Overcoming Psychological Barriers to Maximize Treatment Efficacy

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Personality and Mental Health Factors

Every therapist has worked with patients who have had psychological problems that prevent them from maximally benefiting from treatment.

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Personality and Mental Health Factors

Currently, therapists get very little or no training in how to overcome psychological barriers, even though some studies show that half of a patient’s improvement is related to psychological constructs.

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Personality and Mental Health Factors

We will discuss:
- Depression and Mood
  Risk factors
  Effects of depression on therapy
  How to maximize treatment efficacy
- Self-efficacy
  What is it and why it matters
  How to increase patients’ self-efficacy
- Optimism and Pessimism
  How to maximize patients’ motivation

Physical outcomes and medical prognoses are heavily influenced by personality and mental health factors.

Do older adults have higher rates of depression?

Depressive symptoms are higher in older adults, especially ill and/or institutionalized patients.
As many as 50% of patients with a chronic illness suffer from depression.
Motivating Your Depressed Patients

- Depression affects a number of cognitive variables, which can affect compliance, comprehension, and ability to learn new information.
- Even after controlling for the effects of strokes, age, education, and Alzheimer’s disease, researchers found that depression affects episodic memory, semantic memory, short term memory, perceptual speed, and visual-spatial ability (Bennet et al., 2004).

Motivating Your Depressed Patients

- Research shows that cognitive impairment and depression are common in hip fracture patients (as cited in Lenze, 2004).
- As many as 48% of hip fracture patients have a significant number of depressive symptoms and 28% suffer from some form of dementia.
  - Falls and executive functioning are highly correlated

![Diagram](image)

Adapted from Lenze et al., 2004
Overcoming the Effects of Depression

- 36% of change in FIM Motor can be attributed to patients' level of participation in the rehabilitation process.
- 21% of participation in the rehabilitation process is explained by the number of depressive symptoms.
- 22% of participation in the rehabilitation process is explained by level of cognitive impairment.

How can we overcome the effects of depression in order to maximize treatment efficacy?

- Decrease depressive symptoms through pharmacological treatment.
  - Document behaviors consistent with depression
- Decrease depressive symptoms through challenging attributions and maladaptive coping strategies.
- Increase memory and learning performance.
- Increase motivation for the rehabilitation process.
  - Increase self efficacy
  - Increase perceived outcome expectations

Motivating Your Depressed Patients

- Patients should ideally have depressive symptoms under control before PT, OT, or ST begins. If this is not possible then a psychostimulant may help motivate patients (Lavretsky et al., 2003).
- Cognitive and behavioral therapy may also help reduce the depressive symptoms and increase participation in the rehabilitation process.
Depression and Cognition

- Depression seems to impair frontal lobe functioning.
- Depression in older adults is related to a lack of initiation and perseveration or an inability to inhibit (Murphy & Alexopoulos, 2004).
- Alexopoulos et al., (2004) showed that perseveration is associated with a poorer prognosis for overcoming depression.

Depression and Cognition

- Depression and cognitive impairment are both related to resistant behavior in institutionalized older adults (Feil et al., 2003).

Depression and Cognition

- Decreasing depressive symptoms through the use of SSRIs (i.e., sertraline, nortryptiline, and fluoxetine) leads to improved memory and cognitive ability in older adults (Doraiswamy, 2003).
- It is imperative that depressed geriatric patients receive treatment for depression.
- Depression is not a normal part of aging.
Risk Factors for Depression

• L Hemisphere CVA
• Chronic illness
• Painful conditions
• Heart disease
• Changes in social networks
• Relocation
• Stress
• Alzheimer’s Disease
• Memory problems
• Cancer
• Parkinson’s Disease
• Diabetes
• Caregiver burden

Motivation

• Behavior? = outcome expectations + self efficacy

Ways to Enhance the Efficacy of Depressed Patients’ Treatment

• Make the therapy relevant to the depressed patient.
  – Work
  – Parenting
  – School
  – Pets
  – Spouse
  – Hobbies
  – Live independently
  – Maintain some independence
  – Maintain mobility
  – Reduce pain
Ways to Enhance the Efficacy of Depressed Patients’ Treatment

• Recognize patients’ decreased confidence and self efficacy.
• Set a greater number of reachable goals for the depressed patient.
• Recognize underestimation when depressed patients predict their own performance and use that to increase their confidence.

Self Efficacy

• Self efficacy is the belief that one has the capability to manage the demands of a challenging situation in such a way as to attain a desired outcome (Bandura, 1977).
• Patients who have a higher self efficacy will be more likely to fully participate in the rehabilitation process.

Self Efficacy

• Self efficacy beliefs will affect the initial decision to perform a behavior and the amount of effort expended.
• Individuals with strong personal efficacy beliefs are likely to endure and persevere longer in the face of tough odds, whereas those with weaker self-efficacy beliefs are likely to succumb more easily to fears and anxiety (Fry, 2003).
• Self efficacy is more important than age in determining walking performance in older adults with knee osteoarthritis (Maly et al., 2007).
Self Efficacy

- Self-efficacy is related to rheumatoid arthritis patients’ pain ratings and mood (Lefebvre et al., 1999).
- Self-efficacy is related to the number of months of disabling musculoskeletal pain in community-dwelling older adults (Reid et al., 2003).
- Self efficacy is even more important in patients with muscle weakness or activities that require a lot of strength, such as stair climbing (Rejeski, 2001).

Increasing Patients’ Self Efficacy

- You can help patients’ increase their self efficacy by providing opportunities for them to succeed
Increasing Patients’ Self Efficacy

- Use appropriate cues to facilitate success
  - **Free recall** - Do you remember what you were going to do when getting out of a chair?
  - **Cued recall** - It had something to do with your hands... and, where you place them.
  - **Recognition** - Were you going to:
    - Scoot forward
    - Put your hands on the walker
    - Put your hands on the arm of the chair

- The ability to recognize the correct answer doesn’t diminish as much as the ability to recall.

Recommendations for Patients with Low Self Efficacy

- Experiences in mastering new skills and overcoming obstacles will increase self efficacy.
- Vicarious experiences provided by successful models who are similar to oneself.
- Stories of similar patients who have succeeded.
- Encouragement and persuasion can also increase self efficacy.

Optimism and Pessimism

- Optimism and pessimism are important personality characteristics that are predictive of physical and behavioral outcomes.
- Optimists are people who generally have a favorable outlook on life and expect that things will go their way.
- Pessimists generally do not have a favorable outlook on life and expect that things won’t go their way.
Optimism and Pessimism

- Research on coronary artery bypass surgery patients showed that optimists reached their goals quicker. For example, optimistic patients took less time before they began walking around their room (Scheier et al., 1989).
- Using a similar population, Scheier et al., 1990 found that low optimism patients were more likely to be rehospitalized.

Optimism and Pessimism

- "Negatively biased expectations may affect the behavioral choices individuals make. More pessimistic adults may seek treatment less often, may chose to be less adherent to treatment programs, or may be less physically active, resulting in poorer health, poorer physical functioning, and greater disability" (Brenes et al., 2002, p. 228).

Let’s Change Pessimistic Patients’ Attributions

- Success vs. Failure
  - Internal or external cause?
  - Temporary or permanent trait?
### When Optimists Have a Setback

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### When Pessimists Succeed

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Recommendations for Working with Pessimistic Patients

- Individualizing treatment for pessimistic patients:
  - Screen for depression and try to get it treated.
  - Set a greater number of attainable and realistic goals.
  - Strive for repeated success followed by praise.
  - Use verbal persuasion.
  - Tell patients success stories about similar patients.
  - Change attributions – Patients need to believe that their behavior, effort, and persistence will lead to success. Failure can be attributed to temporary factors, while success should be attributed to personal factors such as effort.
  - Use group therapy.
  - Start and end with a successful experience.

When Optimists Succeed

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Other Personality Factors

• The personality constructs neuroticism, openness, and agreeableness predict patient satisfaction (Green et al., 2008).
• Neuroticism is defined as the “tendency to worry excessively and experience negative emotional states” (Green et al., 2008, p. 41).

Other Personality Factors

• Neurotic patients are more likely to perceive situations as stressful, be dissatisfied with treatment, negatively evaluate their social support network, and have therapy sessions that are less smooth.
• Green et al. (2008) recommended that therapists try to monitor neurotic patients' level of satisfaction, empower them as much as possible and take the patients views into account.

Question

• Do you ever have patients who are able to do tasks with you but not other therapists, aids, or family members?
• Do you hear about situations in which you thought the patient was ready to do the tasks on their own but learned that they were unsuccessful?
Staff and site-dependent learning

• Memory is about connections, including the context in which something is learned. People will recall something best if the context at encoding is recreated at the time of retrieval.
• State-dependent memory
• Context-dependent memory

Context-Dependent Learning

Context-Dependent Learning

Context-Dependent Learning
Overcoming Staff and Site-dependent Learning

- Have patients learn in different contexts
- Have patients learn with different staff (e.g., therapists, CNAs, caregivers)
- Car transfers, home passes, clinic vs. home
- Give patients a pretask cue – “How will you do this in your room?”

Remember to add the real-world distracters
- Television/Radio
- Pets
- Conversation in person or by cordless phone
- Grandchildren
- Low Lighting
- Carrying a plate, clothes, phone
- Household obstacles: cords, rugs, etc.

Train Your Brain: How to Maximize Memory Ability in Older Adulthood

Train Your Brain was written to provide older adults, and the people who work with them, with practical and scientifically based suggestions and interventions on how to maintain and even improve memory ability. Most chapters begin with research summaries, followed by practical suggestions for taking advantage of the identified factors that affect memory. This book is an excellent resource for anyone interested in maintaining memory ability.