



Improving Coping Flexibility Within the Context of Chronic Disease and Disability

Webinar Follow-up Question and Answer Session with Dr. Whitney G. McLaughlin

Question from Roberta Davis:

Will you do more and larger studies?

Answer from Presenter

Yes, I plan to do more research using the intervention. I'd like to train students and counseling professionals on the BE WELL program curriculum to do more single-case research studies more broadly.

Question from Patricia Espinoza:

How does a person's spirituality apply with regards to coping?

Answer from Presenter

An individual's spirituality can certainly influence their coping strategies. In the stress and coping literature, coping strategies have historically been categorized as either emotion-focused or problem-focused. However, coping strategies differ from person to person and are not mutually exclusive. Often, people use multiple strategies at the same time. Engaging in activities that are related to one's spirituality such as praying, reading inspirational texts, and meditation are often described as emotion-focused strategies meaning they are used to manage emotions that arise when one is stressed. However, they may also be used to help the individual problem solve and resolve the stressor. It is important to determine the role of spirituality in a client's coping process, the types of spiritual activities they engage in to manage stress, and their perceptions of how successful these strategies are for their coping and stress management.

Stephanie Fedor-Joseph:

What is aromatherapy dough? What essential oil(s) were used?

Answer from Presenter

Aromatherapy dough is playdough that is infused with essential oil blends. In the study, the Pinch Me Therapy Dough brand was used and it was infused with lavender essential oil. There are several other brands including Aroma Dough and The Squeeze Dough. Homemade aromatherapy playdough can also be made at home. Many recipes can be found online.

Question from Mary Higginbotham:

Do you think that Yvonne's severity of symptoms and onset of symptoms played a role in her response to the treatment?

Answer from Presenter

I do think Yvonne's severity of symptoms and the length of time that she had MS could have played a role in her response to the treatment. She also had many unforeseen circumstances that occurred during her participation in the program that could have impacted her response as well. When I think about the outcomes of the study, I speculated that Yvonne may have had some mild cognitive impairment which is common among people living with MS. However, it can go undiagnosed for years. Although Yvonne's outcomes are unknown, the visual analysis from the study indicated that she was not worse as a result of the treatment (the BE WELL program). This means that her coping flexibility scores in the treatment and withdrawal phases did not fall below her baseline. For future studies, I do think incorporating more prescreening activities during recruitment would be beneficial with determining participant eligibility.

Question from Jessica Hudgens:

All four of these participants were older - would there be benefit in teaching these skills to younger (e.g., college students) folk with disabilities to increase coping flexibility earlier and potentially decrease or delay negative outcomes?

Answer from Presenter:

I certainly think adolescents and young adults with disabilities can benefit from receiving a brain-based wellness intervention like the BE WELL program and other coping skills training as a tertiary prevention strategy. These types of interventions would be especially helpful at the onset of a chronic disease and/or acquired disability to help prevent or reduce negative outcomes. However, coping skills training programs need to be customized, developmentally appropriate and consider contextual factors that influence the individual's everyday life.

Question from Barbara Kaplan:

What are some strategies used regarding sleep?

Answer from Presenter:

Some of the interventions that were used to address the mental activity of sleep involved helping participants develop a sleep hygiene and experience a guided bedtime meditation. Recommendations from the Sleep Foundation were used to help provide information on strategies to help participants improve the quantity and quality of their sleep. Some of these recommendations included actions such as dimming the lights one hour before bedtime, taking a warm shower or bath, reading a book, or light stretches before attempting to sleep. Also, helping participants identify activities they engage in less than 30 minutes before bedtime that may hinder sleep (e.g., cell phone screen time, having stimulants like coffee) was also addressed.

Question from Brittany Molina:

In your opinion, would these findings be similar with other causes of chronic disease?

Answer from Presenter:

In my opinion, I do think these findings would be similar with other types of chronic diseases that are progressive, unpredictable and have an uncertain prognosis because the interventions were customized. The BE WELL sessions were individualized and modified based upon participant's needs which helped the majority of participants to make favorable gains in their coping efforts.

Question from Brittany Molina:

Some of my clients with chronic pain struggle with taking medication as prescribed, either taking too much to "self-medicate" or getting frustrated with complicated medication schedules/amounts, and not taking any. Where does medication therapy fit into this wellness model?

Answer from Presenter:

This wellness program was implemented as a supplement to medical treatment and medication management from healthcare providers since research suggests that adaptive coping strategies can increase treatment adherence (including medication compliance). While medication therapy was not a focal point of the BE WELL sessions in this particular study, it would be important to help clients address their medication management concerns if this was a primary stressor for participants in the intervention program. Medication therapy may involve helping clients identify barriers to their medication adherence and engaging in mindfulness training to reduce judgement of symptoms and medication noncompliance.

Question from Allen Vosburg:

Hopelessness is a major issue with clients that seem to experience matters of despair. What is your approach to this concern for the client?

Answer from Presenter:

Meeting the client where they are is critical to addressing the feeling of hopelessness that can emerge among people living with a compromised state of health. Assessing clients for depressive symptoms and suicidal ideation is key to case conceptualization and on-going treatment planning. Helping clients to identify which stressors are controllable and which are uncontrollable can be a helpful intervention to address hopelessness. Counselors can support clients in utilizing their strengths, abilities, and resources to better manage stressors that are within their control. They can also help clients improve their coping flexibility (psychological flexibility) skills and support network to adapt to stressors that are outside of their control. One of the goals of the BE WELL program was to help participants self-monitor their coping process in order to increase their awareness of what causes them stress and identify the coping strategies they employ that are effective and ineffective.

Additionally, counselors can help clients develop measurable and achievable goals related to self-care, leisure activities, and/or engaging in new experiences. This can give the client something to look forward to that they enjoy and also promotes wellness.

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