



**DIABETES INITIATIVE**  
A National Program of The Robert Wood Johnson Foundation



*Promoting Healthy Coping  
& Addressing Negative  
Emotion in  
Diabetes Management*

**Capstone Meeting  
Tucson, Arizona  
October 18 – 20, 2006**

Anonymous, Northwest PCP:

“You know, when I have a patient who has been depressed and *becomes diabetic, I breathe a sigh of relief.*

“When they are depressed, all I have is medication and ‘good luck,’ but when they become diabetic, they become eligible for a structure of integrated treatment, self management, and support.”

# Overview of Presentation

Approaches to depression in Diabetes Initiative

Rethinking the issues

- Relationships between depression and diabetes management

- Scope of negative emotion

- Approaches to other negative emotions

- Healthy Coping

Integrating Healthy Coping and addressing negative emotions in diabetes self management

# Among those with Diabetes, Depression Associated with:

## **Poor Glycemic Control** (Gross et al. J Gen Intern Med. 2005 20(5): 460-466).

### **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 )
- Greater mortality, macro- and microvascular complications, disability in activities of daily living (Black et al. *Diabetes Care* 26:2822–2828, 2003)

## **Two-Way Street** (Lustman et al. J Diab Complications. 2005 19(2):113-122):

- 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

<b>Cost category</b>	<b>High Depression/ Low Depression</b>
<b>Total</b>	<b>+88%</b>
<b>Ambulatory</b>	<b>+73%</b>
<b>Primary care</b>	<b>+51%</b>

Adjusted for age, gender, medical comorbidity, diabetes severity, and diabetes knowledge, \*p<.05

Ciechanowski et al., 2000

# Care for Depression in Diabetes Management

- Nine sites cooperated in depression work group
- Recognized how depression interferes with promoting self management
- Identified PHQ-9 as preferred screening instrument
  - PHQ-9 > 10 (Moderate or worse) in 30% to 70%
- Shared experience in developing systematic approaches to those with depression

# Approaches to Depression

- Improved Delivery System Design
- Integrating Mental Health Services
- Incorporating Cultural Traditions into Treatment
- Mind-body focus

# Improved Delivery System Design

- Identification and referral of depressed patients to PCPs
- Provide PCPs with enhanced mental health support
- 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



# Integrating 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
- Enhance communication between PCPs and counselors by including mental health notes in primary care chart.
- All 9 provide *both* medical and psychosocial interventions

# Examples of Integrating Mental Health Services Community Health Center & *La Clinica de la Raza*

- Screening
  - Staff screen with PHQ-9, refer to psychologist (CHC)
  - Nutritionist or PCP screens and refers to *Viviendo Bien* (LCdLR)
- Treatments Provided
  - Solution Focused Brief Therapy and Group Therapy (CHC)
  - *Viviendo Bien* – Group therapy for depression and diabetes focused on coping strategies, adherence to anti-depressants, group sharing, mind-body health (LCdLR)
- Coordination
  - Psychologist and counselor chart in medical records along with PCP (CHC and LCdLR)

# Example of Integration: *Promotoras* in Gateway Health Center and *Campesinos Sin Fronteras*

- Screening and Referral
  - *Promotoras* teach self management classes and screen participants with PHQ-9 (Gateway and Campesinos)
  - Refer to PCPs in Center (Gateway) or providers in community (Campesinos)
- Ongoing Follow Up and Support
  - Campesinos:
    - 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
  - Gateway Depression Protocol:
    - weekly phone contact emphasizing mood improvement
    - trouble-shooting use of antidepressant medications
    - suicide prevention
    - social and emotional support

# Example of Incorporating Cultural Traditions

## Minneapolis American Indian Center & Native American Community Clinic

### 3 Components for Depression: *Full Circle Diabetes Program*

#### 1. In 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. Talking Circle Support Group bi-monthly at Indian Center

- Facilitated by council member and based on Native American traditions

#### 3. Clinic supports patients' decisions to consult traditional healers, considered important, culturally relevant resource for depression

# Mind-Body Focus

- Interrelationship between physical and psychological symptoms.
- Relaxation training
- Yoga classes
- Discussions about the relationships of physical and psychological symptoms
- Full Circle Diabetes Program emphasizes physical, mental, emotional *and spiritual*

# Evolution in Understanding Depression in Diabetes Management

## Three-Stage Development

1. Have to treat depression before can make progress with self management
2. Addressing depression is *part of* self management
3. Not just depression, but full range of negative emotionality, from normal to clinical

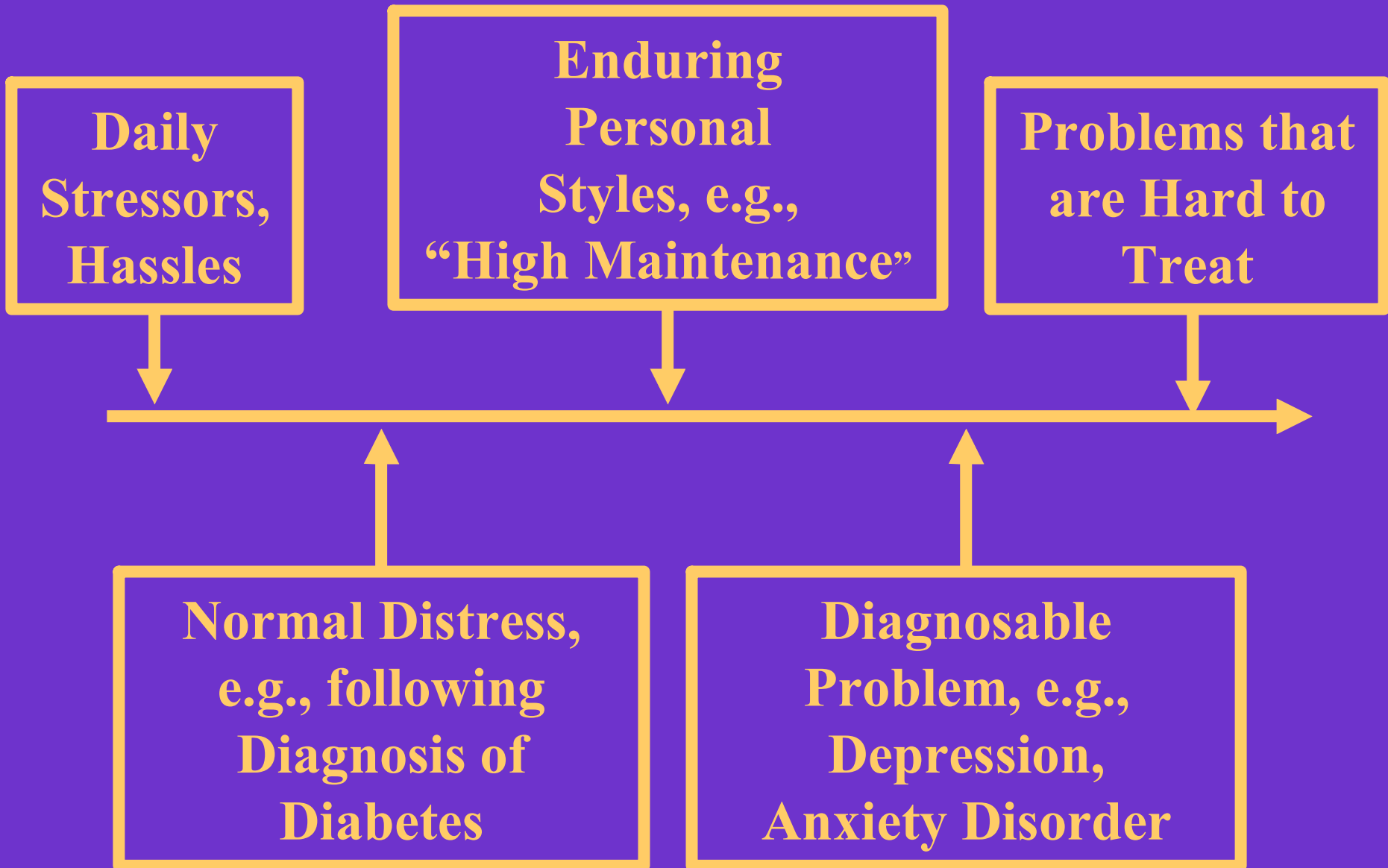
Normalize attention to negative emotionality

# Negative Emotion in Health

Disease and/or death more likely among

- Anxious
- Angry and hostile
- Depressed
- Stressed
- Socially isolated

# Dimension of Negative Emotion

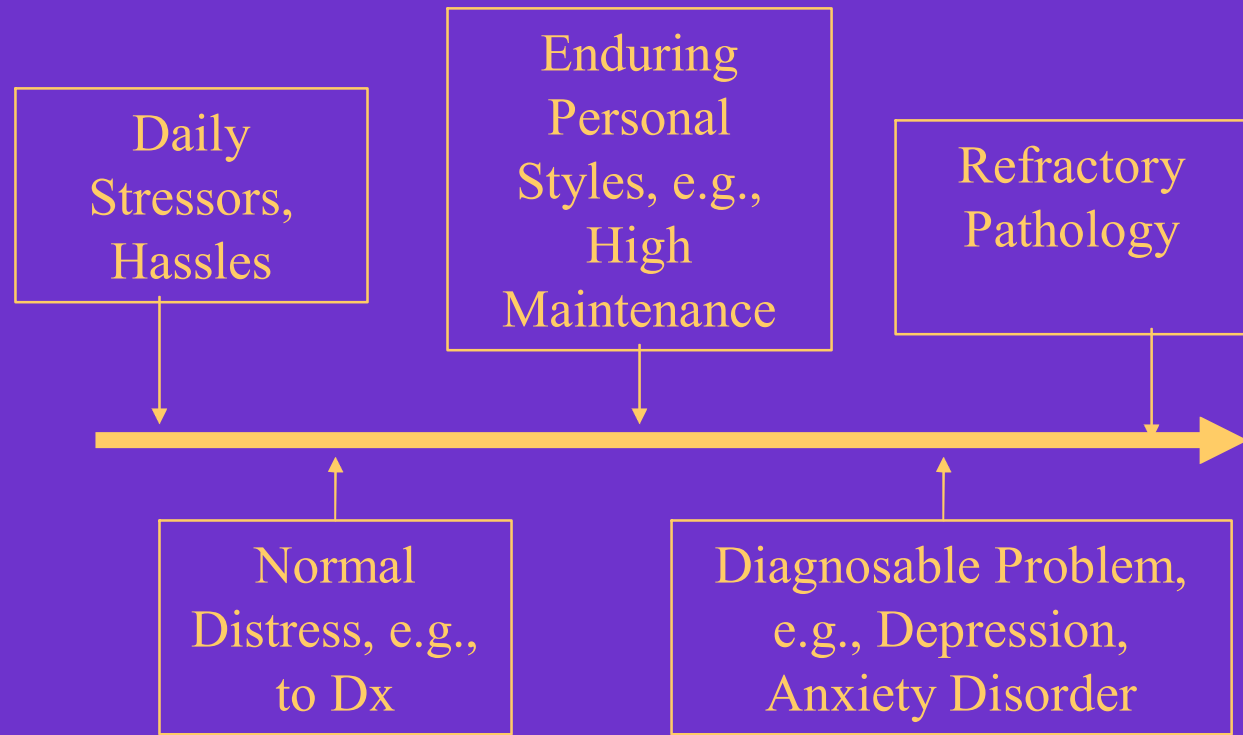




# Skills for Relationship & Emotional Management

- 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

# Healthy Coping



<b>Problem Solving</b>	
<b>Cognitive Management</b>	
<b>Social Skills, Assertion, Relationship Skills</b>	
<b>Relaxation skills, yoga, meditation</b>	

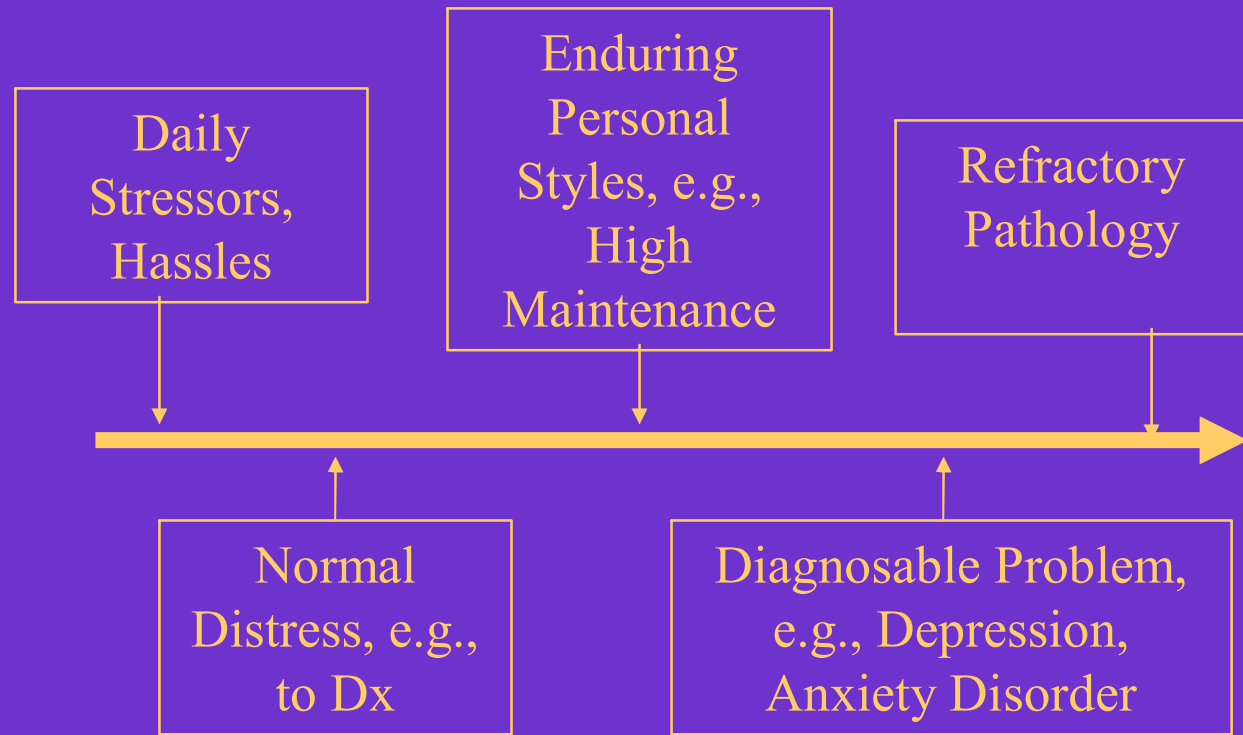
# Programmatic Approaches:

- 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 (Marshall University)
- 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

# Survey of Grantees, Fall, 2005

<b>Healthy Coping Interventions Employed</b>	<b>"Yes"</b>
Problem solving/ critical thinking skills (e.g., identify the problem, generate alternative solutions....)	<b>92%</b>
Mind/body techniques: e.g., better breathing, muscle relaxation, yoga	<b>92%</b>
Cognitive techniques: e.g., positive self-talk, guided imagery, visualization, mindfulness, meditation	<b>67%</b>
Communication skills: e.g., active listening, assertiveness/"I" messages, social skills training	<b>67%</b>
Other coping strategies	<b>58%</b>

# Breadth of Treatment of Negative Emotion



Community Health Workers	
Support Groups, Self Management Groups	
Counseling by general staff, Educational group	
Specialty care – psychology, psychiatry	

# 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

# Integration of Self Management and Healthy Coping

- Common procedures and principles
- Problem Solving interventions from behavior therapy and behavioral medicine on which self management of chronic disease is based
- Cognitive behavioral and problem solving therapies for depression
- Thus, interventions to promote self management in diabetes might also mitigate the impact of depressive symptoms, even serving as an effective behavioral treatment for depression.

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# **Resources & Support for Self Management**

- **Individualized assessment, including consideration of individual's perspectives, cultural factors**
- **Collaborative goal setting**
- **Building skills**
- **Follow-up and support**
- **Community Resources (and Policies)**
- **Continuity of quality clinical care**

**Applies to Depression as Much as Diabetes**

## Wide Range of Approaches to Wide Range of Problems

- Wide range of personal, family, and social influences on depression, negative emotion, and coping among those with diabetes
- Wide range of problems: depression, anger, anxiety, social isolation → *Healthy Coping*
- Wide range of populations and settings
- Calls for wide range of approaches

## Wide Range of Care Feasible in Under-Resourced Settings

- In spite of limited resources, each of nine sites in depression work group provides some variety of psychotherapy, group therapy, or counseling to its patients in addition to medication for depression
- The resourcefulness of real-world, under-resourced, primary care sites in arranging choices among treatment for depressed patients is striking



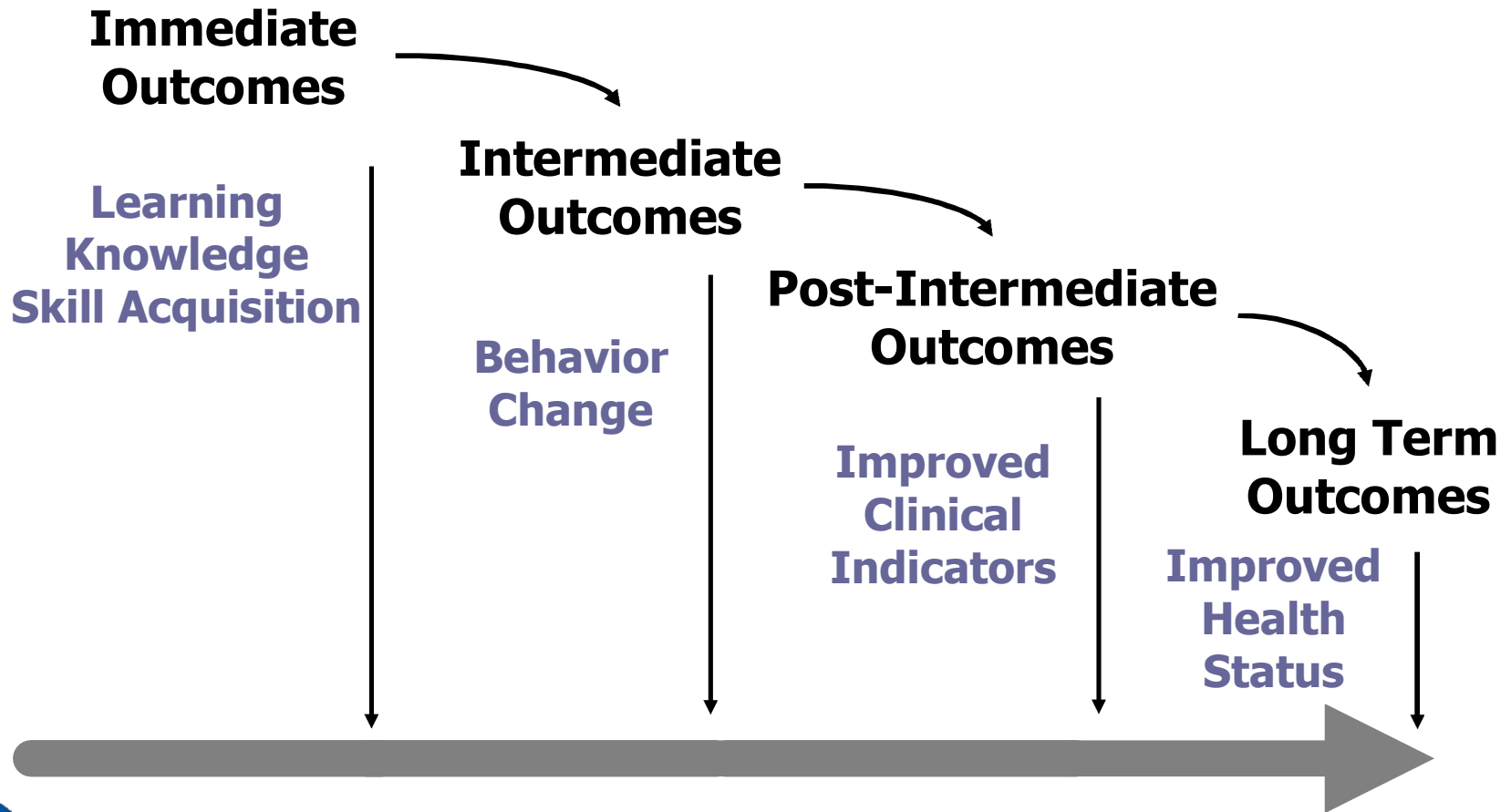
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# Health Care Outcomes Continuum





**Healthy eating**

**Being active**

**Monitoring**

**Taking medications**

**Problem solving**

**Reducing risks**

**Healthy coping**





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