APPLYING PSYCHOSOCIAL FORMULATION AND INTERVENTIONS IN COMPLEX CLINICAL SETTINGS

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Medical Illness & Psychological Distress = Strong Emotion!

- Anxiety
- Depression
- Family Conflict
- Can lead to reduced quality of life, increased morbidity and mortality due to lack of adherence
- High utilizers

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Medical Crisis Counseling: Integrative Approach (Pollin, 1995; Koocher, 2001)

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Medical Crisis Counseling Model: Patient Challenges

- Loss of control
- Loss of self image
- Dependency
- Stigma
- Abandonment
- Fear of Expressing Anger
- Isolation
- Fear of death

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Medical Counseling Model: Goals

- Theory Assumption: Continuum of functioning exists for any person and set of circumstances
  - *Goal is to maximize coping*
  - *Optimize functioning*
  - Therapist validates patient's experiences as normal responses to abnormal circumstances
  - STABILIZE
  - REDUCE NEGATIVE
  - INCREASE POSITIVE

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Stability and increased functioning via flexibility in coping

CBT = change oriented

Validation = acceptance oriented

Healthy emotion regulation *requires* both -

crucial to *teach* both

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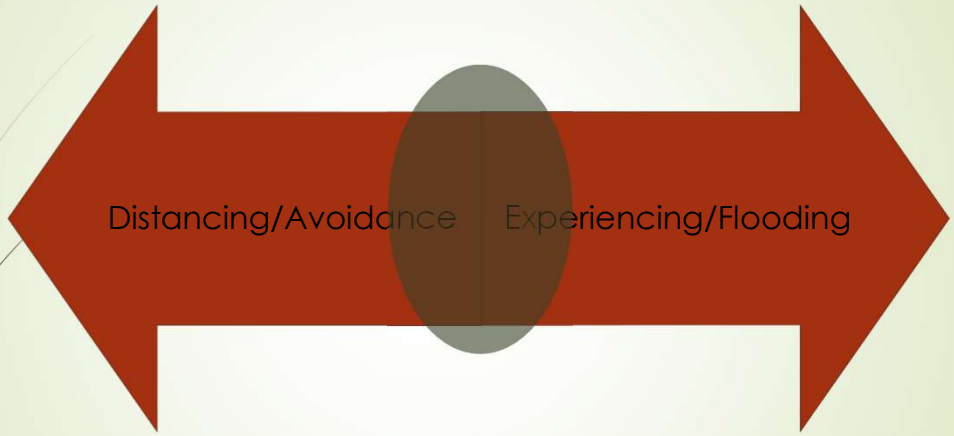
Range of experience



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Strong Emotion = Tunnel Vision
(we think inside of mood we are in and we narrow our attentional field)

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Stability through Mindfulness

Definition: a particular way of paying attention, "on purpose, in the present moment & non-judgmentally." (Kabat-Zinn)

- Dropping into the moment
- Reducing automatic reactions
  - A skill that allows us to 'back up' and observe so that we can consider how to take effective action
  - BEDSIDE SKILLS:
    - 54321
    - 3 MINUTE MINDFULNESS
    - DROP INTO MOMENT, FEEL YOUR FEET
    - LEAVES ON A STREAM
    - JUST FOR TODAY

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Mindfulness: How To

- **Observe**
- **Describe**
  - Metaphor of Psychological Snorkeling- you are in the water, you have to be there and need to feel it, AND you don't want to drown.
  - TFUBS: Thoughts, Feelings, Urges, Behaviors, Sensations
  - Discuss: What are the "fish"/the TFUBs specifically during this hospital stay?
- **Participate:** "Having checked in with myself, given what I know now, what is the best way forward?"
  - Self-care- what do I need to get through this shift?
  - Acceptance- "Whatever it is, it is already here, it's ok"
    - e.g. I have to tolerate an edgy attending, a painful outcome…

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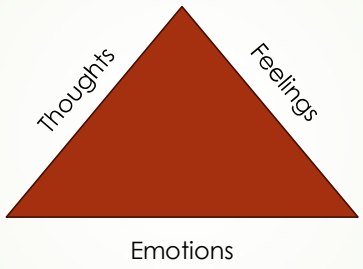
Stability through identifying and challenging Cognitive Errors (put in cognitive triangle)



- BEDSIDE SKILLS
  - Thought record
  - Alternative thoughts
  - This is "thinking"

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Common Examples: Help patient identify thought patterns

- Always needing to be right
- Seeing things in black and white
- Overgeneralizing
- Over personalizing
- Jumping to conclusions
- Confusing observations and evaluations
- Discounting positive

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Observing + Coaching = Effective Participation

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Stabilizing through use of Dialectics

- **Dialectics defined:**
  - Opposites can be integrated to form a closer approximation of the truth
  - Synthesis of acceptance and change
  - An opportunity to "let go of the rope" and see each perspective as having an aspect of truth
  - Search for what is being left out
  - Bedside Skills:
    - What else is true
    - Let go of the rope
    - Problem solve or Acceptance moment?

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Dialectical lens can help with emotional well-being

- A more flexible way of thinking
- More than one thing can be true
- Allows more than one feeling state
- Allows us to tolerate others' points of view
- Enables us to see more of the whole picture
- "This **and** that," not This or that"
- Feeling less stuck

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Acceptance

- Situation I'm in, not one I wish, should etc.…
- Not approval or agreement, but rather acknowledgment that what is happening, is happening.
- By saying "Ok, so this is how it is right now"
  - rather than turning to efforts to undo what has already happened or harsh self-criticism.
- We can turn our cognitive and emotional energies toward more effective in-the-moment coping

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Case Example: "She's just too anxious"

- 60 year old married female, post graduate degree, Ivy college, successful adult life in business world
- PPH for depressive episodes x 2 managed with SSRI
- Lung transplant
- Initial Referral January 23: Anxiety regarding breathing impacting PT and recovery
- Second Referral Summer 23 post Claggett procedure now on vent with lifelong dialysis and profound emotional distress

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Interventions for patient

Validation/Acceptance

- "Hold my hand"
- "Look at me"
- "Sitting together"
- Life review in pictures
- **Do you want to live? Then lets keep at it**

Dialectics

- You are having trouble breathing and your data show you are getting air
- You have lost so much and there is progress

CBT Plus Mindfulness

Step1: Identify and Label

- "I am afraid I will never get better
- "I cannot get enough air"

Step 2: Challenge

- "Of course I am afraid, that is human, and I am making progress"

Step 3: Mini-exposure with mini grounding technique

- Transfer to chair plus 54321
- PT plus leaves on a stream
- SUDS: Was an 8 out of 10, now is 6 out of 10

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Interventions for Staff

Psycho-education

- Validate and non pathologize

DX

- Emotional trauma
- Medical trauma
- Existential distress
- Anxiety
- May in fact die

Setting realistic expectations and using dialectic

Nursing did not feel she was recovering but no room to speak that on transplant

MDs have tendency to move forward "No matter what"

- Using the two as a continuum
- More open and honest with pt about dx and recovery

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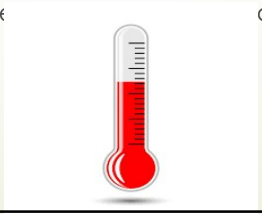
TIPP Skills: In the moment body regulation via slowed heartrate = access more skills

- Temperature-Change body temp quickly and will decrease emotional intensity
  - Ice
  - Shower
- Intense Exercise-aerobic decreases emotional intensity
- Paired Muscle Relaxation- Tense for 5 Release for 5 and notice difference
- Paced Breathing-Slow it down and heart will slow down and calmer
- Mammalian Dive Re and heart rate goes down (10-25%)



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Systemic Regulation: Limits

- Limits = the line between what a person or system is/is not willing to do or tolerate.
- Some are known at the outset of treatment/job & these should be identified as part of establishing Tx frame
- Others unfold over time. We may not know them until we observe that they have been crossed.

  Tolerance of swearing, yelling, lateness, frequent phone calls, ambivalence about Tx

(Linehan, 1993, p.319-328)

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Limits

- Limits change over time & vary person to person
- You can mindfully decide to extend a limit: acknowledge the change to your pt or colleague & that it's temporary.
- When personal limit is reached, important to own it vs. imply that it is due to pt's pathology or what is "right."
- Forewarn of consequence if repeated attempts to address limit-crossing do not stop it vs. crisis management.
- (Linehan, 1993, p.319-328)

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Case #2: His room is so filthy it will need to be closed off and renovated

- 24 year old male with partial quadriplegia, significant history of SUD, SA, poor psychological coping and marked periods of psychotic thinking. Admitted post spinal cord injury after banging head when drinking
  - Pain
  - Paranoia
  - Non-Compliance
    - Refusal to shower
    - Sitting in urine and feces
  - Anger outbursts

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Interventions for patient

- **Validation/Acceptance**

  "Sitting together"

  Normalize challenges of injury

  Being angry makes total sense

  - **Dialectics**

    You are in pain and can rest and you won't get to a rehab without working with team and being more honest

    You have lost so much and there is progress

    You are trying as hard as you can and there is more to do

CBT plus Mindfulness

Step1: Identify and Label "black and white" thoughts

- "I try to be good all day and then I lose it"
- Observe effort to notice anger with white board chart
- Use STOP skills
- Use ICE

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Helping Patient with White Board tracking

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Interventions for Staff

Psycho-education

Standardize response to outbursts

- Weekly 30 minute rounds
- 2 Nurses at a time
- Prompt for shower and call security if non-compliant
- Coach for improved regulation and call security or nurse manager

Setting realistic boundaries and expectations and using dialectic

Nursing did not feel she was recovering but no room to speak that on transplant

MDs have tendency to move forward "No matter what"

Using the two as a continuum…

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Systemic Interventions

- **Teach to Nurses** - Patient-Not very effective
  - TIPP Skills
  - Ice balloons
  - White Board
- **System Interventions**-More realistic
  - Weekly meeting with staff to set goals
  - Ethics plus Legal consult
  - Legal clarified we can insist on security and a habitable environment
  - Leads to Room Cleaning, Use of Security during emotional outbursts, tighter expectations on participating in PT

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Role of Limits for Staff and Faculty

- Set hierarchical goals:
  - Life threatening or safety of staff
  - Inpatient floor interfering behaviors
  - Quality of Life / Outpatient goals
- Behaviorism:
  - Is there a consequence we can non-judgmentally enforce?
    - If yes, then do so!
    - If no, be as systemic in behavioral responses as you can be and educate staff that goal is reducing chaos

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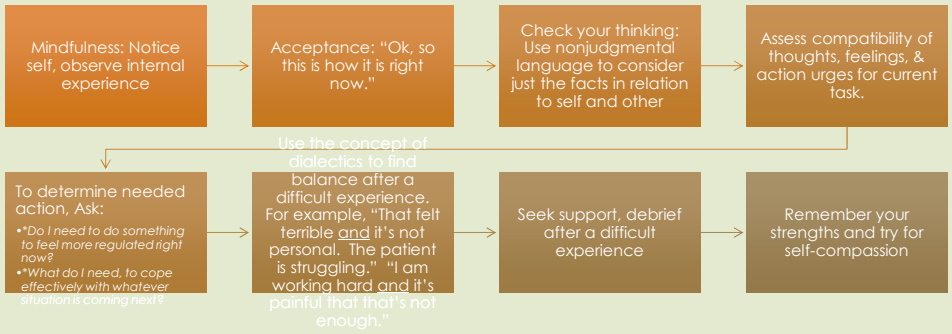
Summary of Skills Sets for In-The-Moment Coping



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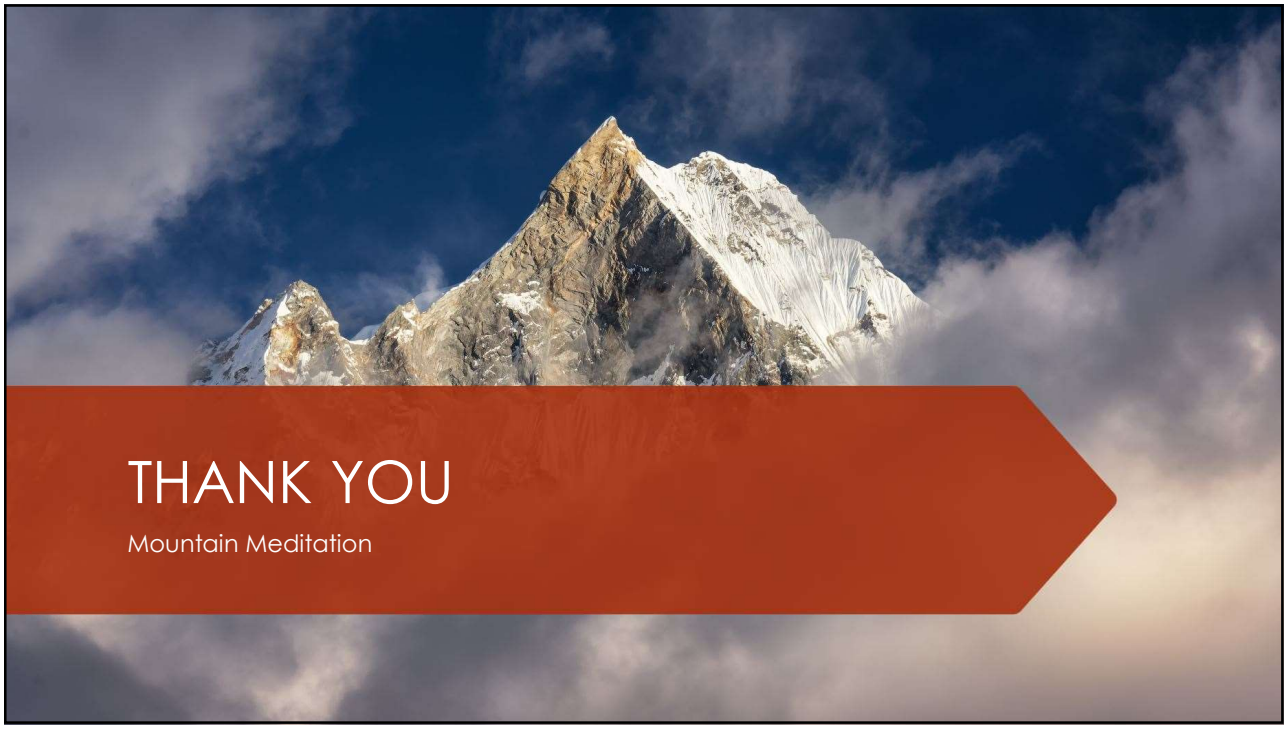

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