MANAGING CHRONIC ILLNESS:
THE BEHAVIORAL HEALTH PROVIDER’S ROLE
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Definition

- Often preventable
- Long lasting, 3+ months
- May or may not be progressive
- Not preventable with vaccine
- Not ‘cured’ with medications
- Fluctuating acute periods & periods of symptom reductions
- Usually will involve lifelong treatment
- Can cause disability or death
Common Chronic Conditions

- Heart Disease
- Cancer
- Diabetes
- Respiratory Diseases (i.e. asthma)
- Stroke
- Hypertension
- Arthritis
- Obesity

Discussion Question:
What conditions are you seeing in your practices?
Prevalence

According to the World Health Organization...

**63%** of deaths worldwide are due to chronic illness

Expected to increase by **17%** between 2005 and 2015

Disproportionately affects **low income** individuals

World Health Organization
Prevalence (cont’d)

According to the Centers for Disease Control…

1 in 2 adults in the US has a chronic condition

Chronic conditions account for 75% of US healthcare costs

Rates in children are on the rise, from 1% in the 1960s to 7% in 2004
Risk Factors

- Poor diet
- Lack of exercise
- Substance abuse (esp. heavy alcohol consumption)
- Tobacco use
- Environmental
- Poverty
- Aging
- Genetics

Preventable
Chronic Illness Impacts...

- Mood
- Sleep
- Social activities
- Relationships
- Diet/Exercise
- Suicidality
- Medication adherence
- Substance use/abuse
- Productivity
Common Comorbidities

- Diabetes & depression
- Chronic pain & depression
- Chronic pain & substance abuse
- CVD & depression
- Asthma & anxiety
- Obesity & depression
- Multiple chronic conditions & depression
Who provides chronic care?

Break out of the mindset chronic care is only for medical providers...

...Chronic care is primarily about *changing behavior*

Experts in changing behavior:
- Case managers
- Social workers
- Psychologists
- Counselors
- Health Navigators

Best Model: A Team Approach
Chronic Care Considerations

- Affect on his or her mental health?
- Hx of substance abuse? Signs of current use?
- Affect on social activities & relationships?
- How is their ability to work impacted?
- What stage of change are they in?
Screening & Assessment Tools

Core areas:

Mood        Substance abuse        Self-efficacy
Patient Health Questionnaire 9 (PHQ-9)

- Brief screening tool for depression
- Validated with various populations
- Measures hopelessness, suicidality, etc.
- 5 mins or less to administer
- Easy to score
- Measures changes over time
- Available in Spanish
Screening & Assessment Tools

- Screening, Brief Intervention and Referral to Treatment (SBIRT)
  - Endorsed by SAMHSA
  - Should be screening for substance abuse with most, if not ALL, chronic care clients/patients
  - Screening tools: AUDIT, ASSIST, CAGE, DAST-10, etc.
  - Brief Intervention: Motivational Interviewing, providing information (i.e. brochure or handout)
  - Referral if necessary
    - Warm hand-off if possible

http://www.samhsa.gov/prevention/SBIRT/
Screening & Assessment Tools

- Chronic Disease Self-Efficacy Scale
  - Developed by Stanford as part of their chronic disease self-management program
  - Validated
  - 34 items; apx. 10 mins to administer
  - Measures confidence in various areas:
    - Communicating w/physician
    - Ability to exercise
    - Ability to manage condition
    - Etc.

http://patienteducation.stanford.edu/research/
Interventions – Motivational Enhancement Techniques

When asked “would you rather work for change, or just complain?” 81% of the respondents replied, “Do I have to pick? This is hard.”
Motivational Interviewing

- Brief, appropriate for primary care
- Demonstrated effectiveness with diverse populations
- Demonstrated effectiveness with a variety of conditions
- Useful for combating “resistance”
- Increased likelihood for follow-through
Motivational Interviewing Applications

Formula for Motivational Interviewing

- Increase reflections
- Decrease questions
- Eradicate closed-ended questions
- Reflect change talk; deflect resistance talk
- Step out of the expert role; avoid advice giving
Providing Information with an MI Approach

- **Elicit**
  - Ask permission to provide advice/information

- **Provide**
  - Provide the advice or information

- **Elicit**
  - Elicit the patient’s response to the information
Motivational Interviewing Resources

www.motivationalinterview.org
(Mid-Atlantic Addiction Technology Transfer Center)

www.motivationalinterview.net
(Chris Wagner, Bill Miller, Stephen Rollnick, Mid-Atlantic ATTC)

www.motivationalinterviewing.org
(Motivational Interviewing Network of Trainers, MINT)
Interventions – Disease Management Groups

- Self-referrals or referrals from clinic staff
- Delivered by health educator or peer-led
- 4-6 weeks
- 10-12 members (or larger)
- Available on evenings & weekends
- Measure changes in health status
- Existing protocols available online
- Reimbursable with health & behavior codes
Common Conditions – Chronic Pain

- Relaxation
  - use caution with progressive muscle relaxation!
- Social support
- Medication management/pain contracts
- Mood management
  - Pleasurable activities
- Pain journal
  - Detecting triggers
Common Conditions - Diabetes

- Medication management
- Diet
- Exercise
- Mood management
- Suicide prevention
- Educational groups/peer support groups
- Smoking cessation
- Social/family support
Common Conditions – CVD

- Diet
- Exercise
- Medication management
- Mood management
- Relaxation
- Smoking cessation
- Social/family support
Case Scenario 1


What should one screen for?
What intervention might you provide?
What would follow-up entail?
Case Scenario 2

56-year-old, Native American man with chronic pain due to a motor vehicle accident. Minimal pain management skills. Physician refers him to you due to suspicions he is misusing his pain medication.

What should one screen for?
What intervention might you provide?
What would follow-up entail?
Case Scenario 3

62-year-old, Caucasian female, with history of depression. Overweight, but not obese. Family history of heart disease. Referred for poor control of her hypertension and high cholesterol. Self-reports drinking wine to fall asleep.

What should one screen for?
What intervention might you provide?
What would follow-up entail?
Contact Information

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Thank you!