Empowered Healthcare: An Introduction to Mental Health Support

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Financial Disclosures

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Learning Objectives

1. Viewers will better understand the potential value of therapy and the therapeutic relationship with tips for accessing care.

2. Participants will learn about common themes addressed in therapy when working with chronic illness patients including personal identity, self-efficacy, grief, and body image.

3. Participants will leave with a practical understanding of what therapy may look like in application through the discussion of specific interventions.

   Deliberate decision to focus on application and real-life experience…I want viewers to leave with the ability to picture themselves engaged in therapy
What exactly is therapy or counseling?

• Professional and collaborative relationship (Professional counselors, psychologists, marriage and family therapists, social workers)

• Talk or dialogue based, values education and learning

• Wellness based, biopsychosocial and spiritual emphasis

• Prioritizes reducing distress related to lived experiences, thoughts, emotions, and behaviors

• Proactive and preventative approach, for everyone!
Intersection of chronic illness management and mental health wellness:

1. Personal Identity
2. Self-Efficacy
3. Grief
4. Body Image

I will use my personal health journey and my professional identity as a therapist to demonstrate how these concerns may present in daily life with a chronic illness. I am only scratching the surface. My experience is just one experience.
Personal Identity - Who Am I?

- Personality Traits
- Interests and Dislikes
- Social Identities (Race, Culture, Religion…)
- Appearance
- Hobbies and Choices
- Beliefs and Values
- Relationships
- Career, Profession, Roles

Personal Identity
Personal Identity and Mental Health

- Healthy sense of identity requires balance and a consistent sense of self
- Your ideal identity matches your lived experience
- An integrated identity, stable self-concept, creates purpose and meaning

Any disconnect between a person’s desired sense of identity and their actual lived reality expressed in roles, actions, and values will create dissonance and impact mental health wellness.
Personal Identity and Chronic Illness

• Illness identity refers to the degree to which a chronic illness is integrated into a person’s sense of identity.

• Limited integration of illness identity or a lack of balance between components of identity can cause distress

Therapy aims to assist individuals with finding balance in which an individual’s illness is not removed from identity nor the dominating force in identity.

Therapists recognize that personal identity is present in all themes.

Therapy can help with identifying and developing strengths, interests, and values that may not be fully utilized.
Identity Integration - Personal to Professional Relevance

**Interests, Values, Personality**
- School/Academic minded
- Take the lead
- Empathic
- Close support system
- Strong verbal and reading skills

**Patient Identity**
- Eosinophilic Granulomatosis with Polyangiitis (EGPA)
- Mast Cell Activation (MCAS)
- Symptoms
- Interventions (TPN for 11 years)
- NOT just physical

**Patient Advocate**
- Gaps in care experienced
- Rare - medical system not made for me
- Partnering with others affected and providers
- Speaking on patient experience
- Systems advocacy

**Professional Counselor**
- Understanding professional identity
- Understanding skillset of counselors
- Lived experience
- Meaning making
Self-Efficacy and Disease Management

Self-efficacy refers to an individual’s belief in his or her ability to succeed in achieving a goal and reflects confidence in one’s ability to exert control over one’s own motivations, behavior, and environment.

Encompasses confidence and empowerment as well as the ability to acquire necessary skills, support, and tools to succeed.

• Often related to adherence to medical routines, participation in appointments, advocating for personal goals and priorities in relation to care, willingness to engage in skill training, and trust with helpers and providers.
Self-Efficacy and the reality of chronic illness management...
Self-efficacy and Healthcare Decision-making

*NOT patient-centered care
Therapy promoted self-efficacy by...

helping me break goals into manageable parts that felt possible.
Therapy also helped promote self-efficacy by…

promoting empowerment with role-playing and the use of helpful cognitive or mind mapping tips.
Grief

Grief is a natural response to loss and is a universal experience.

• Described as deep sorrow and as the emotional suffering experienced when something or someone you love is taken away.

• Grief cannot be ignored.

• Grief can be sneaky, is a process, and has a time component.

• Many emotions exist beyond sorrow - reality of multiple emotions

• Grief can be experienced repeatedly - complex or compounded grief
Grief looked like…

the loss of favorite activities…
Grief also looked like… missed milestones…being forced to WATCH peers graduate rather than walking WITH them.
Grief included the loss of friends to the same illnesses I was fighting.
Processing and coping with grief in therapy looked like…

advocating for making enjoyable activities possible and finding meaning in participating.
Processing and coping with grief in therapy looked like...

“When I walk around all the streets
Where I grew up and found my feet
They can’t look me in the eye
It’s like they’re scared of me.
I try to think of things to say
Like a joke or a memory
But they don’t recognize me now
In the light of day”

“I know I’m not the only one
Who regrets the things they’ve done
Sometimes I just feel it’s only me
Who never became who they thought they’d be
I wish I could live a little more
Look up to the sky, not just the floor
I feel like my life is flashing by
And all I can do is watch and cry”

-Million Years Ago, Adele

being supported in finding ways to make sense of and express my pain and loss.
Processing and coping with grief in therapy also looked like… finding ways to honor Haley, her life, and the things she valued.
Body Image

• Described as how an individual sees their body and their feelings associated with this perception.
• Closely tied to identity and social constructs/pressures
• Known connection to mood states and trauma experiences
• Weight and scars are often part of body image struggles
• Body image can be affected by a limitless list of factors
• Body image struggles can also include “invisible illness” bias
• Body image struggles can greatly affect self-esteem and a person’s perception of their value or acceptance
My struggles with body image included feeling insecure with the reflection in the mirror.
Sometimes NOT looking sick made me struggle even more with body image.

“Look at you! You are doing so well!”

“Let’s get you out of here. You look too nice to be here in the ER.”

“How dare you use a handicap sticker! You should be ashamed of yourself!”
Body image struggles can affect my view of myself as a professional.

Time and energy placed into trying to mask my illness. My thoughts can run wild when I feel I may have shown evidence of my health status in sessions. “Did my client see my dressing...do they know that I am sick?”

My thoughts can then spiral into doubting my abilities as a therapist- imposter syndrome. I worry that I will be distracted and that I am not the best provider for my client.
Therapy helped me cope with body image concerns by helping me to identify and reframe unhelpful and often distorted thoughts.

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<tr>
<th>Trigger</th>
<th>Automatic Thought</th>
<th>New Thought</th>
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<tbody>
<tr>
<td>Noticing a change in eye contact/look</td>
<td>“They definitely saw my dressing and now they are going to worry about me. A therapist doesn’t cause worry.”</td>
<td>“I don’t know why they are looking away. Even if they see my dressing, they are not going to know my illness. I’m not showing concern.”</td>
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<td>Feeling wetness on my stomach around my tube</td>
<td>“They definitely can see my entire shirt is wet. They will think I’m a slob and not professional.”</td>
<td>“It feels bigger than it looks. I don’t know if they have noticed. I didn’t spill in front of them. I’m professional.”</td>
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What makes the therapeutic relationship special? How it differs from other support relationships

- Professional expertise with knowledge of normative psychosocial challenges
- Safe holding place for thoughts, emotions, and distress
- Welcomes support system participation
- NOT advice giving
- Empowers self- answers are within
- Wealth of practical interventions
- Prepared for advocacy across systems

The power of therapy resides in the unique relationship!
Tips for Accessing Therapy Services:

• Speak with your current medical team, particularly social workers, palliative care teams, and primary care providers
• Insurance often will cover sessions (typically requires referrals)
• Many therapy providers offer financial assistance with sliding pay scales
• Ask about pro bono options- those who reach out generally receive these spots
• Consider asking if there are any intern providers available
• Explore online options including telehealth and group options
• Explore directories- I recommend www.psychologytoday.com

REMEMBER: One size doesn’t fit all. If a provider doesn’t feel like the right fit, that is okay! Alliance is the most important factor in predicting success. Try another provider.