



Facilitator Training Psychology

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Key Aims of this session



- To provide theoretical and practical knowledge of the cognitive-behavioural and self regulatory approach to supporting self-management of heart disease
- To promote understanding of the key psychological issues in chronic heart failure (CHF)
- To demonstrate & explore how a person-centred, individually-tailored approach & REACH-HF resources can be used to promote physical and psychological well-being among CHF patients



Detailed learning aims



Understand /be able to explain ...

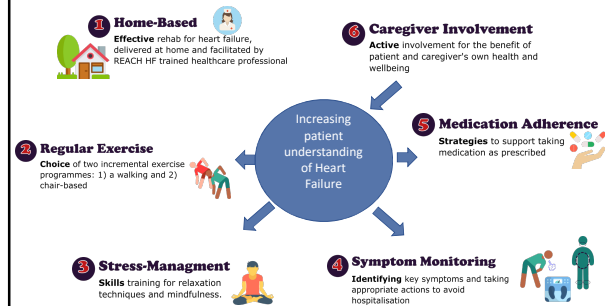
- How misconceptions about HF can lead to poor self-care
- How misconceptions about HF and poor self-care can lead to anxiety and depression
- How lifestyle factors and social context can influence patient's progress and goals

Be able to demonstrate

- Different communication styles and use of communication style to increase patient engagement
- personal-tailoring, including ways to address harder to engage patients
- Supporting goal-setting, progress reviewing, and goal-adjusting
- Introduction of the progress tracker and how this links to the Traffic Light Plan.
- Introduction of the relaxation techniques and other techniques for dealing with anxiety and depression



What is REACH HF?




The resources



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Rehabilitation Enablement in Chronic Heart Failure

What personal factors affect the way an individual engages with rehabilitation?

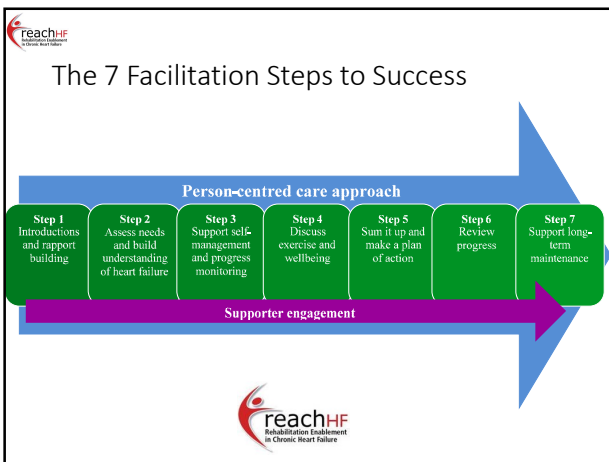
- Age (young angry, older less likely to drive, take less exercise)
- Gender - women less likely to attend CR
- Social deprivation (less likely to attend CR)
- Co-existing physical illness/severity of symptoms
- Health and illness beliefs
- Intelligence / Education
- Past family history (lifestyle not genes - empower the patient)
- Other people (family/workmates/neighbors)
- Culture (cultural restrictions on exercise/diet)
- The Media



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Rehabilitation Enablement in Chronic Heart Failure

What personal factors affect the way an individual engages with rehabilitation?

- Individual differences are really important
- That is why **the facilitator is the most important component** of home-based cardiac rehab
- The **delivery needs to be tailored** to meet each individual's needs and concerns about living with heart failure
 - and to address any barriers to engaging with self-care, or exercise that they may face



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Rehabilitation Enablement in Chronic Heart Failure

The Training Pack

- A wealth of information about delivering the 7 steps
 - Based on facilitator experiences in the trial and Beacon sites
- The Family and Friends resource
- Delivery Quality Checklist
- Additional resources /advice on devices, sleep hygiene, supporting behaviour change, work, travel, end of life and more

A bit of theory

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Rehabilitation Enablement in Chronic Heart Failure

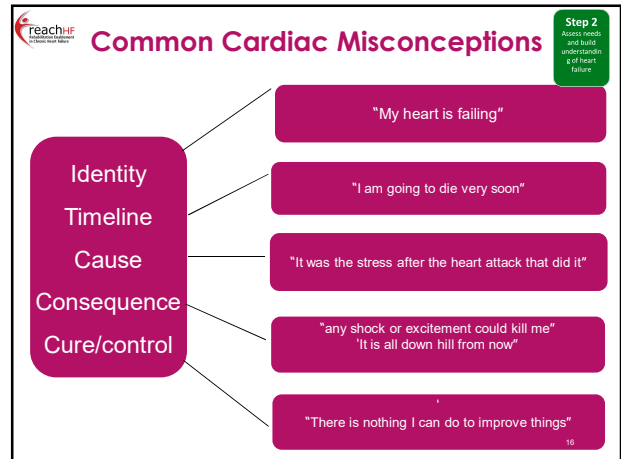
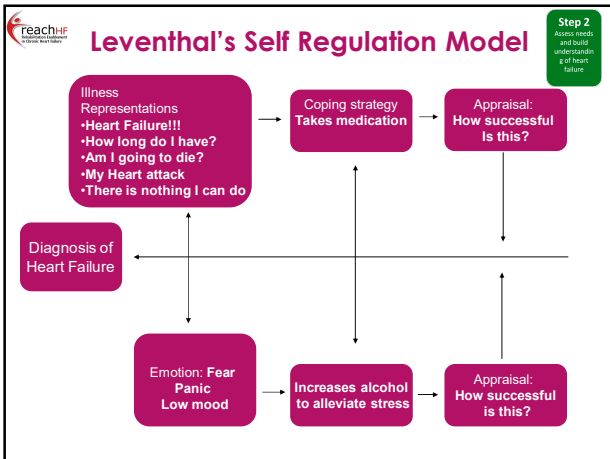
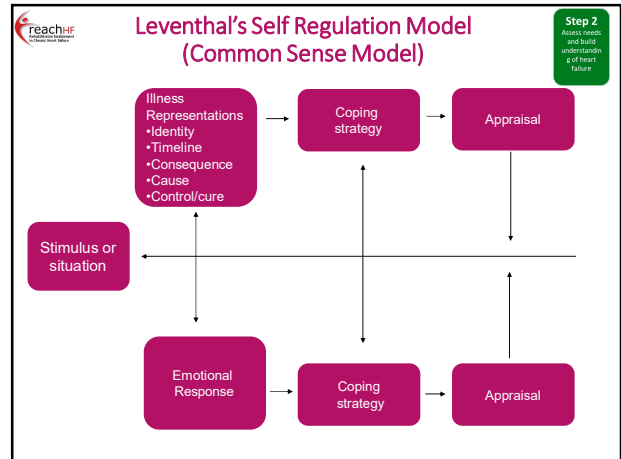
How REACH-HF works: Theories of how people respond to illness and how they make decisions about how to self-care

- Motivation theory (Miller & Rollnick, 2002) (will look at this later with motivational interviewing)
- Levanthal's "common sense" model of self-regulation /self care decision-making
- J Wingham's conceptual model of how attitudes, beliefs, expectations and experiences drive the development of self-management strategies.
- Cognitive Behaviour Theory – how unhelpful thoughts and behaviours lead to low mood and anxiety (and poor self-care)

reachHF **Step 2** Assess needs and build understanding of heart failure

Self-Regulation Model (Levanthal 1980,1997)

- Helps us understand how people respond to illness
- Proposes two types of processes – cognitive & emotional
- Cognitive response (illness representations) formed from knowledge they have about an illness or from their own experience of the illness
- Emotional response may be triggered depending on the illness representations



reachHF **Step 2** Assess needs and build understanding of heart failure

Emotion responses

- Fear
- Guilt
- Frustration
- Anger
- Shock
- Numb

reachHF **Step 2** Assess needs and build understanding of heart failure **Step 3** Support self-management and monitoring of progress

Coping strategies

In your experience how have people initially coped with heart failure?

Discuss

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Reactions to living with heart failure

Step 2 Assess needs and build understanding of heart failure

Step 3 Support self-management and monitoring of progress

Four basic reactions

1. Strategic avoider
2. Selective denier
3. Well intentioned manager
4. Advanced Manager

Other key beliefs might include ...

- Why is exercise important if I have heart failure?
- I cant exercise, I am too old
- I am tired all the time - this is just how things are because I have heart failure
- Exercise will make my knees (or hip) hurt

- Cardiac rehab is a 12 week exercise programme

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Exercise

Step 2 Assess needs and build understanding of heart failure

Step 3 Support self-management and monitoring of progress

What do you need?


Training Pack: p.168-170

Misconceptions exercise: Split into groups for 8 mins

- Nominate someone to take notes and feed back to the main group at the end
- Read the scenario
- Answer the questions on the page - make a list of misconceptions and likely problems (consider both emotional and behavioural consequences)
- Pick only one to address further
- Bring ideas back to the group (1-2 mins each)

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Supporting health behaviour change



Person-centred care approach

- Step 1: Introduction and rapport building
- Step 2: Assess needs and build understanding of heart failure
- Step 3: Support self-management and progress monitoring
- Step 4: Discuss exercise and wellbeing
- Step 5: Sum it up and make a plan of action
- Step 6: Review progress
- Step 7: Support long-term maintenance

Supporter engagement

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New Years Resolution or HBC Exercise

Page 172 Training Pack

Have you ever made a NY's resolution or HBC?

- What did you want to change?
- Why?
- How successful were you?
- What helped you succeed?
- If not. What caused you to relapse?
- What would you do differently? If you were to try again?

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3 Communication Styles



Inform

Listen

Ask



Directing Guiding Following

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What's your style?

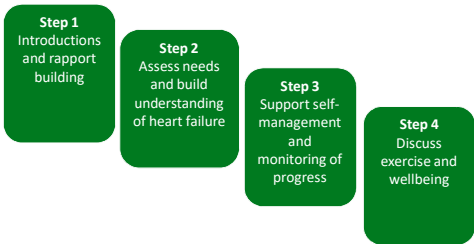
Step 1
Introductions and rapport building

- Self-reflection on own communication style is useful for personal development

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OARS & Ask-Tell-Discuss



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Research in Heart Failure

Motivational Interviewing

Step 3
Support self-management and monitoring of progress



Step 4
Discuss exercise and wellbeing

- "A clinical style for eliciting from patients their own good motivations for making behaviour changes in the interest of their health" Rollnick et al 2008:6
- Spirit: collaborative, evocative, honouring patient autonomy

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'Dancing not wrestling'

- Ask permission to talk about health behaviour change

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Persuading Exercise

Step 3
Support self-management and monitoring of progress

Step 4
Discuss exercise and wellbeing

In pairs, one person take the role of a patient:

- thinking about **doing some exercise**
- sees the benefits **but**
- is unsure about whether or not to, and how to change.

Try to get the practitioner to understand your uncertainty.

Decide who is the patient and just take a minute to think about one or two reasons you might have *not* to engage with an exercise programme at this point in time (see ideas on next slide)

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Research in Heart Failure

Suggestions for barriers to exercise

- Not enough **time /other priorities**
- Lack of motivation
- Can't **afford** it
- I'm already active
- Poor **health**
- It's not a problem /I'm happy with the way I am

Persuading exercise cont'd

The practitioner should:

- **explain** that the patient needs to be more active
- **give** at least three specific **benefits** that would result from exercise
- **tell** them how much to change (current recommendations = 150 mins)
- **emphasise** how important it is for them to change (e.g. Emphasise the risks of not changing)
- **tell** the patient to do it

Debrief

What was it like being on the **receiving** end of the **advice-giving** intervention?

- What feelings, if any, were triggered?
- What was it like trying to persuade someone who was uncertain?

Guiding exercise

Now switch places

Patient: Share with the practitioner something you are thinking of changing (which could be your physical activity levels)



Guiding exercise (part 1)

Practitioner: ask the following three simple questions. Listen carefully with a goal of understanding the dilemma.

Give no advice

- *Why* might you want to make this change?
- What are the three best reasons to do it?
- How might you go about it, in order to succeed?

Guiding exercise (part 2)

- Give a short summary/reflection of the speaker's motivations for change
 - what they said about why they wanted to change, how important it was etc.
- Then ask the single question:
"So what do you think you'll do?"
- ... and just listen with interest

Debrief

What was it like being on the **receiving** end of the **evoking** intervention?

Discuss



Identifying and managing Psychological challenges in heart failure

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Psychological Challenges in Heart Failure

Step 2
Assess needs and build understanding of heart failure

Step 3
Support self-management and monitoring of progress

- Managing stress/anxiety/low mood
- Severe depression
- Living with uncertainty (and of life)
- Change in self concept
- Maintain social activities/social roles
- Misconceptions leading to anxiety or low mood
- Understanding adherence to long term medication

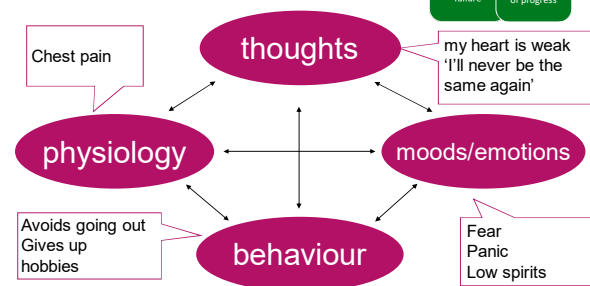


Cognitive Behavioural Theory

Step 2
Assess needs and build understanding of heart failure

Step 3
Support self-management and monitoring of progress

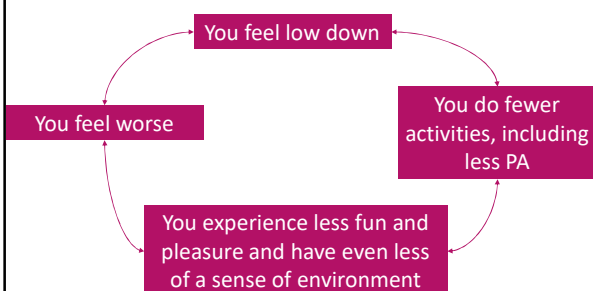
- Thoughts, emotions, behaviour, and biology and environment can interact in such a way to maintain dysfunctional moods and behaviour
- Cognitive behavioural approach to CR is that inaccurate beliefs lead to mistaken, although to the person logical, attempts to reduce risk
- In this approach we can intervene at all 5 levels but the emphasis is on thought and behaviour



Downward Spiral

Step 2
Assess needs and build understanding of heart failure

Step 3
Support self-management and monitoring of progress



Prevalence of A & D in HF

Step 4
Discuss exercise and wellbeing

- Depressive symptoms are common in patients with HF, with a prevalence from 30% to 51% (Lee et al 2012)
- In a sample of 682 hospitalised patients 20% of the patients met the DSM-IV criteria for a current major depressive episode, 16% for a minor depressive episode, and 51% scored above the cut off for depression on the Beck Depression Inventory (Freedland et al 2003)

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Screening for A & D

Step 4
Discuss exercise and wellbeing

HADS
2 scales

- Normal < 8
- 8-10 Mild
- 11-21 Moderate to Severe

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Stress & Anxiety; Low mood & Depression

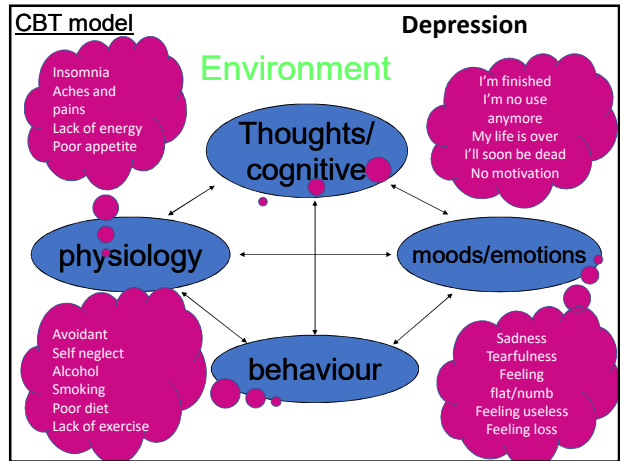
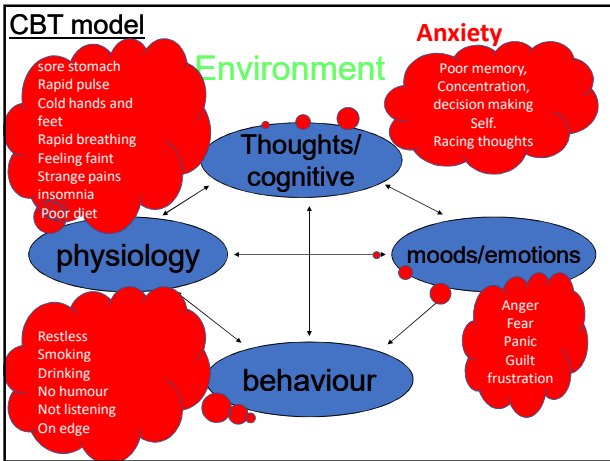
Step 4
Discuss exercise and wellbeing

Exercise – page 171 Training Pack

What are the symptoms of stress/ anxiety and low mood/depression?

- Thoughts/cognitions
- Emotion
- Behaviour
- Physiology





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Stress Management



Step 4
Discuss exercise and wellbeing

Stress Management in the manual Part 2 page 64

- 'What is stress?'
- 'Symptoms of stress and anxiety'
- 'Common sources of stress'
- Relaxation **page 66 & audio**
- Mindfulness Exercises p69
- The Progress Tracker

Mindfulness or Relaxation; more of the same thing?

Think of it like aerobic exercise and weight training – different mechanisms and contributions but both are beneficial.

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Relaxation Exercises

Step 4
Discuss exercise and wellbeing

Patients who practice supervised relaxation, compared to usual care or exercise therapy alone were seen to benefit from:

- Reduced resting heart rate
- Reduced frequency of angina
- Reduced anxiety
- Improvements re return to work and less frequent cardiac events and cardiac death

Around 3 hours of practice is not as beneficial as full relaxation therapy

Relaxation, meditation, and guided imagery (or combinations) provide:

- Greater relief from dyspnoea and sleep disturbance
- Improvement to pain and fatigue


Van Dixhoorn & White (2005)
Kwekkeboom & Bratzke (2015)

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Relaxation

Step 4
Discuss exercise and wellbeing

- Encourage patients to practice Relaxation using the audio
- Should be seen as a **skill** to be practised, not only used in times of stress.
- Protected time (no interruptions)
- Daily or 2 x daily
- Practice when alert
- Not music
- Encourage generalisation
- Written prompt
- Not in car
- Occasional panic reaction




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Mindfulness

Step 4
Discuss exercise and wellbeing

- Introducing Mindfulness (p.66 in Training Pack)
- 3 minute breathing space
- STOP technique (in the HF manual)



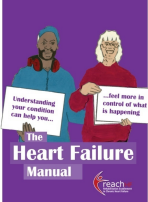
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Step 2 Assessment and understanding of the patient
Step 3 Self-management and resilience
Step 4 Discuss exercise and wellbeing

Back to the manual

- ▶ Keeping Your Spirits Up

Audio (2:33) of introducing manual & mentions Keeping your spirits up – nice short reflections From facilitator (shows empathy and rapport building)



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The Heart Failure Manual

Step 2 Assessment and understanding of the patient
Step 3 Self-management and resilience
Step 4 Discuss exercise and wellbeing

Keeping Your Spirits Up

- This section in the manual relates to low mood and depression
- Tips and ideas for the patient and caregiver on how to check for low mood and how to deal with feeling down or depressed

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The Heart Failure Manual

Step 2 Assessment and understanding of the patient
Step 3 Self-management and resilience
Step 4 Discuss exercise and wellbeing

Keeping Your Spirits Up cont'd

- Activity planning – use the Progress tracker/ Enjoyable things to do section to support this
- Emphasise the benefits of physical activity on mood – use the progress tracker and also cross refer to the walking and seating exercise programmes

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Step 2 Assessment and understanding of the patient
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Keeping Your Spirits Up cont'd

Negative thoughts

- ▶ **Imagining the worst** (catastrophic thinking)- 'my life is over'
- ▶ **Exaggerating the negative** (if someone passes you in the street- 'he doesn't want to know me anymore')
- ▶ **Feeling guilty** 'I am just a burden on my family'
- ▶ **Ignoring the positive** – she's only calling because she thinks I'm going to die'

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Challenging Negative Thinking

- Recognise own inaccurate and unhelpful thoughts
- Why do I think that?
- What alternative views are there?

Step 2
Assess and understand

Step 3
Self-mentoring

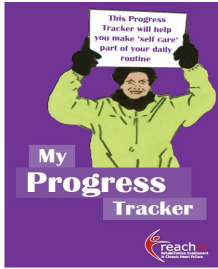
Step 4
Discuss exercise and wellbeing

Step 5
 Sum it up and make a plan of action

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The Progress Tracker

Step 5
 Sum it up and make a plan of action



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PT -Managing Stress and Anxiety

Step 5
Sum it up and make a plan of action

Step 6
Review Progress

Managing stress and anxiety

The Heart Failure Manual describes different relaxation techniques to help manage stress and anxiety. These include: relaxation exercises, daily enjoyable activities and planning your day to reduce causes of stress. Record what you have done to manage stress and try out different ideas until you find out what works best for you.

Managing stress and anxiety

What did you do to help manage stress this week?	How many times did you do it?	How did it make you feel?

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PT – Enjoyable things

Step 5
 Sum it up and make a plan of action

Enjoyable things to do this week

It can be a good idea to do something you find enjoyable each day. Think about the things that you enjoy and make a plan of some things to do over the next week.

Enjoyable things to do this week

What could you do this week?	Where?	When?	Who with?

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PT – How am I doing?

Step 6
 Review Progress

Weekly Review

Audio of introducing PT

How am I doing?

	How have you been?	What have you done that made you feel better or worse than previous weeks?
Physically	😊😊😊	
Mentally	😊😊😊	
Sleep quality	😊😊😊	

OTHER BEHAVIOUR CHANGE TECHNIQUES

ASK TELL DISCUSS

- **ASK** -What do you know about relaxation techniques?
- **TELL** –Provide information about the different techniques and describe the relaxation audio
- **DISCUSS** – what do you think about that?

DARN

- **D**esire – what do you want, like, wish, hope
- **A**bility – what is possible? What can or could you do? What are you able to do?
- **R**easons – Why would you make this change? What are the pros?
- **N**eed- How important is this change. How much do you need to do it?

Assessing readiness to change

Step 3 Support self-management and monitoring of progress

Step 4 Discuss exercise and wellbeing

- **V**alue attached to behaviour (Importance)
- Perceived **b**arriers & **o**pportunities and **b**eliefs re ability to change behaviour (Confidence)

Importance and confidence scaling




Examples of reflective listening

- Repeating
- Paraphrasing
- Reflecting their feelings
“it sounds like **you** are quite angry/scared/excited about this” etc
- Double sided reflection
“so, on the one **hand you** feel..., but on the other hand **you** feel...”
- Amplified reflection
“so you’re saying that **you** will never stop smoking”


...the common word here is “**you**”!

Reflecting resistance

- Challenging resistance as mentioned before is **not a good idea**
- Many people are **ambivalent** and you can hear resistance talk in their views
- Reflecting back resistance **non judgementally** can often tip people away from resistance

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 Reflecting change talk


- When you hear **change talk** (think DARN statements)
- Pick it out and **reflect it back** to the patient
- When you do this you are **encouraging** the patient to think & expand about their own **motivation to change**
- This is a great way to **promote** behaviour change!

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Step 3 Support self-management and monitoring of progress	Step 4 Discuss exercise and wellbeing	Step 5 Sum it up and make a plan of action
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Summaries

- Reflections are short summaries of what is being said at that particular point
- A longer summary helps you bring the main themes of the conversation (either all or part) together

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Using Summaries

- The use of summaries in health behaviour change discussion is a good way of showing that you have been listening *carefully* and *remembering* what is being said
- It allows you both to check if anything has been missed
- It is also another way of reinforcing change talk
- It helps you to change direction or bring the session to a close in a positive and non abrupt way

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Informing

- **Ask permission** e.g would you like to know what other heart failure patients have found useful?
- **Offer choices** e.g., walking programme or seated exercise, relaxation or mindfulness
- Talk about what others do (**neutral** rather than saying you *should do!*)
- Use the **ASK-TELL-DISCUSS** structure

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Motivational Interviewing micro-skills *round up*

O-A-R-S


O = Open ended questions (ie. To encourage patient to explain describe and talk about change (using what & how)

A = Affirmations (acknowledge patient effort)

R = Listen and reflect

S = Summarise

ASK - TELL - DISCUSS

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Step 5
Sum it up and make a plan of action

Action Plans

- So you now hopefully have people thinking in the right direction and willing to give things a go
- Now you need to harness this by introducing the resources that can help
- This where the **Progress Tracker** comes in to it's own – with your guidance
- Encourage the use of **SMART** goals (the tables are quite specific and encourage SMART goal setting too)

reach-HF Step 6
Review Progress

Support self-monitoring and review progress (self-regulation)

NB: This is self-monitoring of goals & progress (not symptom monitoring)

YOU SHOULD REVIEW PROGRESS AT EACH CONTACT

- Refer to **Progress Tracker** & encourage recording
- Read what patients have noted
- Help patient **appraise** outcomes
- Feedback, congratulate** and provide further **encourage** using HBC skills

reach-HF Step 6
Review Progress

Self-Monitoring Examples

Example

	How have you been?	What have you done that made you feel better or worse than previous weeks?
Physically	😊 😐 😞	Increased walking time and spread my shopping and washing load through the week
Mentally	😊 😐 😞	Scheduled my worry time
Sleep quality	😊 😐 😞	Drank too much water before going to bed

reach-HF Step 7
Long-term maintenance

Long-term maintenance (use it or lose it)

- The end of the beginning.....
- Planning for long term maintenance of new health behaviours
- Summarise the progress of the last 3 months
 - "What benefits have you noticed"
- Plan of action for possible future set backs
- Reminder that these changes are lifelong
 - "This is an investment for your future"
 - "Think of exercise as being one of your medications"



The following slides form a guide to highlight topics to consider in conjunction with the training pack.



- Getting support from other
- Living with uncertainty
- Sleep
- ICDs
- Cognitive issues
- Sexual activity
- Work

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Getting support from others

- Relevant section in manual
- Other resources in your local area
 - Smoking cessation
 - Psychological services for clinical levels of anxiety and depression
 - Erectile dysfunction support
 - Weight management
 - Physiotherapy
 - Social care
 - Local support groups such as cardiac/HF, ICD, church/mosque, AGE UK

Living with uncertainty

- HF is known to have a poor prognosis.
- Honest and open communication is preferable between patient/carer/health professionals but easier said than done?
- Advanced communication skills and tact are required when discussing difficult issues such as end of life care and deactivation of devices, and clear documentation is essential
- HFSN usually co-ordinates care with a number of services when a patient becomes palliative
- Important to recognise that mood and motivation can fluctuate due to a number of worries/factors
- Relaxation/ stress management and family support can help with coping
- Signpost patient and carer to sources of support/ manual resources

Sleep

- More than 70% of patients with CHF report poor sleep
- 50% report insomnia problems
- Don't always mention to physicians – perceived uninterested in sleep
- Insomnia associated with fatigue and depressive symptoms
- CBT approaches useful



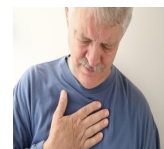
Sleep in manual and progress tracker

- Sleep info section in manual
- Sleep quality in weekly review table in Progress Tracker



ICDs

- 20% with ICDs experience anxiety or depressive disorders. After implantation 20% may experience PTSD
- Coping strategies
- Restricting activities, distraction acceptance, re-evaluation
- Encourage discussion & stress management to support these



Cognitive Issues

- Cognitive impairment affects 25% to 85% of patients with HF
- Implications for adherence (esp medication and intervention)
- Strategies to support



Sexual Activity

Few providers follow through:

- Assessment of patient understanding
- Provision of appropriate information
- Support for patients in resuming their sexual activity

Mosak & Steinke 2009, Jaarsma 2010, Steinke 2016 "When the topic turns to sex": Case scenarios and a model for sexual counseling in practice.



Approaches for assessment

- First step to discuss sexual concerns may be most difficult one.
- “How is your sex life?” May be too direct for some.

Approaches with the most success include:

- Gradual approach
- Matter-of-fact approach
- Context approach
- Sensitivity approach
- Policy approach



Jaarsma et al 2010



- Manual
- Communication
- Elicit & address fears and worries
- Involve both partners where possible
- Pacing & goal setting (approach sex as an exercise to be gradually built up)
- Challenge negative thinking about sexual activity
- Suggest change to less strenuous positions
- Problems pre-dating CAD diagnosis = Refer on
- More physically active – lower risk (Möller et al 2001)
- Encourage to lead more physically active life

Work

- Getting back to work (if applicable) – encourage thinking re ‘what you can do not what you can’t’
- Self-care – ‘making it fit’
- ‘Work-heart balance’
- Intrinsic rewards of work

