



NATIONAL REGISTER
OF HEALTH SERVICE PSYCHOLOGISTS

CLINICAL WEBINARS

FOR HEALTH SERVICE PSYCHOLOGISTS

TRANSLATING RESEARCH TO PRACTICE

Behavioral Management of Common Health Concerns in Long-Term Care

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Presented by



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1 Contact Hour (New York Board of Psychology)

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Dr. Paul Nation is a clinical regional director for CHE behavioral services. He received his Master's degree in Geriatric Counseling Psychology from the University of Notre Dame. He received his PhD in counseling psychology focusing in aging development from Michigan State University. He completed a postdoctoral fellowship at Mid-Michigan Regional Hospitals in behavioral health medicine. He then completed a postdoctoral fellowship in geriatric psychology at the University of Rochester Strong Memorial Hospital.



Disclosures/Conflicts of Interest

- No conflicts of interest to disclose

Learning Objectives

1. Discuss common health concerns that impact quality of life within the facility.
2. Describe intervention and treatment strategies on a behavioral and psychological level.
3. Explain the importance of a holistic approach to psychological care within long-term care settings.

References

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- Hilliard, Marisa. (2018). The Handbook of Health Behavior Change Springer Publishing Company
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Health and Behavior

- Health and Behavior Intervention: The focus of the intervention is to improve the resident's quality of life utilizing cognitive, behavioral, social, and/or psychophysiological procedure designed to improve disease-related problems.
- Miller, Neal E. 1983

The Emergence Of Health Psychology

- BioMedical model no longer adequate
- Increased concern with quality of life
- Increased focus on prevention
- The total cost of health care

Biopsychosocial Model

- Psychological component
 - Behavior (coping, adoption and maintenance)
 - Emotional (feelings)
 - Cognition (thoughts, beliefs, and attitudes)
 - Social (interactions with family, staff and others)
 - Personality – characteristic ways of thinking and feeling
 - Culture and Background (religious and spiritual beliefs)

Do You know ?

- HALF of all patient medical visits require a behavior change on the part of the patient as part of the treatment
- Pain management
- Medication adherence
- Diet
- Substance avoidance
- Physical therapy

Health & Psychology

Primary Concerns around health

Stress

Behavior

Criteria for Service

- Client has an underlying physical illness or injury (in long term care this is rarely an issue)
- There is reason to believe biopsychosocial factors are affecting tx/management of illness (adherence)
- Sufficiently alert, oriented and intact to profit from the face to face encounter (cognitive status eval)
- Has need for psychological support to manage illness
- Service does NOT duplicate others

Early Predictors

- Self- Efficacy
- Vigilance
- Keep in up
- Suspended Judgment
- Monitoring/Homework
- Prioritization
- Support

Risk Factors

- Incomplete/selective participation
- Cynicism
- Absent Goals
- “I’ll give it a try.”

How to Help

- How can we help our clients to change their behaviors in health-promoting ways?



Lessons We Have Learned

- Information alone doesn't work (but is helpful)
- Attempts to convince can create refusal

- WHY ?



Why Do People Have Negative Habits ?

- External factors: life situation and stressors
- Internal Factors:
 - Inadequate coping skills
 - Emotional/Personality issues
 - Physiological reinforcement
 - Congruence of behavior and identity

Attempts at persuasion increase stress

Coping Skills

- Denying or minimizing
- Seeking information
- Learning to provide one's own medical care
- Setting concrete, limited goals
- Recruiting support
- Considering possible future events
- Gaining a manageable perspective

Resident Behavior Change Stages

- What to do ? (see information is important)
- Why to do it ? (what's in it **for client**)
- **How to do it ?** (**self-efficacy** and reinforcement)

Behavior Change = Team Building

- Self-initiated and self-directed
- Practical, useful, applicable to real life
- Incorporate feedback for effort (reinforcement)
- In the long term care setting Psychologist is:
 - Partner, not expert
 - Advisor, not parent
 - Reflector, not magic wand

Motivational Interviewing

- *MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.” (Miller & Rollnick, 2013, p. 29)*

MI

- The most current version of MI is described in detail in Miller and Rollnick (2013) *Motivational Interviewing: Helping people to change* (3rd edition). Key qualities include:
- MI is a **guiding** style of communication, that sits between **following** (good listening) and **directing** (giving information and advice).
- MI is designed to **empower** people to change by drawing out their own meaning, importance and capacity for change.
- MI is based on a **respectful** and **curious** way of being with people that facilitates the natural process of change and honors client autonomy.

Knowing You Can Do It

- **Self-Efficacy**

(Bandura, Circa, 1985)

- Belief in ability to perform a given task
- Produce desired outcomes
- Self-fulfilling prophecy



Key Elements to Behavioral Intervention



- Consistency
- Compliance
- Creativity
- Communication

Self-Help

- Exercise
- Eat well
- Sleep well
- Social
- Take breaks
- Communicate
- Relaxation

Behavioral Treatments

- Biofeedback
- Relaxation/stress management
- Individual/Group Psychotherapy
- Family therapy
- Pain Management training
- Education

Major Relaxation Techs

- Progressive Muscle relaxation
- Imagery
- Deep Breathing
- Sensate Focus
- Letting Go Acceptance
- Hypnosis

Health Psychology: The Range of Clinical Applications

- Health behavior modification
- Management of chronic illness (Crohn's disease)
- Preparation for medical procedures
- Stress and coping
- Social support (family, staff and friends)

Chronic Pain

- Pain is the most common symptom reported by clients in visits to physicians
- **Chronic pain** involves continuous or recurrent pain over a 6 month or longer period
- Chronic pain produces irritation, depression, anxiety, and dependence on others
- Treatment of chronic pain can involve
 - Exercise programs promote release of endorphins which reduce pain perception
 - Operant conditioning techniques reward “well behaviors”
 - Biofeedback (electromyograph) can reduce muscle tension
 - Relaxation training reduces impact of pain
 - Individual and group psychotherapy

Behavioral Management of COPD

- Health Life Style Changes
- Education and Monitoring
- Psychological Support
- Stress management
- Bio-feedback
- Relaxation and Distraction

Behavioral Management of Diabetes

- Self-management
- Self-efficacy
- Problem Solving and treatment Adherence
- Psycho-Educational Model
- Stress, Coping and reinforcement

Medication Adherence

- Single Focus Interventions
 - Education only
 - Reminders only
- Multiple Focus Interventions
 - multi-component Intervention
 - education, counseling, support, behavioral planning. (Removal of negative reinforcement of behavior)

Circular Relationships

- Stress

Sleep

Pain

- Illness

Health

Fitness

- Relationships

Self-efficacy

- Immune system

COPD

- A 72-year old male was referred for smoking cessation secondary to COPD. The pt has failed on his own in the past.
- The patient was receptive to the recommendation of an 8-session group based smoking cessation program.

Clinical Examples

Pain Management

- A 72-year old woman, who was admitted to the facility just one-year ago, recently returns from the hospital where she was treated for chronic back issues. She was referred for assessment of pain, behavioral distress, and combativeness associated with medication adherence. Other pain management has had little success.
- Assessment included interview and standardized pain surveys, as well as a coping strategies inventory. Empirical data suggest that psychosocial factors are contributing to perceived pain. Behavioral medicine interventions—relaxation, guided imagery and pain group—are recommended.

Q&A With Dr. Paul Nation

- This Q&A will address select questions that were submitted via the Q&A feature throughout the presentation.
- Due to time constraints, we will not be able to address every question asked.