

# Contents

<i>Series Foreword</i>	ix
<i>Acknowledgments</i>	xi
<i>Introduction</i>	3
<b>I. OVERVIEW OF CHRONIC RESPIRATORY DISEASE IN ADULTS</b>	<b>7</b>
1. Understanding the Respiratory System and Chronic Respiratory Diseases	9
2. Diagnosis and Treatment of Pulmonary Disease	19
3. Environmental, Social, and Genetic Influences on Chronic Respiratory Disease	35
<b>II. PSYCHOLOGICAL INTERVENTION</b>	<b>45</b>
4. Psychological Evaluation of Pulmonary Patients	47
5. Adjustment	61
6. Anxiety	73
7. Depression	85
8. Tobacco and Other Inhaled Substances	99
9. Family Challenges and Social Support	115
10. End of Life	127
11. Ethics and Professional Issues	139
<i>References</i>	149
<i>Index</i>	177
<i>About the Author</i>	185
<i>About the Series Editor</i>	187

## INTRODUCTION

Chronic obstructive pulmonary disease (COPD) has been diagnosed in more than 170 million people worldwide, and asthma occurs in more than 350 million (GBD 2015 Chronic Respiratory Disease Collaborators, 2017). Millions of people die from these diseases each year, often after many years of struggling with shortness of breath, fears about what the future holds, and limitations on their physical activities. Psychological issues (e.g., anxiety, depression, problems with adjustment) associated with chronic pulmonary disease can result in referrals for psychological evaluation and/or intervention. Yet, most mental health professionals have no specific training in how to apply their skills to this population, and there are no books to aid clinicians in addressing the variety of psychological concerns presented by this group.

The purpose of this book is to provide basic medical information about chronic pulmonary disease and about the psychological treatment of pulmonary patients for psychologists and other mental health professionals who have minimal experience working with this group. Clinicians who have not treated patients with pulmonary disease may ask: What is this disease? What is its impact on this person's life? As a treating psychologist, should

I do anything differently with this patient than with anyone else? These are the types of questions addressed herein.

The focus is on adults with pulmonary disease and on those chronic respiratory diseases most commonly seen for evaluation and treatment in an outpatient psychology setting, although the information provided here is also relevant for clinicians working as an inpatient or outpatient consultant or as a member of a pulmonary or primary care treatment team. A basic summary of several of the most common chronic respiratory diseases is presented to allow readers to understand medical issues that can affect the patient's psychological state; readers can generalize this knowledge to less common respiratory diseases, when appropriate. Acute pulmonary diseases are not the focus; relative to the chronic and progressive diseases, they present different challenges for patients and are less likely to be seen in the outpatient setting.

Part I provides medical background as context. Chapter 1 describes how the respiratory system works, symptoms of dysfunction, and the typical features of the most common chronic respiratory diseases (i.e., COPD, asthma, fibrosis and pneumoconiosis, pulmonary arterial hypertension, sarcoidosis, cystic fibrosis, sleep apnea). Chapter 2 describes the medical interview, physical examination, and diagnostic testing used to make a diagnosis, as well as the medical treatments for pulmonary diseases. Environmental and occupational exposures that can cause or exacerbate pulmonary diseases are reviewed in Chapter 3, along with information on social influences and genetics.

Part II is focused on the psychological evaluation and treatment of pulmonary patients. Specifically, Chapter 4 describes the steps involved in performing a thorough biopsychosocial evaluation. Adjustment challenges are described in Chapter 5, along with interventions to improve adjustment and factors that affect it. Chapters 6 and 7 describe the prevalence, impacts, and causes of anxiety (Chapter 6) and depression (Chapter 7) in pulmonary patients. Interventions such as psychoeducation, cognitive and behavioral treatments, and psychotropic medication are described for both anxiety and depression. Because smoking tobacco is one of the main causes of pulmonary disease, tobacco and other inhaled substances are discussed in Chapter 8. Assessment, brief interventions, and smoking cessation interventions, such as nicotine replacement, pharmacotherapy, and psychological treatment, are described. Chapter 9 focuses on the impact of chronic respiratory disease on the family and on social support. End-of-life issues are addressed in Chapter 10, including a discussion of withholding or withdrawing life-sustaining treatment, respiratory patients' concerns at the end

of their lives, and relevant psychological interventions. Chapter 11 presents ethical and professional issues, including confidentiality, competence, and diversity.

This book is based on the biopsychosocial model, in which relevant biological, psychological, and social factors are integrated to provide a holistic conceptualization of the patient in his environment. This integrative approach is highlighted in both the evaluation and treatment of respiratory patients. The cases provided to illustrate concepts are based on real patients, with identifying information altered to protect their privacy. Throughout the book, providers and patients are referred to as either female or male, to avoid the use of “he/she.” Finally, the words *respiratory* and *pulmonary* are used interchangeably.

Patients with chronic pulmonary disease can benefit from psychological treatment, yet many clinicians have little experience or knowledge to inform their work with these patients. This book provides a foundation of knowledge on which to build.