Promoting Healthy Coping & Addressing Negative Emotion in Diabetes Management

Capstone Meeting
Tucson, Arizona
October 18 – 20, 2006
Anonymous, Northwest PCP:

“...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:


**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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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
Daily Stressors, Hassles

Enduring Personal Styles, e.g., “High Maintenance”

Problems that are Hard to Treat

Normal Distress, e.g., following Diagnosis of Diabetes

Diagnosable Problem, e.g., Depression, Anxiety Disorder
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

- 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

- Problem Solving
- Cognitive Management
- Social Skills, Assertion, Relationship Skills
- Relaxation skills, yoga, meditation
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

<table>
<thead>
<tr>
<th>Healthy Coping Interventions Employed</th>
<th>&quot;Yes&quot;</th>
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<tbody>
<tr>
<td>Problem solving/ critical thinking skills (e.g., identify the problem, generate alternative solutions…..)</td>
<td>92%</td>
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<tr>
<td>Mind/body techniques: e.g., better breathing, muscle relaxation, yoga</td>
<td>92%</td>
</tr>
<tr>
<td>Cognitive techniques: e.g., positive self-talk, guided imagery, visualization, mindfulness, meditation</td>
<td>67%</td>
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<tr>
<td>Communication skills: e.g., active listening, assertiveness/“I” messages, social skills training</td>
<td>67%</td>
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<tr>
<td>Other coping strategies</td>
<td>58%</td>
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Breadth of Treatment of Negative Emotion

- 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

| 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.
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.”
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

Immediate Outcomes
- Learning Knowledge Skill Acquisition
- Behavior Change

Intermediate Outcomes
- Improved Clinical Indicators

Post-Intermediate Outcomes
- Improved Health Status

Long Term Outcomes

Healthy eating
Being active
Monitoring
Taking medications
Problem solving
Reducing risks
Healthy coping
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