

Healthy Coping Skills

Diabetes Collaborative Learning Network
6-7 April, 2005

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RE-AIM: To Achieve the Most Change

Reach-Can it be disseminated broadly?

Efficacy/Effectiveness-Does it work, in both controlled trials and real world applications?

Adoption-How likely are potential buyers to adopt it?

Implementation--Will it be implemented broadly when adopted?

Maintenance- Can change be maintained?

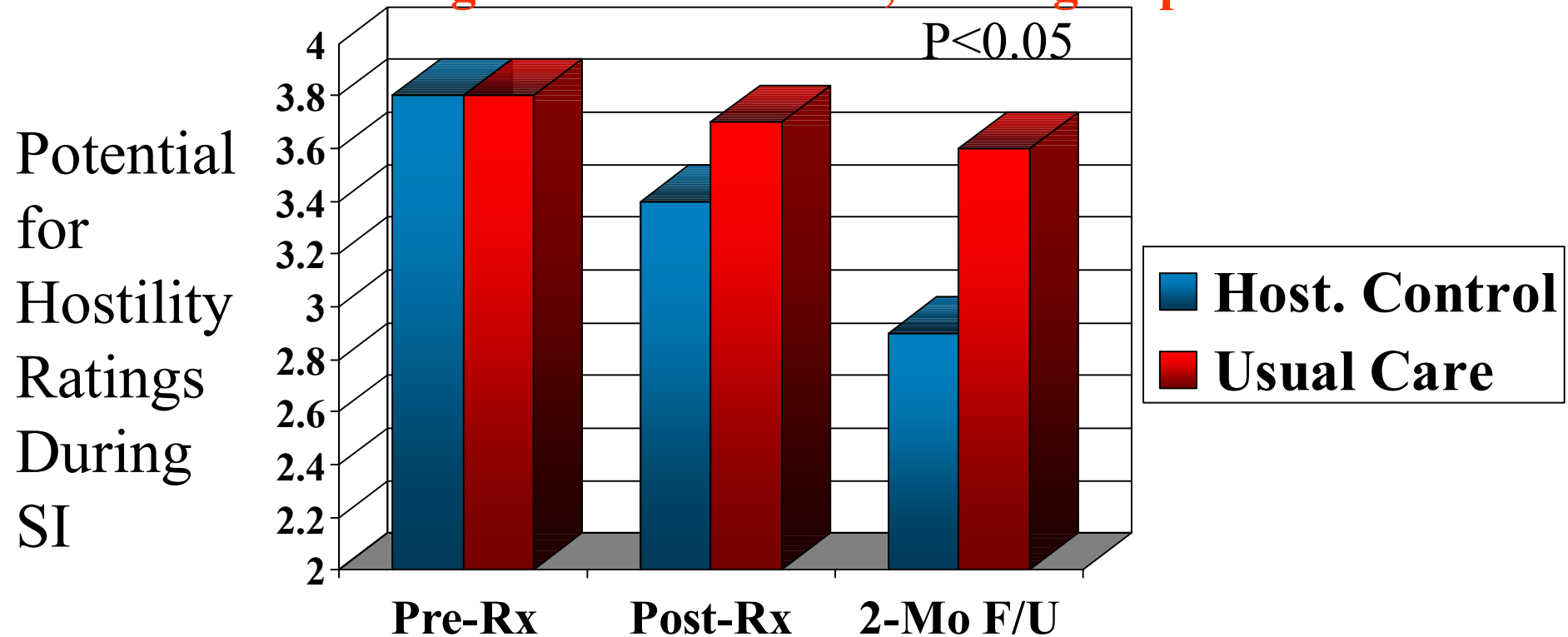
(Russell Glasgow, "Building Bridges from Science to Practice." Meeting of the Society of Behavioral Medicine (Seattle, WA, USA) 24 March 2001)

Goals

- *Physical health
- *Emotional health
- *Wellbeing
- *Emotional Intelligence

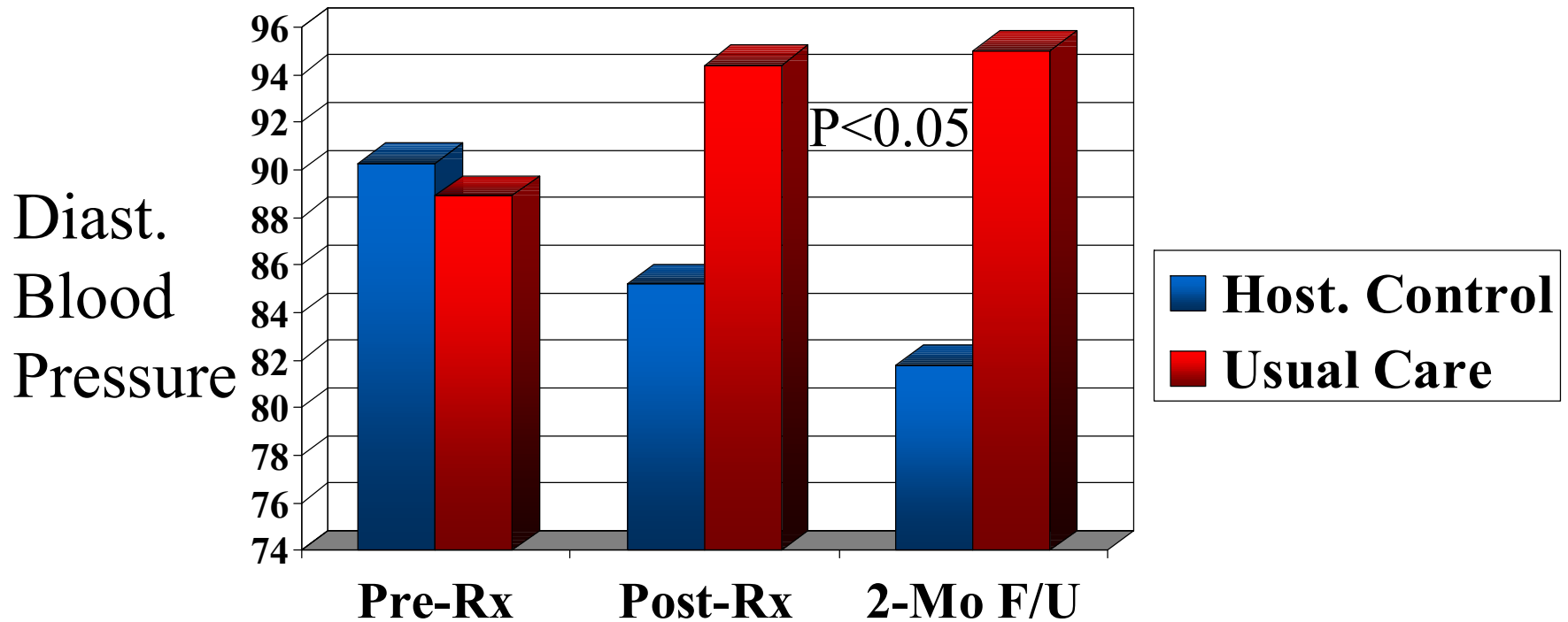
Hostility Control Training in CHD Patients: Effect on Hostile Behavior

Eight 2-hour sessions, Small groups



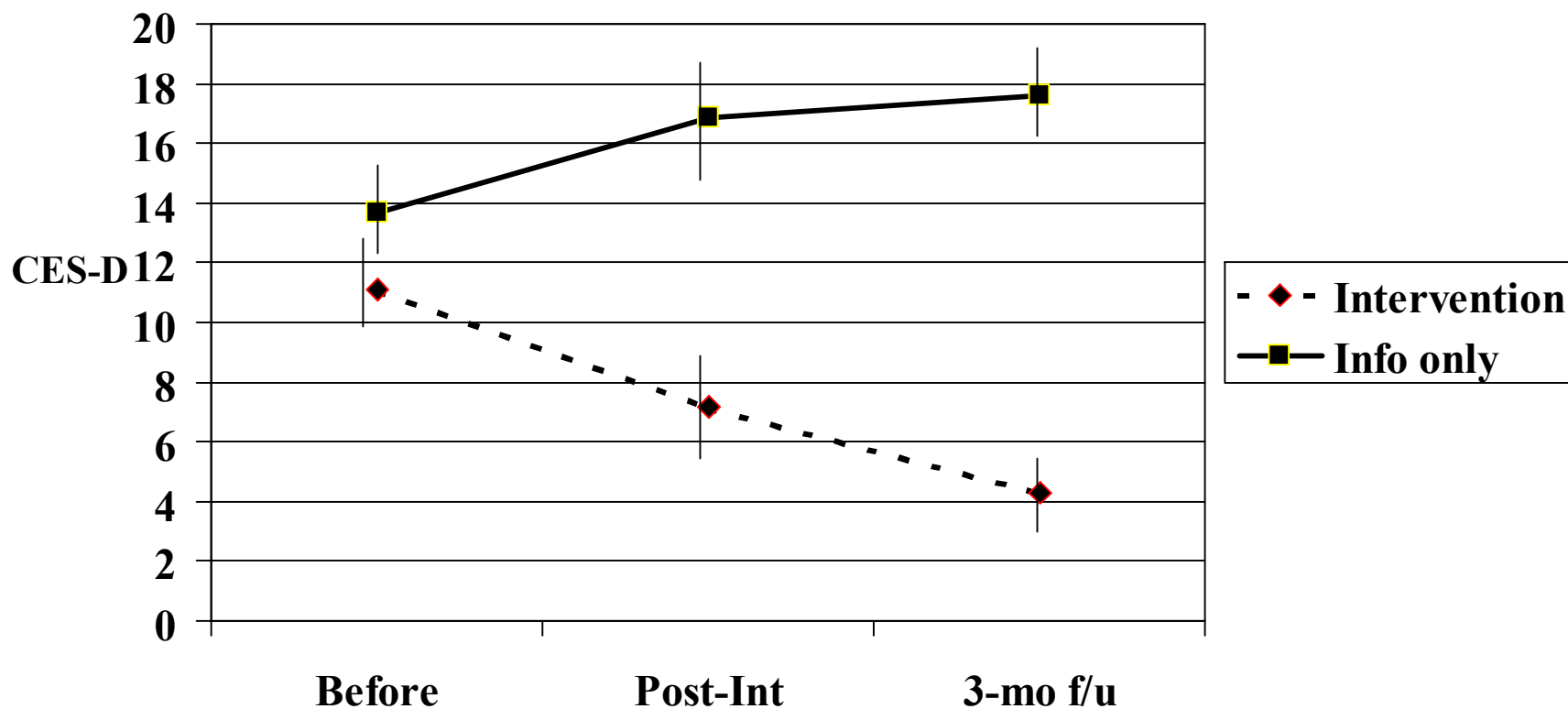
Source: *Health Psychology*, 1999; 18: 416-420

Hostility Control Training in CHD Patients: Effect on Diastolic Blood Pressure



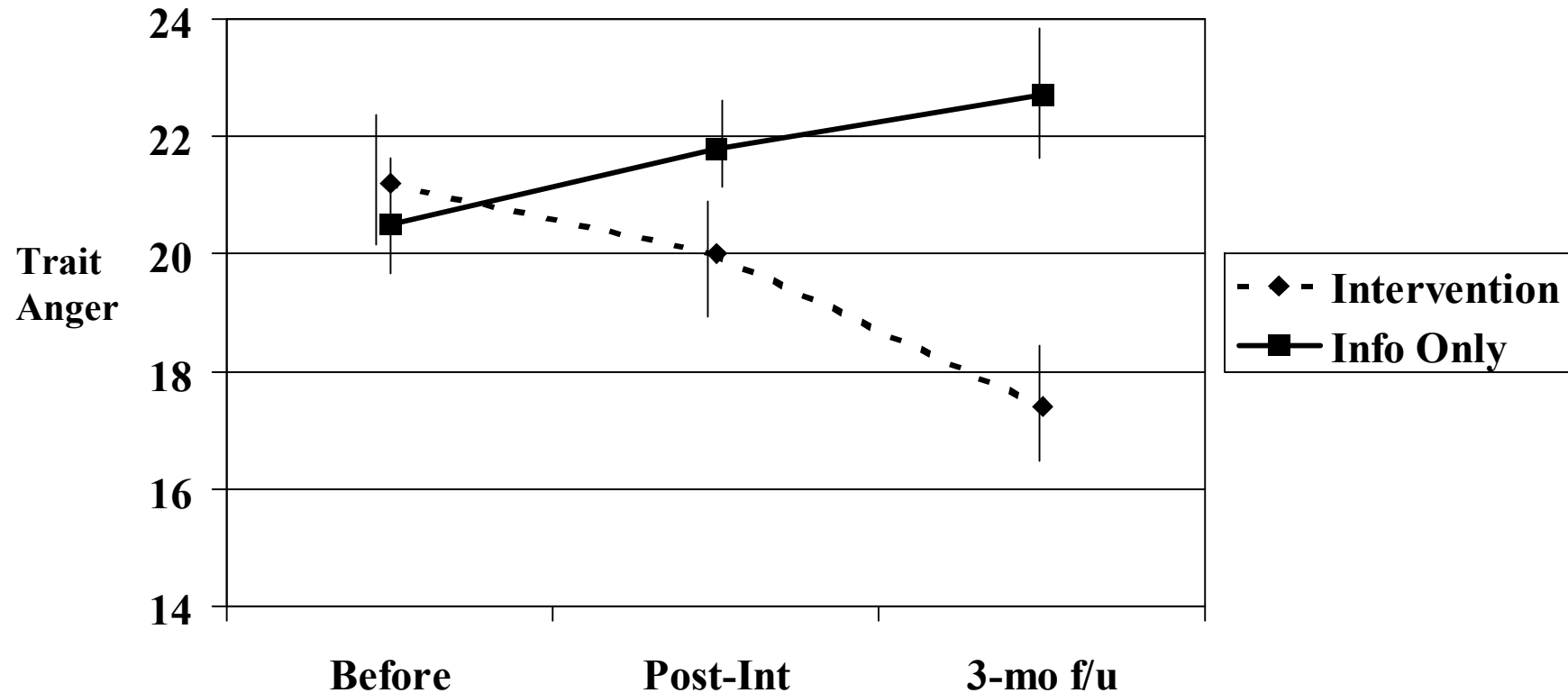
Source: *Health Psychology*, 1999; 18: 416-420

LifeSkills Training in Post-CABG Patients: Effects on Depression



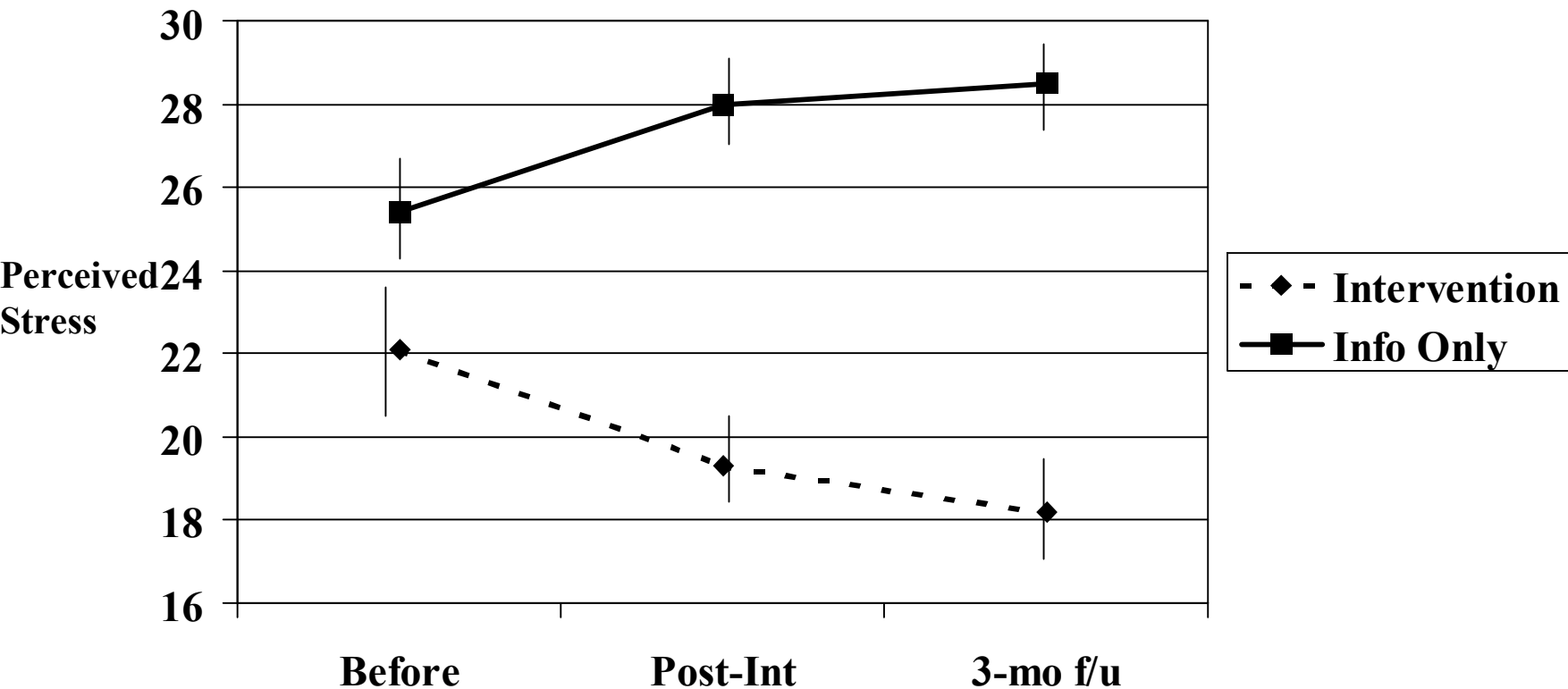
Group X Time, $P < 0.001$

LifeSkills Training in Post-CABG Patients: Effects on Trait Anger



Group X Time, $P < 0.001$

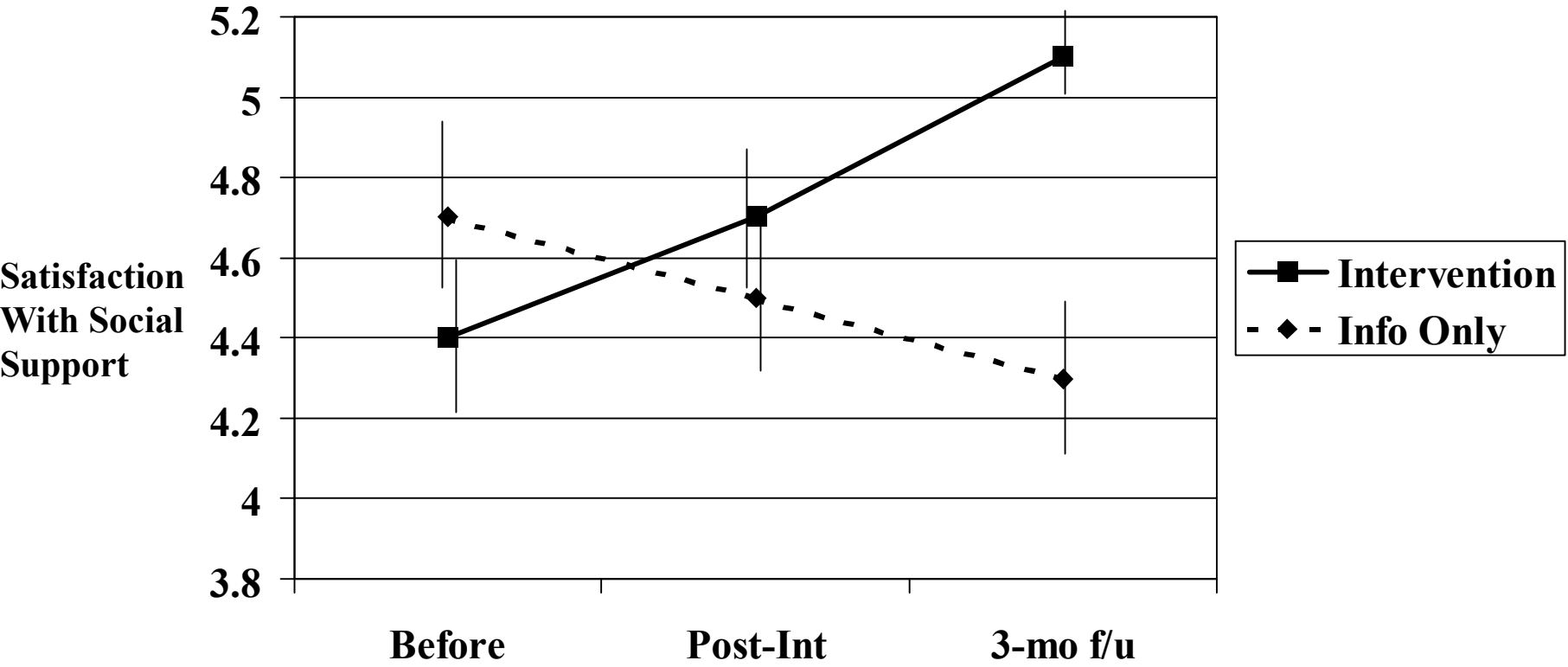
LifeSkills Training in Post-CABG Patients: Effects on Perceived Stress



Group X Time, $P < 0.001$

Bishop et al., Am Heart J, In Press

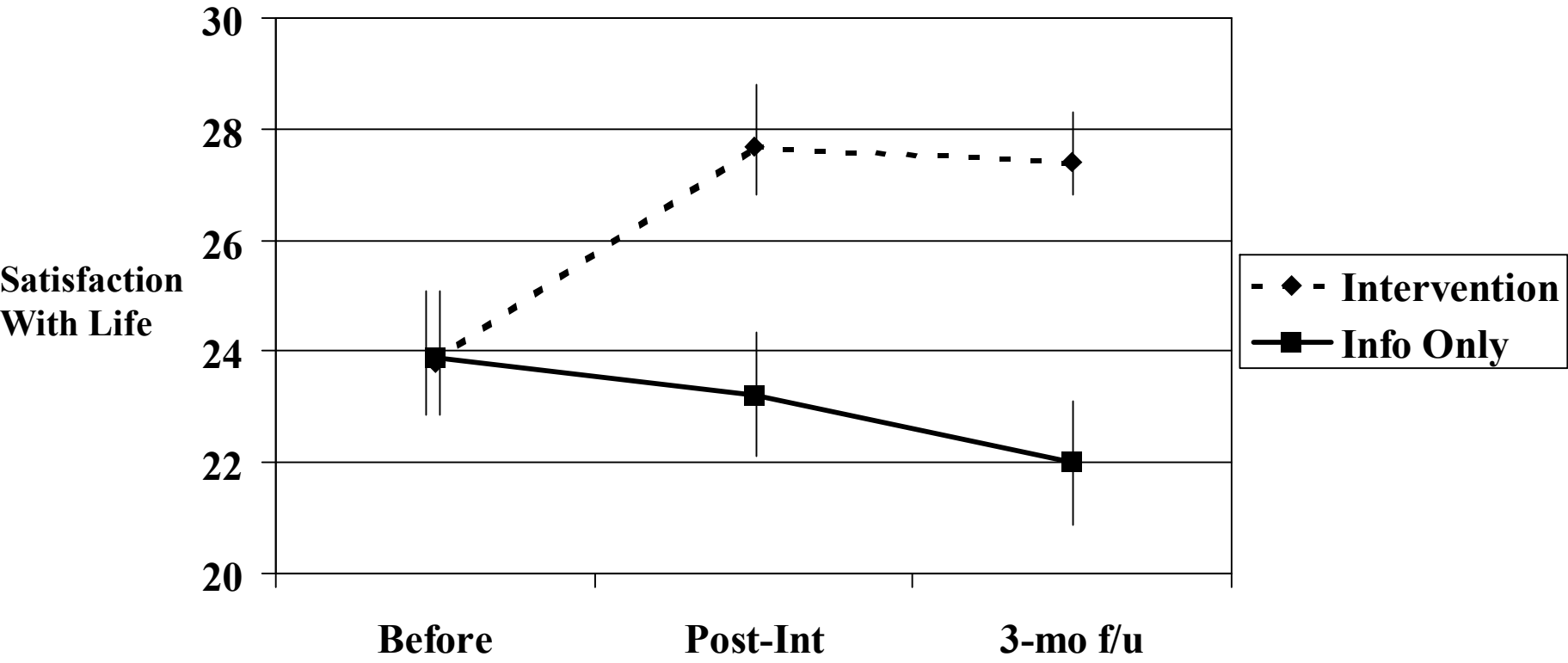
LifeSkills Training in Post-CABG Patients: Effects on Satisfaction with Social Support



Group X Time, $P < 0.001$

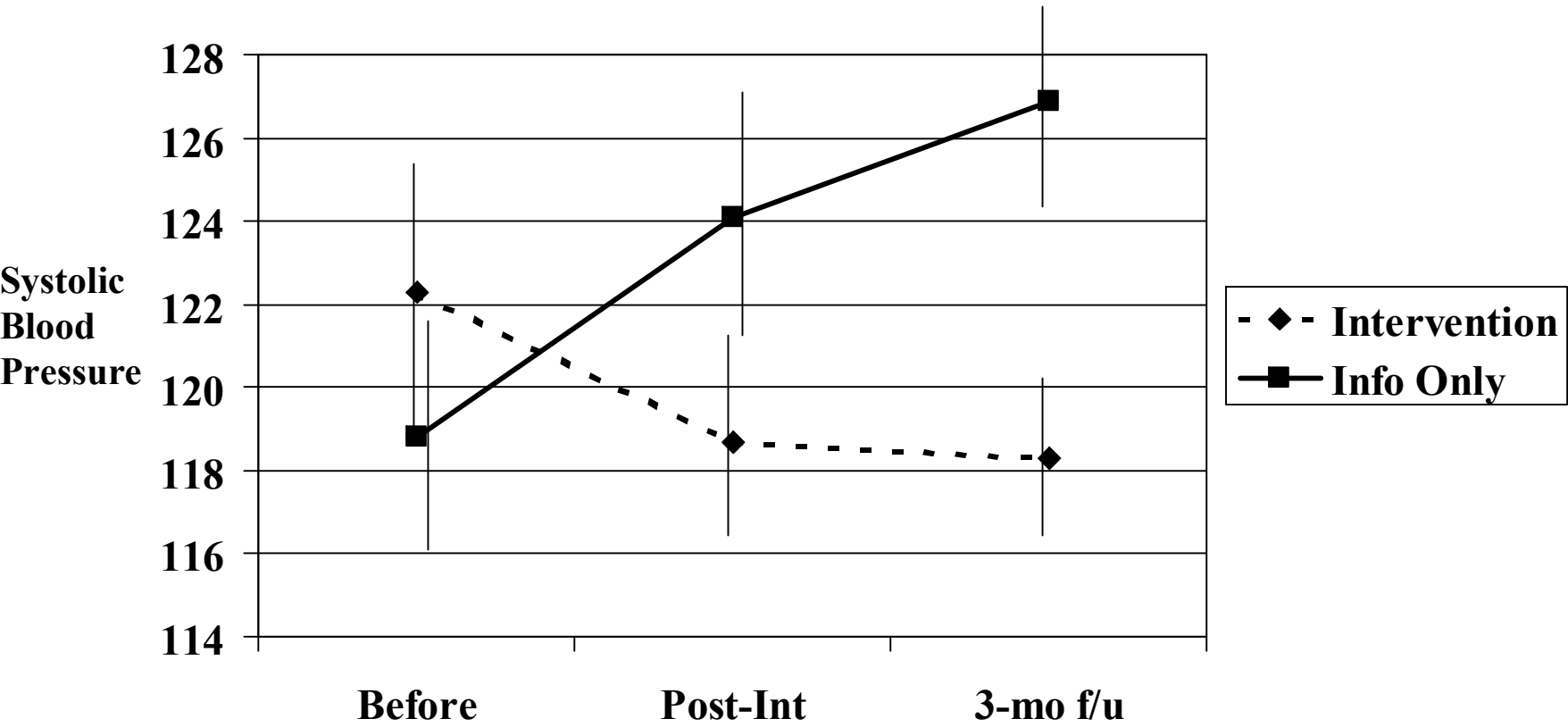
Bishop et al., Am Heart J, In Press

LifeSkills Training in Post-CABG Patients: Effects on Satisfaction with Life



Group X Time, $P < 0.001$

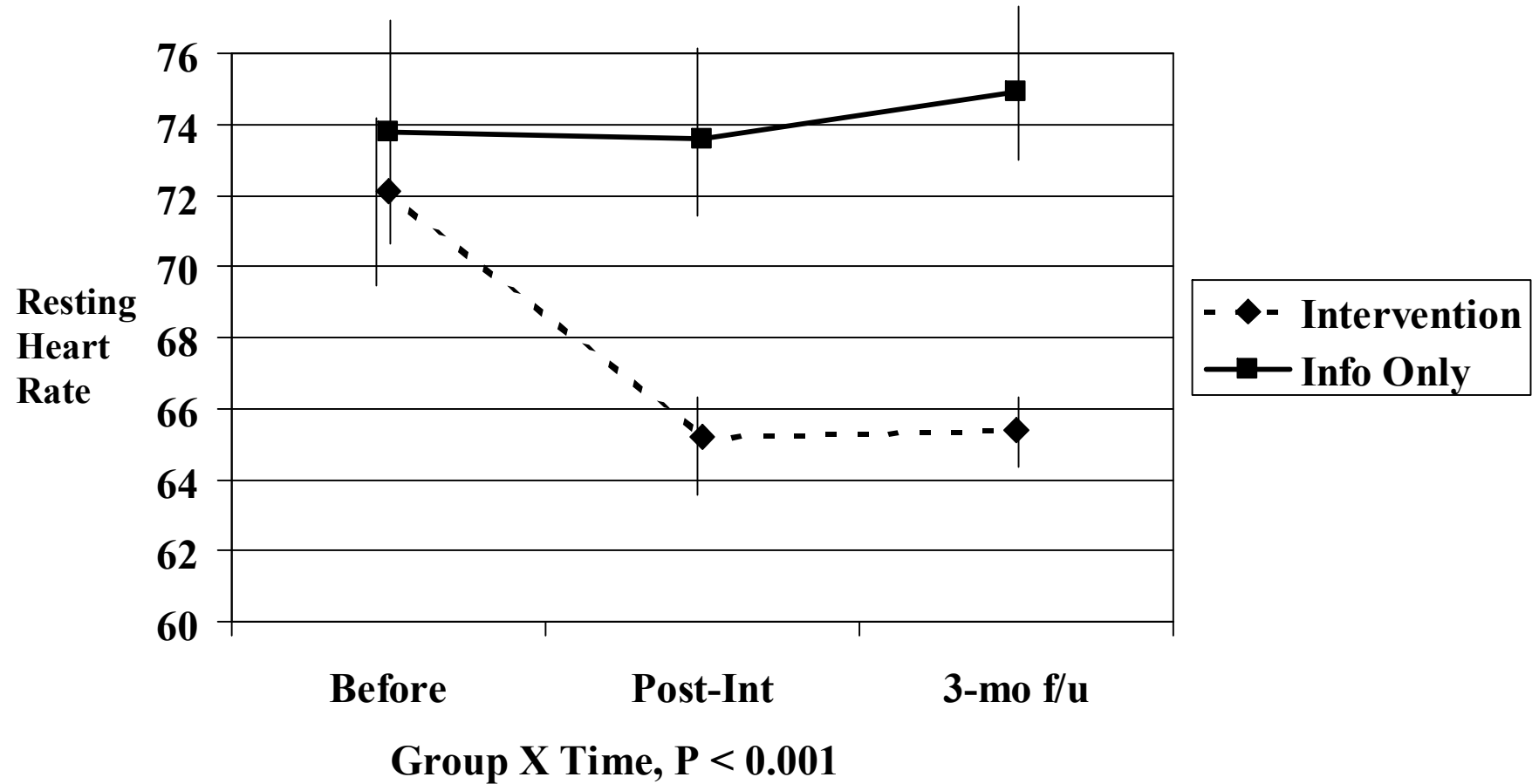
LifeSkills Training in Post-CABG Patients: Effects on Resting Systolic Blood Pressure



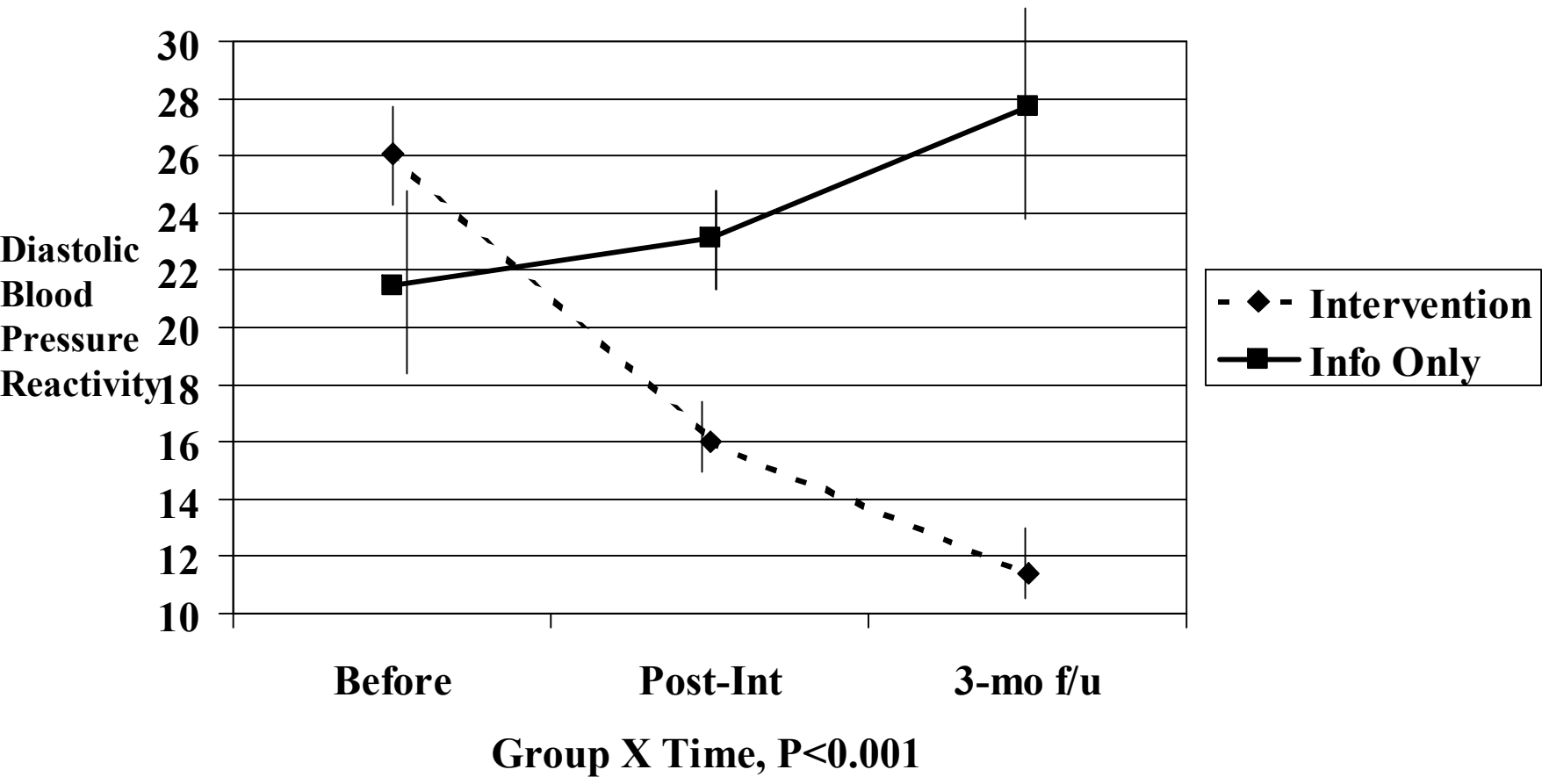
Group X Time, $P < 0.01$

Bishop et al., Am Heart J, In Press

LifeSkills Training in Post-CABG Patients: Effects on Resting Heart Rate



LifeSkills Training in Post-CABG Patients: Effects on Systolic BP Reactivity



Bishop et al., Am Heart J, In Press

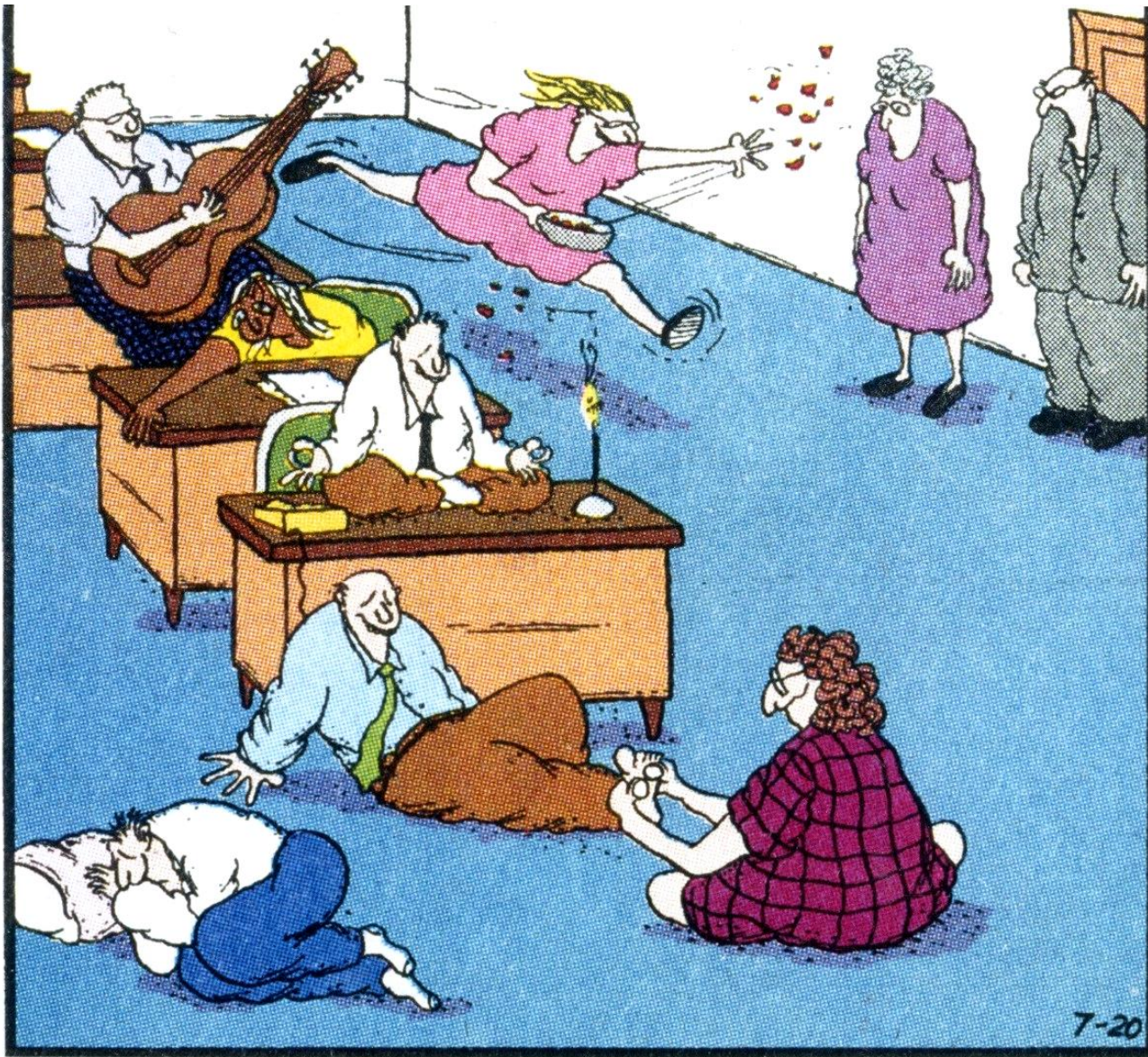
Three-Stage Development

1. Have to treat depression before can address self management
 2. Addressing depression is *part of* self management
 3. Not just depression, but full range of negative emotionality, from normal to clinical, linked to quality of social relationships
- Thus, normalizing attention to negative emotionality or promoting “*Healthy Coping*”

The Multiple Skills Approach

- **Increase Awareness of Thoughts and Feelings**
- **Evaluate and Manage Negative Thoughts and Feelings**
- **Deflection Strategies**
- **Problem Solving, Assertion and Saying “No”**
- **Communication and Empathy**
- **Being Positive and Focusing on Big Goals**

Source: Williams VP & Williams RB Lifeskills NY: Times Books/Random House, 1999 -- www.williamslifeskills.com



“Joyce, get that idiot who gave the stress-management seminar on the phone!”

DAMAGE CONTROL

1. Becoming aware of thoughts and feelings and separating facts from opinions
2. Choosing between trying to change negative reaction or trying to change situation
3. Trying to change negative reaction
4. Trying to change situation by:
 - Problem solving
 - Assertion
 - Saying no

Carol: 45-year-old white woman who works for husband who runs a small plumbing and heating business out of home. No insurance but enrolled in CAP program for uninsured. Come to New River about 10 X a year for healthcare related to her diabetes, high bp, fibromyalgia and mental health counseling. Also struggles with obesity. Talks freely about her families' disapproval of her ongoing depression and isolates herself in her home with limited energy to go out or prepare meals. Been on variety of medications, feels she's tried everything and nothing has been very helpful

Scene: Rested on sofa instead of preparing dinner. Husband comes home and yells, “What kind of wife are you!”

Thoughts: He doesn’t know how bad I feel. He’s so self-centered. Maybe I am a bad wife. Maybe he’s mean to me because I’m fat.

Feelings: Sad, frustrated, tired, annoyed

Behaviors: I turn my head away from him.

Consequences: He stalks out of the house, doesn’t come back til 10:30. I sleep, then eat something I’m not supposed to have. Continue to feel bad.



“I’m very angry. What do you suggest?”



EVALUATING NEGATIVE THOUGHTS, FEELINGS, AND OPTIONS

THE SITUATION - What are the objective facts? Stick to evidence that would hold up in a court of law.

- **IMPORTANT?** Is this matter important to me?
- **APPROPRIATE?** Is what I am feeling and/or thinking appropriate to the facts of the situation?
- **MODIFIABLE?** Is this situation modifiable in a positive way?
- **WORTH IT?** When I balance the needs of myself and others, is taking action Worth it?

ROADMAP of “I AM Worth It!”

EVALUATING NEGATIVE THOUGHTS, FEELINGS, AND OPTIONS

THE SITUATION

What are the objective facts? Stick to evidence that would hold up in a court of law.

- IMPORTANT?

YES ↓

Is this matter important to me?

- APPROPRIATE?

YES ↓

Are any negative feelings and/or thoughts appropriate to the facts of the situation?

- MODIFIABLE?

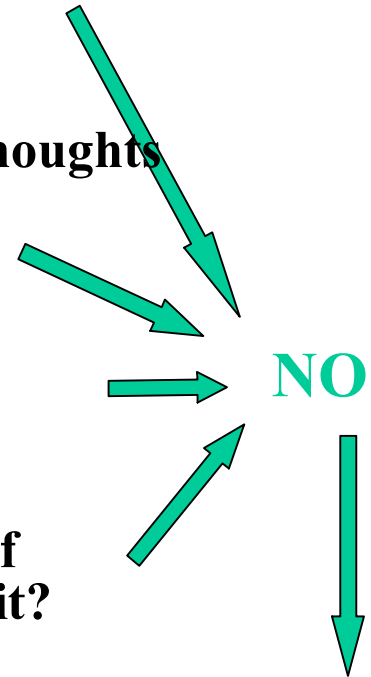
YES ↓

Is this situation modifiable in a positive way?

- WORTH IT?

YES ↓

When I balance the needs of myself and others, is taking action worth it?

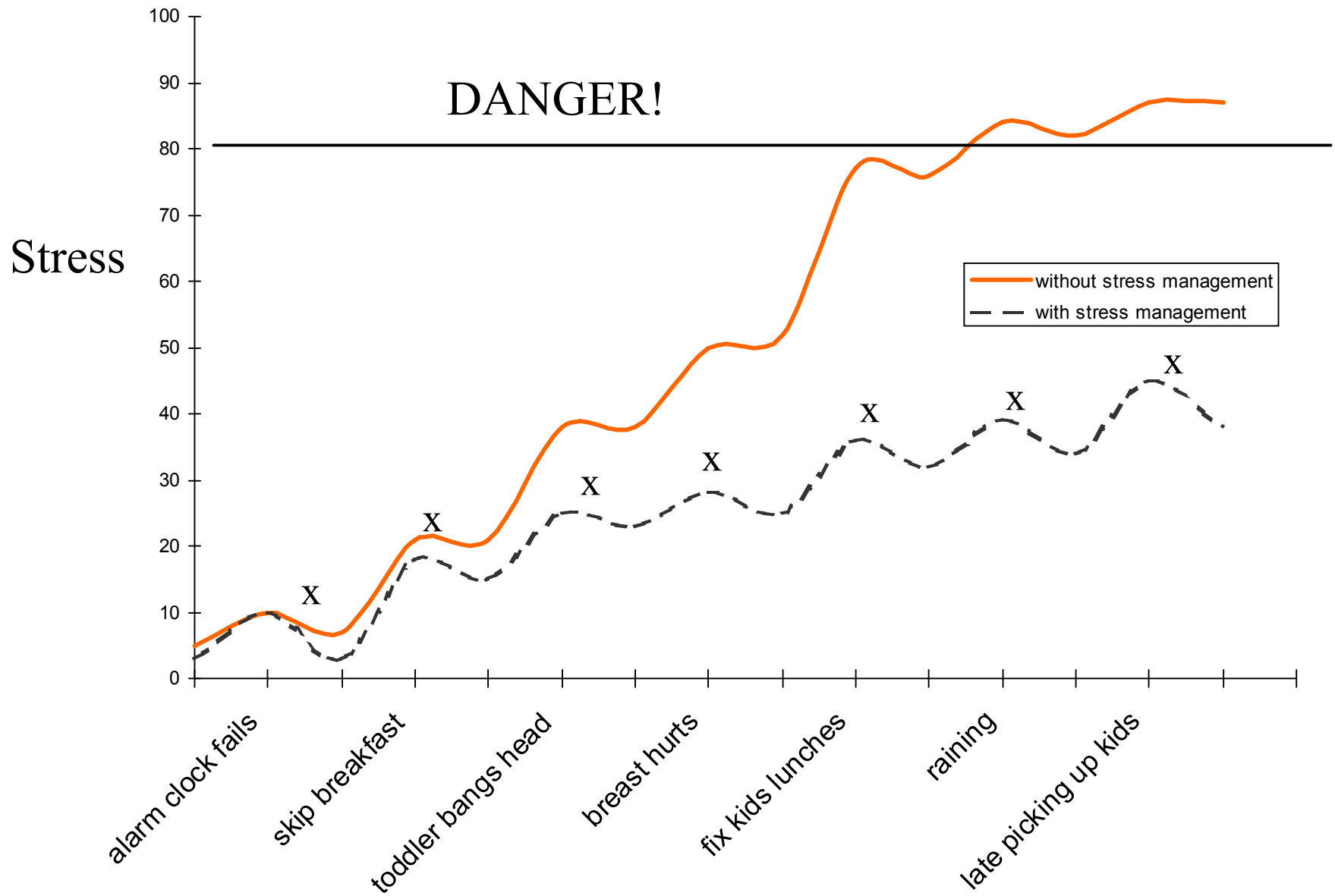


ACTION SKILLS

**Problem-Solving
Assertion
Saying “No”**

DEFLECTION SKILLS

**Reason with Yourself
Thought-Stopping
Distraction
Relaxation/Meditation**



One-Minute Relaxation Exercise

- 1. Picture a STOP sign, and say, “STOP,” to yourself.**
- 2. Take three slow deep breaths, and say, “Relax,” on each exhale.**
- 3. Inhale while clenching fists, then relax them on exhale.**
- 4. Inhale while clenching toes, then relax them on exhale.**
- 5. Inhale while shrugging shoulders, then relax them on exhale.**
- 6. Inhale while tilting head to right, then straighten on exhale.**
- 7. Inhale while tilting head to left, then straighten on exhale.**
- 8. Final inhale, then relax on exhale.**

The Directed Breath Flow Exercise

1. Sit or recline in a comfortable position with legs uncrossed and hands unclasped. Breathe comfortably and naturally. If appropriate, close your eyes.
2. As you exhale, think of the number “1” and let yourself feel quite relaxed. Allow several breaths, thinking of the number “1” each time you exhale.
3. Now as you exhale, think of the number “2” and let yourself feel even more relaxed. Allow several more breaths, thinking of the number “2” each time you exhale.
4. Now as you exhale, think of the number “3” and let yourself feel very deeply relaxed. Allow several breaths, thinking of the number “3” each time you exhale.
5. Now let yourself imagine that you can send your breath to any part of your body.
6. As you exhale, let the breath flow down through your legs, through your feet and out through your toes. Let your breath take away all of the tension in the lower part of your body. Allow several breaths, sending your breath out through your toes each time you exhale.
7. Now as you exhale, let the breath flow down your arms, through your hands and out through your fingers. Let your breath take away all of the tension in the upper part of your body. Allow several breaths, sending the breath out through your fingers with each exhale.
8. On the next exhale, let the breath flow up through your neck and out through your head. Allow several breaths, sending the breath out through your head with each exhale.
9. When you feel ready, open your eyes and tell yourself that you feel alert and refreshed.

ROADMAP of “I AM Worth It!”

EVALUATING NEGATIVE THOUGHTS, FEELINGS, AND OPTIONS

THE SITUATION

What are the objective facts? Stick to evidence that would hold up in a court of law.

- IMPORTANT?

YES ↓

Is this matter important to me?

- APPROPRIATE?

YES ↓

Is what I am feeling and/or thinking appropriate to the facts of the situation?

- MODIFIABLE?

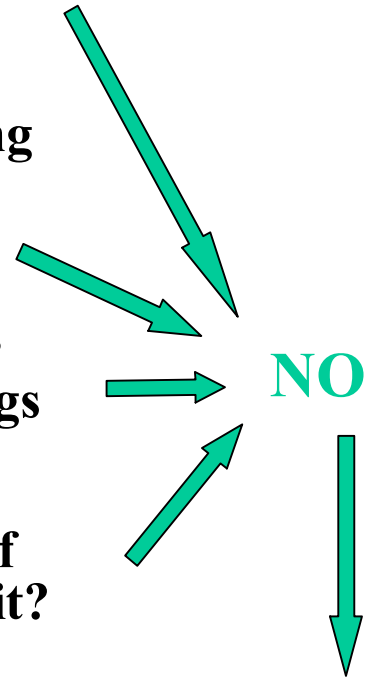
YES ↓

Is this situation modifiable in ways that will reduce my negative feelings and/or thoughts?

- WORTH IT?

YES ↓

When I balance the needs of myself and others, is taking action worth it?



ACTION SKILLS

Problem-Solving
Assertion
Saying “No”

DEFLECTION SKILLS

Reason with Yourself
Thought-Stopping
Distraction
Relaxation/Meditation

Elena is a 51-year-old Hispanic woman with a low socio-economic status. Took care of home well and had job until accident at work several years ago that injured her hand. She lost her job as a consequence, and now depends on her son economically. She is not able to cook even for herself, as no strength in her hand. Once while trying to cook, a plate fell from her hand and broke. Incidents like this have led Elena to feel depressed.

This lack of activity and depression have now been going on for several years.

- **Scene:** Need to brush my teeth. Drop the toothpaste and can't pick it up off the floor. Top rolls under the counter.
- **Thoughts:** I can't even brush my teeth right. The top is off the paste—I can't afford to lose it. I'll have to ask my son to pick the toothpaste and the top up.
- **Feelings:** Sad, annoyed, frustrated, worried

PROBLEM SOLVING

- 1. Define the Problem**
- 2. Generate Alternatives. (Brainstorming rules.)**
- 3. Make a Decision.**
- 4. Implement the Decision.**
- 5. Evaluate the Outcome.**
- 6. Revisit Other Options if Needed.**

Woman from Mexico with basic school education and now middle class life. This mother of twins blames her lupus for 13-year-old twins heart condition. Two years ago caught in lettuce picker, had to quit work, with subsequent congealed clot in breasts. Removed from first breast, and probably needed on second but she refuses to return to the free clinic who had missed diagnosis on first breast. Numerous other medical problems, including diabetes type 2. Cares for 4 grandchildren of son who refuses to put children in daycare he could afford. Husband, encouraged by their son, is unfaithful and refuses to be in house when all the grandchildren are there.

Situations that could be worked on

- Guilt over twins' heart condition

- Refusal to return to free clinic

- Keeping four young grandchildren, 8 months to 4 years

SIMPLE ASSERTION

Request the *specific* change of behavior you need.

MAKING A REQUEST

- **Ask person to change her/his behavior:**
 - > *Please bring over a week's supply of diapers for the kids.*
- **Ask for more information or clarification:**
 - > *Please explain again in ways I can understand why I need a mammogram.*
- **Ask to be listened to:**
 - > *I need for you and me to meet one-on-one, so I can tell you more about my experiences keeping the kids.*

COMPLEX ASSERTION

1. Describe the *specific behavior* that caused your negative feelings.
2. Describe your feelings.
3. *Request the specific change* of behavior you need.

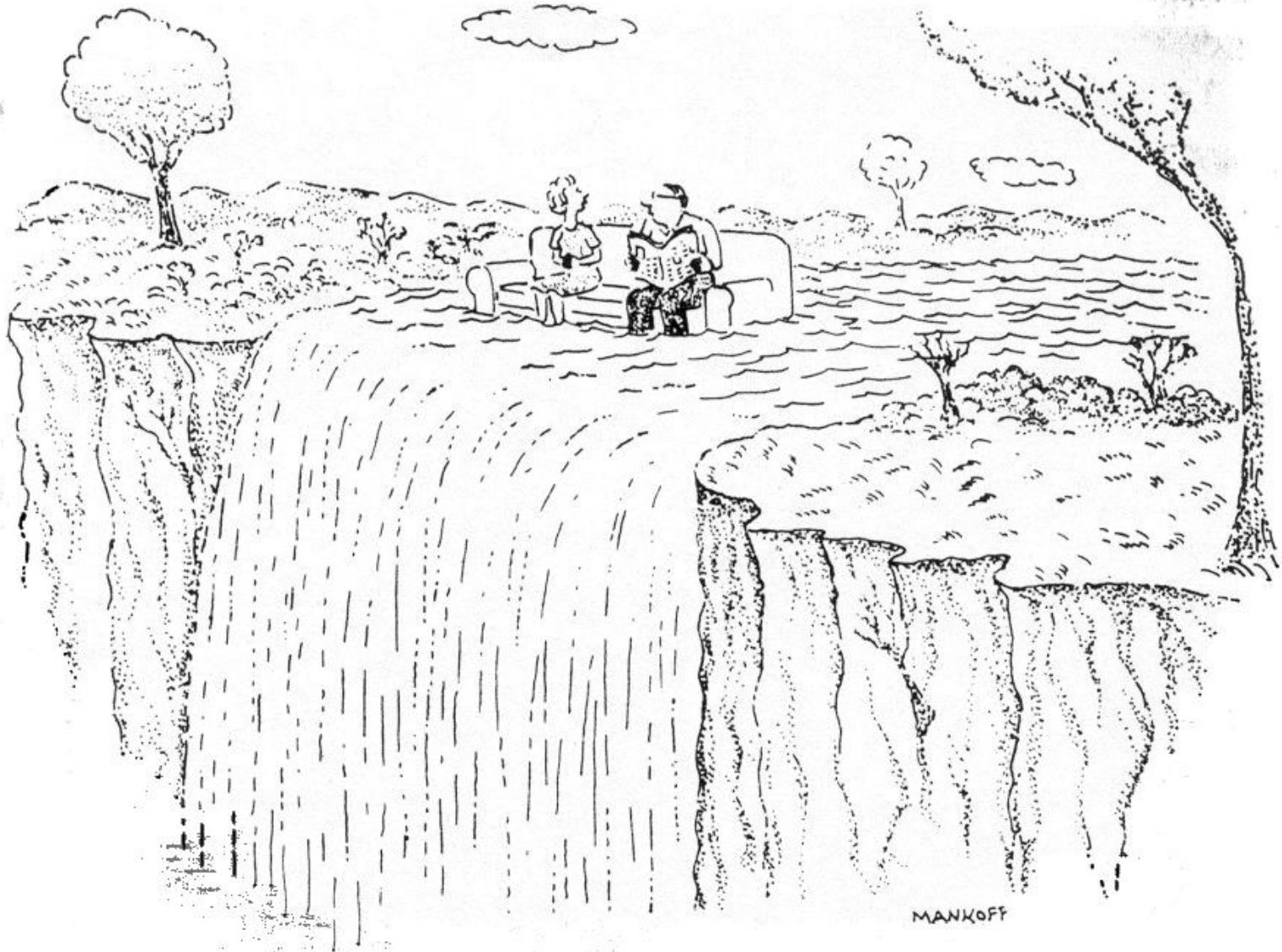


"What I'm proposing is this. No."

How to say “No”

- 1. Delay your response if necessary**
- 2. Keep it simple**
- 3. Always include an explicit “No”**
- 4. Don’t justify**

COMMUNICATION SKILLS



“Brad, we’ve got to talk.”

SPEAKING UP

1. **Just do it.**
2. **Make “I” statements.**
3. *Report your feelings.*
4. **Speak out of *personal* experience.**
5. *Be specific.*
6. *Send appropriate nonverbal messages.*

Listening

EMPATHY

- Begin by learning what the other person or group is thinking and feeling. Often what we guess will relax, stimulate, or threaten the other person doesn't. Often a person's dreams and fears are different than imagined.
- Be aware of how that person perceives himself/herself and what role that person occupies in his/her world, from his/her perspective. Most people and groups see themselves as basically good and also right--how do they arrive at that conclusion?
- Be emotionally receptive to appreciating where the person is coming from (the most difficult step, of course!)

Empathy With Individuals

1. Describe a problem you are having with another individual, from your point of view. Use “I” statements describing your thoughts and feelings.
2. Now describe that same problem from the other person’s point of view. Try to put yourself in that person’s shoes, imagining the favorable light in which he/she sees him/herself. How does he or she justify his/her position on the problem in questions? Use “I” statements in describing the other person’s viewpoint.
3. Decide whether you want to ask the person to change, or agree to disagree. If you want to ask for a change, how can you use empathy to communicate your wishes?
4. If you decide to accept the person and the situation as is, simply acknowledge that choice and describe why you have chosen acceptance.

5 TO 1 RATIO AND GOALS

AFFIRMATIONS

Touching, if appropriate

Smiling

Laughing

**Interest and curiosity about what the other person
is experiencing and saying**

Paying Compliments

Shared Joys

Shared Enthusiasms

NEGATIONS

Criticism

Defensiveness

Contempt

Withdrawal

Making fun of the other person

Discounting what the other person is feeling

Glowering

Lecturing

Patronizing

Persuading

Whining

Dares

Taunts

Invalidating

Threatening

**IMPORTANT RELATIONSHIPS AND
POTENTIAL AFFIRMATIONS I
MIGHT USE**

**IMPORTANT RELATIONSHIPS AND
NEGATIONS I CAN STOP**

GOALS

What do you want friends, family and anyone else you want to invite to be able to say about you at your 80th (whatever year is appropriate) birthday party?

THREE FORMATS AVAILABLE

(1) Face-to-face workshops for 10 people or less, with extensive manual for facilitator

(2) 70-minute Video plus Workbook-can be self-help, facilitator led in group, or working with lay health care provider, either in person or on the telephone

(3) E-learning for about 3 hours

Video + Workbook, self-led or with facilitation

- 70-minute Video
- Anchor, interview on-the-street, as well as with healthcare professionals
- Bulk features ten sections practicing or not practicing skills

Video cont'd

- Viewers like ease
- Viewers accustomed to watching TV
- Viewers choice about workbook, exercises, timing, commitment
- Research suggests does lead to as much improvement short-term as face-to-face intervention
- If group with facilitator, clear guidelines enable wide range of backgrounds for facilitators

Face to Face Workshop

- Limited to 10-12 participants
- Participants practice skills around own log entries
- Homework
- Workbook, Slides (powerpoint or overhead)
- 12 hours can be divided in a number of ways—2 days, 4, 6, 12 sessions
- Facilitator has manualized protocol 78 pages long
- Participants like the group experience

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Questions and Comments
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