Healthy Coping in Diabetes Self Management

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Objectives

- Describe the relationship among emotions, self management, diabetes and health

- Discuss key skills and programmatic approaches to healthy coping
Key Concepts for Diabetes Self-Management

- Diabetes is “for the rest of your life”
- It affects all aspects of every day life
- Healthy behaviors are the central to successful management of diabetes
- **Self management enhances emotional health, and healthy coping enhances self management**
Negative Emotion

- **Clinical**
  - Mood Disorders
    - Major depression
    - Dysthymia
    - Bipolar
  - Anxiety disorders
    - Panic disorder
    - Phobia
    - Trauma related
  - Substance abuse

- **Subclinical**
  - Anger
  - Fear
  - Frustration
  - Anxiety
  - Stress
  - Guilt
  - Worry
  - Irritability
Disease and/or death more likely among:

- Anxious
- Angry and hostile
- Depressed
- Stressed
- Socially isolated
Among those with Diabetes, Depression Associated with:


**Mortality**
- Minor depression associated with a 1.67-fold increase in mortality; major depression with 2.30-fold increase *(Katon et al. Diabetes Care 2005 28(11): 2668-2672)*

- Depression associated with poor metabolic control, poor adherence, and increased in health care expenditures
- Poor metabolic control may exacerbate depression and diminish response to antidepressant regimens

**Costs**
- 50-75% increases in health service costs; proportionally similar to that in general population but absolute dollar difference much greater *(Simons et al. Gen Hosp Psychiatry 2005 27(5): 344-351)*
Health Care Costs in Primary Care Patients with Diabetes

<table>
<thead>
<tr>
<th>Cost category</th>
<th>High Depression/ Low Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>+88%</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>+73%</td>
</tr>
<tr>
<td>Primary care</td>
<td>+51%</td>
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</tbody>
</table>

Adjusted for age, gender, medical comorbidity, diabetes severity, and diabetes knowledge, *p<.05
Ciechanowski et al., 2000
Causes of Distress/Negative Emotions

<table>
<thead>
<tr>
<th>General Life Events</th>
<th>Diabetes Related</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>Challenging and complex regimen</td>
</tr>
<tr>
<td>Jobs</td>
<td>Changes in lifestyle</td>
</tr>
<tr>
<td>Relationships</td>
<td>Fear of complications or future</td>
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<tr>
<td>Finances</td>
<td>Denial and anger about having diabetes</td>
</tr>
<tr>
<td>Caregiving</td>
<td>Feeling deprived of foods</td>
</tr>
<tr>
<td>Other health issues</td>
<td>Aversion to needles</td>
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<tr>
<td></td>
<td>Anxiety about changes in blood sugar</td>
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<td></td>
<td>Fear of becoming insulin dependent</td>
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<td></td>
<td>Feeling unsupported by family/friends</td>
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<tr>
<td></td>
<td>Provider/health insurance issues</td>
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<tr>
<td></td>
<td>Challenging peer and social situations</td>
</tr>
</tbody>
</table>
From Negative Emotion to Healthy Coping

For Clinical
- Medications
- Psychotherapy
- Combination therapy

For Subclinical
- Training in self-management
- Stress management
- Coping skills
- Assertive communications
- Social support
Healthy Coping

Problem Solving
- Daily Stressors, Hassles
- Normal Distress, e.g., to Dx
- Enduring Personal Styles, e.g., High Maintenance
- Refractory Pathology
- Diagnosable Problem, e.g., Depression, Anxiety Disorder

Cognitive Management
- Social Skills, Assertion, Relationship Skills
- Relaxation skills, yoga, meditation
Skills for Relationship & Emotional Management

- Problem solving skills
- Communication skills
  - Relationship skills
  - Assertive skills or “self representation”
  - Social skills
- Stress management
  - Relaxation, meditation, yoga, etc.
- Cognitive skills for combating stressful interpretations of events
- Productive engagement
Programmatic Approaches

- Healthy Coping as routine part of diabetes education and self management classes
- Medication through primary care
- Opportunity to discuss negative emotions routine part of regular care – with PCP, RN, CHW, etc.
- Support groups – diabetes is “for the rest of your life”
- Counseling for negative emotions and to improve Healthy Coping
- Tools for individuals to use on their own in improving coping skills
- Promotoras/CHWs provide support and are trained to encourage problem solving, teach stress management skills, and refer those in need of specialized care
- Referral care – psychotherapy, medication
Self Management Classes & Healthy Coping

- Shared emphasis on problem solving
  - Identify specific goal
  - Set action plan
  - Follow up, review and revise, support

- Shared skills
  - Relaxation, also yoga, mind-body approaches
  - Cognitive re-evaluation (e.g., not making mountains out of mole hills)
  - Self-representation/assertion
  - Relationship enhancement

- Support from group, leader, Promotoras
Approaches to Depression

1. Using an improved delivery system design
2. Integrating mental health services
3. Incorporating cultural traditions into treatment
4. Utilizing a mind-body focus
1: Improved Delivery System Design

- Identification and referral of depressed patients to PCPs
- Ensure that PCPs have access to enhanced mental health support
- Example- Providence-St. Peter:
  - MAs screen all diabetic patients with PHQ9
  - Decisions re: Rx left to patient-provider encounter
  - Onsite psychiatrist available for consultation to PCPs
2: Integration of Mental Health Services

- On-site mental health services
- Direct, often same-day referral from PCP to counselor
- Psychosocial interventions:
  - Individual counseling sessions
  - Group therapy sessions
- Enhanced communication between PCPs and counselors by including mental health notes in primary care chart.
- *Both* medical and psychosocial interventions provided
Examples of ways to integrate mental health services

• Screening
  – Staff screen with PHQ-9, refer to psychologist
  – Nutritionist or PCP screens and refers

• Treatments Provided
  – Solution Focused Brief Therapy and Group Therapy
  – Group therapy for depression and diabetes focused on coping strategies, adherence to anti-depressants, group sharing, mind-body health

• Coordination
  – Psychologist and counselor chart in medical records along with PCP
Examples of ways to integrate mental health services using Promotoras

• Screening and Referral
  – *Promotoras* teach self management classes and screen participants with PHQ-9
  – Refer to PCPs in Center or providers in community

• Ongoing Follow Up and Support
  – Community Example:
    • Family Curriculum to build rapport with family members
    • 11 Module Curriculum for follow-up and support – self esteem, coping skills, other mental health topics
    • Presentations from psychology society
  – Clinic Depression Protocol:
    • Weekly phone contact emphasizing mood improvement
    • Trouble-shooting use of antidepressant medications
    • Suicide prevention
    • Social and emotional support
3: Incorporating Cultural Traditions

Examples of program approaches at an American Indian Center:

1. Clinic
   - All patients with diabetes screened
   - Medication treatment from PCP and/or counseling with on-site Native American counselor
   - Counselor incorporates Native American beliefs and traditions into counseling

2. Support Group
   - Bi-monthly at Indian Center
   - Facilitated by council member and based on Native American traditions

3. Traditional Healers
   - Clinic supports patients' decisions to consult traditional healers, considered important, culturally relevant resource for depression
4: Mind-Body Focus

- Interrelationship between physical and psychological symptoms
- Relaxation training
- Yoga classes
- Discussions about the relationships of physical and psychological symptoms
- Emphasis on physical, mental, emotional and spiritual
Conclusions

- Emotions, self management, diabetes and health are closely inter-related

- Skills for healthy coping include
  - Problem solving and goal setting
  - Social skills
  - Cognitive skills for avoiding “blowing things out of proportion”
  - Stress management skills like relaxation, meditation, or yoga
• For more information see

Healthy Coping in Diabetes: A Guide for Program Development and Implementation

http://www.diabetesinitiative.org