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Coping:
How OT Mental Health Training Applies Across the Age and Impairment Spectrum (assessments, goal setting, and techniques)

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Introduction
Learner Outcomes

- 1) Identify three to five assessments that OTs use to measure coping.
- 2) Describe three to five goals for their clients that focus on coping as part of the intervention process.
- 3) Recognize client stories from their own case recall when they addressed coping; and reflect/describe how they would have broadened their treatment plan to include coping goals.

Theories and evidence based practice

on the topic of coping
Client factors in the OT Practice Framework: Domain & Process, 3rd edition

- b) Values, Beliefs and Spirituality
  - Coping relates directly to these concepts

Literature about coping

- Is often based on disease or condition based criteria
- Some literature is focused on the individual
- More studies are focused on the caregiver, rather than the person experiencing stress/distress
- For children: coping intervention is often focused on parents and siblings
Coping

- Is linked to measures of well-being
- Sadness is the most strongly linked concept that affects the ability to cope
- When people are in crisis, the goal for coping shifts from the traditional approaches of problem solving, self-reliance and Understanding to a focus on stabilization


- Use of strategies for coping that are congruent with one’s own core values & beliefs can be most effective.
- Even nuns with physical impairments expressed willingness to help others.
- Altruism is a value in their community. Close knit community…with physical impairment they can still be present for others, listen and console. They still have gifts to offer to help others.

- Caregivers (CGs) of persons with dementia experience stress and burden due to the caregiving role, which negatively affects their physical and psychological health.
- Caregivers utilize various coping strategies, including relying on social support and using religious and/or spiritual practices to deal with the daily stress and burden of providing care.
- The main goal of this study was to examine two specific means of coping, namely, social support and religious and spiritual coping, and the relation of these coping mechanisms to physical health outcomes.
- 435 people were studied. 61-84 years of age. CGs who relied on social support networks had better physical health.
- Implications of understanding coping mechanisms that CGs use which may inform the development of interventions to improve physical and psychological outcomes for CGs will be discussed.


- Long-term diseases(such as surviving cancer)...
  - early phase is “accommodation and mitigation”. The individual strives to find ways to live life with the ongoing presence of the disease.
  - chronic phase: “existence and extension”. The chronic phase may be deeply affected by the nature and symptoms of the disease. In diseases with slow, continuous patterns of decline, the family and individual have to cope with the psychological distress of constant and continued deterioration. “Every night I wake up weaker.” Relapses and remissions versus periods of stability, may be followed by sharp declines in function. The particular symptoms of the underlying disease.
Pain control is critical in the chronic phase-and

- And it can be difficult. Pain is influenced by physical factors, but is also influenced by psychological states, spiritual concerns, or social factors.
- Some measurements used to measure general adaptation to disability are: Quality of Life Scale (QOL), Psychological Adjustment to Illness Scale (PAIS), the Million Behavioral Health Inventory (MBHI), the Reactions to Impairment and Disability Inventory (RIDI), and the Handicap Problems Inventory (HIP).

Social support is extremely important

- Situational barriers-crisis, for example can be social barriers (lack of flexibility re when to eat/what to eat, for example.
- Chaotic lifestyles characterized by constant crises. It may be too difficult to balance the demands of simultaneous regimens. A therapeutic alliance amongst caregivers, treatment team members and the individual may be necessary.
- Intervention usually works best when the individual actively seeks input. Alliance involves respecting people’s choices.
- Contingency plan need to be developed for how to respond in a medical crisis. If people travel, they need contingency plans. If they live alone, for example, they may require periodic reassurance calls.
Finding meaning in suffering, chronicity, uncertainty or decline. Frankl (2004): while one may have no choice about suffering, one has choices within suffering.

- Help people through feelings that intensify such as fear of increasing disability, dependency, and dying. Challenge assumptions, rationalizations, and other defenses. Prayer, meditation or change behaviors may help.
- However, crises can overwhelm defenses and result in strong affect and anxieties.
- Discussing individual meaning to the functional change is important. Emotions can ‘bounce’...sometimes people may feel positive and upbeat/ at other times, they may feel depressed, angry or lonely.
- Venting emotions may allow clients a sense of resolution and comfort.


Coping with mental health conditions

Stigma is a common problems regarding people who have borderline personality disorder. Caregivers often do not give the same level of care to people who have a diagnosis of borderline personality, because they have been classified as being ‘untreatable’.

Team approach to care, listen to the person, validate and display an understanding of their emotions, display hope and optimism, increase self-awareness/ be aware of the effect that interpersonal and physical interventions can have on a person with BPD. Treat self-injury with the same level of empathy as if it had occurred accidentally.

Coping

- Rebuilding meaning
- Coping is enhanced by
  - 1) finding reasons or an explanation for what has happened and
  - 2) looking for the positive aspects of the event (sense making and benefit finding). *Depends on person’s sense of self-worth, controllability, and predictability.*

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Lazarus and Folkman’s stress and coping theory.

- 3 broad coping strategies
  - Cognitive appraisal, coping strategies, and coping resources.
  - The result of the appraisal indicates to what degree the person views the process as stressful.
  - People adjust their appraisals with experience.
  - Coping is a dynamic, transactional process responsive to internal and external feedback loops.
According to stress and coping theory models:

- Appraisals, coping strategies, and coping resources have the potential to mitigate or exacerbate the negative physiological and psychological effects of stressful events.
- Difficulty doing self-care, having distressing emotions, relationship difficulties are frequently experienced. The number of physical distressors were related to poor adjustment in the areas of global distress and social role functioning.
- There are stressors from physical illness, practical, social, interpersonal psychological and existential issues/concerns.
- Dwindling support network, abandonment, perceived stigma, uncertainty and feelings of loss of control, unpredictability, presence of exacerbations makes uncertainty worse.
- Increasing disability with loss of employment, career, income, mobility, engagement in valued activities, energy and physical strength with fatigue limit participation. - Pakenham, K.I. (2012).

Evidence based measures

How can we measure coping?
Rebuilding meaning

- Coping is enhanced by 1) finding reasons or an explanation for what has happened and 2) looking for the positive aspects of the event (sense making and benefit finding). Depends on person’s sense of self-worth, controllability, and predictability.
- Making sense inventory-16 sense making themes/multi item scale.
  - Coping strategies
  - Coping resources
  - Assessment


Benefit-finding measures:

- Generic measures of benefit finding include:
- The Stress-related growth scale-revised (SRGS-R)
- The Post Traumatic Growth Inventory (PTGI)
- Benefit Finding in Multiple Sclerosis Scale (BiFMSS)-43 potential benefits, 7 psychometrically sound benefits: compassion/Empathy, Spiritual Growth, Mindfulness, Family Relations, Growth, Life Style Gains, Personal Growth, and New Opportunities.

Sense Making Scale (SMS) Pakenham-38

- items, specific to MS, 5 point rating scale (strongly agree-strongly disagree). Factor analysis revealed 6 factors: Redefined life purpose, Acceptance, Spiritual Perspective, Luck, Changed values and priorities, and Casual attribution. Psychometrically sound except for ‘luck’. Weak social desirability scale re Acceptance. 

SMS is not greatly influenced by social desirability. All constructs are correlated with one or more of the generic meaning constructs (it has convergent validity), SMS factors were able to predict positive and negative outcomes in care-giver –rated assessment of the person in their care.

Coping strategy measures

- COPE-brief COPE
- Revised Ways of coping questionnaire (WOCQ) Pakenham-7 poon rating scale (1-not at all stressful to 7-extremely stressful); 4 point scale: 0-does not apply to 4-very often re how often they used each of the 29 coping strategies in dealing with their main problem. Factor analysis revealed 7 factors: Problem solving, physical assistance, Acceptance, Avoidance, Personal health control, Energy conservation, and Emotional release.
Coping resource measures:

- General support scales:
- Zich & Temoshok- availability, use, and usefulness of emotional, problem-solving, physical and indirect personal support. 3 subscale scores: availability, utilization and usefulness of social support. Brief measure of satisfaction with social support -6 item Social Support Questionnaire. Rate level of satisfaction with several types of support.
- Brief measure of satisfaction with social support-6th item on the Social Support Questionnaire-rate satisfaction, 6 point scale: 4 filler items/ 6 optimism items, 5 point scale

Stressor measures

- Holmes & Rehe Readjustment Rating Scale-43 life events
- Hassles Scale-117 common stressful events
Assessments used by OTs
that include coping/setting goals

OT specific measure

- Canadian Occupational Therapy Performance Measure (COPM)
- The COPM is an outcome measure designed for use by occupational therapists to assess client outcomes in the areas of self-care, productivity and leisure.
- Using a semi-structured interview, the COPM is a five step process which measures individual, client-identified problem areas in daily function.
COPE-brief COPE & Revised ways of coping questionnaire...focus on strategies for coping

- Used by OTs, often in cancer studies: COPE for cancer
- Revised Ways of coping questionnaire (WOCQ)
  Pakenham-7 point rating scale (1-not at all stressful to 7-extreme stressful); 4 point scale: 0-does not apply to 4-very often re how often they used each of the 29 coping strategies in dealing with their main problem. Factor analysis revealed 7 factors: Problem solving, physical assistance, Acceptance, Avoidance, Personal health control, Energy conservation, and Emotional release.

Three behavioral observations that are associated with effective coping

1. The client expresses a sense of satisfaction
2. Is able to complete their daily tasks and activities even with modifications
3. Client has a sense of well-being.
Other OT specific measures

- Does anyone on the line have another OT specific assessment they use that includes assessment of coping?

Techniques and strategies used in the context of OT intervention that support coping ability

- “coping in the context of limitations”
- Manage Anxiety
  - A common measure used in most clinical settings is the Becks anxiety index
- Consider the client’s perception regarding difficulty of the task to them at the time
  - The Borg Scale of Perceived Exertion
Goals for coping

Should ....
- Be measureable,
- Be capable of demonstrating change/improved functioning over time
  - Use functional based measures and qualifying statements from clients to demonstrate the meaning in their lives of how coping strategies help them to perform better day by day
- Be evidence based
  - Use standardized assessments

Case reflections of traditional cases in which coping goals have been successfully used.
- The woman whose name meant laughter
- The society gal
- The elderly mom
The woman whose name meant laughter

- 44 year old with metastatic breast cancer-stage 4 at diagnosis
  - 14 year old son…life ahead of him, formative habit development time
  - Just found her dream job
  - Household problems
  - Emotional distancing of spouse
  - Desirous of living life fully until…
  - Focus of care-planning, being realistic, living in the present moment, managing the stuff that interfered (signs, symptoms, side effects).
  - Client will be able to manage her anxiety so that she can complete 2-3 manageable lifestyle related goals/day

The ‘high-society gal’

- Appearance was important
- Time was of the essence
- Results were a must
- Needed knowledge to do self care required in order to manage
- Needed equipment to manage her condition
- Needed tips on how to explain to others without revealing her diagnosis
Coping goals

- Client will have 3 strategies for controlling the swelling in her arm, so that she has some confidence in her self concept and public appearance.
- Client will have a system of problem solving and emotional support when something happens that triggers an acute acerbation of her condition (manage panic and make rational decisions)

Elderly mom

- Sent by her son, a professional healthcare provider, to a nursing facility
- Gave her son everything she and her spouse (now deceased) had worked for
- Didn’t wish to ruin her son’s career, but sought some way to cope with ‘hurtful things that had happened’
- Allow client to speak freely, counsel her and ask critical questions concerning meaning. Pose possible questions to make meaning/sense and redefine herself in her current setting
Coping goals

- Client will share her frustrations and be acknowledged/listened to
- Client will have 2-3 questions to provide possible answers and assist her to redefine the meaning of events which have adversely affected her current circumstances
- Client will be given contacts for potential advocates to assist her socially and legally

Summary, Q & A

- Are there any questions from the attendees?
- Email: aburkhardtotd@gmail.com
References


References


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