

# COUNSELING: AN INTEGRAL PART OF ARTHRITIS CARE

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In recent months, your arthritis has been seriously affecting your quality of life. Pain is affecting your ability to do your job, and your lack of energy and loss of ability to do things around the house is putting strain on your relationship with your spouse. Upon hearing how things have been going, your rheumatologist has recommended counseling—but you're not sure about it. Isn't counseling for people with a mental illness?

The short answer is no—counseling is simply a tool that can help you deal with the challenges arthritis brings. In this article, we describe counseling for people with arthritis, using our experience at the University of Arizona Disability Assessment Research Clinic (DARC) to illustrate how it can help.

## What is counseling?

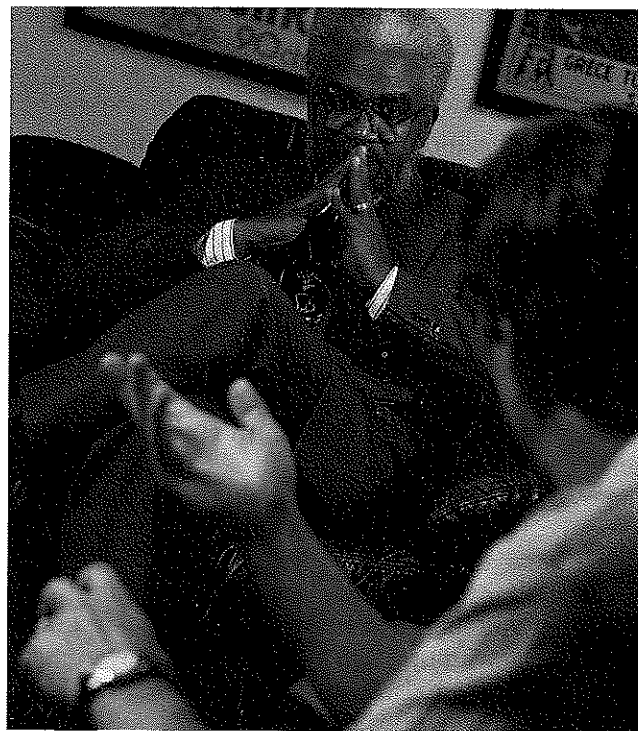
Counseling is a broad term that encompasses many different types of advisement, including mental health counseling, family or couples counseling, career or educational counseling, and substance abuse counseling. What they all have in common is that a trained professional meets with you, either one-on-one or in a group setting, to discuss the issues you are facing and help you come up with solutions. Many types of counseling can help people with arthritis, depending on the specific problems they face. This article focuses on *rehabilitation counseling*, which helps people with physical limitations cope with pain and loss of function.

Although part of the purpose of counseling may be to help you deal with emotional struggles, counseling is different from psychotherapy. Psychotherapy tends to focus on chronic emotional, behavioral, or mental health issues, whereas counseling is typically focused on dealing with specific situations. That said, there can be overlaps between the two types of help—some psychotherapists may provide counseling, and some counselors may use psychotherapeutic approaches. However, only psychotherapists are qualified to address mental health issues such as clinical depression or an anxiety disorder.

## Why counseling?

If you have arthritis, there are a number of reasons you might like to seek counseling. You may feel as though your life isn't working any more, and you may need someone to talk to you, listen to you, or both. You may need assistance dealing with specific challenges you are facing, whether they are related to work, family or other relationships, or any other aspect of your life. Whatever your situation, a professional counselor can help you analyze your problem, define reachable goals, and decide on a course of action. People aren't always aware that they may benefit from counseling, and often it's the rheumatologist or other treating physician who sees the need and makes a referral. It's important to make the members of your health-care team aware of any emotional issues you're facing so that they can help you get the care you need.

Counselors are trained to be good listeners. People

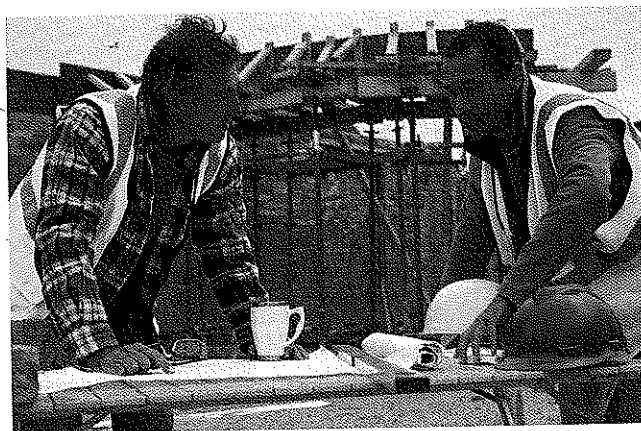


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with a chronic illness often have high levels of pain, sleep disturbances, short-term memory loss, fatigue, and depression or anxiety. The counselor can help you understand that these are common effects of having arthritis and come up with ways to cope with these effects. If you see a rehabilitation counselor, part of the counselor's role is to confer with your physician or physicians about your arthritis treatment, obtaining medical records as well as other pertinent documents essential to a better understanding of your health status. The counselor will endeavor to help you sort out the issues and the options available for dealing with these problems. The more informed you are, the easier it will be to cope with your arthritis.

A counselor will also work with you to identify any barriers to solving the problems you face. When those barriers are psychological or behavioral, the counselor may need to refer you to a psychotherapist. When making such a referral, the counselor should recommend a psychotherapist who has experience working with people with chronic medical conditions. One example of an issue that may require the help of a psychotherapist is *learned helplessness*, in which people come to believe they have no control over pain or loss of function and therefore do not make efforts to actively manage their condition.

Another example is depression, a condition of long-lasting low mood and other symptoms that is common in people with arthritis. A client of Dr. Smith's named Kathy recently had to deal with depression. Having received a diagnosis of systemic lupus erythematosus in her teens, Kathy married her high school sweetheart. As time passed, however, her husband became absorbed in his work as an engineer, while Kathy gained considerable weight and developed a strong feeling of neglect. By the time she contacted the DARC, she no longer felt life was "worth living." Dr. Smith saw Kathy and her husband together and helped them understand that Kathy was deeply depressed and would need psychotherapy. Kathy was referred to a clinical psychologist and has been in psychotherapy for several months. Dr. Smith often confers with the treating psychologist and also sees Kathy on a regular basis in order to review her progress.



## Dealing with work issues

One role that a rehabilitation counselor may play is to help you with work-related problems, including the transition from working to going on disability. Being informed by your rheumatologist that you may have to leave your job because of your arthritis can be a very traumatic experience. Seeing a counselor who is knowledgeable about job requirements and the potential for changes in duties may help to keep you working. In our clinic, the counselor, working closely with the rheumatologist and the employer, analyzes work duties and conditions and recommends changes that may enable the client to continue to work. Although not all employers are able to accommodate workers, accommodations are often made, especially for a valued employee.

Mark was just such a worker. Because he has osteoarthritis (OA) of the spine, Mark began to have difficulty doing his fieldwork, which required him to drive a truck to visit job sites. Not wanting to lose Mark's expertise, his employer assigned the fieldwork to other workers and permitted Mark to work from his office. Mark continued to work for another 18 months before his pain levels progressed to the point where he decided to apply for disability benefits from his employer and from Social Security.

Another DARC client and one of the authors of this article, Gina, received a diagnosis of rheumatoid arthritis in her early 30's, and she continued to work for 23 years with her condition in a very demanding and complex job before finally going on long-term disability. Five years before Gina went on disability, her doctors advised her to consider taking a leave of absence, but she continued working, in large part because her employer provided generous accommodations for her. A few years later, it became evident to Gina's doctors that she could no longer work, but against their advice, she continued. It was not until Gina's rheumatologist referred her to a counselor that she realized that even with accommodations, it was becoming increasingly difficult to perform

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her job duties at the level expected of her. Gina's counselor also helped her to accept that going on disability did not mean she was lazy—it simply was the best way to take care of herself.

Working closely with a rheumatologist, a knowledgeable rehabilitation counselor can accumulate and review evidence that will help you assess whether continuing to work is an option. As part of that evaluation, it is important to discuss your financial status and whether leaving work to apply for disability benefits would result in a hardship. Many of the people we see in our clinic have access only to Social Security Disability Insurance (SSDI) benefits, which are not always sufficient to meet their needs. For this reason, it is important to review your family's financial situation. Are other members of the family working, or can they work?

Dr. Smith recalls working with a man named Fernando who held a construction job and whose severe OA was becoming increasingly painful. Because Fernando was a valued employee, his employer made numerous accommodations to keep him on the job, but it eventually became too difficult for Fernando to work with his pain. A call to Social Security determined that his SSDI benefit would be less per month than he currently earned in a week. Dr. Smith met with Fernando and his wife, both in their late 50's, to discuss their situation. He learned the wife could increase her hours at work to help bring in more income. He also discovered that Fernando had excellent computer skills. Dr. Smith arranged for him to see a vocational rehabilitation counselor, who could help him explore less physically demanding jobs that would enable him to use his computer training.

Dr. Smith firmly believes that family involvement is key to getting good care, and he recommends that family members attend the initial counseling session. This ensures that everyone is on the same playing field, and it allows the counselor to assess the degree to which your family understands what you are experiencing. Too often, family members don't realize how much pain or fatigue the person with arthritis feels. If this is the case, the counselor can help your family members understand the extent of your pain and disability.

## Choosing a counselor

If you are ready to try counseling, start by asking your primary care doctor or rheumatologist for a

referral. Depending on the type of counseling practiced, counselors may hold a doctorate (PhD), a master's degree (MA or MS), or a certificate in a specific type of counseling or coaching. Rehabilitation counselors typically hold a master's degree or doctorate, and they should have the credential "CRC," which stands for *certified rehabilitation counselor*. To find a CRC in your area, you can visit the Web site of the Commission on Rehabilitation Counselor Certification at [www.crccertification.com](http://www.crccertification.com) and click on "Locate a CRC/CCRC or Confirm Certification Status" on the left-hand side of the page.

Often, counseling sessions are covered by health insurance; check with your plan to find out what it covers. When you find a counselor you'd like to try, ask whether he or she accepts your health insurance before making an appointment. Many counselors charge fees on a sliding scale, depending on your ability to pay.

It is important for you to relate to the counselor you are seeing. You should feel comfortable expressing your innermost feelings and concerns with this person. If you feel uncomfortable with a counselor, don't hesitate to look for a different one. You may not find a perfect match on the first try.

It is also important to make your rheumatologist aware of any emotional issues related to your arthritis. Together with a qualified counselor, the rheumatologist can help to address your concerns, answer questions, and discuss treatment options.

As you have read in this article, counseling can be helpful in a variety of situations. But it's important to bear in mind that a counselor cannot solve problems for you. You must ultimately take responsibility for managing your arthritis and developing good coping skills. The help of a counselor you trust can make the process a lot easier. □

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