The Impact of Psychosocial Factors on Chronic Disease

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Objectives
- Identify impact of psycho-social factors on chronic disease
- Understand the importance of direct support for behavior change
- Learn practical strategies to enhance health behavior change in patients with chronic disease

What is Chronic Disease?
- Illnesses of a long duration that are rarely cured (CDC)
  - Heart Disease
  - Diabetes
  - Cancer
  - Stroke
  - Asthma
  - Arthritis
  - CF, MS, CP, HIV and many, many others

Understanding Chronic Illness
- Chronic disease impacts one half of all Americans (CDC report)
- People of all ages experience chronic disease and different developmental levels create different challenges with management
- Co-morbid physical and mental health conditions are common
- Issues with adherence are the rule and not the exception
- Psychosocial factors are prominent treatment issues and need to be directly addressed
Fennell’s 4 Phases of Chronic Illness

- **Crisis**
  - Deal with immediate symptoms, pain and trauma of experience

- **Stabilization**
  - Stabilize and restructure life patterns and perceptions

- **Resolution**
  - Develop new sense of self and meaningful philosophy of life

- **Integration**
  - Finding new work, social relationships & philosophical, spiritual framework


How do psycho-social factors impact chronic disease?

Psycho-social Impact

- Patients report:
  - significant feelings of grief and loss which recur at various times in life
  - lifelong issues with social isolation, hopelessness, helplessness, guilt, frustration, fear & ineffectiveness
  - feeling as if their chronic illness rules their lives and defines them as individuals
  - struggling to balance the demands of their illness with the demands of their lives
  - Depression and anxiety are common among people with chronic illness (30 to 50%)


Impact of Chronic Disease

- Psychosocial factors are prominent treatment issues
  - Lifelong issues with depression, anxiety, social isolation, and feelings of hopelessness, helplessness, and ineffectiveness
  - Daily struggles trying to balance the demands of illness with social, emotional, family, and occupational demands of their lives
  - Feeling as if chronic illness rules their lives and defines them as a person.
  - Adherence is a significant issue with emotional and behavioral underpinnings
Areas of Impact

Chronic Disease
- Physical
- Mental
- Emotional
- Social
- Career
- Financial
- Impact
- Social Impact
- Financial Impact

Health in Context

Culture
Community
Family
Person

Family Impact of Chronic Disease

- Relationship is bi-directional
  - Illness impacts family life
  - Family life impacts illness

“...The strains of childhood chronic illness on the family are unlimited...No list of potential stressors can do justice to its perspective impact.”

Family Issues by Developmental Level
- Early Childhood
  - Managing parent stress
  - Sharing burden of care
- Childhood
  - Helping child understand the illness - not their fault
  - Addressing sibling issues
  - Educating other care providers
- Adolescence
  - Renegotiating roles and expectations
  - Minimizing parent conflict
  - Managing common teen issues + illness
  - Preparing to transition to independence

Understanding Adherence
- Most chronic diseases have adherence rates below 50%
- The majority of patients are non-adherent!
- Poor adherence is the norm, not the exception
- Self-report of adherence has poor accuracy across conditions
- We over-report success and under-report issues
- It’s not lying, it’s human nature
- The proof is in the data
- Pediatric adherence rates decline from childhood to adolescence
  Bodenheimer et al (2002); Dunbar and Stevens (2007)

Understanding Adherence
- Good adherence - carry out 80% of recommendations
- Factors impact adherence
  - self-efficacy
  - initial adherence (interruption vs motivation)
  - multiple behavior regimens
  - schedule changes or disruptions
- Reasons they miss:
  - #1 forgetting
  - #2 varied dosing based upon symptoms (+/-)
  - #3 Schedule disruptions (travel, dining out, interruptions)
  Dunbar et al 1996; Conn et al 1994

It’s All About Change
Successful adjustment to diagnosis and management of chronic disease is all about change
- changes in behavior
- changes in emotion
- changes in thinking
Addressing Behavior Change

- Behavior change is required to meet all other treatment goals (diet, exercise, medical regimen, healthy lifestyle)
- Healthy coping is critical to adjustment and adherence

... BUT it is often an unsupported treatment recommendation for patients with chronic illness

Result

“I know what to do, I just can’t do it!”

- I feel frustrated
- I feel like a failure
- I give up and... go for the chocolate, eat what I like, lay on the couch and watch TV, skip my meds...

Supporting Behavior Change

- Health information is necessary but seldom sufficient to affect behavior change
- Approximately 90% of patients who successfully lose weight experience relapse
- Non-adherence with medical regimen is the norm, not the exception.

- Mental health professionals have expertise in supporting behavior change and are valuable members of the treatment team

(Lordan-Masch et al, 1984)

Living Well with Chronic Disease

3 main factors

- Maintaining motivation and building resilience
- Behavior change – it’s all about change (behaviors, emotions & thinking patterns)
- Coping and stress management
Focus on Health and Wellbeing

- What does the person want?
- What does the person need?
- How can we provide appropriate support?
- How can we accommodate?
- What are their goals and values and how can we help them achieve them?

5 Keys to Success & Wellness (BRASS)

Motivation and Resilience - perception is key

- Balance - in life and care
- Realistic - goals & expectations
- Attitude - Loco - let go of perfection, objective, caring, optimistic
- Support - personal & professional
- Stress - coping & management

Key Concepts for Intervention

- Normalization
- Person first - "person with diabetes" a challenges they face, not their identity
- Communication with patient, family, medical team
- Adaptability - energy, cognition, behavior
- Hope - "Can Do" approach
- Skills training - targeted areas as needed
- Values - tie intervention to core values

How do we support behavior change?

- Understanding
- Guidance
- Strategy
Change is a Process

Typical Progression of Health Behavior Change

Expected Change

Actual Change

Stages of Change

Guiding Patient Behavior Change

Motivational Interviewing (Miller and Rollnick)
- Patient-centered (agenda and goals)
- Empathy is key
- Guiding style - encourage self-based problem solving
  - Dancing not wrestling, guiding not directing, consulting not instructing
- Active listening - more listening and less talking
- Open-ended questions to evoke patient’s interests, desires and reactions
- Explore concerns
- Affirm and acknowledge positive effort and steps

Prochaska and DiClemente (1982)
MI Continued

- OARS skills (open-ended Qs, affirm, reflect, summarize)
- Information should be concise and potent, not lengthy and comprehensive
- Focus on where they are not where they should be
- Help plan small, achievable steps towards goal
- Think protractor
- Support patient to make choices that result in positive health behavior change

Paradox of change

- When people feel accepted for who they are and what they do (regardless of how unhealthy) it allows them the freedom to consider change, rather than needing to defend against it. (Miller and Rollnick, 2010)

Case Conceptualization

The 4 Qs of case conceptualization:
- What
- Why
- What to do next
- How to do it

Work to understand the nature of the behavior:
3 Ts – time, trajectory, triggers?
What need does it serve?
Is it helping them achieve their goals?

Psychosocial Issues in Context

- Person first – not disease
- Think about typical development for the age
- What are their goals, dreams, desires, values – key factors for motivation
- Part of a system, so look for interventions at each level
  - Family
  - Peers
  - Community

Studies suggest empathy is the best predictor of patient behavior change
Functional Assessment to Understand Behavior

- Based in behavioral psychology
- Identify basic elements which drive and maintain the current behavioral pattern
- Do current thoughts, feelings, behaviors and environment support or sabotage desired goal?
- What are triggers and sustaining elements?
- What would happen if these elements changed?
- Brainstorm options for change at each level using MI

FACTS of Behavior Change

- Consequence
- Thoughts
- Actions
- Feelings

4 Levels of Impact ABC Es of Behavior

Behavior
Environment
Affect
Cognition

Intervention Strategy

- Remember change is hard – our natural instinct is to repeat old behavior patterns
- Explore and problem solve barriers in a non-judgmental way
- Understand the nature of the behavior
- Use functional analysis to identify ABCE elements of the situation
  - Affect
  - Behavior
  - Cognition
  - Environment
Important Concepts for Intervention

Strategies for Making Change

Lifestyle and behavior take years to develop and also take time to change
- Set realistic goals
- Take small steps (shape behavior, SAG)
- Choose one area of focus. Make a specific, concrete plan. Record progress and check in.
- Set up the environment for success
- Acknowledge and reward successes, problem-solve difficulties
- Engage social supports
- Identify and connect to values to enhance motivation
- Plan for set-backs, practice acceptance, problem-solve

Result: Change, inspiration, hope, gratitude

Case Example

Patient
- "Betty" - female in mid 60s, presented with poorly controlled diabetes and depression. Not testing glucose levels, inconsistent with insulin use.
- Diabetes 15+ years and always struggled with adherence (denial, ignoring, avoidance, resentment). A1C: 10.7.
- Treatment regimen: Glyburide, Invokana, metformin; Insulin (Lantus and NovoLog)
- Married, retired, chronic pain from neuropathy; Inconsistent eating habits & several serving daily of Coke. Hypersomnia (up to 12 hours)
**Case Example continued**

- **Intervention:** Initial Assessment and 4 follow-up sessions (over 4 month period) with BHP
- **Treatment goals:** reduce depression, improve diabetes management
- **Intervention:** Motivational Interviewing and CBT/FACT for Depression (no changes to meds)

**Results:**
- Significant decrease in depressed symptoms
- Daily testing of blood sugars daily and insulin as directed.
- Reduced Coke to 1 serving daily, ate regular meals twice daily.
- Began engaging in activities she enjoyed, spending time with friends, followed regular sleep schedule.

**Objective Measures:**

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<td>PAID: 46</td>
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<td>A1C: 10.7</td>
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**Take Home Points**

- Psycho-social factors have a significant impact on chronic disease (bio-psychosocial model)
- Think about health in system context - bidirectional impact
- Change is a process (not linear) - meet patients where they are (not where you expect them to be) - use MI to guide to the next phase
- Change is hard and chronic illness is exhausting - issues with adherence are the rule, not the exception
- Normalize - strive for typical developmental tasks
- SAG principle - Small Achievable Goals
- Small changes can have big effects (protractor) - celebrate the small victories

**Contact Information**

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**References**


