

DBH 9902: Biodyne II- Chronic & Comorbid Conditions

Group Protocol Proposal Paper: Hypertension and Anxiety

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Section 1

The targeted population is males within the community of Loma Linda, CA in their mid-thirties to mid-forties (35-45 y/o) who have hypertension and comorbid anxiety. Patients will be identified by interdisciplinary staff at Loma Linda University Medical Center (LLUMC). Patients will be identified through assessments completed at their hospital visits as well as community-based referrals. Dr. C. Wilson, DBH, LPCC (personal communication, April 23, 2020) recommends the proposed group be targeted towards the above population and be a small psychoeducation group due to the lack of knowledge and access this population has (C. Wilson, personal communication, April 23, 2020). With this in mind the group will consist of between 6-8 participants and will last 6 weeks.

Section 2

Dr. Wilson also recommended various treatment modalities for this targeted population including Psychoeducation, Mindfulness, Progressive Relaxation, Cognitive Behavioral Therapy (CBT) and outpatient referrals as needed such as to see a Dietician (C. Wilson, personal communication, April 23, 2020). It was also noted that participants were also to adhere to prescription medications and PCP visits. Participants were also given educational resources after every session and offered recommended mobile applications (apps) that utilize the same evidence base treatment approaches such as the STOPP mobile application (app) which has CBT embedded within (C. Wilson, personal communication, April 23, 2020).

CBT aims to teach the importance of healthy thinking as our thoughts affects how we feel and behave. CBT emphasizes being aware of our internal “self-talk” and replacing irrational thoughts with rational thoughts with the goal of forging healthier emotions and behaviors

(Harvey, 2019). CBT also incorporates other treatments mentioned such as relaxation techniques. According to Khayyam-Nekouei, Z. and Yousefy, A. (2010), relaxation therapy has been found to be effective in managing anxiety. Moreover, Brown (2018) describes psychoeducational groups as groups offering their members the opportunity to be informed about a specific concern or problem to help them grow in self-understanding and solving personal problems. Furthermore, psychoeducational groups consist of both cognitive and emotion driven material aiming to offer members the opportunity for learning, growth and understanding (Brown, 2018).

For the proposed 6-week group it will be a psychoeducation offering collaborating with Specialist such as Dieticians as well as CBT techniques. Patients blood pressures will also be taken before and after each weeks' session to monitor for improvement. Prior to group participants will have a one on one intake in which they will be they will complete the GAD-7 to access for anxiety. There will be a different topic each week and they will be as follows:

- Introduction:

- In the initial week session, the DBH will introduce themselves and their background, and each group member will introduce themselves as well.

This initial group will also focus on having the group member make their own group rules aside from the basic rules of what's said in the group stays in the group, being respectful of group members during group and their privacy, and no tolerance for violence, intimidation or alcohol and drug consumption of members as these are all counterproductive to the groups' goal. Participants will be referred out as needed throughout the duration of the group.

- Psychoeducation & Specialist Collaboration:

- Week 2 & 3 this will focus on educating participants of the comorbid condition, symptoms and managing of said symptoms.
 - In session 3 there will be a Registered Dietician (RD) visit to discuss the importance of healthy eating habits in regard to improving mental health and blood pressure. Depending on their insurance participants may also be referred to a dietician for outpatient follow up appointments as needed. Thomas (2019) determined nutrition as essential to improving mental health and ensuring the brain is functioning effectively. In addition, in order for the body to begin to heal appropriately it has to be properly nourished (Thomas, 2019). It is crucial to have a RD visit to offer their expertise in this topic and have members aware of the benefits to following a nutritious diet for their comorbid condition.
- CBT techniques:
 - In session 4 the participants will be introduced to treatment options and will practice progressive relaxation. In this session participants will engage in CBT and will assess for improvements in their blood pressure following the treatment. According to Achmon et al. (1989), CBT was found to be efficient in treating hypertension. In particular participants will use the STOPP app during session. Participants blood pressure will be measured before and after the use of the STOPP app. In speaking with Dr. Wilson, it was noted that participants see an improvement in their blood pressure when comparing before treatment and by the end of session,

some of which have been able to discontinue medication (personal communication, April 23, 2020).

- Exercise:
 - Psychoeducation will be given on exercise as it relates to this comorbid condition. Participants will also be given recommendations and discuss how to combat their barriers to exercising. In speaking with Dr. Wilson, it was noted as a part of lack of access many do not have local parks, gym access or even transportation to the nearest gym to them. Dr. Wilson recommended the use of exercise mobile apps or going for walks even walking their pet or going for a walk with their significant other. Walking with a partner not only helps the participant but builds intimacy in relationships. It was also noted in speaking with Dr. Wilson that exercising and running in particular is the quickest way to decreasing blood pressure and is also a good for elevating one's mood (C. Wilson, personal communication, April 23, 2020.)
- Maintenance or action plan post group:
 - Now that these participants are well educated on their comorbid condition and given the tools on how to manage it. The final weeks session will be designated to discussing participants individual improvement and building an action plan for maintenance of their anxiety and blood pressure.

After each session participants will leave with some resources with health education to further help them outside of group with managing their hypertension and anxiety. Depending on each member insurance coverage participants may also be referred to request their own blood

pressure machines. Participants will also be given a list of mobile apps to use as needed including the STOPP, MyLife Meditation, Headspace, and GPS for the Soul etc. all of which are geared to helping them gain control, balance and manage their comorbid condition. Following the end of group there will be follow up calls within a month to monitor participants maintenance and re-administer the General Anxiety Disorder (GAD-7) screening to assess for their anxiety after treatment.

Section 3

Some advantages of this proposed group are that it will help these participants change their distorted negative thinking surrounding hypertension about it being a “death sentence.” These participants will also be properly educated on their condition and how to best manage it. Another advantage is that it will allow health education and care access to the community and help decrease such barriers to treatment. Additionally, this group will be beneficial in decreasing the billions spent on medication treatment as previously mentioned it can allow participants to discontinue medications. This group also offers a source of support where some may not have it. There are several advantages or benefits as previously mentioned that allow improvements in healthcare, associated cost and patient satisfaction and overall health improvement.

References

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