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DIABETES INITIATIVE
A National Program of The Robert Wood Johnson Foundation



Coping Without Medication

Healthy Coping Programs
Community Health Center, Inc
Joan Christison-Lagay, MAT, MPH
AADE Annual Meeting – August 12, 2006



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**



Community Health Center, Inc

- **Community Health Center (CHC), Inc is a federally qualified health center with six primary care locations in CT. It is the largest provider of health care for the uninsured and underinsured in the state.**
- **CHC provides primary care services to approximately 27,500 individuals yearly.**
- **Diabetes related care accounts for the second greatest number of medical visits to CHC each year**



The Need for Healthy Coping Programs

- **CHC serves over 2000 individuals with DM2. 450 of these people are enrolled in the RWJ Advancing Self Management Goal Setting Program (ADSM)**
- **In 2005, the ADSM program began assessing people with DM2 for depression**
- **142 patients with no previous diagnosis of depression have been screened. Of these, 83 (58.4%) have PHQ 9 scores in the moderate or severely depressed range**



Two Healthy Coping Options at CHC

- The Stress Reduction Program
- Solution Focused Brief Therapy



The Stress Reduction Program: a Non Clinical Intervention

“Living your life, one breath at a time. One moment at a time”

- **8 week course of 2 hours/week**
- **Patients learn a variety of relaxation and meditation techniques including awareness of breathing, guided relaxation, gentle stretching and walking meditation**
- **Patients are given CDs for home meditation practice**



The Stress Reduction Program

- Open to anyone. Is marketed to those living with stress, pain and/or illness
- Paid by Medicaid, Title XIX and most insurance companies. The uninsured pay a sliding scale fee based on income. Scholarship funds are available.

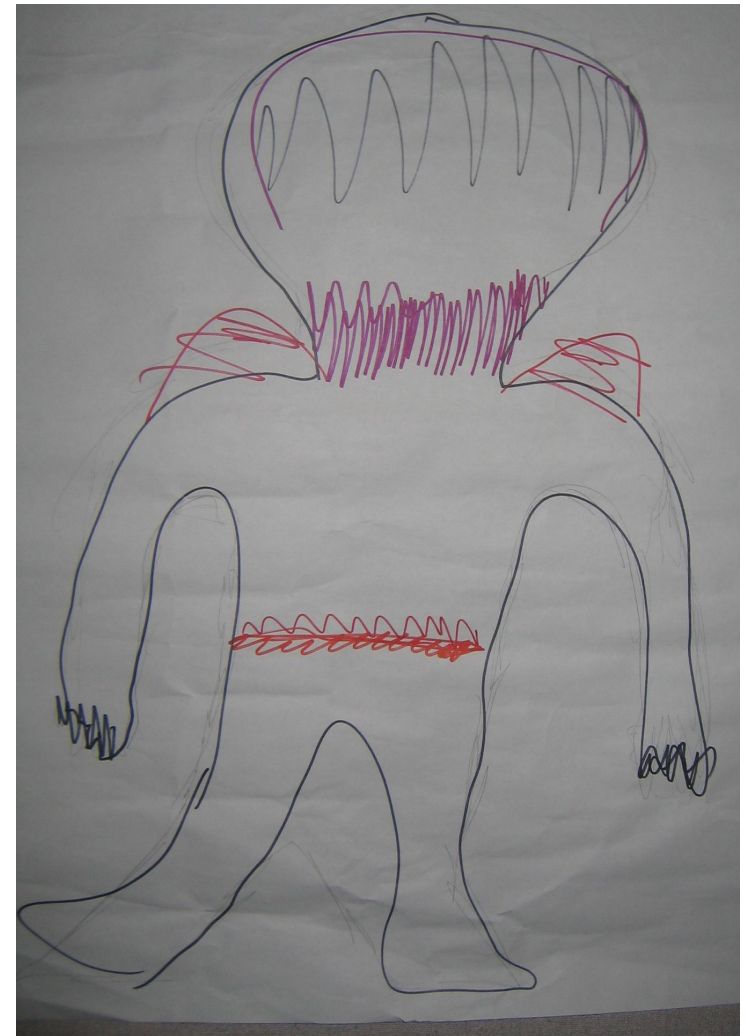


A Session





Feeling the Effects of Stress





Maria's Story

- Maria is a 37 year old immigrant from Mexico. During her pregnancy with her 3rd child her husband abandoned her. The child was born with cystic fibrosis
- Maria reports crying for much of her pregnancy and for the first few months after her baby was born
- A poster about the stress reduction program caught her attention



Maria's Story Continued

- Maria attended all eight sessions. Session six, dealing with anger, was particularly important to her
- Maria now works in a restaurant which she enjoys and for which she receives praise from her bosses
- She listens to the tapes every non-work day and reports having integrated the theories of stress and mindfulness into her daily life



Maria's Story Continued

- Maria reports that she no longer cries and that she now views the world “through the lens of what was learned in class.”
- Friends have commented on the transformation in her mood and have asked if she is in love. To this she replies, **“Yes, but not with a new man. I am in love with life.”**



Anecdotal Information

- The nurse who conducts the SRP is a bi-lingual MSN trained under Jon Kabat-Zinn at the Stress Reduction Clinic at the University of Massachusetts.
- She reports that many people with diabetes have told her that their A1Cs have dropped after completing the course. She would like to conduct a study on this.



Solution Focused Brief Therapy: A Clinical Model

- No large study has shown improved diabetic outcomes despite effective treatment for depression. The depression gets better but the A1C doesn't
- CHC is studying the efficacy of Solution Focused Brief Therapy with people with the co-morbidities of DM2 and Depression



How is it different from other therapy?

There are subtle shifts away from past, problem-oriented pathology toward a

- 1) strengths-based*
- 2) solution-focused*
- 3) goal-oriented*

perspective.



Session Questions Might Include

- Can you tell me about a time when things were going right for you? What were you doing to make that happen?
- If I had a year to know you, what would I come to admire most about you?
- What would your friends and family say are your best attributes?



The Alliance: Incorporated into Solution Focused Brief Therapy

Research shows that patient “engagement” is the strongest determinant of outcome with any MH therapy. Building an “alliance” is crucial. Alliance factors are:

- **Agreement on goals**
- **Agreement on tasks/means/methods**
- **Patient’s view of the relationship**



Here's What We Do

Structural Aspects

- Duration 6-10 sessions, 30 minutes each
- Standardized note taking

Intervention Foci

- Establish and nurture the Alliance
- Guide goals and behavioral action
- Stimulate self-efficacy



The Ultimate SMG, a Provider Report Card. (not for the insecure mental health provider or CDE)!

- The Alliance allows the patient to tell the provider how helpful the session was
- In the last 5 minutes of each session, the client rates the session
- If the session has not been helpful, this is briefly discussed and is the jumping off point for the next session.



Carmen's Story

- Carmen is a Latina woman with DM2 who had suffered from depression and struggled with overall self-care for years.
- After entering into SFBT with the MH provider, she stated that she wanted to take English classes and meet new friends. Her goal was to enroll in a class that met four times a week. Weight loss was not a goal but to get to class she had to walk one mile.



Carmen's Story

In 3 ½ months, Carmen had

- lost 32 pounds and reduced her A1C
- changed her hairstyle
- dramatically improved her mood.

	Wt	A1C	Choles
Sept 2003	304	12.2	227
Oct 2004	319	10.6	

early Dec 2004 SFBT & the Alliance began

Jan 2005	311	7.5	
Feb 2006	287	7.1	153



To the Audience

- Research is needed to determine the effects of various healthy coping strategies on chronic disease including diabetes. CHC is currently conducting such research.
- Try to align with a University to conduct the research using basic operating costs. This will ensure that research can be done in the “real world.” It will also prove that interventions not reliant on grants can be implemented.