A Mindful Heart: Skills-Based Stress Management for Primary Care, Part II

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Faculty Disclosure

I have not had any relevant financial relationships during the past 12 months.
Objectives

• **Learning Objective 1**: Participants will gain knowledge regarding the impact of CVD on the U.S. healthcare system

• **Learning Objective 2**: Participants will gain an understanding of the implementation of a skills-based group intervention for the management of hypertension in medical settings.

• **Learning Objective 3**: Participants will gain an understanding of the practical implications of a skills-based group intervention in a primary care setting.
Overview

• Proposed Intervention for Primary Care

• Pilot Study (October-November 2012)
A MINDFUL HEART: SKILLS-BASED STRESS MANAGEMENT FOR PRIMARY CARE
**Program Overview**

- The purpose of examining CVD risk factors is because currently, CVD is the leading cause of death in the United States and many of the risk factors are modifiable.

- A large amount of patient visits to primary care have a primary diagnosis of hypertension or diabetes so it is important to address these factors in order to reduce the chance of the development of this disease (Schappert, & Rechtsteiner, 2008).

- Target audience: adults (18 years and older) who meet the following criteria:
  - At least one MI **and/or:**
  - Meet at least one of the risk factors for the development of CVD (as determined by their primary care physician and the behavioral health consultant):
Program Overview

• The focus of the program will be to provide primary care patients with the appropriate skills to better manage stress.

• The stress management skills addressed in the program have been particularly developed for patients with cardiovascular problems.

• The group is designed to accommodate 8 to 10 patients per rotation.

• This group is also designed to be a closed group consisting of four weekly sessions lasting one hour per session.
Program Overview

• **Outcomes:**
  - Perceived Stress Scale (PSS) -10
    - Developed to measure the degree to which situations in one’s life are appraised as stressful.
  - Duke Health Profile (The DUKE)
    - 17-item generic self-report instrument containing six health measures (physical, mental, social, general, perceived health, and self-esteem), and four dysfunction measures (anxiety, depression, pain, and disability); brief technique for measuring health as an outcome of medical intervention and health promotion.

• DBP/SBP
Session 1 - Psychoeducation

• Introductions
• Pre-group Assessment
• Definitions of hypertension, MIs, and CHD
• Stress and Heart Health
• **Homework**: Identifying physical cues of stress (Monitoring form)
• **Session goal**: develop a knowledge-base regarding heart disease and behavioral/psychological reactions to stress
Session 2 – Mindfulness and Relaxation Training

• Review homework
• Presentation of different stress reduction and relaxation techniques
  – Mindfulness Training
  – Progressive Muscle Relaxation and Deep Breathing
  – Visualization
• **Homework:** patients will choose one (or more) techniques to try at home and will discuss their experiences with the technique during the next session (Diary form will be provided)
• **Session goal:** familiarize patients with different relaxation techniques to manage stress
Session 3 – Cognitive Restructuring

• Review homework
• Explanation of ABCs and cognitions (Activating Event, Beliefs, Consequences)
• Overview of the “Hook”
• Challenging Your “Hook”
• **Homework:** patients will be provided with a stress log and track stressors in order to identify their “hook” and their reaction to the hook
• **Session goal:** Expand the coping options of the patient; responding and acting rather than reacting to daily stressors
Session 4 – Reducing Arousal

• Review homework
• Overview of Type A, Type B, Type C, and Type D behavior patterns and the affect on the heart
• Review of Type A inner dialogue:
  – All-or-Nothing Thinking
  – Overgeneralizations
  – Devaluation of self and others
  – Mindreading (negative predictions)
  – Catastrophizing
• Identification of patient behavior pattern
• Challenging the inner dialogue
• Termination/Wrap-up/Post-Group Assessment
• **Session goal:** identification and reduction of self-destructive thoughts and behavior; improving the patient’s ability to effectively cope with daily life stressors applying the skills acquired in sessions 1, 2, and 3
Study Population

• The Kitchen Medical and Dental Clinic (Springfield, Missouri, USA)
• Eight patients (one dropout)
• 4-weeks, 1 hour
• One facilitator (Behavioral Health Doctoral-level practicum student)
• Approx. 1 month of patient referral to group
  – BHC/PCP
  – Pitched during monthly staff meeting (August 2012)
Study Population

- Mean age: 48.5 years (SD = 15)
- Females (5) vs. Males (3)
- White (7); Hispanic/Latino (1)
- Mean level of education: 13.5 years (SD = 1.7)
- Income:
  - Less than $5,000/year: 6 patients
  - 5,000-10,000/year: 2 patients
- Seeing BHC? 3 of 8 patients
Outcomes

- Process questionnaire after each session:

1) How important is it for you to complete homework this week? **Circle one:**

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2) How confident do you feel in your ability to complete your homework this week? **Circle one:**

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3) How helpful was the information discussed in group this week? **Circle one:**

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Outcomes

• Process questionnaire: Homework

1) Did you bring your homework from week 1 with you this week? **Circle one:** YES or NO

2) Did you complete your homework from week 1 this week? **Circle one:** YES or NO

If you completed your homework from week 1, how helpful was the Self-Monitoring Form on Stress Cues? **Circle one:**

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If you did **NOT** complete your homework, why not?
Outcomes

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“I just wanted to say that learning the hook has helped a lot. Learning how to do this has helped me keep my stress levels to a minimum.”
## Outcomes

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<th>Pre-Test Mean (SD)</th>
<th>Post-Test Mean (SD)</th>
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<td><strong>PSS</strong></td>
<td>23.1 (6.7)</td>
<td>18.3 (3.6)</td>
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<td><strong>SBP</strong></td>
<td>128.9 (16.6)</td>
<td>127.1 (12.1)</td>
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<td><strong>DBP</strong></td>
<td>78.6 (8.6)</td>
<td>77.1 (8.5)</td>
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<td><strong>Duke – Physical Health</strong></td>
<td>32.5 (12.8)</td>
<td>42.5 (10.4)</td>
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<td><strong>Duke – Mental Health</strong></td>
<td>66.3 (25.6)</td>
<td>70.0 (20.0)</td>
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<td><strong>Duke – General Health</strong></td>
<td>49.1 (15.5)</td>
<td>57.1 (9.6)</td>
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Perceived Health = *fair* prior to start of group
Summary

• “Hook” intervention altered
• Will continue collecting data on various patient populations
• Group protocol available
Thank you!

• Chris Neumann, PhD, Faculty Mentor

• Sarah Beckmann, MA, Doctoral Student
Questions???

www.stacyogbeide.weebly.com
References


References


• Number of Americans with high blood pressure rose in last decade. (2004, November/December). *FDA Consumer, 38*(6), 6.


References

References

Session Evaluation

Please complete and return the evaluation form to the classroom monitor before leaving this session.

Thank you!