The Role of the Clinical Psychologist in Diabetes Care

Dr Sonya Frearson
Clinical Psychologist for People Living with Diabetes in Tower Hamlets
sonya.frearson@bartsandthelondon.nhs.uk

Clinical Psychology

- In the UK an NHS profession
- Clinical Psychologists work in a wide variety of settings
  - NHS funded training
  - Clinical Psychologist's training:
    - = 3 yr Vocational Doctorate in Clinical Psychology

Clinical Psychology in Physical Health Settings

- Applied Psychology – treatments come from an evidence base
- Bio-Psycho-Social Model - differs from medical model:
  - treatment guided by person specific formulation rather than diagnosis
  - Meeting the “patient”/person where they are at this moment (understanding their context)

Context for My Post

- Tower Hamlets PCT is the 1st Diabetes team in UK to have a FULL TIME Clinical Psychologist
- I work as a member of the Multi-disciplinary diabetes team at Mile End Hospital

Today…

Aims
- To introduce myself
- Explain my role in diabetes care
- Explore psychological reactions to new diagnoses
- Ways of supporting coping

- Consultation & Liaison
  - e.g. in formal meetings, informally in person, by email
- Training
  - e.g. SMART Goal setting for diabetes educators
- Research & Audit
  - e.g. study with retinal screeners on non-attendance for laser treatment
- Supervision
  - e.g. individual Reflective practitioner’s group

Enhancing Well-Being in chronic illness
- e.g. systemic consultancy work to support health professionals encourage self-care

Enhancing self-management of Diabetes
- e.g. 1 to 1 work using motivational interviewing

Detection & Treatment of Psychological Problems
- e.g. MDT Clinic

Role of the Clinical Psychologist in Diabetes Team
Normal Responses to Loss

- Same kinds of reaction to bereavement as for loss of health, sight, mobility etc

- In "On Death & Dying", Elisabeth Kübler-Ross, (1969) described 5 stages:
  - Denial, Anger, Bargaining, Sadness, Acceptance.

<table>
<thead>
<tr>
<th>Denial &amp; Bargaining</th>
<th>Anger &amp; Frustration</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;The test must be wrong&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;I'm just borderline. I don't need to do anything&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;I can't prevent complications anyway&quot;</td>
<td></td>
</tr>
<tr>
<td>A normal a healthy response.</td>
<td></td>
</tr>
<tr>
<td>However, if feelings of denial go on for too long they can lead to hopelessness and can get in the way of the self-care which prevents further health problems.</td>
<td></td>
</tr>
<tr>
<td>&quot;Why me? What have I done to deserve this?&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;How can I be expected to deal with even more than I do already?&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;I knew there was something wrong! Why didn't the retinal screening programme see me earlier?&quot;</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sadness</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;I was looking forward to my retirement. We had it all planned, and now this&quot;</td>
<td></td>
</tr>
<tr>
<td>&quot;What if I lose my sight altogether? I'll never see my children&quot;</td>
<td></td>
</tr>
<tr>
<td>Sadness that you can't change the fact that you have diabetes.</td>
<td></td>
</tr>
<tr>
<td>It's normal to mourn the loss of a healthy self.</td>
<td></td>
</tr>
<tr>
<td>The feelings of loss &amp; sadness can lead to depression:</td>
<td></td>
</tr>
<tr>
<td>Sustained changes such as fatigue, sleep &amp; appetite disruption &amp; disinterest in daily activities over a period of weeks.</td>
<td></td>
</tr>
<tr>
<td>This is a normal reaction to a life changing diagnosis.</td>
<td></td>
</tr>
<tr>
<td>Some people feel it's a way of coming to accept new limitations</td>
<td></td>
</tr>
</tbody>
</table>
When to Seek Help

- If the depression is extreme (very distressing to the person) or prolonged (months) the person may want professional support.
- If the depression is disrupting (diabetes) self-care then it’s advisable for them to seek help.
- GP or Tower Hamlets patients – Diabetes Clinical Psychologist.

Risk of Harm

- If the person is so distressed they are threatening to harm themselves or someone else. You have a professional obligation to get them support.
- 999, A&E, liaison psychiatry

Acceptance & Integration

- “I’m glad that I know now. At least this way I can get treatment and do everything I can to prevent further complications”
- “I wanted to make healthy lifestyle changes anyway”
- “I’m not alone. My whole family are changing their diet with me”

Acceptance & Integration

- People can come to accept their situation.
- It doesn’t mean they enjoy it!
- It allows them to live with diabetes and manage it into their lifestyle.
- Not easy and people value support with this process.
- It’s non-linear people go round and round these stages throughout their lives (sometimes experiencing all 5 in the same day)!

Coping

- People have different coping styles and these can change over time.
- 3 of the main strategies are:
  - Appraisal-focused
  - Problem-focused
  - Emotion-focused

Coping Strategies

- Appraisal Focussed
  Modifying how you think about the problem
  Eg:
  - use humour
  - employ denial (to distance yourself from it)
  - alter your life goals & values
Problem Focussed Strategies

- Find out about the disease
- Learn new skills to manage the disease
- Organise your life around managing the disease

Emotion Focussed Strategies

- Release pent up emotions
- Distract yourself from the problem
- Manage hostile feelings
- Use relaxation & meditation techniques

Supporting Coping

- Get a sense of where the person is with the news/their diabetes – listen to them
- Don’t try to dictate how they should be coping, don’t offer advice unless it’s requested
- If they want more information, or explanations provide them or arrange to provide them

Supporting Coping

- If they are distressed try to allow them to express how they feel (if you feel able to)
- Do they need immediate help?
- Would they benefit from some professional listening? Signposting – GP, Psychologists leaflet
- Check out what they will be doing immediately after they see you.
- Can you or they call someone to meet them?

Questions?