



Robert Wood Johnson Foundation

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SCHOOL OF MEDICINE



DIABETES INITIATIVE

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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



Negative Emotion in Health

Disease and/or death more likely among:

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



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

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

Adjusted for age, gender, medical comorbidity, diabetes severity, and diabetes knowledge, * $p < .05$
Ciechanowski et al., 2000



Causes of Distress/Negative Emotions

General Life Events

- Family
- Jobs
- Relationships
- Finances
- Caregiving
- Other health issues

Diabetes Related

- **Challenging and complex regimen**
- **Changes in lifestyle**
- **Fear of complications or future**
- **Denial and anger about having diabetes**
- **Feeling deprived of foods**
- **Aversion to needles**
- **Anxiety about changes in blood sugar**
- **Fear of becoming insulin dependent**
- **Feeling unsupported by family/friends**
- **Provider/health insurance issues**
- **Challenging peer and social situations**



From Negative Emotion to Healthy Coping

For Clinical

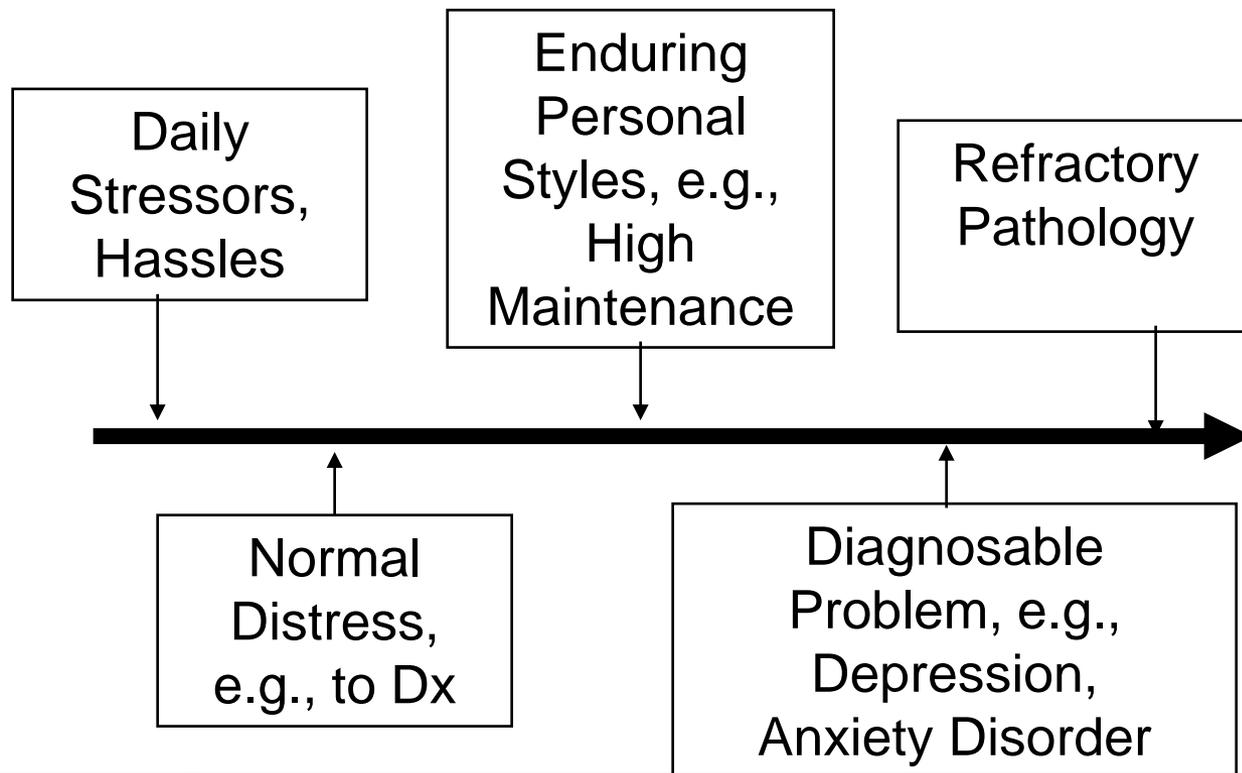
- Medications
- Psychotherapy
- Combination therapy

For Subclinical

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



Healthy Coping



Problem Solving	
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>