

- Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity.
- CNE/CEU's are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU's.
- Certificates will be emailed out to you within two weeks



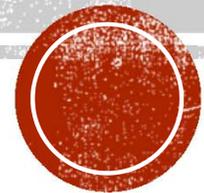
DUSTIN JONES, MS

- Dustin Jones is currently the training coordinator for the Healthy Living through Environmental Policy and Improved Clinical Care (EPICC) program at the Utah Department of Health. He currently coordinates on-site and off-site training, develops and implements training material and conducts training on topics such as School Health Index, Comprehensive School Physical Activity Program, and TOP Star. Dustin has a Master of Science degree from Brigham Young University in Health Psychology. He is and adjunct professor at BYU and UVU. Dustin continues to conduct research on stress reduction, cardiovascular reactivity and coping.



COPING WITH DIABETES

Dustin Jones, MS



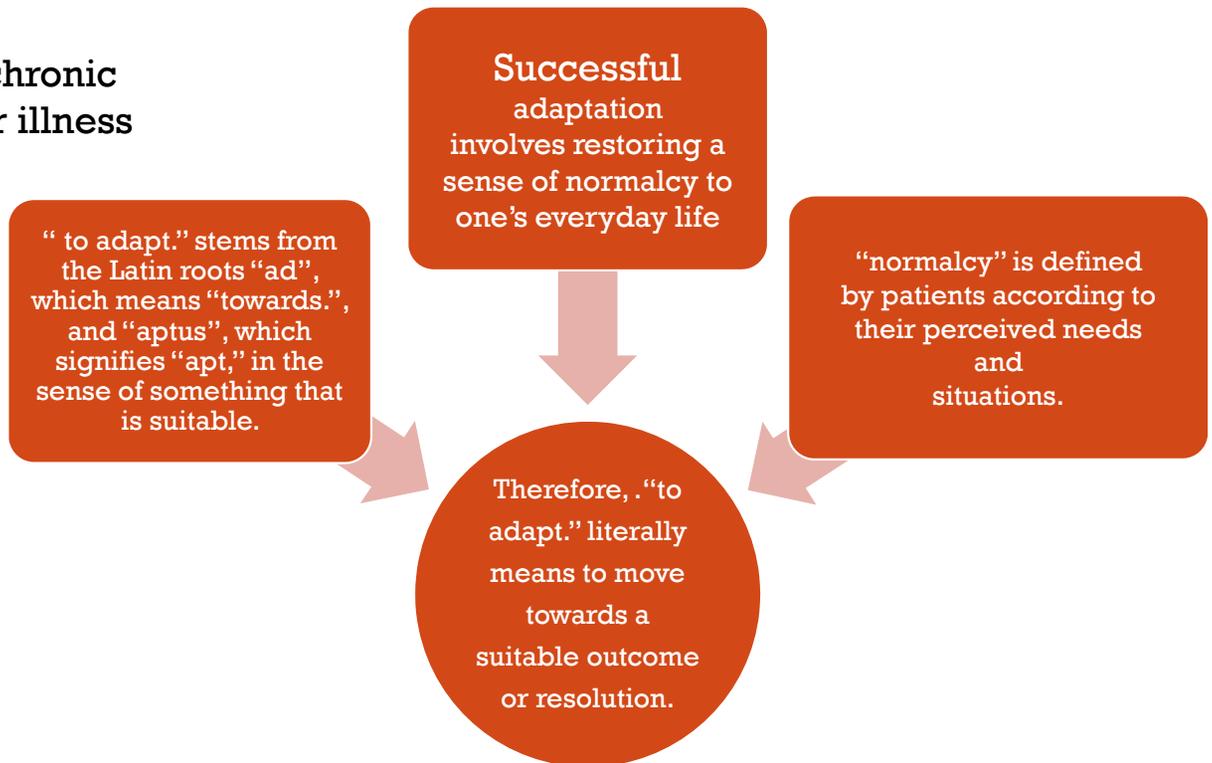
OBJECTIVES

- Identify psychological issues associated with the treatment of diabetes
- Identify key skills and programmatic approaches to healthy coping
- Understand the importance of psychological support for individuals with diabetes and their families

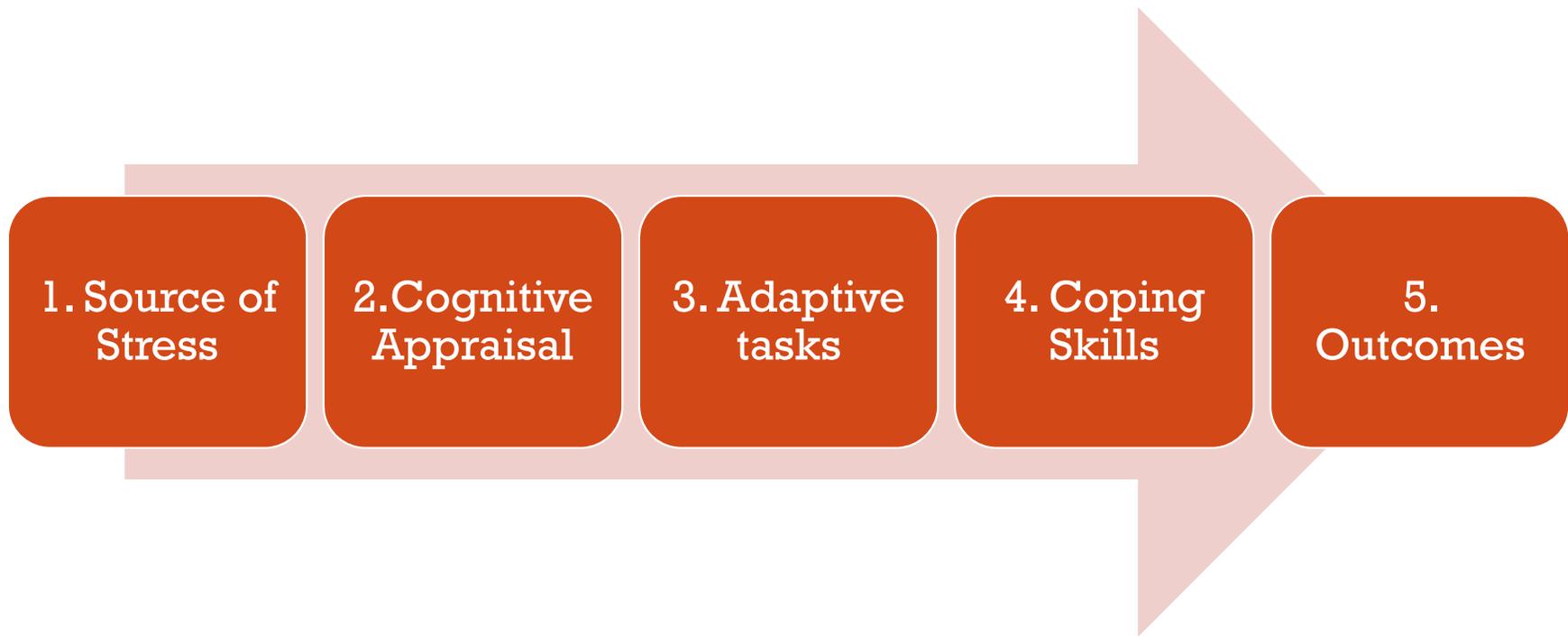


ADAPTATION

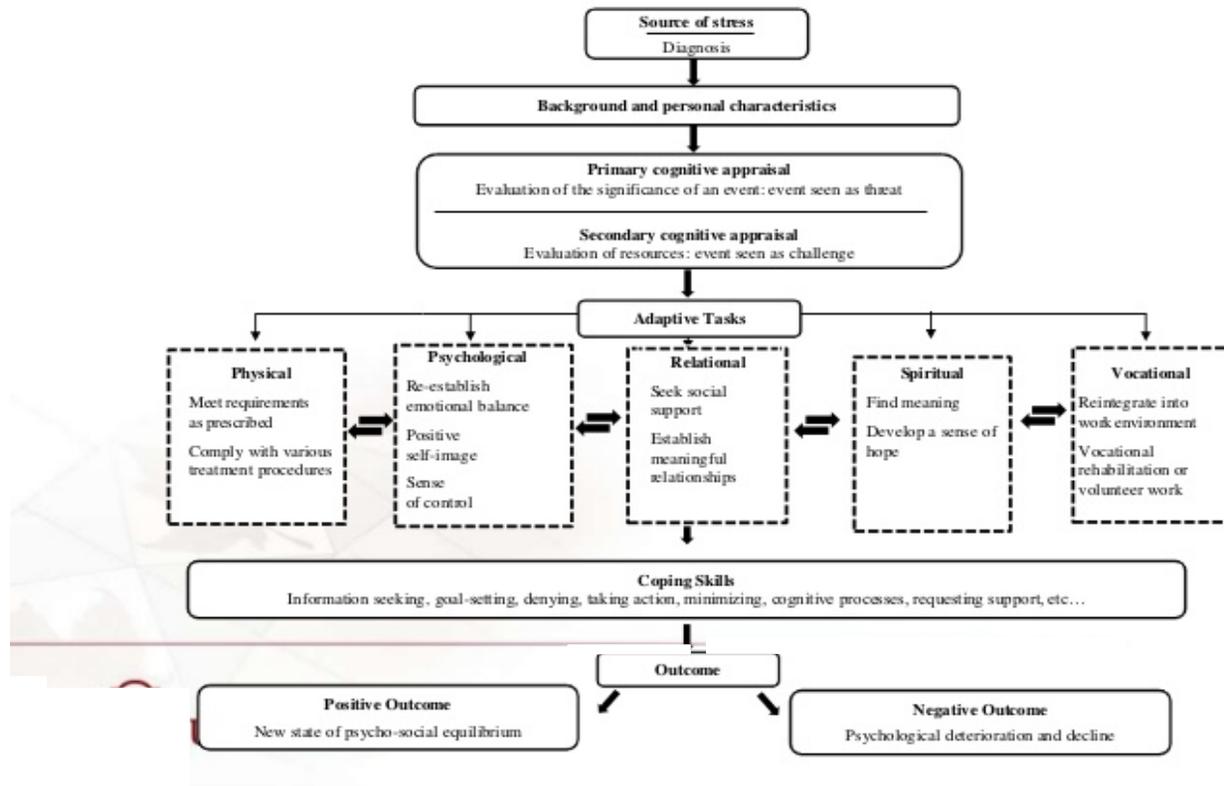
- Individuals diagnosed with a major chronic disease must learn how to adapt to their illness over the long term.



INTEGRATED MODEL



The Integrated Adaptive Model



STRESS AND DIABETES

- Stress –

- Relationship between person and environment that is appraised by the person as:
 - Taxing or exceeding his/her resources
 - Endangering his/her well-being



SOURCE OF STRESS

- When an individual is given the news that they have been diagnosed with a major chronic illness (source of stress) this diagnosis often provokes a crisis.
- Often times patients experience the 5 stages of grief
 - Denial or Anger usually the initial reaction



COGNITIVE APPRAISAL

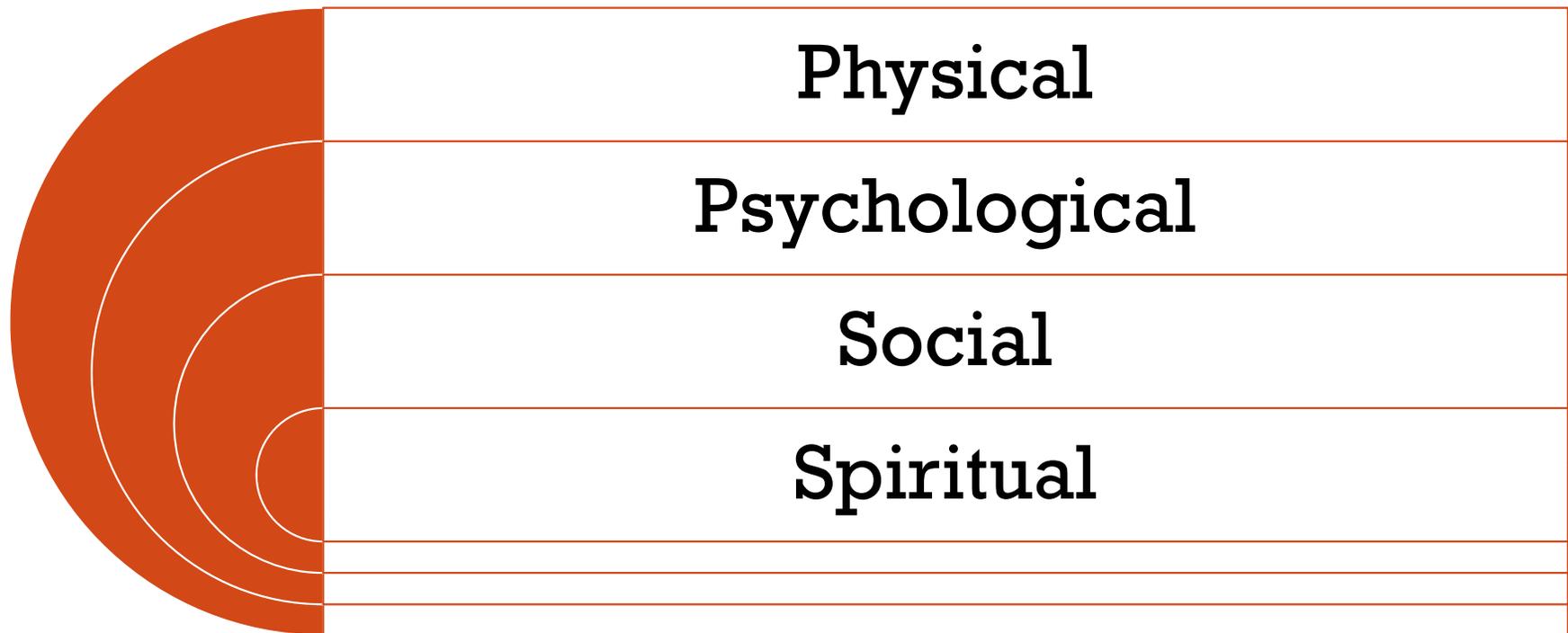
Cognitive appraisal regarding a diagnosis of chronic illness can be classified into two categories: (a) primary appraisal and (b) secondary appraisal.

Primary appraisal encompasses initial psychological reactions such as denial, fear, resentment anxiety or even anger

Secondary appraisal marks an evolution in cognitive appraisal; the diagnosis is now perceived as a challenge that requires adaptive efforts.



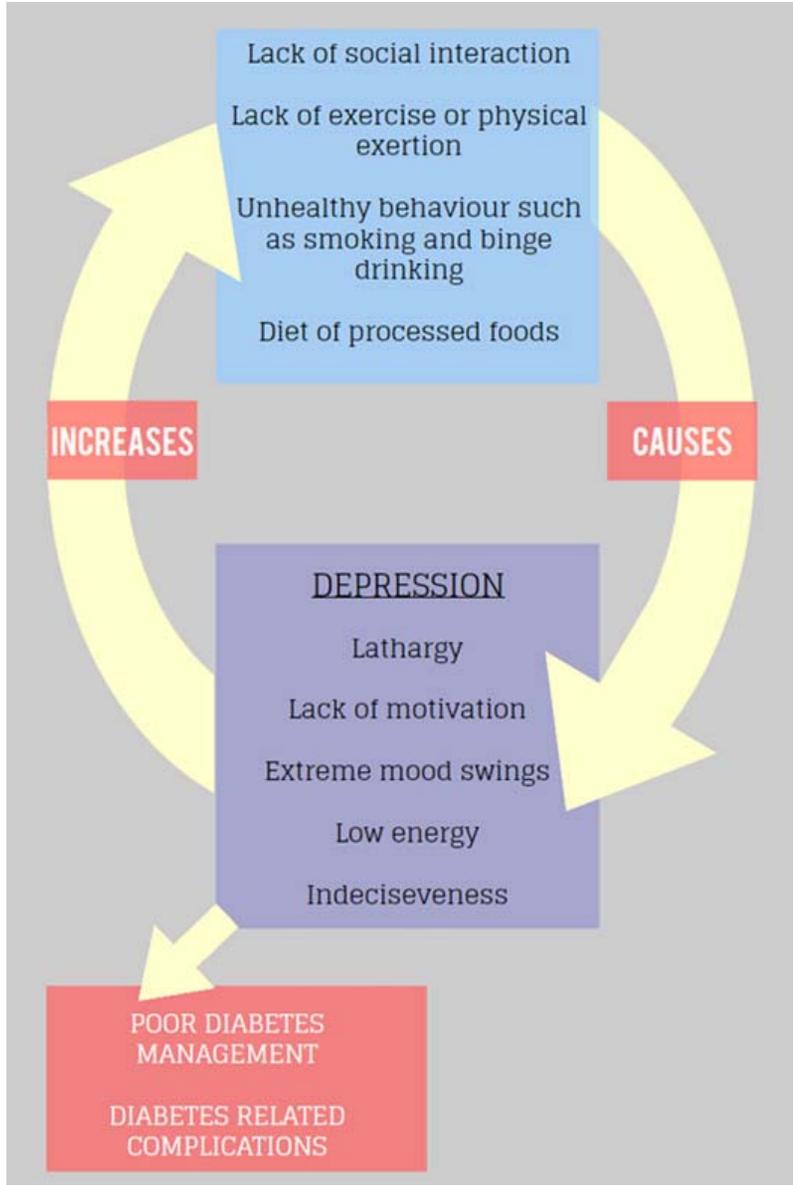
ADAPTIVE TASKS



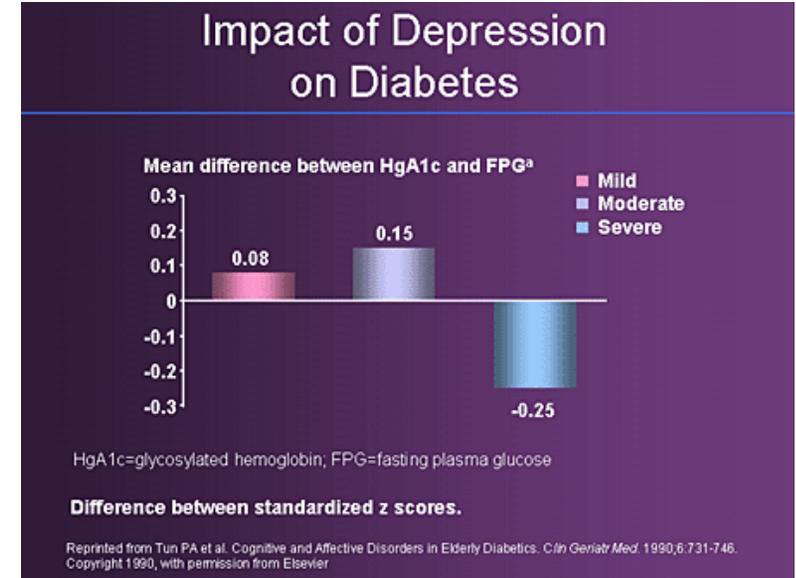
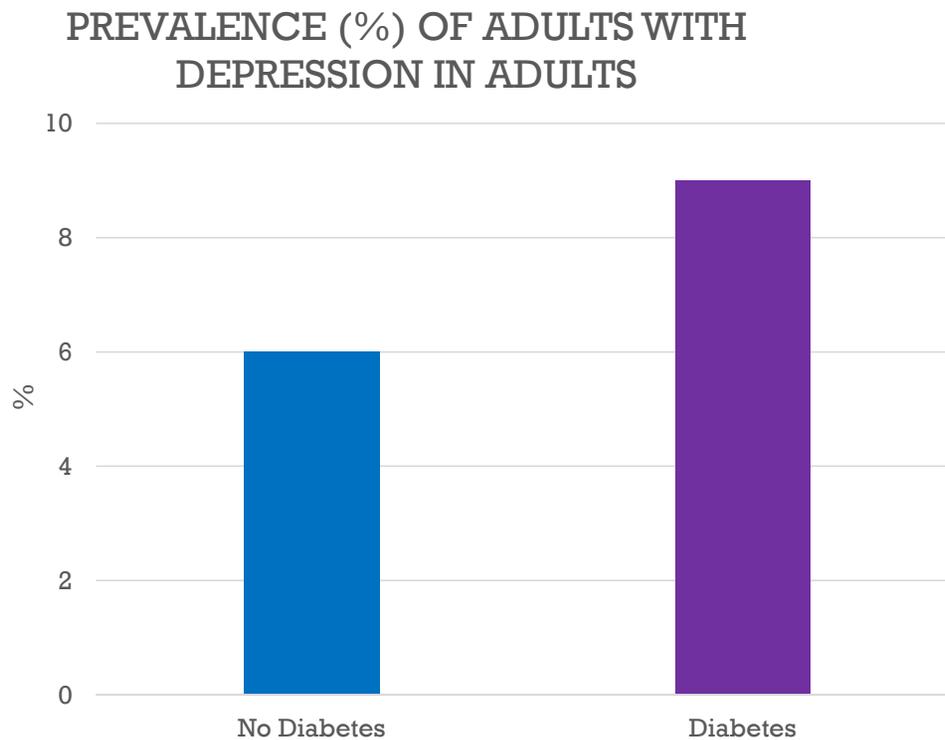
STRESS AND DIABETES

- Side effects of stress:
 - Incorrect judgement
 - Reduced motivation for self care
 - Less attention to diabetic care
 - Risky behaviors (alcohol and food binging)
- Physiological changes such as:
 - Blood glucose disruption
 - Increased risk of complications





DEPRESSION AND DIABETES



DIABETES AND ANXIETY

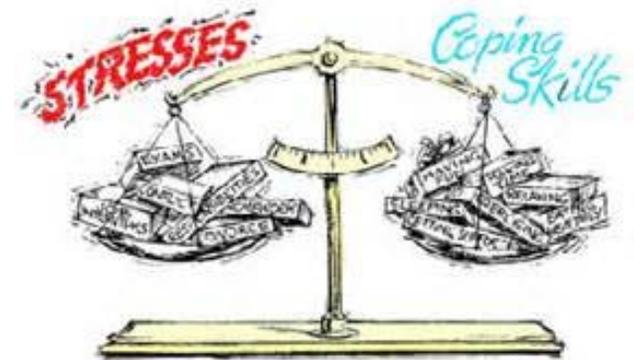
- On average 20% suffer from anxiety
 - Women – 24.6%
- Diabetics have sources and levels of fear greater than most.
- Often times confusion between anxiety and diabetes.

	N	Prevalence, %*	
		Diabetes	No diabetes
		%	%
Total	201 575	20.1	10.9
Sex			
Men	79 317	15.2	7.8
Women	122 258	24.6	14.0
Race/ethnicity			
Non-Hispanic White	157 091	20.0	12.0
Non-Hispanic Black	16 371	11.9	8.1
Hispanic	15 544	20.4	9.5
Asian	3500	1.1	3.2
American-Indians/Alaska Natives	2940	40.2	18.3
Other	6129	30.8	14.7
Age, years			
18–29	19 783	24.8	11.5
30–39	29 666	22.7	11.5
40–49	38 935	21.5	11.7
50–59	43 487	18.2	12.4
60–69	33 776	14.6	9.8
70–79	23 801	8.5	7.4
≥ 80	12 127	5.0	6.1

Table. Prevalence rates of lifetime diagnosis of anxiety and the prevalence ratios in people with and without diabetes among US adults (age ≥ 18 years), 2006 BRFSS

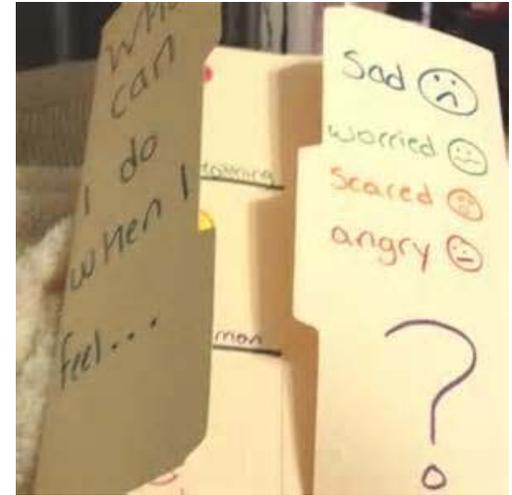
WHAT IS COPING?

- Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict.
- Positive emotions and appraisals may lead to a lowered impact of stress on health.



COPING STRATEGIES

- **Appraisal-focused:**
 - Directed towards challenging one's own assumptions
- **Emotion-focused:**
 - Directed towards changing one's own emotional reaction
- **Problem-focused coping:**
 - Directed towards reducing or eliminating a stressor, adaptive behavioral



COPING SKILLS

▪ Appraisal-focused coping

- Cognitive Behavioral Therapy
- Behavioral rehearsal
- Denial
- Distancing one's self
- Humor

▪ Emotion-focused coping

- Focusing on and venting emotions
- Mental disengagement
- Meditation
- Relaxation
- Acceptance
- Turning to religion

▪ Problem-focused coping

- Analyze the situation
- Taking direct action
- Planning
- Seeking social support



WHICH TYPE IS MORE USEFUL?

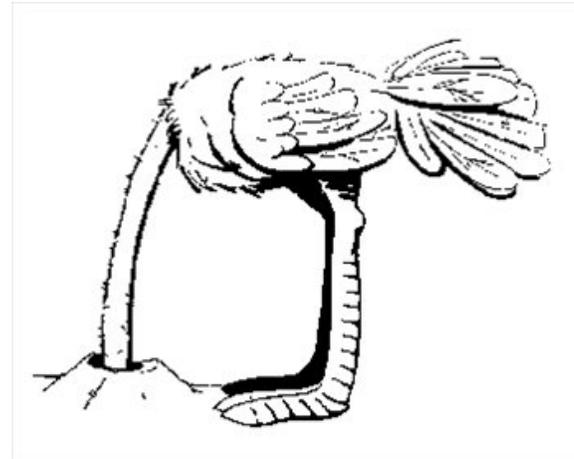
- Typically, people use a mixture of all three types of coping strategies, and coping skills will usually change over time

- Problem-focused vs. Emotion-focused vs. Appraisal-focused



NEGATIVE TECHNIQUES

- Dissociation
- Sensitization
- Safety behaviors
- Anxious avoidance
- Escape



OUTCOME

Positive Outcome:

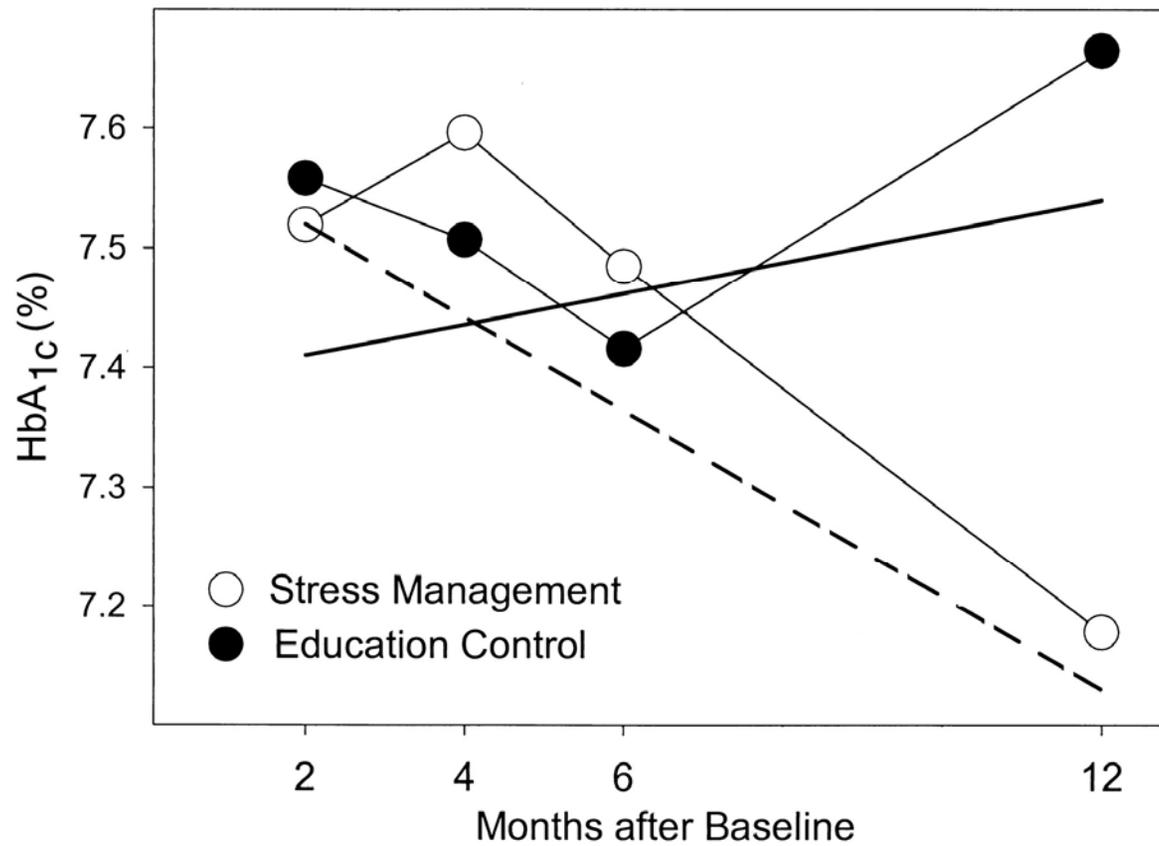
A new state of
psychological
equilibrium.

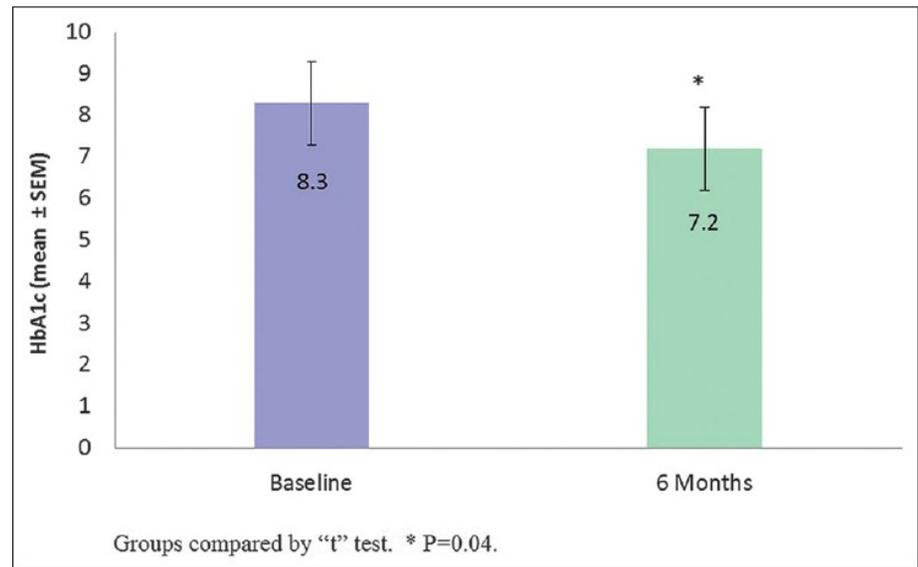
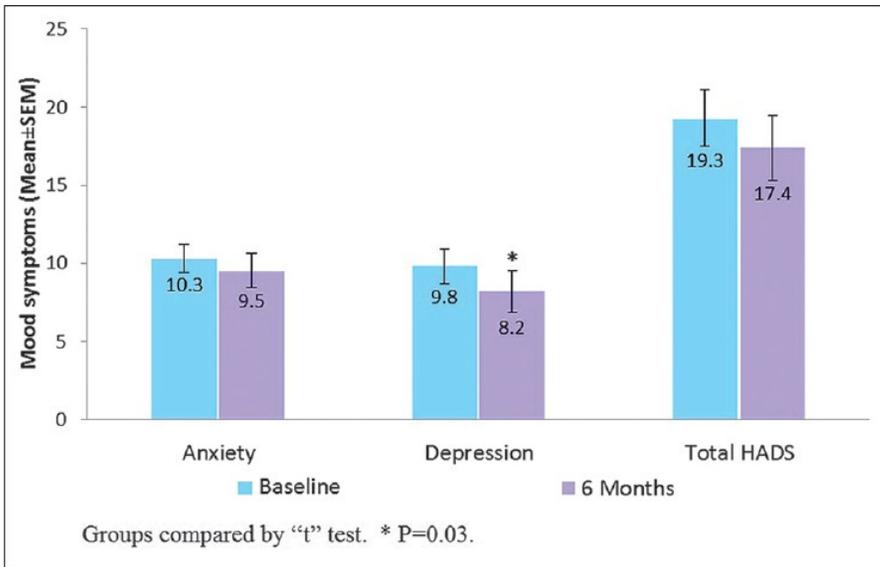
Negative Outcome:

Psychological
deterioration and
decline.



Treatment-related changes in HbA1c with statistical adjustment for baseline levels.





**When working with patients
remember BATHE...**



B- BACKGROUND



- “What’s going on in your life?”
- “What has happened since I last saw you?”
- Avoid yes or no questions...



A - AFFECT

“How do you feel about (a situation that has happened to the patient)?”



“Many people in that situation report feeling...”

Suggest descriptors, then ask: “Do any of those words seem to fit how you’re feeling?”



T – TROUBLES

- “What bothers/troubles you most about the situation?”
- Requires the patient to stop and think, self directed
- Constitutes definition of the problem, arriving at solution



H - HANDLING

- “How are you coping with/handling the situation?”
- Information may be given about possibly destructive coping behaviors.
- May need to ask “How could you handle that?”
- Empowers the patient to arrive at solutions they may not have considered



E EMPATHY

- “It sounds very frightening/frustrating/sad.”
- Be understanding
- Acknowledge the difficulty of the situation



CONCLUSION:

- There are hundreds of ways to cope with stress

So, what can help?

- Find ways to feel more in control
- Communicate with others
- Build a support network
- Ask for help
- Humor
- Physical recreation
- Relaxation



CONCLUSION:

- Depression and anxiety is more common in people with diabetes
- Stress adversely affects diabetes control
- Coping and/or psychological interventions can positively impact depression and anxiety in diabetes
- Primary care providers can provide effective psychological interventions.



QUESTIONS?



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