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38TH ANNUAL MEETING

September 13-15, 2023 ✨ MILWAUKEE, WI

Come for exercise, stay for stress management

The role of a health psychologist in a Cardiac and Pulmonary Rehabilitation Program

Presenter: Galina Kitchens, Psy.D.

Disclosures

No relevant disclosures



Agenda

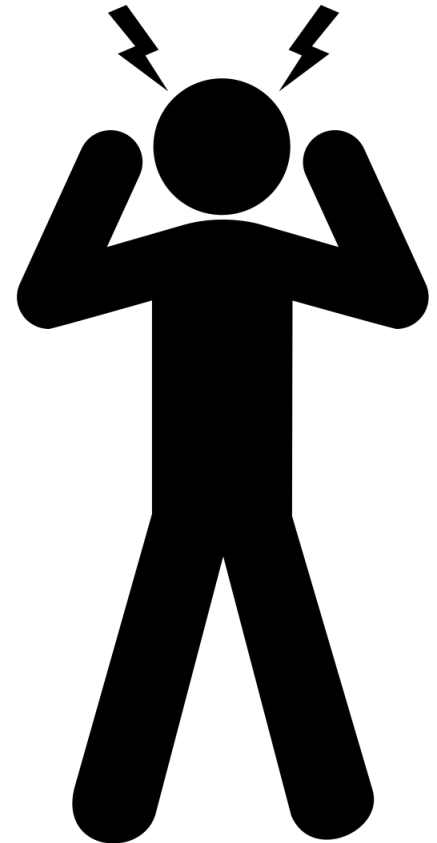
- Initial psychological evaluation
- Addressing resistance to psychological services, improving patients' emotional well-being/stress management skills
- Building stress management programs for groups and individual patients
- Benefits of psychological services for patients and program outcomes
- Addressing psychological/emotional needs in the absence of a resident psychologist

Learning Objectives

- Understand the role a of resident psychologist at each stage of the cardiac/pulmonary rehabilitation program
- Identify what can be done to address patients' resistance to utilizing psychological services while working on improving their physical health
- Learn to structure a stress management program that holds patients' interest and attention

Prior to Initial Psychological Evaluation

- Patients complete psychological screening questionnaires (e.g., PHQ-9 and GAD-7)
- Patients complete a form reporting their stress level, primary stressors, and current coping strategies
- Answers to questions about suicidality are reviewed by the intake staff to determine need for risk assessment by psychologist



Initial Psychological Evaluation

- Individual session
- During admission session or within first several sessions of the program
- Challenges:
 - Resistance to psychological treatment
 - Belief that stress management doesn't work/ that they don't need to learn any new stress management skills
 - Lack of time to commit to stress management
- Solutions:
 - Ways to establish rapport and destigmatize the role of the psychologist
 - Ways to introduce psychological treatment
 - Use of humor

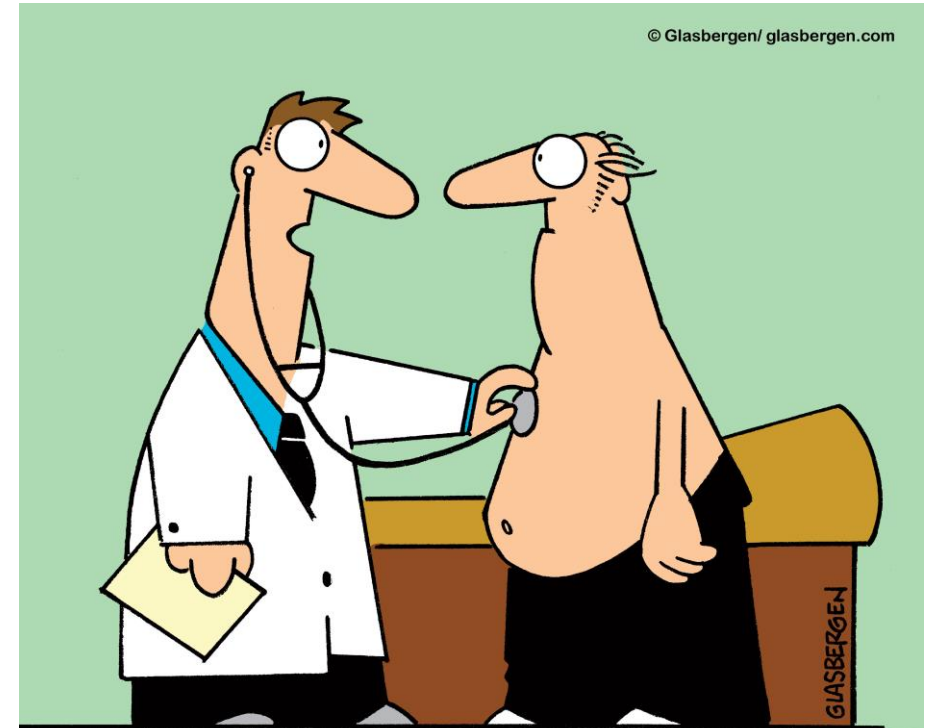
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"Stress management is for wimps!"

Common Psychological Issues in This Population

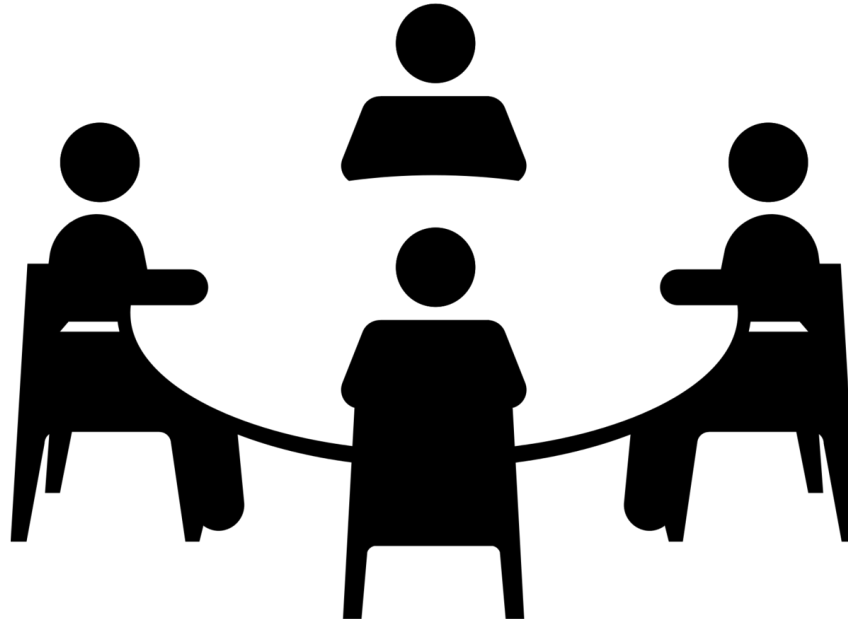
- Sense of loss of control and shock due to sudden onset of illness
- Temporary loss of emotional stability
- Being forced to confront one's mortality
- Lack of psychological aftercare following cardiac event
- Perceived uselessness and burdensomeness
- Guilt for behaviors leading to their health status



**“Are you under a lot of stress lately,
or have you always had six
separate heartbeats?”**

Psychological Services Available

- Formal (separate referral and order)/Informal individual therapy
- Structured stress management groups



Group Structure

- Each exercise class meets for stress management group once a week, either before or after the exercise session
- Each group session lasts 20-30 minutes
- The curriculum is run in a repeated sequence, and patients can join or leave at any point during the sequence
- The curriculum is split into three distinct sections: breathing exercises, relaxation exercises and mindfulness exercises
- Patients are invited to discuss and share their experiences following each group exercise

Curriculum

Week 1

Introduction to diaphragmatic breathing. Pts are assigned breathing exercises to practice 2 x day during the following week

Week 2

Three steps to deep breathing: abdominal/thoracic/clavicular breathing

Week 3

Breathing exercises that regulate autonomic nervous system by Lucas Rockwood

Week 4

Five-minute breathing exercise by Stacey Schuerman

Week 5

Safe-place guided visualization exercise (DBT workbook p. 34)

Week 6

Progressive muscle relaxation exercise (DBT workbook p. 83)

Week 7

Introduction to mindfulness: One-minute, single object (DBT workbook p.92), and mindful breathing (p.49)

Week 8

Band of light (inner mindfulness) exercise (DBT workbook p. 97)

Week 9

Five senses (outer mindfulness) exercise

Week 10

Inner-outer experience exercise (DBT workbook p.98)

Week 11

Mindful eating exercise (printout or MBSR workbook p.18)

Week 12

Recording three minutes of thoughts (DBT workbook p.99)

Week 13

Thought diffusion exercise (DBT workbook p. 100)

Week 14

Guided meditation exercise



Demonstration: Diaphragmatic Breathing Exercise



“It was my secretary’s fault. She forgot to put breathing on my to-do list.”

Benefit to Patients

- Increase in program adherence
- Decrease in probability of future cardiac events (Blumenthal et al., 2016)
- Fostering of support system
- Positive introduction to psychotherapy experience
- Simplified stress management tools which are compatible with everyday life
- Insight into the benefit of relaxation exercises

What if there's no psychologist?

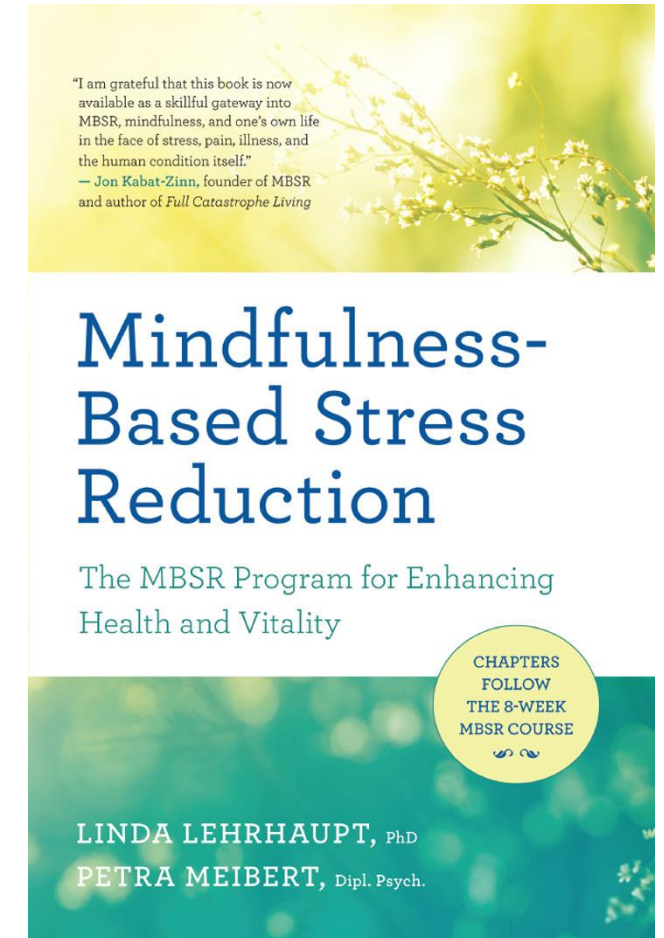
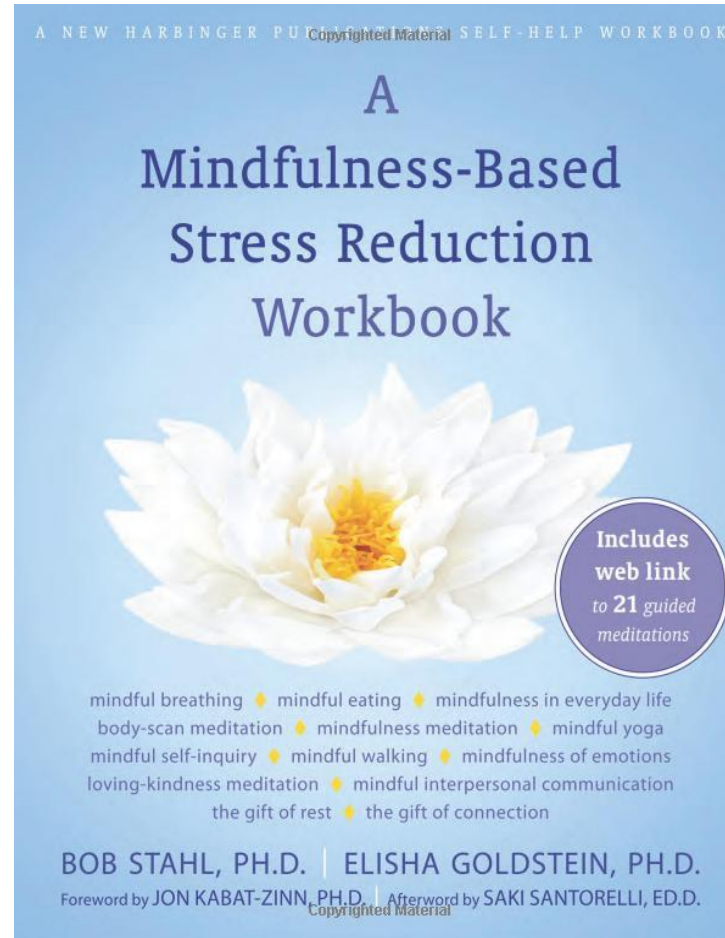
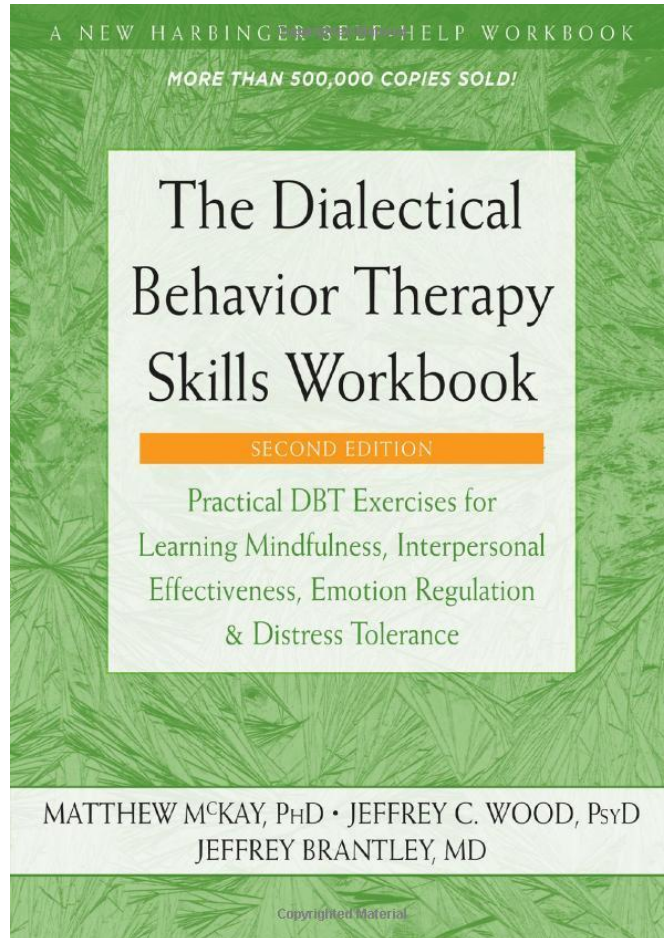
- Stress management:
 - Smartphone apps (Calm app, Headspace, Breathe2Relax)
 - TED talks
 - Change your breath, change your life: Lucas Rockwood
[https://www.youtube.com/watch?v= QTJOAI0UoU](https://www.youtube.com/watch?v=QTJOAI0UoU)
 - Breath – five minutes can change your life | Stacey Schuerman |
https://www.youtube.com/watch?v=hFcQpNr_KA4



- Scripts from workbooks



Program Materials



When to involve the behavioral health team?

Primary
screeners

- Option #1: PHQ ≥ 10
OR BDI ≥ 20 ; Q9 > 0
- Option #2: Q9 ≥ 2

Secondary
Screeners

Columbia Suicide
Severity Rating Scale
(CSSR-S)

When to involve the behavioral health team? (cont)

Secondary Screener

- On CSSR-S...
 - IF YES to 2 or 3
 - IF YES to 4,5,6

Always ask questions 1 and 2.		Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?		High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk
Always Ask Question 6		Life-time
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <i>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.</i> If yes, was this within the past 3 months?		High Risk

Important Note: asking questions about suicidality does NOT increase risk of suicidal thoughts/acts

Behavioral Health Team

- Seek help from in-house or consulting psychologist!

Presentation Takeaways:

1. A resident psychologist plays a crucial role at each stage of the cardiac/pulmonary rehabilitation program
2. Patients' resistance to utilizing psychological services can be addressed through rapport building, psychoeducation and the use of humor
3. An effective stress management program holds patients' interest and attention





Thank You!