

Symptom Targeted Intervention (STI):
Managing Depression in
Dialysis Patients

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Session Goals

- Discuss the impact of depression in the dialysis unit
- Describe the history of STI and the intellectual framework.
- Discuss the different interventions and how they might be used in practice.

Depression in

-Around 25% of dialysis patients have clinical depression
-At least 35% have symptoms of depression.^{1,2}
-Depression increases the risk of infection, failure to follow a treatment regimen and is associated with an increased risk of hospitalization and death.^{3,4,5,6,7,8,9}

Symptoms/Red Flags

Assessment

- Screeners
KDQOL—low MCS, low PCS, low Burden
CES-D
Beck Depression Inventory
Geriatric Depression Scale
- Patient Self-Report, Staff Observations

Patients do not receive outpatient mental health treatment

--Although dialysis patients are referred to outpatient mental health providers, research suggests that patients rarely follow that recommendation. ^{11,12,13}

**Symptom Targeted
Intervention (STI)**

Developed by Melissa McCool, LCSW,
STI uses brief evidenced-based
cognitive, behavioral, and mindfulness
interventions and techniques to treat
symptoms of depression.

STI Process

Once depression is identified, the most
salient or problematic symptom treated.
Since the focus is very specific,
interactions with the patient are brief
and can be done chair-side in the
dialysis clinic.

STI Is Conducive to the Dialysis Setting

- STI treats one symptom at a time
- Sessions are brief, manageable, and productive
- Social worker has an established rapport with the patient
- No stigma--the social worker sees every patient
- No financial or transportation barriers
- No focus on clinical diagnosis

How STI works

STI is based on systems theory, part of the core training of the MSW. Systems theory considers a system as a set of interacting and independent parts; when one part of the system is altered, the entire system changes. If one symptom improves, the trajectory of the depressive episode is transformed.

Sudden Gains

- Conventional thought is that depression improves in gradual, linear fashion
- New research suggests that there exists a phenomena called sudden gains in which the patient suddenly recovers from depressive episode ¹⁴
- Sudden gains might explain the success of STI

Results of Practice Outcome Evaluation

17 states, 46 social workers^{15,16}
 Most social workers spent 1.5 hours over a six-week period using STI with a patient.¹⁵
 PCS scores improved 51%¹⁵
 MCS scores improved 64%¹⁵
 CES-D scores improved in 72.1% of patients¹⁵

Results of NSW Comfort post STI intervention

- An interesting outcome...
- Prior to intervention and STI training: 42% of social workers reported feeling very comfortable tracking the outcome of a clinical intervention.^{15,16}
- After STI training and practice: 56.6% were very comfortable¹⁵
 $p=.004$ which is statistically significant

Importance of PCS/MCS

PCS

- Each 1 point improvement means:
- relative risk of death decreases by 2%
- relative risk of hospitalization decreases by 2%

MCS

- Each 1 point improvement means:
- Relative risk of death decreases by 2%
- Relative risk of hospitalization decreases by 1%

Process of STI

- Depression is identified—by screener, self-report or staff report
- What symptom to treat? Questions:
 - Broad to more specific
 - General, narrow, target

Core features of STI

- Collaborative—NSW and patient work together to resolve symptom. Homework
- Experimental—If intervention doesn't work, it is modified or another one is tried.
- Focused—The focus is on the present, not the past. Interventions and barriers are discussed; this is not psychotherapy.
- Brief—Average session is 20-30 min, although first session is somewhat longer.

Important Conversations before starting STI

- Identify symptom to work on
- Contracting to work together on symptom
- Managing Expectations
 - Pt understands collaborative process
 - STI sessions are brief, focused and limited
 - When they feel better, interactions will fade allowing SW to help other patients

Cognitive Triad

- Most important concept to understand
- Underlying principle uniting all interventions
- Needs to be taught to all patients
- Critical component of psychoeducation process
- Watch it work in your own life first

Behavioral Intervention

- Many people start with behavioral interventions
- Objectives:
 - Decrease time spent ruminating
 - Decrease time spent alone; increase social contact
 - Increase time spent in previously enjoyed activities

Behavioral Activation

- Process
 - Psychoeducation
 - Normalize experience
 - Explain process
 - Behavioral inquiry
 - Alternate activities
 - New schedule

Opposite Action

- Patients rarely feel like doing behavioral activation activities
- Explain concept of *opposite action*—doing the opposite of how you feel
- Do the opposite of what the depression is telling you to do; this will put a bottom on the depressive episode.

Courage Ladder

- Break down goal or situation into small, manageable parts
- Courage ladder is a list of situations to enter, starting with least frightening and gradually becoming more difficult.
- Write down small goals or steps that need to be taken
- As patient experiences smaller successes, they feel more hopeful and confident

Other Behavioral Interventions

- Relaxation Exercises
 - Positive Imagery
 - Breathing Exercises
 - Belly Button technique
- Coping Cards
 - Index cards that the patient can use in their daily life to help them remember and reinforce what was done with the SW.
 - Tool that can be used with any intervention

Cognitive Interventions

- Involve working with the underlying cognitive processes that underlie and perpetuate the depressive episode
- With depression, cognitive distortions can be identified in the thought process.
- With depression, it is almost as if information is processed through negative, black filter.

Thought Diagram

- Event
- Thought
- Feeling
- Action
- Result
- If you change the thought, the whole trajectory changes.

Cognitive Interventions

- Identify automatic thoughts
- Generate list of alternate thoughts
- Examine the evidence for the thought
 - Three question technique
 - What is evidence for the thought?
 - Is there another way to look at situation?
 - If it is true, what does it mean
- Distraction

Mindfulness

- Mindfulness means paying attention to what is going on in each moment without judgment, but with compassion and curiosity.
- Awareness of thoughts, feelings, sensations and underlying motives behind actions
- With cognitive interventions, goal is to change thoughts. Mindfulness is about accepting and being aware.

Components of Mindfulness

- Breathing—calming the mind while following the breath in a conscious way.
- Awareness—of what is really going on. Observe your thoughts and feelings without necessarily reacting to them.
- Compassion—for yourself and others; letting go of judgment.
- Acceptance—for what is; not what you think it should be or want it to be.

Mindfulness Interventions

- Five-Minute, twice-a-day practice
- Informal daily practice
- Three-minute relaxation exercise

Case Examples

- How to incorporate STI into clinical practice
- Two examples

Questions/Comments

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