benefit to the patient, and for coordinating aftercare services such as housing assistance and networking the patient with support groups. Case managers are often licensed social workers, but can also be laypeople.

Paula Ford-Martin

Further Reading

Further Information

Interest inventory

A test that determines a person’s preferences for specific fields or activities.

An interest inventory is a testing instrument designed for the purpose of measuring and evaluating the level of an individual’s interest in, or preference for, a variety of activities; also known as interest test. Testing methods include direct observation of behavior, ability tests, and self-reporting inventories of interest in educational, social, recreational, and vocational activities. The activities usually represented in interest inventories are variously related to occupational areas, and these instruments and their results are often used in vocational guidance.

The first widely used interest inventory was the Strong Vocational Interest Blank, developed in 1927 by E.K. Strong. The original test was designed for men only; a version for women was developed in 1933. In 1974 the Strong test was merged into the Strong-Campbell Interest
Inventory, which was further revised in 1981. The test contains 325 activities, subjects, etc. Takers of this test are asked whether they like, dislike, or are indifferent to 325 items representing a wide variety of school subjects, occupations, activities, and types of people. They are also asked to choose their favorite among pairs of activities and indicate which of 14 selected characteristics apply to them. The Strong-Campbell test is scored according to 162 separate occupational scales as well as 23 scales that group together various types of occupations (“basic interest scales”). Examinees are also scored on six “general occupational themes” derived from J.L. Holland’s interest classification scheme (realistic, investigative, artistic, social, enterprising, and conventional).

The other most commonly administered interest inventory is the Kuder Preference Record, originally developed in 1939. The Kuder Preference Record contains 168 items, each of which lists three broad choices concerning occupational interests, from which the individual selects the one that is most preferred. The test is scored on 10 interest scales consisting of items having a high degree of correlation with each other. A typical score profile will have high and low scores on one or more of the scales and average scores on the rest.

Other interest inventories include the Guilford-Zimmerman Interest Inventory, the G-S-Z Interest Survey, the California Occupational Preference Survey, the Jackson Vocational Interest Survey, and the Ohio Vocational Interest Survey. There are also inventories designed especially for children, for the disabled, and for those interested in the skilled trades.

Interest inventories are widely used in vocational counseling, both with adolescents and adults. Since these tests measure only interest and not ability, their value as predictors of occupational success, while significant, is limited. They are especially useful in helping high school and college students become familiar with career options and aware of their vocational interests. Interest inventories are also used in employee selection and classification.

### Intermittent explosive disorder

Uncontrollable episodes of aggression, where the person loses control and assaults others or destroys property.

Persons with this disorder experience episodes of aggressive or violent behavior that result in assault of a person or animal or the destruction of property. These intense episodes occur spontaneously, not in response to provocation or threat, and individuals often express regret as soon as the episode ends. Usually he or she does not exhibit aggressive tendencies between episodes. This disorder can appear at any age, but is more common in adolescence through the 20s, and is more common in males. This disorder is believed to be rare, and reliable statistics on the frequency of occurrence are not available.

*See also* Impulse control disorders.

### Introversion

A commonly used term for people who are quiet, reserved, thoughtful, and self-reliant and who tend to prefer solitary work and leisure activities.

Individuals who are quiet, reserved, thoughtful, and self-reliant are often referred to as “introverts.” They are likely to prefer solitary work and leisure activities. In comparison with extroverts, who draw most of their energy from social interaction and respond to external stimuli immediately and directly, introverts tend to mull things over before formulating a reaction, and their energy is regenerated by time spent alone.

Carl Jung was the first psychologist to use the terms *introversion* and *extroversion*, which literally mean “inward turning” and “outward turning.” More recently, researchers in the field of personality, most notably Hans Eysenck, have popularized these terms. Eysenck claims a biological basis for introversion and extroversion, rooted in differences in sensitivity to physical and emotional stimulation. Eysenck claims that introverts are more sensitive to cortical arousal and thus more likely to be overwhelmed by external stimuli while extroverts, who are less sensitive to arousal, are more likely to actually seek out additional stimuli. Eysenck also created a system of personality types combining introversion and extroversion with degrees of emotionality and stability to arrive at four types corresponding to the classical four temperaments first delineated by Hippocrates. These types (together with Eysenck’s formulations) are melancholic (emotional and introverted); phlegmatic (stable and introverted); choleric (stable and extroverted); and sanguine (emotional and extroverted).

Introversion is observable even in early childhood. An introverted child is able to entertain herself alone for extended periods of time, while extroverts need company most of the time. When it comes to socializing, introverts are likely to focus their attention on only one or a few best friends rather than a larger social