




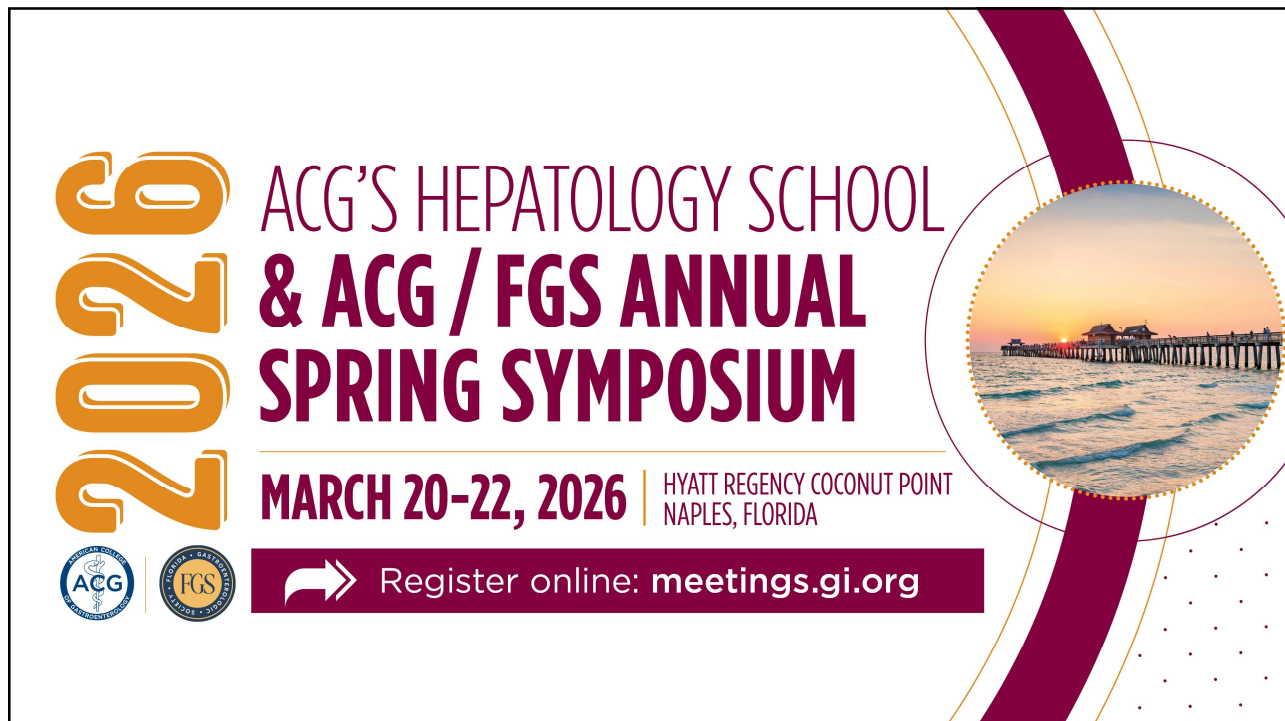
2026 ACG'S ENDOSCOPY SCHOOL
**& ACG / LGS REGIONAL
POSTGRADUATE COURSE**

MARCH 6-8, 2026 | HILTON NEW ORLEANS RIVERSIDE
NEW ORLEANS, LOUISIANA

   Register online: meetings.gi.org




The banner features a circular inset image of a historic city square with a fountain and a church. The design includes a blue and purple curved graphic on the right side.

1



2026 ACG'S HEPATOLOGY SCHOOL
**& ACG / FGS ANNUAL
SPRING SYMPOSIUM**

MARCH 20-22, 2026 | HYATT REGENCY COCONUT POINT
NAPLES, FLORIDA

   Register online: meetings.gi.org

The banner features a circular inset image of a pier over the ocean at sunset. The design includes a maroon and purple curved graphic on the right side.

2



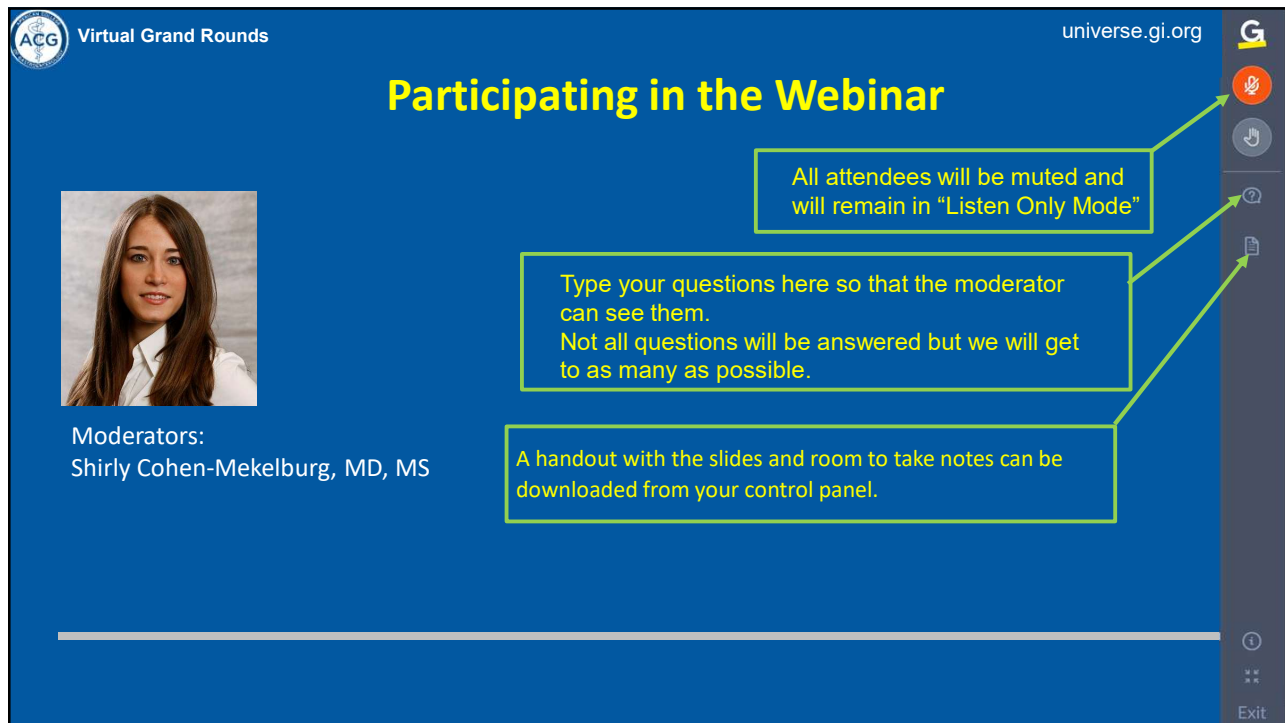
2026 **ACG SUMMER SCHOOL SERIES:**
WOMEN'S LEADERSHIP COURSE,
IBD SCHOOL AND
ESOPHAGUS SCHOOL

JUNE 5-7, 2026 | WASHINGTON MARRIOTT AT METRO CENTER
WASHINGTON, DC

Register online: meetings.gi.org



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Virtual Grand Rounds universe.gi.org



Participating in the Webinar

All attendees will be muted and will remain in "Listen Only Mode"

Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.

A handout with the slides and room to take notes can be downloaded from your control panel.

Moderators:
Shirly Cohen-Mekelburg, MD, MS



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ACG Virtual Grand Rounds universe.gi.org

ACG Virtual Grand Rounds

Join us for upcoming Virtual Grand Rounds!




Week 09 – Thursday, February 26, 2026
 Best of ACG 2025! Outstanding Science, Expert Discussions
 Faculty: Eric C. Swei, MD, MS, Ekta Gutpa, MD, FACP, Omer Shahab, MD, Sangeeta Agrawal, MD, FACP, Hassam Ali, MD, and Neal A. Mehta, MD
 Moderator: Vlad Kushnir, MD, FACP
At Noon and 8pm Eastern



Week 10 – Thursday, March 5, 2026
 Precision Polypectomy: Mastering Techniques for Safe and Effective Removal
 Faculty: Douglas K. Rex, MD, MACG
 Moderator: Neha V. Patel, MD, FACP
At Noon and 8pm Eastern

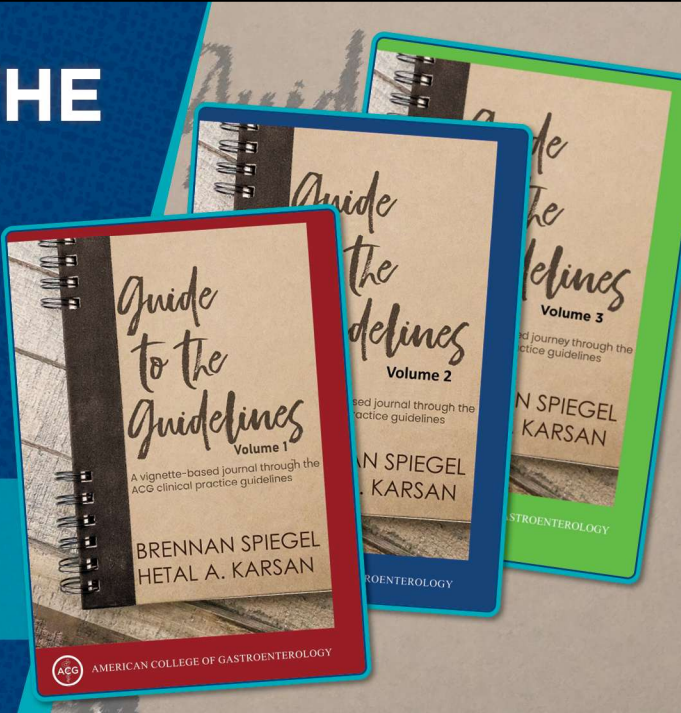
Visit gi.org/ACGVGR to Register

5



GUIDE TO THE GUIDELINES

Book Series with New Volume



Visit <https://members.gi.org/store/> to purchase your copies!

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Disclosures



Chung Sang (CS) Tse, MD:
No relevant financial relationships with ineligible companies.



Shirly Cohen-Mekelburg, MD, MS:
No relevant financial relationships with ineligible companies.

**All of the relevant financial relationships listed for these individuals have been mitigated*

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Mental Health in Inflammatory Bowel Diseases (IBD)



Chung Sang (CS) Tse, M.D.
Assistant Professor of Medicine
University of Pennsylvania
Chung.Tse@pennmedicine.upenn.edu

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OUTLINE

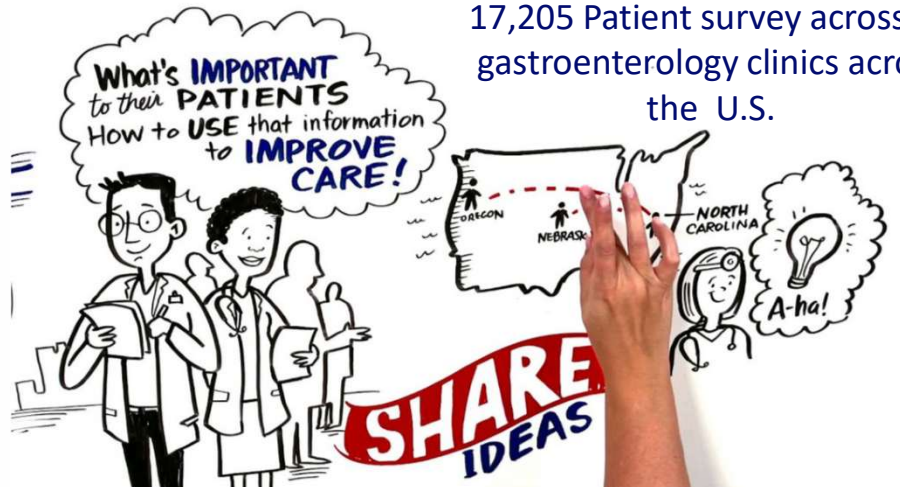
- 1 **Why** is mental health important in IBD?
- 2 **How** is mental health incorporated into the treat-to-target paradigm?
- 3 **Which** psychosocial interventions impact clinical care?

9

IBD QORUS universe.gi.org
CROHN'S & COLITIS FOUNDATION
Quality Driven, Care Focused Learning Health System



17,205 Patient survey across 27 gastroenterology clinics across the U.S.



What's **IMPORTANT** to their **PATIENTS**
How to **USE** that information to **IMPROVE CARE!**

SHARE IDEAS

10

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**17,205 Surveys
27 GI Clinics**

IBD QORUS[™] CROHN'S & COLITIS FOUNDATION universe.gi.org

22% of patients needed urgent IBD care within the past 6 months, and:

EMERGENCY DEPARTMENT VISITS **1 in 7** HOSPITALIZATIONS **1 in 8**

Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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**17,205 Surveys
27 GI Clinics**

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Lower health confidence was associated with worse IBD outcomes

Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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17,205 Surveys
27 GI Clinics

universe.gi.org


Lower health confidence was associated with worse IBD outcomes

“How confident are you that you can control and manage most of your health problems related to IBD?”





Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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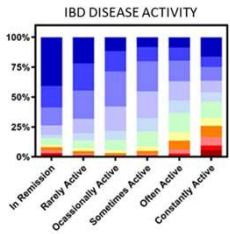
17,205 Surveys
27 GI Clinics

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Lower health confidence was associated with worse IBD outcomes

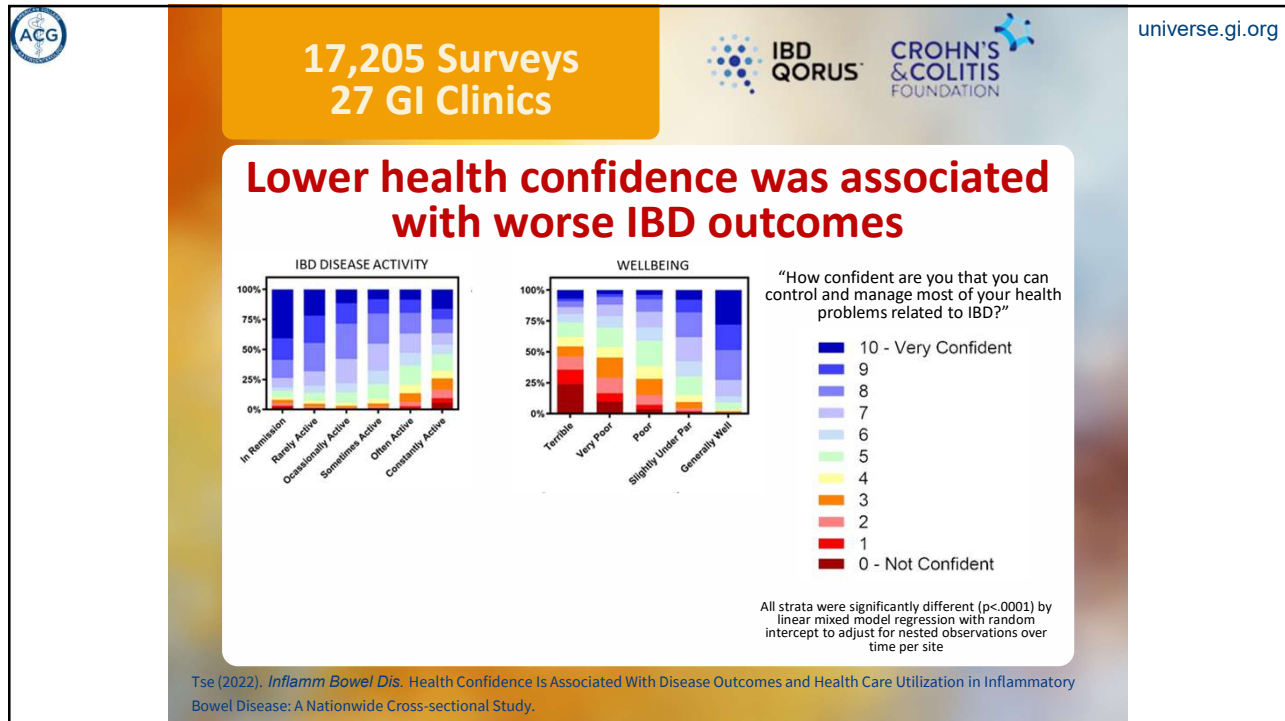
“How confident are you that you can control and manage most of your health problems related to IBD?”



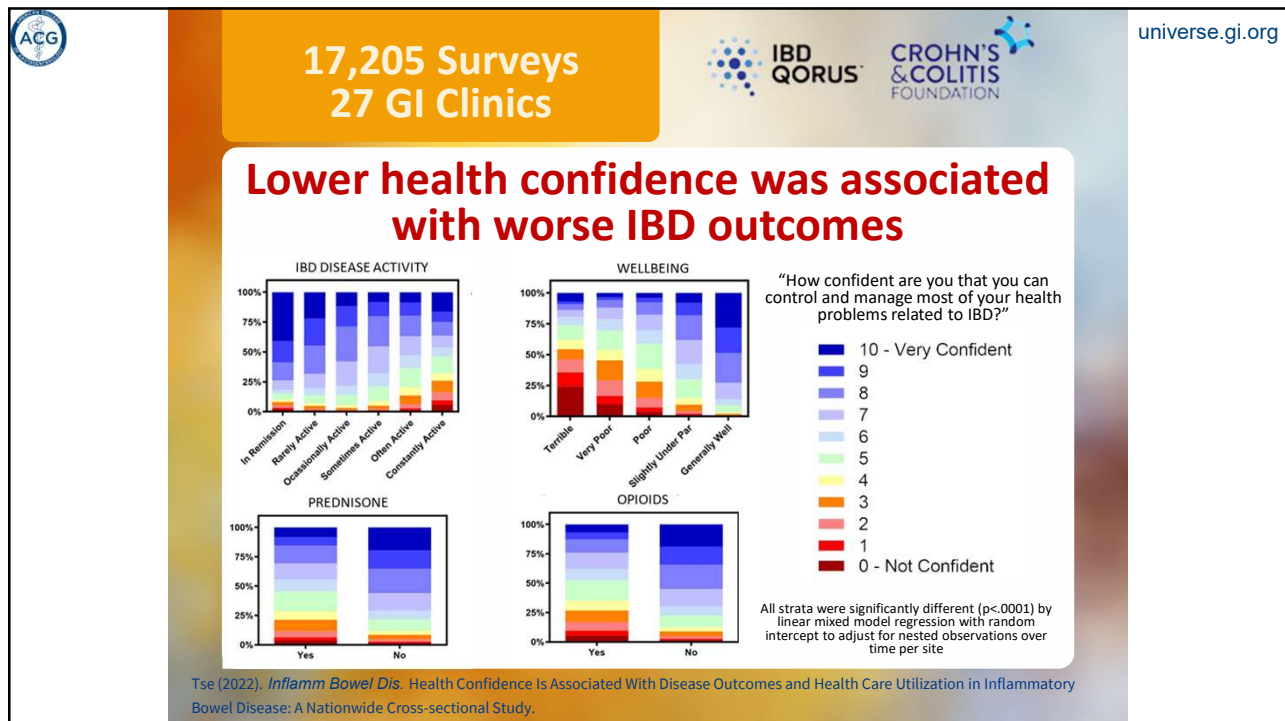
All strata were significantly different (p<.0001) by linear mixed model regression with random intercept to adjust for nested observations over time per site

Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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17,205 Surveys
27 GI Clinics

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Health Confidence, Disease Activity, and Healthcare Utilization

Low health confidence was associated with more healthcare use, independent of IBD disease activity

Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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ACG Virtual Grand Round

17,205 Surveys
27 GI Clinics

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Health Confidence, Disease Activity, and Healthcare Utilization

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Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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17,205 Surveys
27 GI Clinics

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Health Confidence, Disease Activity, and Healthcare Utilization

Low health confidence was associated with more healthcare use, independent of IBD disease activity

“Doing Well”
→ In remission, feel generally well

Remission

“Worried well”
→ 10x calls/messages to GI office and 4x ED visits for low vs high confidence

Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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17,205 Surveys
27 GI Clinics

IBD QORUS CROHN'S & COLITIS FOUNDATION

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Health Confidence, Disease Activity, and Healthcare Utilization

Low health confidence was associated with more healthcare use, independent of IBD disease activity

“I Can”
→ I can manage; I'm in control; self-manage

Flare

“I Can't”
→ 2.4x ED visits and 2.1x hospitalizations for low vs high confidence

“Doing Well”
→ In remission, feel generally well

Remission

“Worried well”
→ 10x calls/messages to GI office and 4x ED visits for low vs high confidence

Tse (2022). *Inflamm Bowel Dis*. Health Confidence Is Associated With Disease Outcomes and Health Care Utilization in Inflammatory Bowel Disease: A Nationwide Cross-sectional Study.

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**Longitudinal Study:
435 Patients
6-12 Month Follow-up**

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Health confidence and disease activity are bi-directionally, inversely correlated

Tse (2023). Inflamm Bowel Dis. Bidirectional Correlations Between Health Confidence and Inflammatory Bowel Disease Activity: A Nationwide Longitudinal Cohort Study

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**Longitudinal Study:
435 Patients
6-12 Month Follow-up**

IBD QORUS™ CROHN'S & COLITIS FOUNDATION

universe.gi.org


Health confidence and disease activity are bi-directionally, inversely correlated

Low health confidence was associated with 2.5x increased risk for future flares.


Factor	aOR	95% CI	p-value
IBD Subtype	~1.0		
Low Health Confidence	2.46	1.57-3.86	<0.001
Baseline Active Disease	2.38	1.50-3.78	<0.001
Corticosteroid Use	~1.0		
Opioid Use	~1.0		

Tse (2023). Inflamm Bowel Dis. Bidirectional Correlations Between Health Confidence and Inflammatory Bowel Disease Activity: A Nationwide Longitudinal Cohort Study

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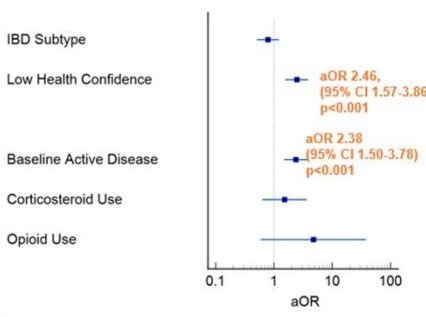
**Longitudinal Study:
435 Patients
6-12 Month Follow-up**



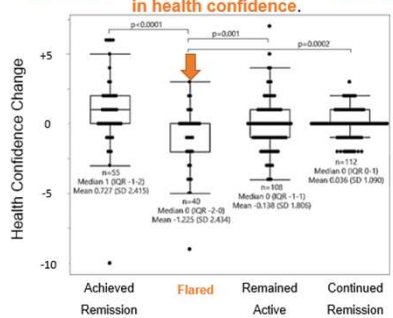
universe.gi.org

Health confidence and disease activity are bi-directionally, inversely correlated

Low health confidence was associated with 2.5x increased risk for future flares.




IBD flares were associated with a future decrease in health confidence.



Tse (2023). Inflamm Bowel Dis. Bidirectional Correlations Between Health Confidence and Inflammatory Bowel Disease Activity: A Nationwide Longitudinal Cohort Study


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PERCEPTION & FUNCTION



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PERCEPTION & FUNCTION




Self-Efficacy Theory in Behavioral Science

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PERCEPTION & FUNCTION



Self-Efficacy Theory in Behavioral Science


Self-efficacy: Expectations of personal efficacy determine actions and behavior

Bandura (1977). *Psychological Review*. Self-efficacy: Toward a unifying theory of behavioral change.

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PERCEPTION & FUNCTION



Self-Efficacy Theory in Behavioral Science

Self-efficacy: Expectations of personal efficacy determine actions and behavior

Health confidence: belief in one's ability and agency to affect disease outcomes

Bandura (1977). *Psychological Review*. Self-efficacy: Toward a unifying theory of behavioral change.
 Wasson (2014). *Fam Pract Manag*. Health Confidence: An Essential Measure for Patient Engagement and Better Practice.

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OUTLINE

- 1 **Why** is mental health important in IBD?

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OUTLINE

- 1 Why** is mental health important in IBD?
Mental health affects IBD outcomes (flares, healthcare utilization)

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OUTLINE

- 1 Why** is mental health important in IBD?
Mental health affects IBD outcomes (flares, healthcare utilization)
- 2 How** is mental health incorporated into the treat-to-target paradigm?

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IBD TREATMENT TARGETS

STRIDE-II (IOIBD): Therapeutic Goals for Treat-to-Target strategies in IBD

Turner (2021). *Gastroenterology*. Selecting Therapeutic Targets in IBD (STRIDE-II) Guidelines

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IBD TREATMENT TARGETS & MENTAL HEALTH


STRIDE-II (IOIBD): Therapeutic Goals for Treat-to-Target strategies in IBD


Turner (2021). *Gastroenterology*. Selecting Therapeutic Targets in IBD (STRIDE-II) Guidelines

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Mental Health Affects GI Symptoms





28-34%
GI Symptoms


22-32% Diarrhea
12% Abdominal Pain


Tse (2023). *Am J Gastroenterol*. Prevalence and Correlations of Gastrointestinal Symptoms with Endoscopic and Histologic Mucosal Healing in Crohn's Disease.
Tse (2023). *Dig Dis Sci*. Correlations Between Gastrointestinal Symptoms and Endoscopic-Histologic Disease Activity in Adults with Ulcerative Colitis

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Mental Health Affects GI Symptoms






28-34%
GI Symptoms

22-32% Diarrhea
12% Abdominal Pain

Tse 2023



Endoscopic & Biochemical Remission

**Anxiety
Depression
Stress**


Large effect sizes .85, .57, and .51
Jonefjäll 2016


Jonefjäll (2016). *Inflamm Bowel Dis*. IBS-like Symptoms in Patients with Ulcerative Colitis in Deep Remission Are Associated with Increased Serum Cytokine Levels and Poor Psychological Well-Being.

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Mental Health Affects Non-GI Symptoms






28-34%
GI Symptoms

22-32% Diarrhea
12% Abdominal Pain

Tse 2023




Endoscopic & Biochemical Remission

**Anxiety
Depression
Stress**

Large effect sizes .85, .57, and .51

Jonefjäll 2016



**Depression/Anxiety
(Clinical & Biochemical Remission)**

2% vs 12%

Fatigue, low energy, sleep trouble, back pain, chest pain, and headaches

Somatization

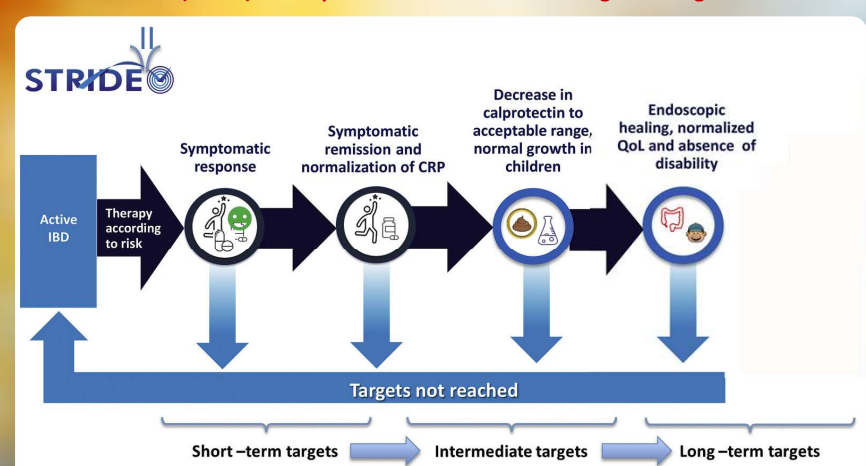
Fairbass (2023). *Aliment Pharmacol Ther.* Natural History and Impact of Irritable Bowel Syndrome-Type Symptoms in Inflammatory Bowel Disease

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IBD TREATMENT TARGETS & MENTAL HEALTH

STRIDE-II (IOIBD): Therapeutic Goals for Treat-to-Target strategies in IBD



Targets not reached

Short-term targets
Intermediate targets
Long-term targets

Turner (2021). *Gastroenterology.* Selecting Therapeutic Targets in IBD (STRIDE-II) Guidelines


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LONG-TERM TREATMENT TARGET

STRIDE-II (IOIBD): Therapeutic Goals for Treat-to-Target strategies in IBD

“...restoration of *QoL* and *reduction in disability* as formal long-term treatment targets irrespective of other objective markers of inflammation.”




Turner (2021). *Gastroenterology*. Selecting Therapeutic Targets in IBD (STRIDE-II) Guidelines

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Mental Health Affects Quality of Life

Quality of life is an individual's perceived emotional, social, and physical well-being



Centers for Disease Control and Prevention 2013

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Mental Health Affects Quality of Life

Quality of life is an individual's perceived emotional, social, and physical well-being

“QOL goes beyond traditionally diagnosable health outcomes to provide a measure of well-being used to determine disease burden and monitor treatment progress“




Centers for Disease Control and Prevention 2013

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Mental Health Affects Quality of Life




Higher Quality of Life

Lower Quality of Life



Graff (2006), CGH. The Relationship of Inflammatory Bowel Disease Type and Activity to Psychological Functioning and Quality of Life


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Mental Health Affects Quality of Life


Higher Quality of Life




Lower Quality of Life

Perceived Social Support


Perception of availability of people who make one feel cared about, valued, and loved





Graff (2006). CGH. The Relationship of Inflammatory Bowel Disease Type and Activity to Psychological Functioning and Quality of Life


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Mental Health Affects Quality of Life


Higher Quality of Life




Lower Quality of Life

Perceived Social Support


Perception of availability of people who make one feel cared about, valued, and loved






Self-efficacy & Mastery

Perceived ability to influence the environment and achieve desired outcomes




Graff (2006). CGH. The Relationship of Inflammatory Bowel Disease Type and Activity to Psychological Functioning and Quality of Life

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Mental Health Affects Quality of Life




Perceived Social Support
 Perception of availability of people who make one feel cared about, valued, and loved




Self-efficacy & Mastery
 Perceived ability to influence the environment and achieve desired outcomes




Psychologic Resilience
 Ability to cope with adversity and to adapt to stressful life events






Graff (2006). CGH. The Relationship of Inflammatory Bowel Disease Type and Activity to Psychological Functioning and Quality of Life

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Mental Health Affects Quality of Life




Perceived Social Support
 Perception of availability of people who make one feel cared about, valued, and loved




Self-efficacy & Mastery
 Perceived ability to influence the environment and achieve desired outcomes




Psychologic Resilience
 Ability to cope with adversity and to adapt to stressful life events



Perceived Stress and Distress
 Perception of life events as unpredictable and uncontrollable (vs physiological stress: body's response to change)





Graff (2006). CGH. The Relationship of Inflammatory Bowel Disease Type and Activity to Psychological Functioning and Quality of Life

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Mental Health Affects Quality of Life

- Perceived Social Support**
 Perception of availability of people who make one feel cared about, valued, and loved
- Self-efficacy & Mastery**
 Perceived ability to influence the environment and achieve desired outcomes
- Psychologic Resilience**
 Ability to cope with adversity and to adapt to stressful life events
- Perceived Stress and Distress**
 Perception of life events as unpredictable and uncontrollable (vs physiological stress: body's response to change)
- Health Anxiety**
 Fear and preoccupation related to symptoms or disease

Graff (2006). CGH. The Relationship of Inflammatory Bowel Disease Type and Activity to Psychological Functioning and Quality of Life

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Mental Health Affects Quality of Life

- Perceived Social Support**
 Perception of availability of people who make one feel cared about, valued, and loved
- Self-efficacy & Mastery**
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 Ability to cope with adversity and to adapt to stressful life events
- Perceived Stress and Distress**
 Perception of life events as unpredictable and uncontrollable (vs physiological stress: body's response to change)
- Health Anxiety**
 Fear and preoccupation related to symptoms or disease
- Catastrophization**
 Cognitive distortion that overestimating negative outcomes

Graff (2006). CGH.

46

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QUALITY OF LIFE VS DISABILITY

Quality of life is subjective well-being and life satisfaction

Disability is objective functional limitations

Peyrin-Biroulet (2012). *Gut*. Development of the First Disability Index for Inflammatory Bowel Disease Based on the International Classification of Functioning, Disability and Health.

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IBD-related Disability

The diagram consists of a red circle on the right containing the text 'IBD-Related Disability'. A red arrow points from this circle to a yellow rounded rectangle on the left. Inside the yellow rectangle, there is an icon of a person with a lightning bolt and a battery symbol, with the text 'Activities Limitations' below it.

Tse (2024). *Inflamm Bowel Dis*. Inflammatory Bowel Diseases-related Disability: Risk Factors, Outcomes, and Interventions

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IBD-related Disability

The diagram features a central red circle labeled "IBD-Related Disability". A red arrow points from this circle to a yellow rounded rectangle labeled "Activities Limitations". To the left of the yellow box, the following text is listed: "Sleep", "Oral intake", "Exercise", and "Personal hygiene". The yellow box contains an icon of a battery with a lightning bolt and a person with a cane.

Tse (2024). *Inflamm Bowel Dis*. Inflammatory Bowel Diseases-related Disability: Risk Factors, Outcomes, and Interventions

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IBD-related Disability

The diagram features a central red circle labeled "IBD-Related Disability". Two red arrows point from this circle to two separate rounded rectangles. The left one is yellow and labeled "Activities Limitations", with the text "Sleep", "Oral intake", "Exercise", and "Personal hygiene" to its left. The right one is orange and labeled "Participation Restrictions", with an icon of hands crossed over a warning sign. The yellow box contains an icon of a battery with a lightning bolt and a person with a cane.

Tse (2024). *Inflamm Bowel Dis*. Inflammatory Bowel Diseases-related Disability: Risk Factors, Outcomes, and Interventions

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IBD-related Disability

The diagram features a central red circle labeled "IBD-Related Disability". Two arrows point from this circle to two rounded rectangular boxes. The left box is yellow and labeled "Activities Limitations", containing an icon of a person with a red lightning bolt and a list of items: Sleep, Oral intake, Exercise, and Personal hygiene. The right box is orange and labeled "Participation Restrictions", containing an icon of hands holding a warning sign and a list of items: Work, School, Household activities, Social events, and Relationships.

Sleep
Oral intake
Exercise
Personal hygiene

Activities Limitations

IBD-Related Disability

Participation Restrictions

Work
School
Household activities
Social events
Relationships

Tse (2024). *Inflamm Bowel Dis*. Inflammatory Bowel Diseases-related Disability: Risk Factors, Outcomes, and Interventions

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Sleep
Oral intake
Exercise
Personal hygiene

Activities Limitations

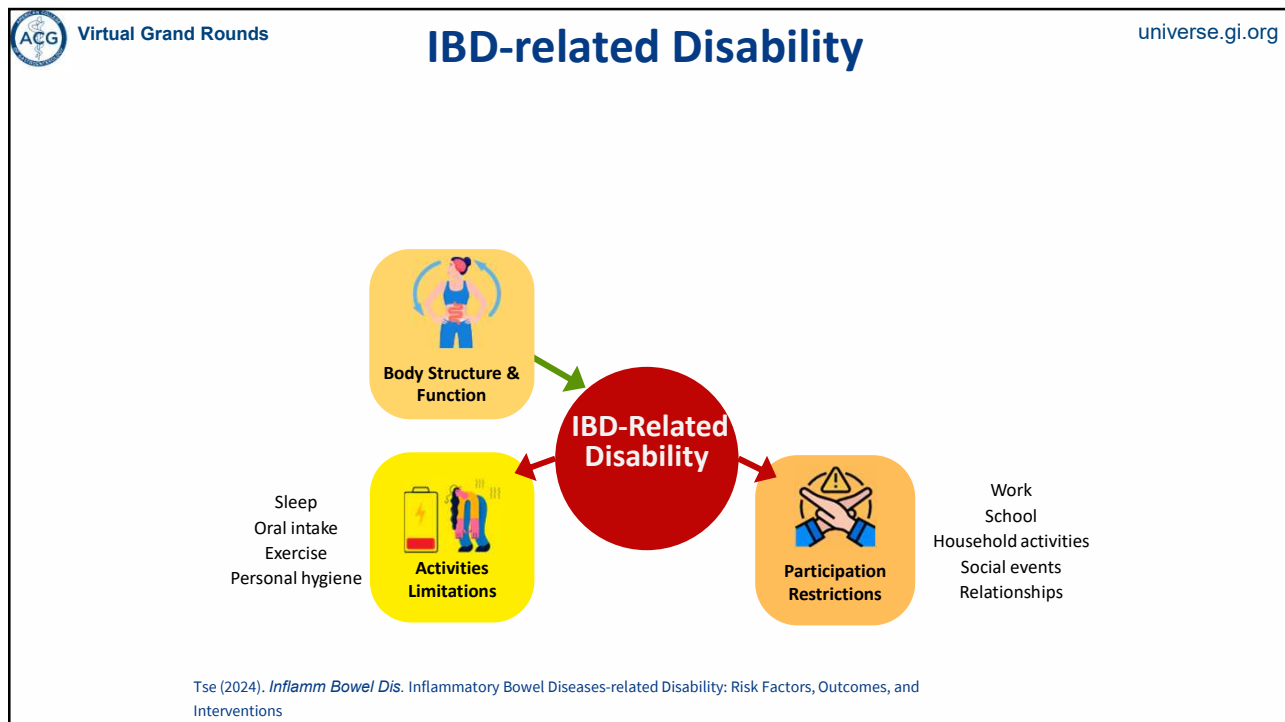
IBD-Related Disability

Participation Restrictions

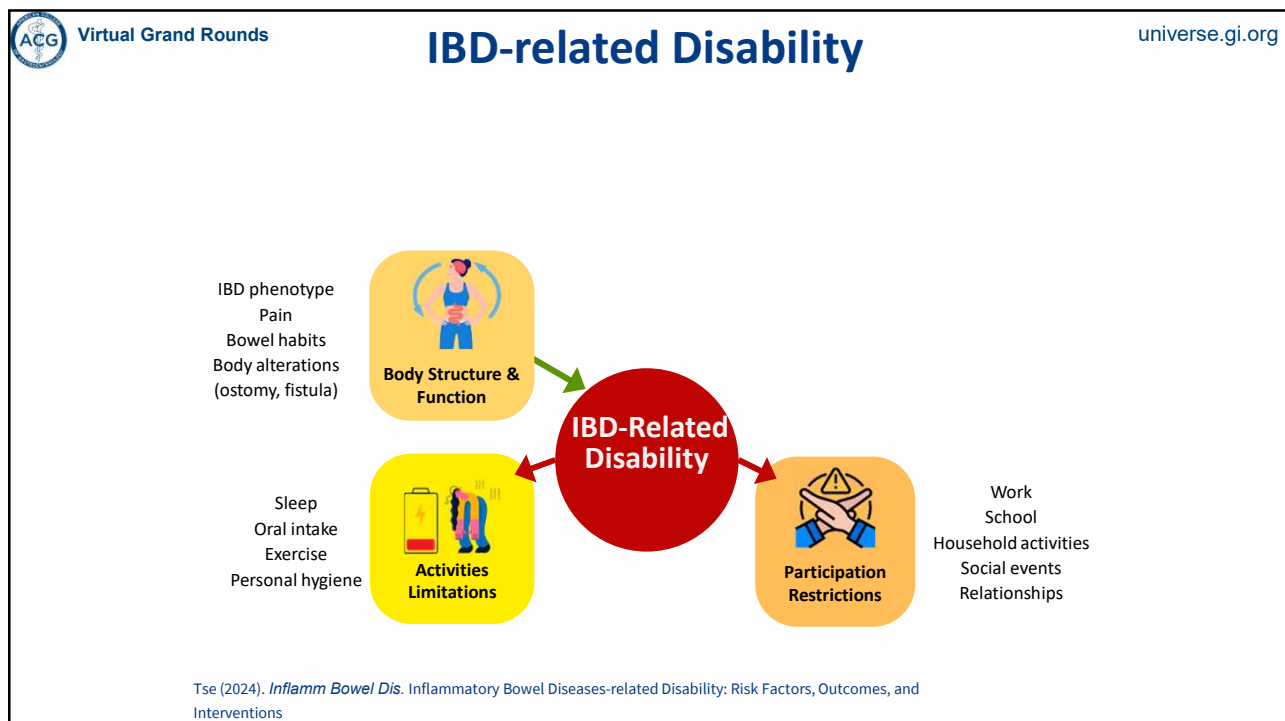
Work
School
Household activities
Social events
Relationships

Tse (2024). *Inflamm Bowel Dis*. Inflammatory Bowel Diseases-related Disability: Risk Factors, Outcomes, and Interventions

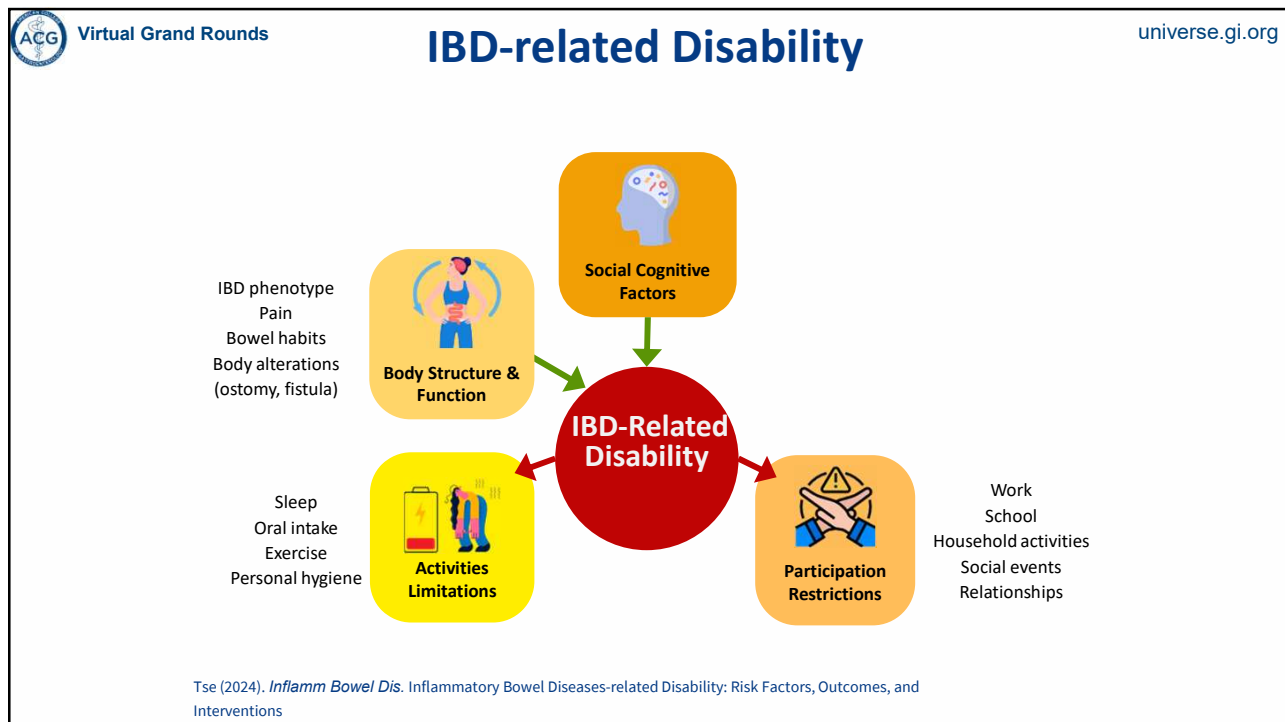
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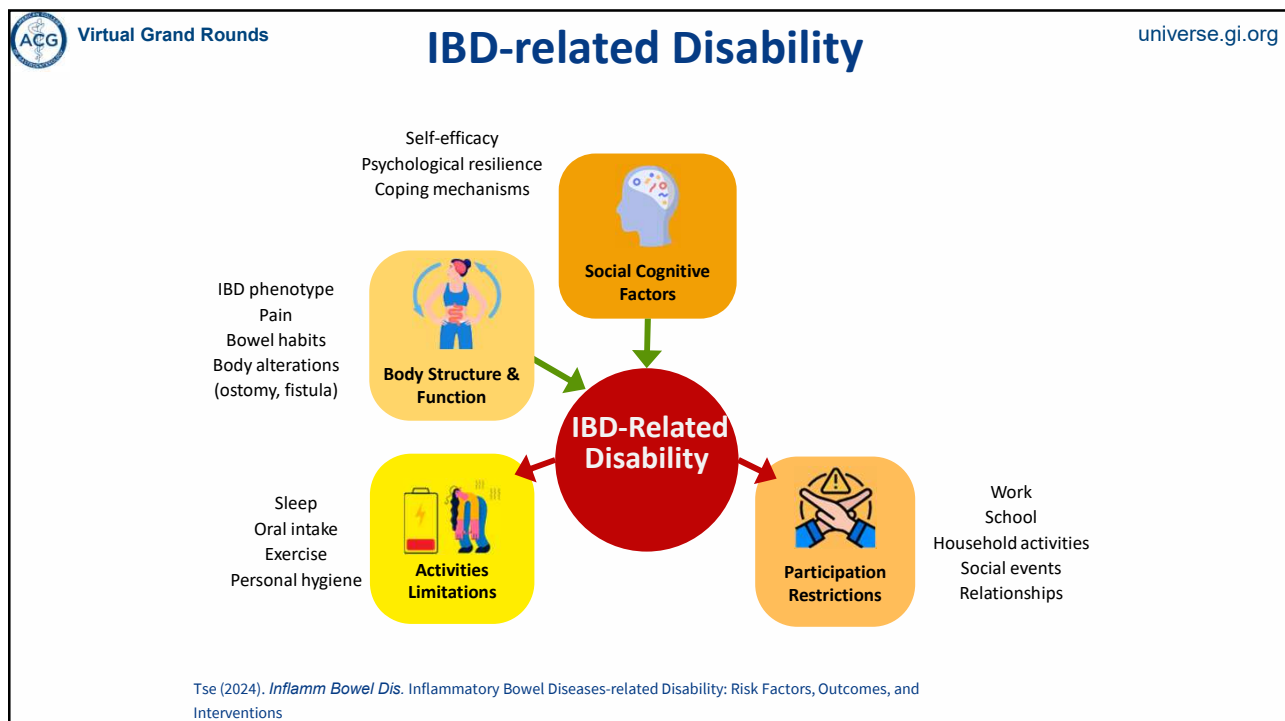
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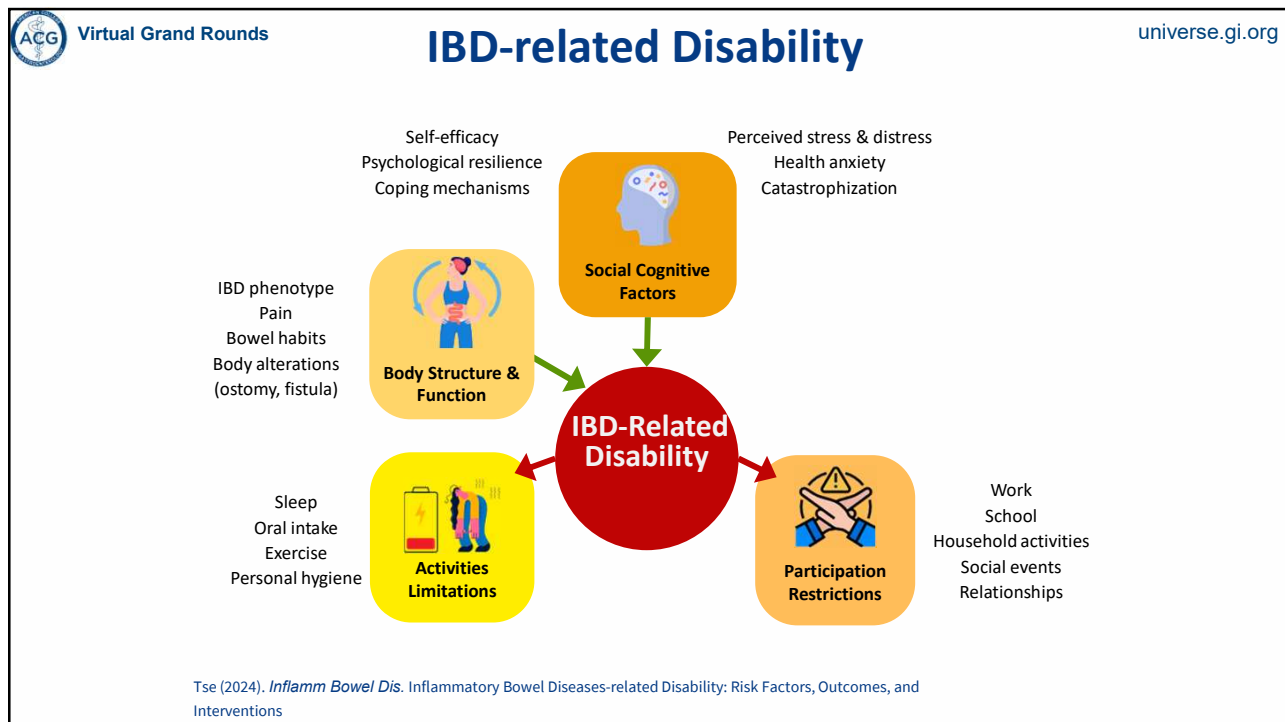
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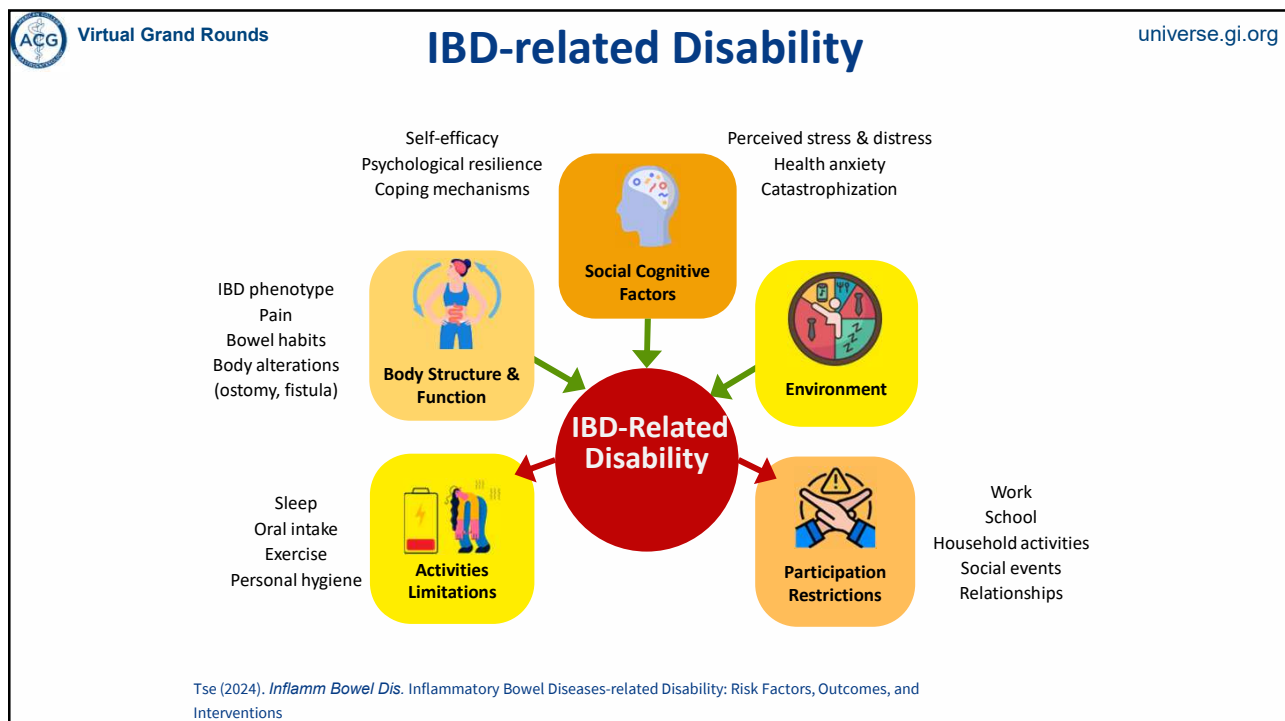
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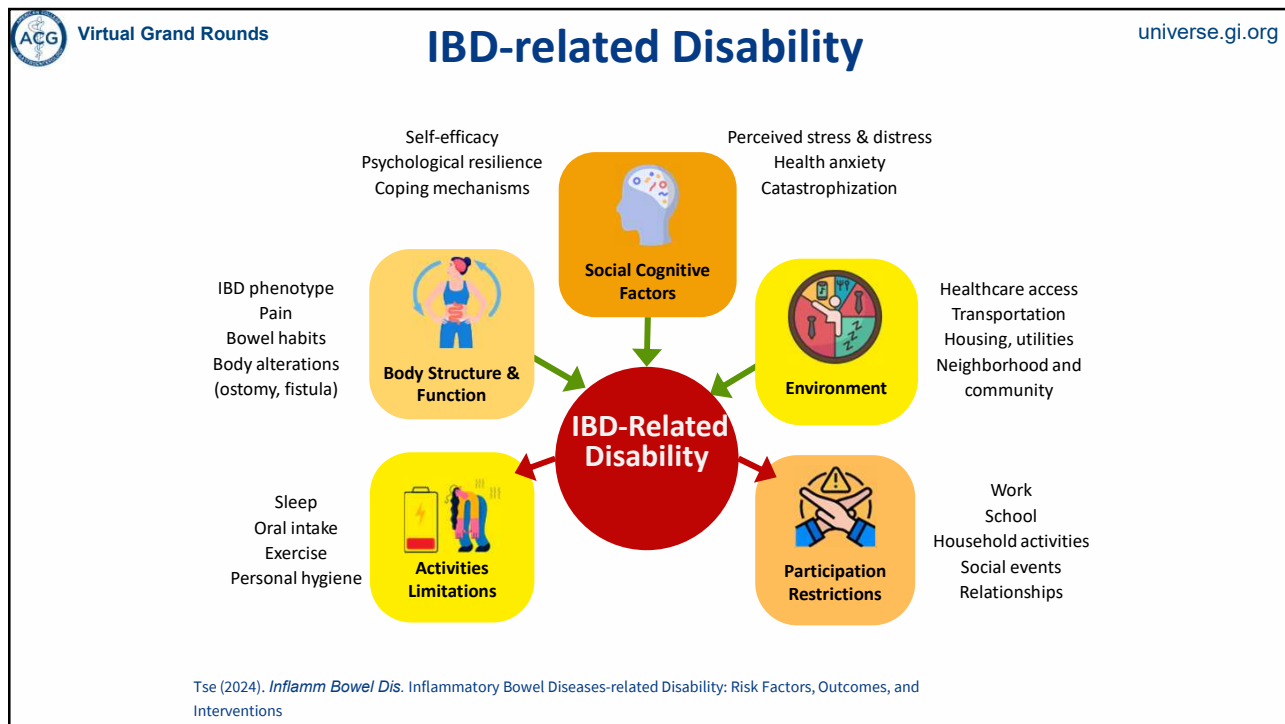
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Factors Associated with IBD-related Disability



More disability

- Symptoms
- Need for surgery
- Underinsurance
- Depression






Tse (2024). *Inflamm Bowel Dis*. Inflammatory Bowel Diseases-related Disability: Risk Factors, Outcomes, and

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Factors Associated with IBD-related Disability




Less disability


- Effective medical therapy
- Male gender
- Sense of control



More disability

- Symptoms
- Need for surgery
- Underinsurance
- Depression





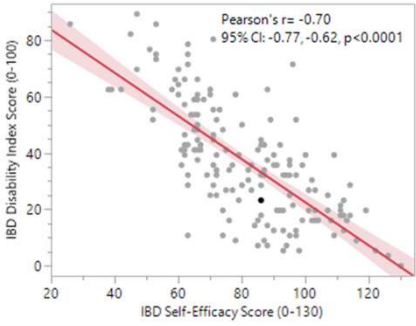
Tse (2024). *Inflamm Bowel Dis*. Inflammatory Bowel Diseases-related Disability: Risk Factors, Outcomes, and


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PERCEPTION & FUNCTION

CORE: Confidence Optimization with Resources for Education, Engagement, and Empowerment
ADEPT: Addressing Disability Effectively With Psychosocial Telemedicine
(2023-2024)





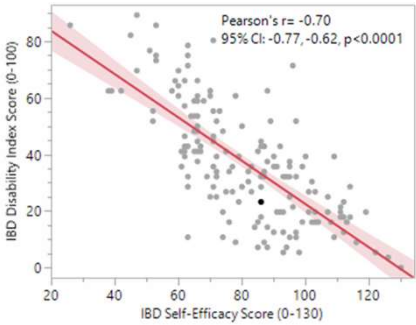
Self-efficacy & disability strongly associated


63

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PERCEPTION & FUNCTION

CORE: Confidence Optimization with Resources for Education, Engagement, and Empowerment
ADEPT: Addressing Disability Effectively With Psychosocial Telemedicine
(2023-2024)



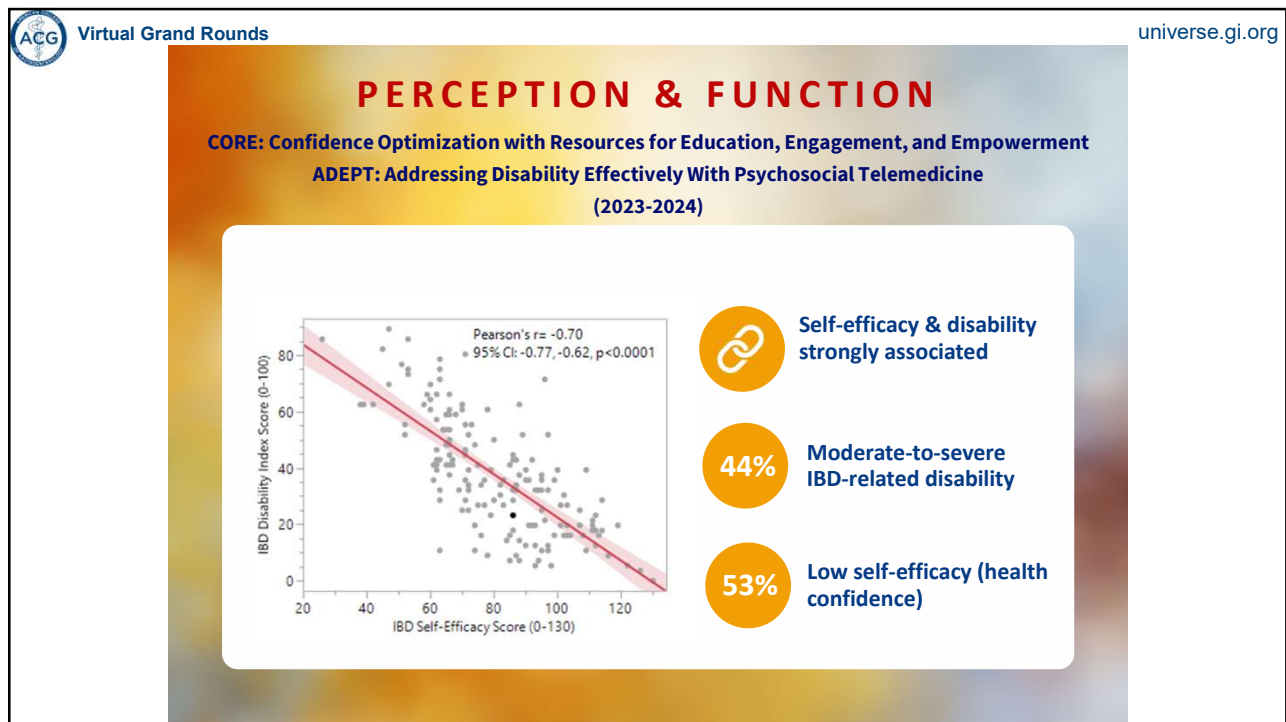


Self-efficacy & disability strongly associated



44% Moderate-to-severe IBD-related disability

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OUTLINE

- 1 Why** is mental health important in IBD?
 Mental health affects IBD outcomes (flares, healthcare utilization)
- 2 How** is mental health incorporated into the treat-to-target paradigm?

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OUTLINE

- 1 **Why** is mental health important in IBD?
Mental health affects IBD outcomes (flares, healthcare utilization)
- 2 **How** is mental health incorporated into the treat-to-target paradigm?
Mental health affects patients' symptoms, quality of life, and function/disability (short- and long-term targets)

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Cognitive Behavioral Therapy

ADEPT Study:
Addressing Disability Effectively
with Psychosocial Telemedicine

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Inflammatory Bowel Diseases (IBD) Disability Reduced by Telehealth-delivered Cognitive Behavioral Therapy (Tele-CBT)

Tse (2025). *Am J Gastroenterol*. Inflammatory Bowel Diseases-Specific Cognitive Behavioral Therapy Delivered Through Telehealth Reduces Disability: Addressing Disability Effectively With Psychosocial Telemedicine Pragmatic Randomized Controlled Trial

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Inflammatory Bowel Diseases (IBD) Disability Reduced by Telehealth-delivered Cognitive Behavioral Therapy (Tele-CBT)


Background and Methods
90 Adults with moderate-to-severe IBD-related disability

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graph TD; A[90 Adults with moderate-to-severe IBD-related disability] --> B[30 Tele-CBT]; A --> C[60 Usual Care]
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30 Tele-CBT 60 Usual Care


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Background and Methods

90 Adults with moderate-to-severe IBD-related disability

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IBD measurements at weeks 0, 4, and 8:

- Disability: IBD Disability Index
- Self-efficacy: IBD Self-Efficacy Scale
- Disease Activity: 2-item Patient Reported Outcome for Crohn's disease and ulcerative colitis


Intervention

8

weekly




1-hour Cognitive Behavioral Therapy



via Telehealth


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Cognitive Behavioral Therapy

ADEPT Study:
Addressing Disability Effectively with Psychosocial Telemedicine





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1-hour Cognitive Behavioral Therapy




via Telehealth


Results

Tele-CBT reduced IBD-related disability and IBD self-efficacy, independent of disease activity

Improved:




Disability




Self-efficacy

No Changes:



Disease activity




Direct & Indirect Costs of IBD

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American College of Gastroenterology

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Cognitive Behavioral Therapy

ADEPT Study:
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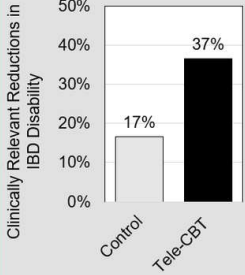

Self-efficacy

No Changes:


Disease activity


Direct & Indirect Costs of IBD

Clinically Relevant Reductions in IBD Disability



Group	Clinically Relevant Reductions in IBD Disability
Control	17%
Tele-CBT	37%

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What is Cognitive Behavioral Therapy?

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Cognitive Behavioral Therapy

What is Cognitive Behavioral Therapy?

- A form of “talk therapy” that focuses on **modifying dysfunctional emotions, behaviors, and thoughts** by identifying and uprooting negative/irrational beliefs

Hunt (2021). Coping with Crohn's and Colitis: A Patient and Clinician's Guide to CBT for IBD

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"I can't live with IBD"
"Having a stoma makes me ugly"

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Managing fecal incontinence
Accessing public washroom

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- In patients with multiple sclerosis and rheumatoid arthritis, CBT reduces disability by changing the degree of **acceptance, coping, self-esteem, attributional beliefs, and optimism**

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- In patients with multiple sclerosis and rheumatoid arthritis, CBT reduces disability by changing the degree of acceptance, coping, self-esteem, attributional beliefs, and optimism
- IBD-specific CBT reduces **visceral sensitivity** and **catastrophization**

"I can't live with IBD"
"Having a stoma makes me ugly"

Managing fecal incontinence
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ADEPT Study: Addressing Disability Effectively with Psychosocial Telemedicine

Courtesy of Melissa Hunt, Ph.D., University of Pennsylvania

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Dr. Melissa Hunt

<p>Session 1</p> <ul style="list-style-type: none"> Take a thorough history with special focus on IBD. Many patients can fill an entire hour and not get through the whole saga. Make sure you understand the current state of their illness and have established what medications they are on. Begin to establish whether they meet criteria for any psychiatric co-morbidity. Teach Deep Diaphragmatic Breathing (demo) Homework: Practice DDB 	<p>Session 2</p> <ul style="list-style-type: none"> Review homework and correct DDB technique if necessary. Inquire about diet, any restrictions and the possibility of ARFID. Determine if they are working with an RD or not, and whether their diet is too restrictive. Inquire about nutritional status and recent bloodwork. Begin to examine catastrophic fears <ul style="list-style-type: none"> Shame and secrecy from co-workers, friends and loved ones. Fear of fecal incontinence. 	<p>Session 3</p> <ul style="list-style-type: none"> Explore catastrophic fears further. Establish any history that underlies them (e.g. actual incontinence, relative who ended up with permanent colostomy). Introduce cognitive model of stress management Identify one or two cognitive distortions or catastrophic fears or beliefs the person holds. Begin to teach cognitive restructuring. 	<p>Session 4</p> <ul style="list-style-type: none"> Introduce exposure therapy and behavioral experiments. Examples include: <ul style="list-style-type: none"> Walking into random stores and asking to use the bathroom Telling a friend or colleague about the IBD Reintroduce a (medically approved) but feared food into the diet. Go out to a restaurant Go on a walk or to a social gathering
<p>Session 5</p> <ul style="list-style-type: none"> Depending on specific psychiatric co-morbidities, continue to work on reducing emotional and behavioral avoidance. Discuss any trauma history related to the IBD. Explore whether patient carries anger toward prior (incompetent or cold) doctors. If there is no trauma, use this session to continue exploring any other maladaptive avoidance, and encourage continued exposure. 	<p>Session 6</p> <ul style="list-style-type: none"> Explore any relationship issues that the IBD might be interfering with or exacerbating. Be sure to encourage disclosure of illness and necessary coping strategies to trusted friends and family. If the patient is highly ambivalent about following medical advice, help them think through risks of doing nothing. Encourage them to use rescue medications (e.g. anti-diarrheals) appropriately. 	<p>Session 7</p> <ul style="list-style-type: none"> Use session flexibly to address ongoing disease management, self-care and relaxation strategies. Introduce mindfulness and acceptance skills. Attention training for chronic pain can be particularly useful skill (demo). Homework might include downloading Headspace, Calm or Mindfulness Coach to continue practicing. 	<p>Session 8</p> <ul style="list-style-type: none"> Sense of self and IBD. Manage your IBD proactively and intelligently, but don't let it define you. Particularly important for younger patients who may need to learn to manage their own care. Encourage a values driven life with disease management enabling everything else they care about. Review progress and reductions in catastrophizing and maladaptive avoidance. Praise! Identify any lingering psychological challenges (if any) and discuss further therapy to address them.


8 weekly hour-long IBD-Specific CBT Delivered via Telehealth to Patients in 5 States


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ADEPT Study: Addressing Disability Effectively with Psychosocial Telemedicine

Courtesy of Melissa Hunt, Ph.D.





**Dr. Melissa
Hunt**

Session 1

- Take a thorough history with special focus on IBD.
- Many patients can fill an entire hour and not get through the whole sign.
- Make sure you understand the current state of their illness, and have established what medications they are on.
- Begin to establish whether they meet criteria for any psychiatric co-morbidity.
- Teach Deep Diaphragmatic Breathing (demo)
- Homework: Practice DDB

Session 2

- Review homework and correct DDB technique if necessary.
- Inquire about diet, any restrictions and the possibility of AIBD. Determine if they are working with an RD or not, and whether their diet is too restrictive.
- Inquire about nutritional status and recent bloodwork.
- Begin to examine catastrophic fears
 - Shame and secrecy from co-workers, friends and loved ones.
 - Fear of fecal incontinence.

Session 3

- Explore catastrophic fears further.
- Establish any history that underlies them (e.g. actual incontinence, relative who ended up with permanent ostomy)
- Introduce cognitive model of stress management
- Identify one or two cognitive distortions or catastrophic fears or beliefs the person holds.
- Begin to teach cognitive restructuring.

Session 4

- Introduce exposure therapy and behavioral experiments.
- Examples include:
 - Walking into random stores and asking to use the bathroom
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 - Go out to a restaurant
 - Go on a walk or to a social gathering

Session 5

- Depending on specific psychiatric co-morbidities, continue to work on reducing emotional and behavioral avoidance.
- Discuss any trauma history related to the IBD.
- Explore whether patient carries anger toward prior (incompetent or cold) doctors.
- If there is no trauma, use this session to continue exploring any other maladaptive avoidance, and encourage continued exposure.

Session 6

- Explore any relationship issues that the IBD might be interfering with or exacerbating.
- Be sure to encourage disclosure of illness and necessary coping strategies to trusted friends and family.
- If the patient is highly ambivalent about following medical advice, help them think through risks of doing nothing.
- Encourage them to use rescue medications (e.g. anti-diarrheals) appropriately.

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- Use session flexibly to address ongoing disease management, self-care and relaxation strategies.
- Introduce mindfulness and acceptance skills.
- Attention training for chronic pain can be particularly useful skill (demo).
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Session 8

- Sense of self and IBD. Manage your IBD proactively and intelligently, but don't let it define you. (Particularly important for younger patients who may need to learn to manage their own care.)
- Encourage a values driven life with disease management enabling everything else they care about.
- Review progress and reductions in catastrophizing and maladaptive avoidance. (Prize)
- Identify any lingering psychological challenges (if any) and discuss further therapy to address them.


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Clinical Psychologists at Penn were trained in a full-day IBD CBT workshop (81 slides)


Knowledge: Normalize, destigmatize, effective validation, empathy, problem-solving, and advocacy

CBT: Cognitive reframing of catastrophic cognitions, exposure exercises to eliminate maladaptive avoidance, mindfulness strategies


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CORE Study: IBD Self- Help Tools



Barriers to Psychosocial Support



**TIME
CONSTRAINTS**



**COSTS
TO PATIENTS /
CLINICS**



“One of the realities is that IBD care takes time, and that time is not valued, at least monetarily, by our current reimbursement system.”

“We don’t have time to do all that. So hopefully giving tools that the patients can help improve their quality of life, and you’re trying to get them better in every different way that you can.”

“I think that cost is a huge issue. And so having these resources be free is great.”

Focus Group:
10 IBD Providers at 5 Sites


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**Confidence
Optimization with
Resources for
Education,
Engagement, and
Empowerment**


420 patients across 5
Sites




Peer Mentoring
Crohn's & Colitis Foundation's
"Power of Two" Program



Help Center
Crohn's & Colitis Foundation's
information specialist





Smartphone Apps
"My Gut": Track symptoms
"We Can't Wait": Washroom access



Self-Help Book
IBD Cognitive Behavioral
Therapy (CBT) workbook

Tse (2025). *Inflamm Bowel Dis*. Preferences, Acceptability, and Utilization of Multimodal Self-Help Interventions in Adults with Inflammatory Bowel Diseases: A Pragmatic Multicenter Study with Patients and Clinicians

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**Patients' Preferences and Acceptability of
Self-Help Tools**

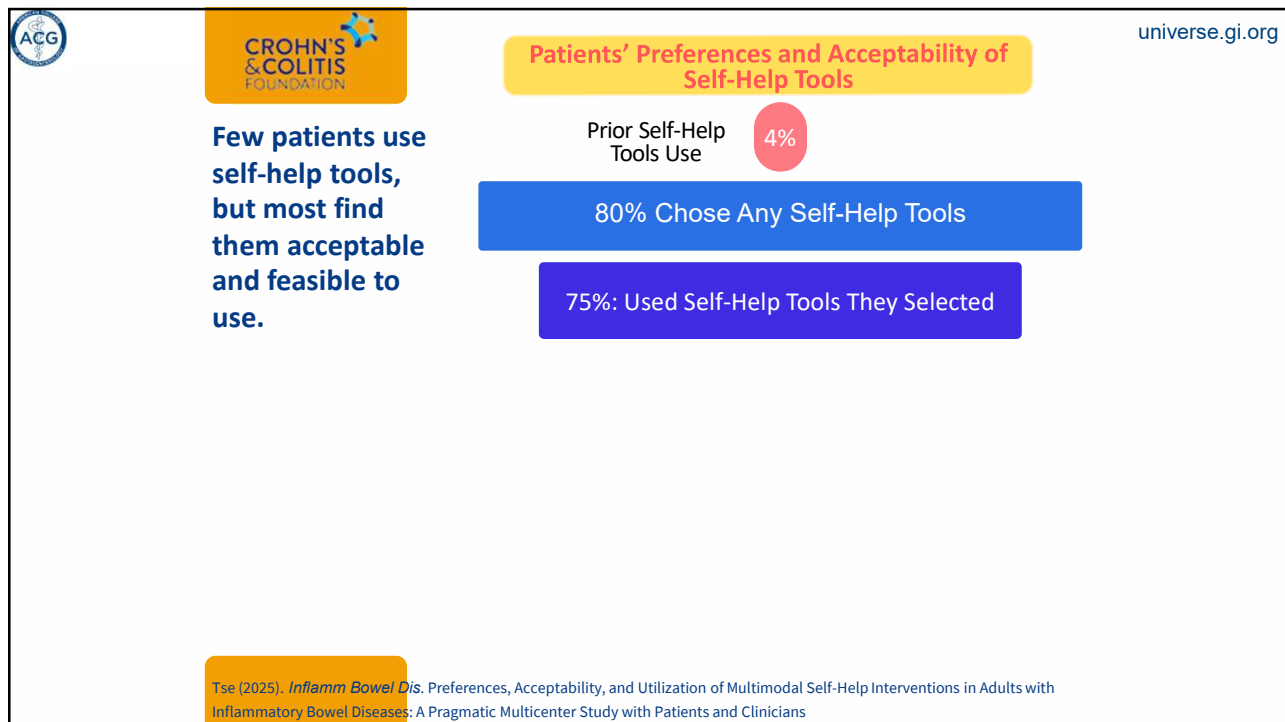
**Few patients use
self-help tools**

Prior Self-Help
Tools Use

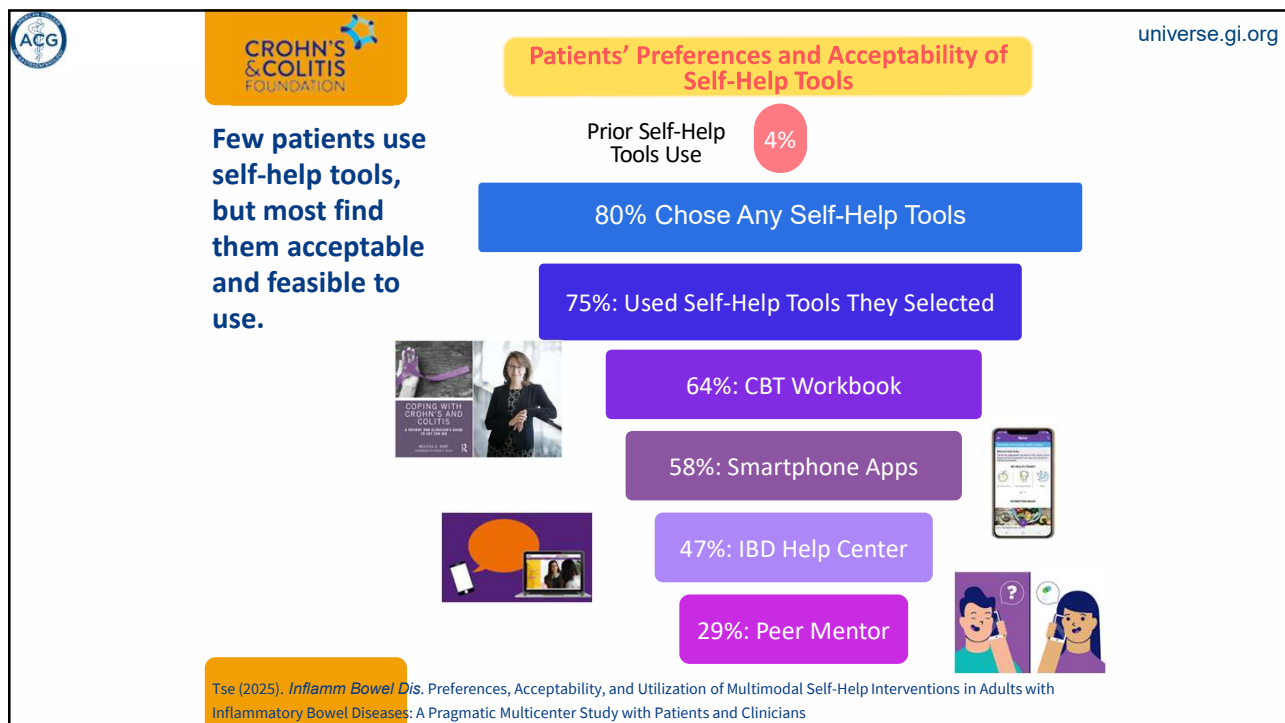
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Applications of Self-Help Resources

Access information

Few patients use self-help tools, but most find them acceptable and feasible to use.



"I talked to my doctor about how I was struggling...I needed help and I was exhausted. There was surgery, recovering from surgery, and then getting back to normal. And that's when the self-help in the group community starts to be something that I feel like I need in my life." - Patient

"There was a patient that was distraught. She's on disability and - should be said, very aggressive Crohn's ileostomy - and was being told she was being pulled off. I said, 'Don't worry. There's clear data to support you stay on that, but there's also help. So, here, call the IBD support line at the Crohn's & Colitis Foundation, we'll have people help you with this.'" - Provider

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Applications of Self-Help Resources

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Peer support to share experiences

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"The Peer app, for me personally, it's more convenient. I can be laying in bed, not able to sleep and I can just hop on the app and do some reading. Just to see what others are going through. They could be similar symptoms" - Patient

"When a patient asks, 'What's it going to be like to live with an ileostomy' or 'I want to talk to somebody my age who's been through an ileal pouch-anal surgery' or 'I'm going on a biologic, and I'm going to be pregnant.' I've used the Power of Two for that." - Provider

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Mental health support

"The whole thing about the hypersensitivity and the visceral reactions, things like stressors, with the book I felt like that gave me a tool to be able to manage that stress in way that was more advanced and technical. The "How" right the book - I loved that book." - Patient

"I'm really excited about the CBT book. I think people are a little bit more aware now about mental health. And like as a silver lining of COVID, maybe people like have it a little bit more at the forefront." - Provider

Tse (2025), *Inflamm Bowel Dis*. Preferences, Acceptability, and Utilization of Multimodal Self-Help Interventions in Adults with Inflammatory Bowel Diseases: A Pragmatic Multicenter Study with Patients and Clinicians

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What's next?



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Which scalable, cost-effective psychosocial adjuncts improve mental health & reduce disability?



EMPOWER Trial

800 Patients at 12 Sites
24 Factorial Trial



Peer Mentoring



Help Center



Smartphone App



Self-Help Book

90

ACG

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Help Center

Smartphone App

Self-Help Book

Phamarcotherapy?

Gut-brain neuromodulators

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Cognitive behavioral therapy improves patients' self-efficacy and reduces disability.
Patients and providers like and want self-help tools.

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Mental Health in IBD


THANK YOU

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Questions



Chung Sang (CS) Tse, MD



Shirly Cohen-Mekelburg, MD, MS

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GI Innovation Through Collaboration

Let's talk...ACG invites you to join the conversation in the GI Circle.



ACG's Online Professional Networking Communities
Login or sign-up now at: acg-gi-circle.within3.com



ACG GI Circle
Connect and collaborate within GI

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