

COPD and Anxiety Psychoeducation Group Proposal

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Section I

COPD is a 4th leading cause of death. Providing psychoeducation and behavioral counseling group (Healthcare, 2017) will consist of 8 women, ages 45-54 and have been diagnosed with COPD and exhibit anxiety symptoms. The open-end group will last for eight weeks for 90 minutes per session on Tuesday nights from 6:30pm-8:00pm. According to (Cummings & Cummings, 2008) open ended groups are beneficial for disease management. The requirement for this group is patients who has recently been discharged form the hospital and their LACE score indicates a possible readmission within the next thirty days. This group is designed to provide lifestyle behavioral changes to a high-risk population (Low et al., 2015) that drains the healthcare system. The group sessions will be free, and due to the COVID-19 social distancing guidelines group will be conducted on the Zoom platform and patients will be encouraged to participate in bi-weekly psychotherapy session which would cost \$ 120 per session some insurances are accepted.

Each referral will be required to complete an intake session which will include the biopsychosocial and individualized action plan, and two screening tools will be completed during the intake appointment the COPD assessment tool, and PHQ-9 assessment. The Biodyne model requirements will be used when creating their action plan and assessing their personality type garlic or onion.

Section 2

Session one Discuss rules and What is COPD and Anxiety:

According to (Beeskin, 2011) group rules should be signed and reviewed. The group rules will consist of confidentiality, where anything said in group stays in group, patient privacy, a patient does not have to disclosure anything she does not feel comfortable sharing. She has the right to say pass throughout the process. Disruptive or violent behavior will not be tolerated. No drugs or alcohol during group sessions. Gossiping is disruptive behavior. Patients will not be allowed to talk about one another to someone else.

Attendance is important, and if a patient misses more than two sessions in an eight-week period group membership will be discussed since group builds on each other unless it is an emergency. Having internet connection is important since group will solely be online at this time. It is important that the patient is conducting group in safe and quiet space to help with everyone confidentiality. It is the group facilitator responsibility to keep the patients on task, and to provide the required education and counseling. It is the patient's responsibility to complete the assignments and participate. Homework will be provided. There comes a time when a patient may have to discharge from the group prior to the last session. It is encouraged to inform the group facilitator and members, so patients do not worry about your safety and health.

Once the rules have been reviewed, education on COPD and Anxiety will be discussed. Having a respiratory therapist co-facilitate this group to provide the education on what is COPD and how to manage it to decrease chest pain, difficult breathing and to assist with any questions pertaining to medication. According to (Team, 2015) The respiratory therapist can provide tools on how to stop smoking, how to decrease infection and how to deal with COPD attacks. Respiratory therapist would teach pursed lips breathing (Gotter, 2017) The pursed breathing technique is designed to help patients' breath slower and with a purpose by puckering the lips and exhaling slowing (Gotter, 2017). The behavioral health clinician will provide education on what is anxiety and how anxiety and COPD attacks may feel similar but are different

Session two breathing techniques:

The women will learn about anxiety cycle breathing. According to (Helper, 2017)" patients with COPD and anxiety have the ability to create a breathlessness". When someone is unable to breathe naturally one becomes panic and can increase anxiety which will make it more difficult to breathe. They will learn breathing coping techniques. Diaphragmatic breathing can help women with COPD strengthen their diaphragm. The diaphragm is the most important muscle that helps one breathe. With diaphragmatic breathing it is important for patients to become more mindful with their breathing and what muscles they

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are using (Sohrabi, 2015). At the end of this session a three-day food journal will be provided for homework for their upcoming nutrition group. They will also be encouraged to provide their recent blood work so the nutrition can review the calcium and vitamin B12 levels.

Session three Nutrition:

A nutrition will be a co-facilitator to discuss what is considered a healthy diet. To have the patients begin to identify if they have a healthy body weight. More excessive weight makes it harder to breathe according to (Leader, 2020). The nutritionist can explore with the patients regarding a diet plan and assist anyone who maybe deficient in calcium and vitamin B12. The nutritionist will provide the patients ways how they can increase a healthier nutritional intake that is least expensive. The behavioral health clinician will discuss how food can affect moods and why certain foods like coffee and soda may feel like they are experiencing anxiety when they are not.

Session four Exercise:

Will have a personal trainer co-facilitator who can help patients understand the importance of exercise. Exercise can help the lungs and heart work together. Exercise is important for women with COPD. The personal trainer can educate the patients on lower body workout which would consist of walking or using the treadmill and the upper bodywork like resistance arms training. Personal trainer can educate about strength training lifting weights and breathing using a mouthpiece against resistance can help with breathing and making muscles stronger (Hoffman, 2017).

Session five Mediation:

Mediation can have positive impact in one overall wellbeing. It has been reported that patients with COPD and anxiety mediation has improved one's mood and COPD symptoms. Mediation improves brain functions. According to (Health, 2016) with approximately 11 hours of mediation a month for less 30 minutes has improved anxiety, improve sleep and breathing. Mediation can promote deeper breathing and increase one's energy level. While there are different types of mediation, mindfulness is the most

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effective one for anxiety and COPD. This mediation teaches patients to be presents and focus on what is going on around them. It is something that can practice anytime while doing regular daily activities.

Session Six Sleep:

Having a pulmonologist who can assist with explaining why sleep is important as well as tips that can help patient who has COPD and difficult sleeping. Sleeping is important so patient can rest their breathing muscles. It is encouraged that patients with COPD adjust the positioning of how they sleep. Its important no naps are taken, encourage the patient to be active, and why oxygen maybe helpful. The behavioral health clinician can help create an effective sleep hygiene routine and discuss limiting electronics at a certain time (Orenstein, 2017).

Session seven Medication adherence:

Co-facilitate with a physician that can help patients understand the importance of taking care of self. Discussing why picking up medication is important, following their treatment plan, and understanding to improve symptoms that part of their lifestyle needs to change. It is important for the patient to understand that they are supportive. The behavioral health clinician will educate the patient on how to effectively communicate with the physician and asking the right questions, so physicians understand what the patients are asking (Bourbeau & Bartlett, 2008).

Session eight WRAP”

During there last session, the patients will provide a WRAP booklet that will be completed. The booklet ask for information such as what are their symptoms? what coping skills will they use? how do they know when they are in a crisis, examine the crisis plan prior, during and after. Identify their triggers, creating a support system. Provide the medication and allergies and who is on the healthcare team (*WELLNESS RECOVERY ACTION PLAN*, n.d.). The patients will also take retake the screening tools that were completed during intake to reassess how they are doing eight weeks later.

Section 3

The benefits of the group are to help women find a connection that are struggling with COPD and anxiety, which can provide a sense of community. They can increase their support system. Allowing the group to be open ended allows for more effective modeling within the group settings. Group sessions are usually cost effective compared to individual therapy. Group therapy has shown to help provide symptom relief, education patient how to manage their COPD and anxiety can decrease hospitalizations and improve quality of life. The cost without behavioral interventions will cost the healthcare system 300 billion dollars in 2020. This psychoeducation group will help women with COPD and anxiety become more stable to decrease hospitalizations and prerequisite to provide a CBT processing group for stabilizing and accepting their health condition.

Overall, this psychoeducation group is to help patients start the stabilization process so they not always in crisis. This group will provide the patients tools they can use and become accountable for their health and wellness. It will provide them tools how to recognize they are having a COPD or anxiety attacks. It will provide them tools on when they should really need seek higher level of care. Individual therapy will help address the other issues they may be experiencing and provide the women additional one on one support. Continue to use the LACE. If the patient was not re-admitted during group, and if there screening tools are decreasing and if the patient is feeling like they have a little more control over there health this group is moving in the right direction with the possibility of decreasing healthcare cost for this expensive comorbidity disorders.

References

- Beeskin, J. (2011, April). *Procedures and guidelines for group therapy*. <https://www.apadivisions.org/https://www.apadivisions.org/division-49/publications/newsletter/group-psychologist/2011/04/group-procedures>
- Bourbeau, J., & Bartlett, S. J. (2008). Patient adherence in COPD. *Thorax*, 63(9), 831–838.
<https://doi.org/10.1136/thx.2007.086041>
- Cummings, N. A., & Cummings, J. L. (2008, January 1). 3 - *PSYCHOEDUCATION IN CONJUNCTION WITH PSYCHOTHERAPY PRACTICE* (W. T. O'Donohue & N. A. Cummings (eds.)). ScienceDirect; Academic Press.
<https://www.sciencedirect.com/science/article/pii/B9780120885206500044>
- Gotter, A. (2017, June 3). *Pursed Lip Breathing: Technique, Purpose, and Benefits for COPD*. Healthline. <https://www.healthline.com/health/pursed-lip-breathing#benefits>
- Health, L. (2016, May 20). *Lung Health Institute | Meditation and its Effects on COPD*. Lung Health Institute. <https://lunginstitute.com/blog/meditation-and-its-effects-on-copd/>
- Healthcare, P. (2017, March 10). *The Optimal Group Therapy Setting*. Pyramid Healthcare. <https://www.pyramidhealthcarepa.com/the-optimal-group-therapy-setting/>
- Helper, L. (2017, March 28). *COPD and Anxiety: Medication, Breathing, and Counseling*. Healthline. <https://www.healthline.com/health/copd/anxiety#1>
- Hoffman, M. (2017, January 17). *What Is Pulmonary Rehab for COPD?* WebMD; WebMD. <https://www.webmd.com/lung/copd/pulmonary-rehabilitation-for-copd>
- Leader, D. (2020, March 26). *Obesity and COPD Can Worsen Each Other*. Verywell Health. <https://www.verywellhealth.com/the-role-obesity-plays-in-copd-914698>
- Low, L. L., Lee, K. H., Hock Ong, M. E., Wang, S., Tan, S. Y., Thumboo, J., & Liu, N. (2015). Predicting 30-Day Readmissions: Performance of the LACE Index Compared with a Regression

Model among General Medicine Patients in Singapore. *BioMed Research International*, 2015, 1–6. <https://doi.org/10.1155/2015/169870>

Orenstein, B. (2017, August 17). *Sleep Tips for People With COPD* | *Everyday Health*.

EverydayHealth.Com. <https://www.everydayhealth.com/hs/managing-copd/sleep-tips-for-copd/>

Sohrabi, F. (2015, January 15). *Breathing Techniques for COPD Patients* | *Everyday Health*.

EverydayHealth.Com. <https://www.everydayhealth.com/copd/breathing-techniques-for-copd.aspx>

Team, E. (2015). *Healthcare Team Who Treat COPD* | *COPD.net*. COPD.Net.

<https://copd.net/basics/healthcare-team/>

WELLNESS RECOVERY ACTION PLAN. (n.d.). Retrieved May 1, 2020, from

https://www.mindcharity.co.uk/wp-content/uploads/2017/04/wellness_recovery_action_plan_.pdf