

## **Strengthening asthma coping mechanisms**

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Do we know what our patients are thinking and feeling about living with asthma, a chronic health condition? Do we know what our patients are struggling with? What is getting in the way of them successfully caring for their asthma? Most importantly are we addressing those issues, are we assessing for the pitfalls and are we helping to build and strengthen their coping mechanisms?

Understanding our patients and their families, how asthma impacts their life and how they feel about it, assists us in developing targeted education tools. Specifically identifying the role that our patient's surroundings play and the impact it has physiologically and emotionally will help us to know why non-adherence persists, treatment failure exists and dangerous outcomes result.

The psychosocial framework of each patient is unique to that patient, and the dynamics of their environment are a crucial and essential component throughout the evaluation and treatment process. A psychosocial perspective is seeing the patient within their structural surroundings. The environmental context involves the patient, their peers and their family. It is incumbent upon us to understand the impact one's surroundings have on the individual's physiological and emotional development, and health.

The psychosocial perspective postulates that psychological and sociological events are intertwined within a chronic illness. Incorporating the psychosocial methodology will be advantageous to our patients because research has pointed to underlying psychosocial areas that are affecting coping, outcomes and patient behavior. Attributes of anxiety, depression, low social support and denial have been shown to mitigate against successful management of potentially life threatening asthma, impact functional status and interfere with effective adherence to therapy. Integrating a psychosocial approach will help to create a structure to better understand, assess and treat our patients.

Having assessing mechanisms assists the healthcare team in identifying and hypothesizing for possible barriers, problem spots, inappropriate expectations, fears and dysfunction. The answers provide psychosocial markers that are invaluable. It helps us to further understand the equation for poor outcomes.

Psychosocial assessment can be woven into the following types of information gathering formats:

- History forms
- Standardized questionnaires
- Assessment guidelines
- Formal interview

### **History forms**

Within a typical asthma/allergy history form there are questions regarding history of illness, symptoms, physical performance, nocturnal symptoms, triggers, sinus history, smoking history, environmental control concerns, medication information, previous test results, family history, dietary history, occupational or school information, but are there questions that address:

- Quality of life

- Social activities
- Feelings
- Moods
- Sexual interactions
- Family and interpersonal relationships
- Alcohol or drug abuse
- Well-being/self esteem/self worth
- Peer issues
- Mental illness
- Suicide
- Physical or sexual abuse

Do your pediatric history forms include a section specifically designed for children to express how they feel about having asthma?

#### **Standardized questionnaires**

- Quality of life questionnaire
- Depression inventory
- Social support questionnaire
- Demographic and medical history form
- Seven-day physical activity recall

#### **Assessment guidelines**

The topics below are questions that we need to make sure we have answers to. They might not be asked directly, but through your interaction with the patient and family, or through the interview process, you will have gathered an understanding of their psychosocial functioning.

#### **Biological**

- Developmental tasks
  - Changes & challenges
- Physiological/biological changes
  - Body image
  - Body changes
  - Regressive behavior
  - Activity level
- Physiological/biological stressors

#### **Psychological**

- Cognitive process
  - Perception
  - Messages
  - Attitude
- Personality style
  - High anxiety, low panic fear
  - Risk taking
- Psychological functioning

- Self-esteem
- Emotional reaction
- Handling of emotions
- Counseling history
- Depression/suicide
- Family interaction
- Behavior management
  - Adherence to asthma plan, environmental control, trigger avoidance, early warning sign recognition
  - Appropriate response to asthma worsening
- Psychological stressors
  - Divorce/stepfamilies/adoption
    - Marital discord, financial problems, school/work absenteeism, alcoholism/drug abuse, physical, psychological or sexual abuse
- Coping mechanisms
  - Asthma control
  - Disruptions
  - Struggles
- Feeling state
  - Angry, sad, embarrassed, confused, guilty, frustrated, exhausted, enraged, depressed, lonely, overwhelmed, hopeful, anxious, shocked, surprised, ashamed, frightened

## **Social**

- Social issues
  - Communication
  - Social arena
  - Social pressures
  - Social interest activities
  - Peer relationships and activities
- Social support
  - Existence of support network
  - Make-up of social support
  - Interpretation of support
- Social stressors
  - Fitting In

## **Community resources**

It is necessary to have community resources available that can provide individual or group therapy or support programs that are designed specifically to help individuals enhance their coping mechanisms with a chronic disease like asthma. Collaborate with other asthma specialists, outpatient or inpatient settings in the area to set-up a referral network comprised of a psychologist, psychiatrist and licensed clinical social worker for patients with both commercial and Medicaid insurance. Connect your patient and family with educational resources in the community as well as internet educational websites.

Once coping difficulties have been identified and a psychosocial referral seems necessary and beneficial, effectively communicating to the patient and/or family what you have learned is the first step. The patient that recognizes your observations as accurate will typically follow through with appropriate interventions. Recognizing and effectively communicating how their

behavior is negatively impacting the outcome of how they care for their asthma will help the patient feel satisfied, listened to and empowered. A negative reaction could occur where the patient denies the observations and becomes angry and not adherent to treatment plan. When you anticipate that observations may lead to a confrontation with the patient, it is best to share these with someone in the patient's family because they usually see the same areas for improvement and are likely to also be frustrated with the patient's behaviors.

Successfully referring your patient and or family for appropriate services is the second phase. The final third phase would be on an ongoing basis to monitor that they are continuing with the prescribed referral and that they are developing new strategies, techniques, coping mechanisms and appropriate behavior management. Checking in with your patient to see how they are developing coping skills that will ultimately help conquer ongoing asthma challenges.

Despite vast amounts of medical care and money, the incidence of asthma continues to increase at an alarming rate. The burden from asthma is psychosocial as well as medical and financial. Many people with asthma suffer a significantly reduced quality of life, with increased levels of depression and anxiety, missed school or work days, constricted physical activities and fewer social interactions. In fact, psychosocial factors have been found to be more highly predictive of death from asthma than medical/physiological factors. A comprehensive approach that we all strive for requires putting all of the puzzle pieces together. Discovering and uncovering information about our patients provides the patient and family a rich understanding of what is helping or hindering their acceptance and management of their health. Developing and strengthening coping mechanisms gives the patients a strategy to better their attitude, thoughts and feelings, which positively affects their behavior resulting in a full and active life. Exploring the biological, psychological, socio-cultural and family parameters is critical in thoroughly understanding, assessing, evaluating and treating individuals with a chronic disease.

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