

# Diabetes Education Services Online University Presents:

## Welcome to Behavior Change Theories Made Easy 2024

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Pronouns: She, her, hers  
President, Diabetes Education Services

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## Conflict of Interest? NOPE



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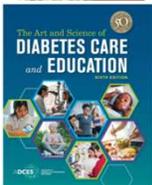
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## Resources



- ▶ ADA Standard 1 and 5
- ▶ Psychosocial Resources on Article page (DES)

### ADCES Desk Reference



- Chapter 1: Diabetes Care and Education: Rich Past, Challenging Present, Promising Future
- Chapter 2: The Diabetes Self-Management Education Process
- Chapter 3: Theoretical and Behavioral Approaches to the Self-Management of Health
- Chapter 4: Healthy Coping
- Chapter 5: Health Eating
- Chapter 6: Being Active
- Chapter 7: Taking Medication
- Chapter 8: Monitoring
- Chapter 9: Reducing Risks
- Chapter 10: Problem Solving
- Chapter 11: Diabetes Education Program Management

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## Behavior Change Theories Made Easy Objectives

- ▶ Describe a person-centered & strength-based approach.
- ▶ Discuss common behavior change theories used in supporting diabetes self-management.
- ▶ List the components of a person-centered interview and motivational interviewing.



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## Diabetes Care and Education Specialist (CDCES) Definition

“A compassionate teacher and expert who, as an integral member of the care team, provides collaborative, comprehensive, and person-centered care and education for people with diabetes”



2022 National Standards for Diabetes Self-Management Education and Support  
Diabetes Care 2022;45:484-494 | <https://doi.org/10.2337/021-2396>

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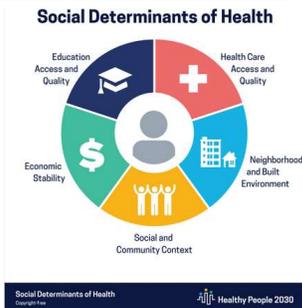
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## Social Determinants of Health and Equity

- ▶ Recognize the need to provide person-centered services that embrace each individual and acknowledge their SDOH.
- ▶ Goal is to increase health equity through access to this critical service while focusing *more* on person-centered care and decreasing administrative complexities.



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## How do Diabetes Specialists Help?

### How Do Diabetes Educators Help?

- AADE7™ Self-Care Behaviors:



From Dis-Ease to Well-Being

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## Poll Question 1

- ▶ RT often skips breakfast in the morning so he can sleep as long as possible before going to work. Since they take morning insulin, this often results in hypoglycemia at work. After meeting with RT, a plan is made to have a granola bar in the car to eat on the way to work. What does this exemplify?
- ▶ A. Problem solving
- ▶ B. Adult learning theory
- ▶ C. Transtheoretical model
- ▶ D. DASH Approach



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## Problem Solving Considerations

- ▶ Reassess treatment plan and bring barriers to light.
  - ▶ Competing demands including those related to family responsibilities, work, etc.
  - ▶ Lack of knowledge regarding nutrition and diabetes self-management.
  - ▶ Literacy barriers (health, language)
  - ▶ Diabetes related distress or depression
  - ▶ Lack of resources and income
  - ▶ Medication taking behavior and mythology
  - ▶ Other?
- ▶ Consider referral to social worker for assistance with insurance coverage & community resources



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## Poll Question 2

Which phrase represents the principles for communicating with and about people living with diabetes?

- A. Your BMI indicates you are in the obese category
- B. Your fasting blood sugar is above normal
- C. You should try and exercise 150 minutes a week.
- D. You are checking your blood sugar daily.



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## Language of Diabetes Education

### Old Way

- ▶ Control diabetes
- ▶ Test BG
- ▶ Patient
- ▶ Normal BG
- ▶ Non-adherent, compliant

### New Way

- ▶ Manage
- ▶ Check
- ▶ Participant
- ▶ BG in target range
- ▶ Focus on what they are accomplishing

*What we say matters*

American Diabetes Association

The Use of Language in Diabetes Care and Education  
Diabetes Care 2017;40:1077-1081 | <http://dx.doi.org/10.2337/dci.170000>

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**What We Say Matters: Language that Respects the Individual and Imparts Hope | FREE Webinar & Resources**

**SPEAKING THE LANGUAGE OF DIABETES:**  
Language Guidance for Diabetes-Related Research, Education, and Publications

*How we talk to and about people with diabetes plays an important role in engagement, conceptualization of diabetes and its management, treatment outcomes, and psychosocial well-being. For people with diabetes, language has an impact on motivation, behaviors, and outcomes.*

**Four principles guided this work and served as a core set of beliefs for the paper:**

- ▶ Diabetes is a complex and challenging disease involving many factors and variables
- ▶ Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment
- ▶ Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- ▶ Person-first, strengths-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes

<https://diabetesed.net/language-and-diabetes/>

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## Learning and Behavior Change Theories

We got this!



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### What Theory Works Best for you?

- ▶ You get to go theory shopping and see what fits you best!
- ▶ How well does it resonate?
- ▶ Does it extend your thinking?
- ▶ How useful is it in providing education and support?
- ▶ Maybe you like more than one – that is okay too!



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### Quick Self-Assessment

- ▶ LS arrives late for appointment and says they forgot their log book. LS has only been taking their metformin a couple times a week and has gone back to getting fast food each morning for breakfast.
- ▶ What feelings would this evoke in you?
  - ▶ LS doesn't care
  - ▶ Non-compliant
  - ▶ Lazy
  - ▶ Better scare them
  - ▶ Exasperation
  - ▶ Other?

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## Expectancy Theory and Language

- ▶ When we label people, we form biases.
- ▶ We act out behaviors based on this label.
  - ▶ Providers also modify behavior in response to label.
- ▶ The person labeled may take on attributes of that label.



- ▶ Do our language choices lead to clinical inertia and feelings of failure for people living with diabetes?

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## Guiding Language Principles

### Strength Based

- ▶ Emphasize what people know, what they *can* do.
- ▶ Focus on strengths that empower people



### Person-first

- ▶ Words that indicate awareness
- ▶ Sense of dignity
- ▶ Positive attitude toward person with diabetes

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## Take a Strength Based Approach

- ▶ Individuals asked to take active role in directing the day-to-day planning, monitoring, evaluation and problem-solving.
- ▶ Need to eval perceptions about their own ability and self-efficacy to manage diabetes
- ▶ Explore past situations where they experienced success
- ▶ Use strength-based language

We believe you can do this!



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### Poll Question 3

▶ TR is a health care professional getting ready to take their certification exam. They are interested in providing more person-centered care. Which of the following statements verifies they are on the right track?



- A. Adherence to the diabetes self-care plan takes time.
- B. Motivate individuals to engage in their self-management is the first step.
- C. Adult learners do best when provided a step-by-step demonstration.
- D. Create mutual agreement on the plan for next steps.

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### “Mindfulness-based Interventions”

- ▶ Avoid compliance model
- ▶ Focus on empowerment and acceptance
- ▶ Mindfulness
  - ▶ “Pay attention-on purpose “
  - ▶ Non-judgmental
  - ▶ In-the-present
  - ▶ Better chance to be present to life and become less reactive to the tides of distraction.
  - ▶ Really HEAR your clients!



Mindfulness Webinar for Diabetes Specialists



Mindfulness and Compassion in the Diabetes Encounter. A Special Webinar for Diabetes Specialists.

Pay attention to your thoughts and feelings too. Don't judge yourself, but explore, acknowledge and consider.

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### Poll Question 4

▶ Mary has had diabetes for over 35 years and tells you she knows everything about diabetes. But her doctor insisted she come see you to check in with her diabetes. What approach recognizes Adult Learning Theory? A1c is 7.3.



- ▶ A. Please share how you have been managing your diabetes.
- ▶ B. Can I please see your Ambulatory Glucose Profile?
- ▶ C. Please demonstrate how you use your meter
- ▶ D. Are you meeting your targets 80% of the time?

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## Adult Learners



- Self-directed must **feel need** to learn
- **Problem oriented** rather than subject oriented
- Learn better when **own experience** is used
- Prefer **active participation**

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## Facilitating Self-Care - Specific Skills Training

- ▶ Most effective education includes:
  - ▶ demo of skills
  - ▶ practice
  - ▶ direct practical feedback for efforts
- ▶ Didactic: less effective
  - ▶ Provides knowledge without skill
- ▶ Talk Less – Encourage more participation
- ▶ *Make the Behavior Real* for that person



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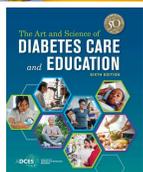
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## Learning Theories from Art & Science Book 6<sup>th</sup> Ed – Chapter 3

- ▶ Health Belief Model
- ▶ Social Cognitive Theory
- ▶ Theory of Reasoned Action and Theory of Planned Behavior
- ▶ Empowerment
- ▶ Transtheoretical Model
- ▶ Motivational Interviewing



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## Poll Question 5

- ▶ Joe is deciding whether or not to start on insulin. His A1c is 9.8%. His mom had diabetes and severe complications due to chronic hyperglycemia. What would best describe application of the Health Belief Model in this situation?
- ▶ A. His level of readiness.
- ▶ B. He is more likely to start insulin if he knows someone on insulin.
- ▶ C. If he feels empowered to inject insulin.
- ▶ D. Perceived risk of future illness



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## 1. Health Belief Model – Cost vs Benefit

- ▶ Individuals perceived risk and seriousness of illness determines the likelihood of adopting preventive behaviors.
- ▶ The more perceived risk, the more likely to take make necessary changes.
  - ▶ **Influencing factors:**
    - ▶ Level of personal vulnerability about developing illness
    - ▶ How serious person believes the illness is.
    - ▶ Efficacy of behavior in preventing or minimizing consequences of illness.
    - ▶ Costs or deterrents associated with making changes.



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## 2. Social Learning /Cognitive Theory

- ▶ People learn from own AND observing “others” behaviors and consequences.
- ▶ Health behavior is a constantly changing and evolving interaction between their environment.
  - ▶ Environment
  - ▶ Behavioral capability
  - ▶ Expectations
  - ▶ Observational Learning
  - ▶ Reinforcement, Self-efficacy



DSMES and DPP Group Classes

“We are our Connections” - Bandura

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### 3. Theory of Reasoned Action

- ▶ Behavior Change operates through 3 major constructs:
  1. Attitude and beliefs toward target health behavior
  2. Perception of how others in the public view the health behavior (subjective norm).
  3. Extent to which the individual believes they are equipped with the knowledge, skills and accessibility needed to perform the behavior.



These 3 work together and clarify and predict the persons intention to engage in the target behavior.

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### Poll Question 6

- ▶ Which of the following statements by the educator best reflects using the empowerment approach?
  - A. We are here to help motivate you to get your A1c to target.
  - B. Do you think if you make a concentrated effort, you can achieve an A1C less than 7%?
  - C. What are some reasons you want to lower your A1C?
  - D. I believe if you follow our suggestions, you will achieve your goals.



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### Move away from term "Non-Compliance"

- ▶ People with diabetes are asked to take active role in directing the day-to-day planning, monitoring, evaluation and problem-solving.
- ▶ Non-compliance denotes a passive, obedient role or "following doctor's orders" without any input
- ▶ Need to eval perceptions about their own ability and self-efficacy to manage diabetes



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## 4. Empowerment Defined

- ▶ “Helping people discover and develop their inherent capacity to be responsible for their own lives and gain mastery over their diabetes”.
- ▶ Posits:
  - ▶ Choices made by individuals (not HCPs) have greatest impact.
  - ▶ Individuals are in charge of their self-management
  - ▶ The consequences of self-management decisions affect the individual most. It is their right and responsibility to be the primary decision makers.




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## Traditional vs Empowerment Based

Traditional vs Empowerment Based

Table 3.5 Comparison of Traditional and Empowerment-Based DSME and DSMS

Traditional DSME and DSMS	Empowerment-Based DSME and DSMS
Diabetes is a physical illness.	Diabetes is a biopsychosocial illness.
Professional is viewed as teacher and problem solver, and responsible for outcomes.	Patient is viewed as problem solver and self-manager; professional acts as a resource and shares responsibility for outcomes.
Learning needs are usually identified by professional	Problems and learning needs are identified by patient.
Education is curriculum-driven.	Education is patient-centered and consistent with adult learning principals.
Education is primarily didactic.	Patient experiences are used as learning opportunities for problem solving and serve as the core for the curriculum.
Emotional issues are a separate component of the curriculum.	Emotional issues are integrated with clinical content.
Behavioral strategies are used to increase compliance with recommended treatment.	Behavioral strategies are integrated with clinical content and taught to patients to help them change behaviors of their choosing.
Goal of education is compliance/adherence with recommendations.	Goal is to enable patients to make informed choices.
A lack of goal attainment is viewed as a failure by both the patient and the educator.	A lack of goal attainment is viewed as feedback and used to modify goals and action plans.
Behavior changes are externally motivated.	Behavior changes are internally motivated.
Patients is relatively powerless, professional is powerful.	Patient and professional are equally powerful.

Source: Adapted from MM Funnell, RM Anderson, "Patient empowerment: from revolution to evolution," *Treat Strategies Diabetes 3* (2011): 96-105.

**This philosophy is important to know for the exam**

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## Empowerment Based, Self-Directed Behavior Change Protocol

- ▶ Define problem
  - ▶ What part of living with diabetes is most difficult or unsatisfying for you?
- ▶ Identify feelings
  - ▶ How does the situation make you feel?
- ▶ Identify long term-goal
  - ▶ How would this situation have to change for you to feel better about it?
  - ▶ What barriers will you face?
  - ▶ How important is it for you to address this issue?
  - ▶ What are the costs and benefits of addressing or not addressing this problem?




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### Empowerment Based, Self-Directed Behavior Change Protocol

- ▶ Identify short-term behavior change experiment
  - ▶ What are some steps that you could take to bring you closer to where you want to be?
  - ▶ Is there on thing that you will do when you leave to improve things for yourself?
- ▶ Implement and evaluate plan
  - ▶ How diet the plan we discussed at your last visit work out?
  - ▶ What did you learn?
  - ▶ What would you do differently next time?
  - ▶ What will you do when you leave here today?

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### Poll Question 7

- ▶ A person says “I am ready to start eating 3 vegetables a day.” Using the trans theoretical model, what stage of change are they in?
  - A. Precontemplation
  - B. Contemplation
  - C. Preparation
  - D. Action
  - E. Maintenance



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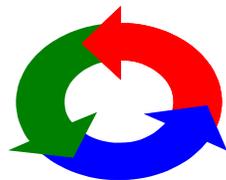
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### Transtheoretical Model

#### ■ Stages of Change (Behavior Change Process)

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance
6. Termination (relapse, recycle)



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## Transtheoretical Model - Readiness determines Approach




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## Transtheoretical Model

**1. Precontemplation:** At this stage, not yet considering changing behavior. They may be unaware of the need for change or may have a resistant attitude toward it.

**2. Contemplation:** Individuals are aware of the need for change and are actively considering making a change within the next six months. They are weighing the pros and cons of changing their behavior.

**3. Preparation:** Getting ready to take action in the near future, usually within the next month. They may have already taken some small steps toward change.

**4. Action:** Individuals are actively modifying behavior, implementing plans, and making observable changes in their behavior, environment, or lifestyle.

**5. Maintenance:** At the maintenance stage, have successfully made the behavior change and are working to sustain it over the long term. This stage involves avoiding relapse and integrating the new behavior into one's daily life.

**6. Termination:** Individuals have completely integrated the new behavior into their lifestyle and have no desire to return to the old behavior. Not all behavior changes reach this stage, and it's more relevant for some behaviors than others.

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## Poll Question 8

▶ A 49 year old started bike riding as part of their goal to lose 14 pounds. Using the transtheoretical model, what best describes their state of change?

- A. Action
- B. Contemplation
- C. Termination
- D. Pre-Contemplation




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## How to Succeed with Person-Centered Coaching

- ▶ A diagnosis of diabetes often carries a significant emotional response. A person with diabetes might report shame, fear, and guilt as they come to terms with their diagnosis and anticipate their future. As diabetes healthcare providers, we can learn to address these feelings while helping people move forward!
- ▶ Using a person-centered approach, we can identify the individual's strengths and expertise and then leverage this information to open a door of possibilities.
- ▶ Our choice of communication techniques can spark behavior change in people living with diabetes.



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## Motivational Interviewing

- ▶ The primary goal is to evoke intrinsic motivation and commitment to change by creating a collaborative and non-judgmental atmosphere.
- ▶ The approach recognizes that individuals often have mixed feelings about changing their behaviors, and it aims to guide them towards resolving this ambivalence in a positive and constructive manner.



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## Motivational Person-Centered Coaching

- ▶ **Express Empathy:**
  - ▶ Active listening and empathy
  - ▶ Open ended questions
  - ▶ Understand the individual's perspective without judgment
  - ▶ Individual feels heard and understood.
- ▶ **Develop Discrepancy:** recognize discrepancy between their current behavior and their broader goals, values, or aspirations.
- ▶ **Roll with Resistance:** Rather than confronting or challenging resistance, "roll with it." Acknowledging and respecting resistance while gently exploring its roots and potential effects.
- ▶ **Support Self-Efficacy:** enhance belief capacity to change. Identify and reflect on their past successes, skills, and resources to achieve their goals.
- ▶ **Develop a Plan:** If ready to change, help them create a concrete plan for moving forward. This plan is collaboratively developed, with the client taking an active role in defining the steps they're willing to take.
- ▶ **Avoid Arguing and Confrontation:** since can lead to resistance and defensiveness. Instead, seek to understand the client's perspective and work from there.

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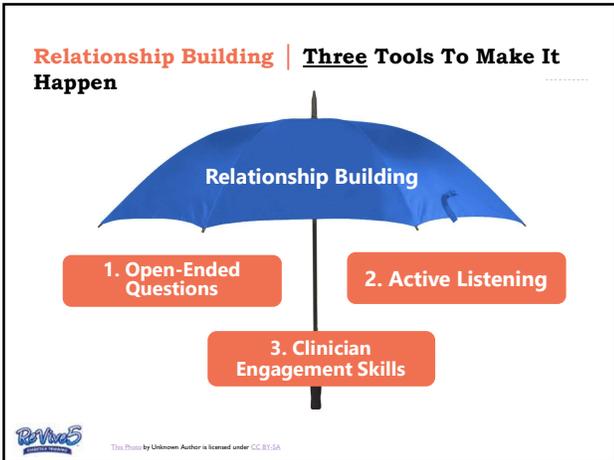
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**Mindfully Listen to the individuals' problems and fears.**

- Listening and then reflecting back the struggles of the individual is the first phase of energizing the visit.
  - "It's hard to eat more vegetables because you are a long-haul truck driver."
- Focus on curiosity before exploring possible changes in behavior can provide comfort and open the door to insights.
  - "As a truck driver, I am curious to learn more about your food choices when driving."
- With a person-centered approach, spend more time in the "curiosity" phase before moving to the "action" phase."
  - "I could buy a veggie tray before heading out in my truck,"
- Listen for insights and ideas, "what are your ideas about how you can improve this situation?"
  - "So, you think you could buy a vegetable tray before heading out?"
- Ask questions and collaborate

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**Poll Question 9**

Which of the following is a SMART Goal?

- a. I will buy a veggie tray every day.
- b. I will eat more vegetables.
- c. I will monitor my blood sugar on a regular basis
- d. I will buy a veggie tray on at least twice a week for a month.

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## SMART Goals



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## Avoid and Lean Into

- ▶ **AVOID: Pressure, fix, or control.**
- ▶ We are careful to avoid forced solutions or controlling language. Our job is to help the person with diabetes find their own answers and solutions.
- ▶ **Let's stop "Shoulding" on people.**
- ▶ It's time to let go of terms like "You must, you should, you have to, it's better, it's important, do it for me" since they fall under the category of "controlling motivation"—which can be hurtful and lead to the individual becoming defensive or shutting down.
- ▶ **Ditch the scare tactics too!**

▶ **Lean into - A person-centered approach energizes individuals to take the lead in managing their condition, in step with their providers and supporters.**



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## Celebrate and Recognize

**In conclusion: Celebrate and Recognize Each Person's Efforts.**

- ▶ Making behavior changes, like losing weight or adjusting lifelong eating habits, can be extremely difficult.
- ▶ **Find a way to recognize and affirm their efforts even if there is no or little change in clinical measures.**



**Our belief in people makes a difference!**

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## Thank You



- ▶ Questions?
- ▶ Email [info@diabetesed.net](mailto:info@diabetesed.net)
- ▶ Web: [www.Diabetesed.net](http://www.Diabetesed.net)
- ▶ 530-893-8635

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