Managing Difficult Emotions
Supporting and Enhancing Skills of Workshop Leaders

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This webinar will be recorded and available on the Institute Website under Partner Login after the call.

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- Please do not place our call on hold.
- Please share comments through the CHAT function.
- Please ask questions by the QUESTION function ONLY until the Q & A portion at the end of the call.
- Overview of Aging and Depression, Anxiety, Anger, and other difficult emotions
- Relevant aspects of the *Healthy Living* Curriculum
- Stories and Strategies
- Safety Protocol
- Success Stories
Frequent mental distress (FMD) may interfere with major life activities, such as eating well, maintaining a household, working, or sustaining relationships.

FMD can also affect physical health. Older adults with FMD were more likely to engage in behaviors that can contribute to poor health, such as smoking, not getting recommended amounts of exercise, or eating a diet with few fruits and vegetables.

The Significance of Depression

- It is estimated that 20% of people age 55 years or older experience some type of mental health concern. Depression is the most prevalent mental health problem among older adults.

- The presence of depressive disorders often adversely affects the course, and complicates the treatment, of other chronic diseases.

Healthy Aging and Depression Action Brief
2009 University of Washington School of Public Health
Majority of Older Adults are not depressed. Some estimates of major depression in older people living in the community range from less than 1% to about 5% but rise to 13.5% in those who require home healthcare and to 11.5% in older hospital patients.

A larger number of older adults have some milder symptoms of depression.

Depression is Not a Normal Part of Growing Older
www.cdc.gov/aging/mentalhealth/depression.htm
Older adults with depression symptoms visit the doctor and emergency room more often, use more medications, incur higher outpatient charges, and stay longer in the hospital than older adults without such symptoms.

Depressive disorders are widely under-recognized and often are untreated or under-treated among older adults.
Older adults are at increased risk. 80% of older adults have at least one chronic health condition, and 50% have two or more. Depression is more common in people who also have other illnesses (such as heart disease or cancer) or whose function becomes limited.
How is Depression Different for Older Adults?

- Older Adults are often misdiagnosed and undertreated. Healthcare providers may mistake an older adult’s symptoms of depression as just a natural reaction to illness or the life changes that may occur as we age, and therefore not see the depression as something to be treated. Older adults themselves often share this belief and do not seek help because they don’t understand that they could feel better with appropriate treatment.

_Depression is Not a Normal Part of Growing Older_
www.cdc.gov/aging/mentalhealth/depression.htm
Everyone feels blue now and then. It’s part of life.
Being “down in the dumps” over a period of time is not a normal part of getting older.
For most people, depression will get better with treatment. You do not need to suffer.
What Causes Depression?

No one cause...sometimes no clear reason

- People with serious illness, such as cancer, diabetes, heart disease, stroke, or Parkinson’s disease, may become depressed.
- Medications
- Genetics
- Getting used to retirement - feeling lonely
- Death in the family or serious illness
- Some - changes in the brain can affect mood and cause depression (e.g. stroke)
- Pain or other disease symptoms
- Under a lot of stress, like caregivers

Adapted from: Health Information from the NIA [www.nia.nih.gov/HealthInformation](http://www.nia.nih.gov/HealthInformation)
A few common signs of depression
(more in Session 5, Act. 4 of CDSMP)

- “empty” feeling, ongoing sadness, and anxiety
- Tiredness, lack of energy
- Sleep problems
- Being irritable
- Crying too often or too much
- Feeling guilty, helpless, worthless, or hopeless
- Suicidal thoughts
- A hard time focusing, remembering, or making decisions
- Eating more or less than usual

Excerpted from: Health Information from the NIA [www.nia.nih.gov/HealthInformation]
• Your doctor or mental health expert can often treat your depression successfully.
• Support groups can provide new coping skills or social support
• Talk and other therapies
• Medicine to treat depression can also help

Excerpted from: Health Information from the NIA [www.nia.nih.gov/HealthInformation](http://www.nia.nih.gov/HealthInformation)
Preventing Depression
(more in Session 5, Activity 4)

- Friends can help ease loneliness
- Develop a hobby
- Stay active
- Break jobs up into smaller jobs that are easy to finish
- Regular exercise
- Gardening, dancing, swimming
- Do something you like to do
- Being physically fit and eating a balanced diet may help avoid illnesses that can bring on disability or depression

Excerpted from: Health Information from the NIA www.nia.nih.gov/HealthInformation
Anxiety

- Anxiety, along with depression, is among the most prevalent mental health problems among older adults.
  

- Late-life anxiety is not well understood, but is believed to be as common in older adults as in younger age groups (although how and when it appears is distinctly different in older adults). Anxiety may be underestimated because older adults are less likely to report psychiatric symptoms and more likely to emphasize physical complaints.
  
Anger

*a common response to chronic illness*

- Loss of control over your body & loss of independence create feelings of frustration, helplessness, and hopelessness, all of which fuel anger.
- Angry with yourself, family, friends, health care providers, God, or the world in general.
- Sometimes anger is not just a response to having a chronic illness, but is actually the result of the disease process itself.
- Many people with chronic pain experience problems with anger.

Modified from *Living a Health Life with Chronic Conditions*
Unhealthy Consequences of Anger

- Negative effects on your physical health.
- Negative effects on your emotional health.
- Negative effects on your relationships with others.

Modified from ANGER AND CHRONIC PAIN by Richard W. Hanson, Ph.D.
Implications

- Prevention may be the best treatment for mood and anxiety disorders.

  The Prevention Intervention for Frail Elderly (PIKO) project (van’t Veer-Tazelaar et al., 2011)

- Depression is one of the most successfully treated illnesses. There are highly effective treatments for depression in late life, and most depressed older adults can improve dramatically.

  Geriatric Mental Health Foundation. Depression in late life: not a natural part of aging. 2008 Available at http://wwwgmhfonline.org/gmhf/consumer/factsheets/depression_latelifes.html
If you are concerned about a loved one being depressed, offer to go with him or her to see a health care provider to be diagnosed and treated.

If you or someone you care about are in crisis, please seek help immediately.
- Call 911
- Visit a nearby emergency department or your health care provider’s office
- Call the toll-free, 24 hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889) to talk to a trained counselor

How Do I Find Help?

Depression is Not a Normal Part of Growing Older
www.cdc.gov/aging/mentalhealth/depression.htm
Disease

Fatigue

Shortness of Breath

Depression

Difficult Emotions

Tense Muscles

Pain

Stress/Anxiety

Symptom Cycle
How does CDSMP address emotional components of chronic conditions

- Lecturelettes, discussions, modeling, brainstorming
- Difficult Emotions - Session 2, Activity 2
- Pain & Fatigue - Session 3, Activity 4
- Communication - Session 4, Activity 4
- Depression - Session 5, Activity 4
- Positive Thinking - Session 5, Activity 5

...and throughout the curriculum in skill building activities
Stories and Strategies
Learning from real workshop experiences

- Very stressed client - using redirection; managed group dynamics (Jennifer)

- Content can trigger some really strong things - “When I’m in pain, I want to be left alone” (Reva)
What workshop experiences have you had related to difficult emotions?
Other Concerns

- What other concerns around difficult emotions could arise in a session?

- Who are your resources to turn to?
  - Co-facilitator
  - Program coordinator
  - Mentor
  - AZLW Institute
  - Leader Manual Appendices
  - ??
What safety issues could arise?

- Leaders need to manage group dynamics, e.g. arguments, angry outbursts
- ???
Suggestions - Tips

- How to stay out of the way - emotional support comes from the group
- Feeling competent and helping others reduces stress
- Be careful to not put someone on spot - careful to be light-footed
- ???
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<th>The “Too Talkative” Person</th>
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<td>The “Silent” Person</td>
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<td>The “Yes, but....” Person</td>
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<td>The “Argumentative” Person</td>
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Dealing with the different types of people/situations in the CDSMP workshop

(People - Continued)

The Suicidal Person
The Abusive Person
The Superior Observer
The Person Who Doesn’t Make Action Plans
The Person in Crisis
In-class Practices
Rarely, you may encounter someone who is very depressed and is threatening to take his/her life or expresses severe hopelessness or despair.

The following suggestions may help:

- Remember your own limits and know in advance a crisis intervention resource to which you can immediately refer the person.
Suggestions continued:

- Talk to the person privately. One leader can accompany the person out of the room, and urge him/her to get help. This leader may also provide the person with the names, phone numbers and/or addresses of some specific resources in the community that can help.

- If the person refuses to call the crisis center, you can call the center yourself and get suggestions on how to handle the situation.

- Ask the person to call or allow you to call a family member or friend to come get them and take them to the crisis center.
Safety/Crisis/Harm Protocol

- Take participants word’s seriously and respond with compassion referring them to the professional help they need

- Agency crisis protocol?
  - Harm/Crisis Protocol

- US National Suicide Prevention Line:
  1-800-273-TALK (8255)

- Facilitators do not serve in capacity of providing medical advice or other professional counseling - don’t second guess the care they get - do not offer any medical or clinical advice under any circumstances
What Made a Difference!
Healthy Living (CDSMP) Testimonial
Healthy Living Workshop

After attending the workshop for 3 weeks, I started to believe I could get back to where I was a year ago. For 9 months I have lived the entire symptom cycle. I gave into my pain. I was on morphine IV for 5 days in late December, and from then until 2 weeks ago I took Percocet 4 times a day because of the pain.

After listening to everyone talk about their exercise routine I realized I had stopped doing any. We were serious hikers for 18 years, but my feet and knees have stopped me from walking. I started thinking about what I could do vs. what I can’t do. I have been doing the first 3 exercises in Chapter 7 and they are helping me. I have signed up for aqua Tai Chi class in late August and I’m also thinking about Curves.
I always told my children that when life deals you a bad hand you have 2 choices, deal with it and become stronger or feel sorry for yourself. Our late daughter used to say “But Mom, sometimes it is hard to be strong.” It’s time that I live by my own advice. I would not be happy if they took the second choice and I know they would not be happy with me, so I’m doing several things:

1. Getting off the pain medication by focusing on something else, I am down to 1 at bedtime.
2. Doing things we enjoy doing.
3. Getting back into a social life by spending time with friends and family.

I know it is O.K. to grieve the recent loss of 2 of our children but I will no longer let that be an excuse for feeling sorry for myself. I know my arthritis, neuropathy, and lymphoma are not going away but I will not let my pain control me, I plan to control my pain.

This workshop has helped me think about what’s important and not focus on my frustration, but rather accept and be happy for what I can do.
Helpful Resources

- American Association for Geriatric Psychiatry
  www.aagpgpa.org
- American Psychological Association
  www.apa.org
- Depression and Bipolar Support Alliance
  www.dbsalliance.org
- National Alliance on Mental Illness
  www.nami.org
- National Institute of Mental Health
  www.nimh.nih.gov
- National Library of Medicine Medline Plus
  www.medlineplus.org
- Mental Health American
  www.nmha.gov
More Helpful Resources

National Suicide Prevention Lifeline
1-800-273-8255 (toll-free/24 hours a day)
1-800-799-4889 (TTY/toll-free)

National Institute on Aging Information Center
1-800-222-2225 (toll free)
1-800-222-4225 (TTY/toll-free)

NIHSenior Health     www.nihseniorhealth.gov
A senior-friendly website from the National Institute on Aging and the National Library of Medicine. This website has health information for older adults. Special features make it simple to use. For example, you can click on a button to have the text read out loud or to Make it simple to use.

AgePage/Depression, National Institute on Aging/National Institutes of Health...U.S. Department of Health and Human Services/May 2008...Reprinted November 2009/Page last updated Apr. 25, 2011

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Questions?

FUTURE WEBINAR TOPICS?

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