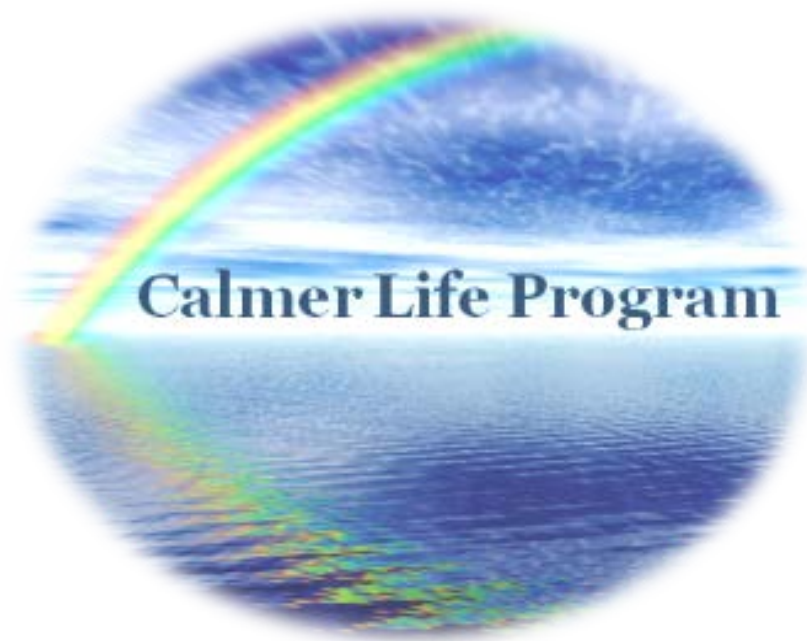


Calmer Life Program

Enhanced Resource Counseling for Worry and Stress
Template



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Introduction

Enhanced Resource Counseling (ERC) is an expansion of telephone information and referral services usually provided by community social service organizations. Individuals seeking help with worry/stress receive telephone information about community mental health treatment resources tailored to their insurance status and preferences for medical or psychosocial care. They also receive referrals to other central information sources for basic needs, such as housing or home care assistance. Information is given by telephone and in a mailed resource packet. Follow-up phone calls are provided over four to eight weeks to offer support and to determine whether individuals are improving.

Research Support for ERC

In a recent research study, ERC was as effective as an evidence-based intervention that taught skills for reducing clinical symptoms (worry, anxiety and depression) in people 50 years and older with significant worry.

Target Providers of ERC

The manual is designed to be used by a wide range of providers, such as information and referral providers, health educators, case managers, and benefit counselors. Consultation with a mental-health expert may be necessary if a client reports suicidal or homicidal thoughts or other serious mental health symptoms (for example, substance abuse, psychotic symptoms).

Target Beneficiaries of ERC

ERC is designed to help people aged 50 years and older who have significant worry/anxiety. A simple assessment tool for identifying significant worry in older adults is provided in Appendix A.

There are many different types of anxiety, and ERC is designed to assist individuals with high levels of worry. If the client asks about the difference between worry and other types of anxiety (other anxiety disorders), please explain that there are different types of anxiety and that worry is one type. For example, some people are anxious only about social situations, while others are afraid only of heights.

What Worry Is

Worry is a type of anxiety involving fret or concern about a real or imagined issue. Worry is different from other types of anxiety in that it tends to be more focused on words (that is,, consisting of thoughts that occur over and over, more so than physical symptoms of anxiety). Individuals with worry tend to worry or fret or be concerned about a lot of different things in their lives. For example, they may frequently have concerns that something bad might happen to themselves or others; and/or they may worry about many different topics, including finances, employment, children, etc. When worrying becomes severe, individuals receive as diagnosis of generalized anxiety disorder (GAD). Sometimes worry can be caused by life stressors, like inability to pay bills, or difficulty providing care for a loved ones. In turn, worry can keep clients from accessing necessary resources to manage basic needs. ERC is designed to connect people with significant worry/stress to mental health and basic needs resources available in your community.

Enhanced Resource Counseling Overview

ERC links clients to resources to meet both mental health and basic needs. Mental health resources may include talking to a healthcare provider for medication, individual or group counseling, support group, peer support or speaking with a pastor. Basic needs resources provide resources for survival and safety, such as access to meals; cleaning the inside of the house, if it poses risk; taking care of, personal needs, like bathing or dressing, and finances.

ERC is delivered over the phone. Counselors make brief telephone contacts every two weeks for four to six weeks and monthly phone calls after that. The number of telephone contacts can vary, depending on the needs and preferences of clients. If a client requires or prefers more support, counselors can offer more frequent contact. Conversely, if a client does not require or prefer frequent contact, you can reduce the number of phone calls. The approach of ERC is to support consumer education and empowerment by assisting clients' efforts to connect with local mental health and social service organizations.

During the first phone call, the counselor offers brief information on worry/anxiety. (S)he will also provide a brief introduction to a list of local community resources that offer basic or mental health services to seniors. The counselor recommends resources that might best meet the needs of the client, but the final decision about which organizations to contact will be made collaboratively with the client. The counselor helps the client consider relevant factors, such as service access, financial/insurance eligibility, and client preference. The counselor works with the client to identify potentially helpful resources to call before the next session.

During later telephone calls, the counselor asks about any worsening of worry/anxiety or depressive symptoms. On the basis of symptom report, the counselor will determine whether there is a need for crisis intervention. If there is immediate risk to the client or a third party, follow the organization's procedure to assess risk and take steps to enhance client safety.

In these brief telephone calls, the counselor also follows-up on any progress the client has made in contacting identified community resources, including any communication with a healthcare provider. During discussion about contacts with community resources, the counselor asks about whether the resource was contacted and, if so, whether the contact was helpful. If resources were not accessed or other resources for worry/anxiety are preferred, clients will be asked to identify other resources they think might be helpful. To facilitate empowerment in clients, encourage them to make phone calls to receive basic or mental health needs instead of having the counselor make the calls on behalf of clients. If the client has multiple basic needs, he/she may need referral for more intensive case management.

The first phone call will last about 30 minutes, and subsequent telephone calls will last 15-20 minutes. Frameworks for the first and follow-up calls are provided in Appendix B.

Organizational Readiness

Agency leaders should undertake some key readiness activities and tasks before offering ERC services to their clients.

Development of a Community Resource Guide

The community resource guide is a list of both mental health and social service organizations that offer resources to seniors in your location community. The guide includes all necessary information to aid in identifying the most appropriate resource(s) for the client. In addition to the name, mailing and web addresses, and contact information of the resources, a brief description of services provided, and types of medical insurance accepted need to be included. *A guide on how to develop a resource guide with examples of how basic and mental health resources are listed is provided in Appendix C.* Since community organizations may revise services they offer and medical insurance they accept, the community resource guide will need to be updated every four to six months. It is also recommended that someone call the phone number(s) listed for organizations to make sure that they are current and in use.

Confirming Procedure for Crisis Intervention/Suicide Risk Protocol

Assessment of worsening depressive symptoms and suicidal ideation should be completed throughout ERC telephone contact. If the client shows suicidal ideation, organizational procedures on dealing with crisis situations need to be followed.

ERC Training

Training counselors includes an overview of ERC, orientation to community resources in the target geographic areas, supportive statements that can be useful, and role playing of the ERC intervention. One hour is spent on didactics, and one additional hour is spent on role playing. Training also needs to review procedures for assessing suicide risk and the protocol for crisis intervention.

Reflective Statements

While conducting ERC, some clients may share multiple difficulties and struggles with counselors. During this time, the counselor needs to be empathic and show that he/she understands their situation. Sometimes a counselor might need to gather additional information to better identify and address specific needs of clients. A list of reflective statements a counselor can use to help demonstrate empathy is shown in Appendix D. Phrases listed on this same page might help a counselor gather additional information related to a client's mental health and daily needs.

Appendix A GAD Instruments

The GAD-2 is a two question instrument with answers being a *yes* or *no* to questions about anxiety over the past month. A *yes* to one or more questions can signify moderate anxiety.

GAD-2

*Over the **last two weeks**, how often have you been bothered by the following problems?*

	Not at all	Several Days	Over half the days	Nearly everyday
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3

GAD-7

The GAD-7 is a seven-item, self-rated scale with which participants can rate questions about how often they have been bothered by problems described in the questions, with answer choices ranging from 0 (Not at all sure) to 3 (Nearly every day). Scores for the measure range from 0 to 21, with higher scores indicating higher and more serious anxiety. A cut-off score of 10, for older adults, signifies moderate anxiety.

*Over the **last two weeks**, how often have you been bothered by the following problems?*

	Not at all	Several Days	Over half the days	Nearly everyday
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

TOTAL SCORE =

If you have checked off *any* problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not Difficult at All	Somewhat Difficult	Very Difficult	Extremely Difficult
0	1	2	3

Appendix B First Phone Meeting

Goals for the initial session:

1. Introduce the client to the ERC intervention.
2. Provide information on worry and anxiety.
3. Introduce the community resource list, and help the client identify resources he/she can contact to receive community or mental health services.

Introduction to the Calmer Life Program's ECC intervention

1. Introduction.
 - o **Instruction for language modification**

Some clients may not use the words *worry* or *anxiety* to express emotional distress. Instead, they might prefer to use words, such as *stressed*, *concerned*, *fret* or *nerves* to describe anxiety. They might describe their worry process as “thinking about things too much,” “feeling or being overwhelmed,” or that “they have too many things on their mind.” Use any preferred language used by the client to discuss his/her feelings of worry/anxiety.

Explain the purpose of the meetings.

“The purpose of this meeting is to follow-up with you on how you can address some worries (or their preferred words) you shared and provide you with some information about anxiety and worry. You will also be provided with a list of resources, including mental health services, available in the community. Together we will identify a number of resources you can call to get help with your worry.”

- **Meeting Schedule.** Explain that you will call the client three times every other week and then switch to monthly phone calls for the rest of the time. The first call (today) will last approximately 30 minutes. All other calls will last about 15 minutes.

“In the beginning, we'll speak together over the phone every other week for a few sessions. After that, I'll check in with you once a month. Our first call today will last about 30 minutes, and the rest of our calls will probably be closer to 15 minutes.”

- **Suicide Assessment.** Follow your organization's crisis procedures to assess safety, and proceed accordingly.

2. Provide Information on Worry/Anxiety (**Remember to substitute the client's preferred language to describe his/her feelings here.**)

“Worry and anxiety are experienced by everyone and part of being human. They can even be adaptive, or a good thing, in certain situations (for example, when going on a trip, preparing for a medical visit, planning for a family event, etc.). However, worry/anxiety can become a problem when they:

- Are experienced too frequently
- Are experienced too intensely

- Persist for periods long past a frightening situation
- Make you feel out of control (can't stop it once it starts)
- Prevent you from accomplishing desired behaviors or life goals

“Stress can increase worry and other anxiety symptoms that, in turn, can affect how well people can manage life stressors. Worry and anxiety, if not managed, can significantly interfere with a person’s health and overall well-being. Research suggests that there are two types of treatments for worry and anxiety: medication and counseling.”

3. Review the community resource list, and provide appropriate referrals for mental health and basic needs. When choosing referrals, it may help to locate a place geographically convenient for clients. Clients may qualify for certain resources, based on their insurance status (Medicare, Medicaid, etc.) or current source of health care (Veterans Affairs medical center, hospital district, etc.). If clients have a healthcare physician, they can be directed to talk to their him/her first. Likewise, some clients may already be receiving mental health care, so we want them to discuss any further treatment with these counselors first.

The client should check with his/her insurance company (especially if he/she has private insurance or is on Medicare Advantage plan) to find out what mental health benefits are covered under the plan. He/she then can ask the community organizations we have suggested they contact whether their services are covered under that insurance plan. The client might also have to seek advance approval from his/her healthcare provider before seeking additional counseling or psychiatric services. It is important that the client clarify any required procedure with his/her insurance before the first appointment.

“In the coming two weeks, I would like you to follow-up on the resources we have identified. If you plan on calling any of these resources, make sure to have information about your insurance and any other financial benefits available when you call. Please make notes about what you learn, as I will ask you about your progress during our next telephone call.”

4. Briefly address any questions raised about how to contact the resources listed, and have the client confirm the organizations he/she plans to contact before the next meeting.

Follow-up Telephone Contact

Goals for the follow-up phone call:

1. Follow-up on worsening of worry/anxiety or associated low mood.
2. Follow-up on client's effort to connect with mental health or basic needs service providers.
3. Provide new resources, as needed.

1. At the beginning of the telephone call, introduce yourself, and explain why you are calling. Inquire how the client is doing in general. Ask how his/her anxiety and worry have been in the past week. If the symptoms appear to have worsened, ask about any significant life changes:

“Sometimes changes in our lives can impact how we feel. In the past week, did anything happen that might have caused your anxiety or worry to increase?
OR, did anything happen last week that increased your stress level?”

Worry and depression often go together. Check whether the client is feeling depressed or whether the depression symptoms have worsened since the last telephone call. If client reports depressed mood and/or any symptoms listed above, inquire about worsening of symptoms since last contact and about any significant life changes in that time:

“It looks like you have been feeling down this past week. Can you think of anything that might have caused your depression to get worse?”

2. Accessing Community Resources:

Review resources identified in the last telephone call and progress made in contacting by asking whether the client contacted any/each of these resources:

“Did you contact the community resources (name here the resource[s] that was/were decided upon during the first call)?”

If the client contacted the community resource, ask if he/she found the organization(s) helpful. If he/she did not receive the help needed, inquire about what was not helpful.

If the client did not contact the community resource, brainstorm about why he/she did not call the organizations. Encourage him/her to call the organizations identified during the earlier call, OR identify other organizations that the client may be open to contacting.

In earlier sessions, if the client chose to speak with his/her healthcare physician, follow-up on any progress made. Discuss whether the conversation was helpful.

Appendix C

Framework for Developing Community Resource Guide

Steps identified in this section are adapted from the Get Connected Toolkit developed by Substance Abuse and Mental Health Services Administration (<https://store.samhsa.gov/shin/content/SMA03-3824/SMA03-3824.pdf>)

Focus on resources in your community that offer mental health and basic need support. The following types of organizations, individuals and programs are good targets to contact to develop the community resource list for your local area.

- Support groups for older adults dealing with loss and grief
- College or university programs with an in-house clinic
- Psychiatrists, psychologists and social workers (with specialty in geriatrics)
- Hospitals
- Community clinics
- Veterans Administration
- Area Agency on Aging
- Senior-serving organizations

Staff members may have to make several calls to identify whether the target organization offers mental health or basic needs for seniors. The community resource list should include names, location and address, contact information, and website for each organization identified, followed by a brief description of services provided and types of insurance/payment methods accepted.

Example of a basic needs resource:

City of Houston Resources

713-371-1400

www.houstontx.gov

Water Assistance to Elderly Residents (W.A.T.E.R.) Fund provides water assistance to people age 60 and older who receive water from the City of Houston. Approved people can receive up to \$100 per month for six months to help offset water costs. At the end of six months, participants may reapply.

Example of a mental health resource:

Central Care Community Health Center

(713) 734-0199 (Sunnyside, MLK Clinic)

(713) 333 -1336 (Third Ward, Delano)

(832) 308-1060 (Hillcroft Clinic, Southwest)

www.centralcarehc.org

Central Care Community Health Center provides patient-centered primary and preventive medical, dental, and behavioral health services in a caring and compassionate environment

Insurance: Accepts some insurances, Medicare, Medicaid

Fee: Sliding scale fee available

Location: 8610 Martin Luther King Jr. Blvd, Houston, TX 77033 (Sunnyside, MLK Clinic)

3315 Delano Street, Houston, TX 77004 (Third Ward, Delano)

14087 South Main St., Houston, Texas 77035 (Hillcroft Clinic, Southwest)

Appendix D

Reflective Statements

Here is a list of reflective statements that show empathy towards clients

- I hear you are saying
- I hear what you are saying....it's like.....
- It sounds like....
- It sounds like you are unsure about what to do.....
- It sounds like you are spending a lot of time thinking about
- It sound like this is a complex issue for you.
- So, you think.....
- I can see/hear that is....
- I imagine that might be....
- I see.
- That must be difficult/hard for you.
- That sounds really.....

These statements might help gather more information

- Tell me more about that
- Can you tell me more about what happened?
- Can you elaborate on that

(Use this statement only when you need to ask client to elaborate on concrete and relevant information, such as steps they have taken to contact community referrals, details on their current living situation etc.)