How to help patients with common emotional reactions to major illness or trauma: a guide for non-psychiatric staff

Dr Janet Butler  PhD, MRCP, MRCPsych
Consultant Liaison Psychiatrist
Department of Psychological Medicine,
Block 3, SGH (Mailpoint 412)
Tel: ext 4529, Fax: 5120
Achieving adjustment

This is a process which continues for a long time
‘New’ things may have their own adjustment e.g.: End of the time given as likely recovery period, relapse etc
Other events can trigger a bigger reaction if a previous event hasn’t been adjusted to

Time taken varies for different people
• ~ 1-2 weeks: high distress, numbness
• ~ 1 month: hard to concentrate, tearful, anxious, aware of uncertainty
• ~ 3-6 months: functioning OK to others
• Up to 1 yr: easy to trigger thoughts and feelings
• ~ 2 years: back to normal with infrequent triggers
Achieving adjustment

- Able to be as independent as possible but also accept help or rest needed
- Meaningful day-time activity or work
- Enjoy social and leisure activities
- ? Find something positive from the experience
Helping with normal emotional reactions
Normal emotional reactions

- Shock and denial
- Adjustment process
- Sense of loss, grief and sadness
- Uncertainty and anxiety
- Anger
General principles of help

- Don’t dismiss or prematurely reassure expression of anxiety or sadness
- Acknowledge the difficulties
- Praise efforts made by the patient
- Maintain usual routines
- Answer questions truthfully
- Maintain awareness of what hasn’t changed
- Include comments about emotional state in a general enquiry about health – in same tone of voice
- Explore patient’s beliefs underlying apparently irrational behaviour or emotions
- Relaxation and social activities are just as important!
Denial

- Don’t interfere in the first few days
- Address denial if it impacts on the patient’s care or understanding of the treatment
- Gradually increase the depth of explanations
- Continue with conversations about non-illness related things
- Find out the patient’s usual coping strategies
- Consider psychiatric illness (especially depression) if denial is prolonged
Coping with a sense of loss

- Don’t immediately dismiss or reassure

- What do you miss most?
  (Function, control of life, sense of self, usual activities, worth of work, own social life, spontaneity)

- How can you get that back?

- Why do you miss it?

- ? Find something beneficial
Coping with uncertainty & anxiety

- Don’t dismiss or reassure prematurely
- Identify the underlying concerns
- Check for sense of loss or depression
- Patience and long term time frame

- List anxieties and identify what you can control
- List goals & brainstorm solutions
- Break them down into small parts

- Talk to others
- Gain structure in other areas
- Relaxation and leisure time
Coping with anger

- Acknowledge the realities
- Look for the underlying feelings (sadness, loss of control)
- What will help most now?
- What will be gained by staying angry?
- What are the consequences of staying angry?
- Alcohol or other substances
- Lifelong pattern
Identifying key thoughts & understanding the real concern

What is so bad about that?
'I’ll never work again’ (loss)

What does it mean about your world?
'Bad things could happen at any time’ (anxiety)

What does it mean about you?
'I’m a burden on my wife/husband’ (loss)
'I’ve not got any control over anything’ (anxiety)

What does it mean about other people?
'Other people will mess up / can’t be trusted’ (anxiety ++)
How to tackle the key thought

‘I’ve not got any control over anything’
Directly brainstorm
What can you control – how can you do that?
Choice of meal, TV etc

I’m a burden on my wife/husband
What personality features are still present?
What do you give emotionally?
Do you still provide a ‘sounding board’?
<table>
<thead>
<tr>
<th>Relaxation etc</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self-soothing</strong></td>
</tr>
<tr>
<td><strong>Control thoughts and feelings directly</strong></td>
</tr>
<tr>
<td><strong>Burn off tension</strong></td>
</tr>
<tr>
<td><strong>Build up ‘resilience’</strong></td>
</tr>
</tbody>
</table>
Possible emotional precursors to psychiatric illness

Loss → Grief → Depression
Fear → Worry and anxiety → Panic
Trauma → If unable to process the trauma → PTSD
Uncertainty and fear → Worry and anxiety → Phobia
Medical issues → Delirium and psychosis
Past history → Various
Anxiety
<table>
<thead>
<tr>
<th>Anxiety Type</th>
<th>Symptom Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic</td>
<td>Episodic surge in anxiety</td>
</tr>
<tr>
<td></td>
<td>Physical symptoms</td>
</tr>
<tr>
<td></td>
<td>Intense fear</td>
</tr>
<tr>
<td>PTSD</td>
<td>Flashbacks</td>
</tr>
<tr>
<td></td>
<td>Hyper-arousal or poor recall</td>
</tr>
<tr>
<td></td>
<td>Avoidance of triggers</td>
</tr>
<tr>
<td>Phobia (eg: social phobia)</td>
<td>Anticipatory anxiety</td>
</tr>
<tr>
<td></td>
<td>Avoidance</td>
</tr>
<tr>
<td></td>
<td>Safety behaviours</td>
</tr>
<tr>
<td>Generalized anxiety</td>
<td>Worry all the time!</td>
</tr>
</tbody>
</table>
Features of Panic

Physical symptoms: sweating, fast pulse, tingling

Emotional symptoms: sense of fear or dread

Thoughts: ‘I’m going to collapse / die’ ‘I’m going to lose control’

Behavioural response: escape feared situation may lead to phobic avoidance
Features of Agrophobia

Physical symptoms: palpitations, sweating, dizzy, tingling

Emotional symptoms: anxiety (especially anticipatory)

Thoughts: ‘I’ll collapse’, ‘I’ll die’, ‘People will think I’m mad’

Behavioural response: avoid feared situation, seek reassurance, safety behaviours eg: sit down, take a friend
Overcoming unhelpful anxiety

• Careful history – when does it occur, anticipatory anxiety, safety behaviours, avoidance

• Explain link between emotions, thoughts, physical sensations and behaviour (fight/flight, pre public speaking, avoidance is understandable)

• Explain how avoidance and safety behaviours maintain anxiety (eg; flapping to stop dragons!, graded exposure)

• Explain link with desire for control – helps link it to the unexpected traumatic life event. Leads to discussion of things we can control (plan ahead), things we can’t (plan to minimise risk and then judge how much you want to limit your life to avoid risk)

• Relaxation and leisure time
Depression
Depression

15% of the population suffer depression in any one year

Risk factors for depression
• Personal or family history of depression
• Life events involving loss
• Lack of social support
• Pre-existing low self-esteem
Psychological features of depressive episode

• Irritability, worrying++, indecisive
• **Not functioning as well as staff expect**
• Feel sad, ‘numb/empty’, ‘not usual self’
• Tearful ++
• **Lack of enjoyment** (‘going through the motions’)
• Hopeless, **suicidal thoughts**
• Excess guilt, low self-esteem
• Negative viewpoint is automatic
• Loss of sense of humour
• Tired and lack of motivation
Treating depression

Don’t get caught up in the stigma!

- Recognise that it can be treated – usually by the GP
- Don’t prematurely reassure
- Antidepressant medication
- Problem solving
- Specialist referral
Antidepressant medication

'External chemicals to replace those usually provided by the brain cells which have got tired'

• Not addictive (not crave or need more with time) but tail off slowly
• Side effects differ between drugs and usually get better after first 2 weeks
• Antidepressant effect takes 10-15 days
• Take for 6 months after full recovery to prevent relapse ('brain cells need time for rehabilitation')
Things to ‘do’ to help depression

• Review your activities
  Do you need a plan?
  What are you achieving and enjoying?
  What is usually pleasurable?

• Problem solving
  Identify specific problem
  Brainstorm solutions, choose one
  Break solution into small chunks
  Plan the process and review progress

www.calipso.co.uk/mainframe.htm (link to free workbook download)
When to encourage further help

• Thinking of wanting to die, go to sleep and not wake up
• Not able to function (poor concentration, tearful, no energy....)
• Feelings aren’t improving over time
• Only coping strategies are unhelpful (drinking, anger.....)
Self help books
Self help books

Overcoming Depression (£15) and Overcoming Anxiety (£15)
By Chris Williams

Overcoming Traumatic Stress (£7)
By Claudia Herbert & Ann Wetmore

Overcoming panic (£7)
By Derrick Silove & Vijaya Manicavasagar

Overcoming Anxiety (£7)
By Helen Kennerley

Overcoming low self esteem (£7)
By Melanie Fennel

Manage your mind
By Tony Hope
The end!