



Psychosocial Care Assessing Coping Skills

2017
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What Keeps People From Change? Assessing Coping Skills

- ▶ Discuss assessment skills across the continuum
- ▶ Describe coping and patient assessment
- ▶ List psychosocial, emotional and life barriers to diabetes self-care
- ▶ Discuss strategies to assist patients with individualized coping skills




Assessing Coping Skills

- ▶ Inspired by
- ▶ Psychosocial Care for People with Diabetes: A Position Statement of the American Diabetes Association
- ▶ My 25+ years as a diabetes educator : -)




Diabetes is Complex

- ▶ Goal – achieve well being and satisfactory medical outcomes
- ▶ Psychological factors:
 - ▶ Environmental
 - ▶ Social
 - ▶ Behavioral
 - ▶ Emotional
- ▶ Keep it patient centered while integrating care into daily life
 - ▶ Consider the individual



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Patient Centered Care

- ▶ Providing care that is respectful and responsive to individual patient preferences, needs and values.
- ▶ Ensuring that patient values guide all clinical decisions



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Change the Care System – Focus on Quality of Care delivered

- ▶ Optimal diabetes management requires:
 - ▶ organized, systematic approach
 - ▶ involvement of a coordinated team of dedicated health care professionals,
 - ▶ working in an environment where patient centered high quality care is a priority.



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Major Barriers to Diabetes Care

- ▶ Fragmented health system
- ▶ Lack of electronic information sharing
- ▶ Duplication of services
- ▶ Poorly designed to deliver coordinated care for those with chronic diseases



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Redefining Roles and Building Teams

- ▶ Utilizing staff to focus on their strengths and supporting patient self management.
- ▶ Collaborative multi-disciplinary team are best suited to provide diabetes care and support patients in succeeding at self management.



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Individualized Care requires

- ▶ Clear communication
- ▶ Problem identification
- ▶ Psychosocial screening
- ▶ Diagnostic evaluation
- ▶ Intervention services



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Individualized Care Strategies

- ▶ Consider individualized care and create environmental structures to support people with:
 - ▶ Food insecurity
 - ▶ Cognitive dysfunction
 - ▶ Mental illness (2-3 x's higher rates of diabetes in schizophrenia, bipolar)
 - ▶ HIV (meds can cause pancreatic dysfunction)
- ▶ Health disparities related to:
 - ▶ Ethnicity, culture, sex, socioeconomic status



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What to Assess?

- ▶ Patient performance of self-management behaviors
- ▶ Psychosocial factors impacting self-management.
- ▶ Life circumstances
- ▶ If find issue, try to address at visit.
 - ▶ If can't, schedule follow-up or refer to qualified behavioral health provider



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What to Assess?

- ▶ Using standardized/validated tools
 - ▶ Diabetes Distress
 - ▶ Depression
 - ▶ Anxiety
 - ▶ Disordered Eating
 - ▶ Cognitive Capacity



See Psychosocial Care and Assess Resource Page
DiabetesEd.net > Knowledge Bites > Articles



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Poll Question 1

▶ A 47 year old enters your office and says, “the doctor made me come here. I don’t know why, I just have borderline diabetes”. The pt’s A1c is 8.7%. What is the most appropriate response?



- ▶ A. According to your A1c level, it looks like you have diabetes.
- ▶ B. We don’t use the term “borderline diabetes anymore”
- ▶ C. Let’s just start with carb counting.
- ▶ D. I sense you are feeling frustrated.



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Adaptation to the Emotional Stress of Chronic Disease

(Kubler-Ross, Rubin RR, WHPolonsky)

Denial	Don't agree, but listen Acknowledge Survival Skills only!
Anger	Indicates: Awareness, Learning Begins Be clear, concise instructs No long WHY answers
Bargaining	ID's w/ others Group classes good Ed: "what" pt. wants to know
Depression & Frustration	Realize permanency of DSC Tx Psycho-social support referral Emphasize + change made
Accept & Adapt	Sense of responsibility for Self-care;

Diabetes Related Emotional Distress=DRED

▶ DRED - unique emotional issues directly related to the burdens and worries of living with a chronic disease. (embarrassed, guilty)

- ▶ More than worry: can overlap with depression, anxiety and stress.
- ▶ Normal-to some extent
- ▶ Associated with stress of living with diabetes
- ▶ Express high levels stress and depressive symptoms; but not clinical depression
- ▶ Not rare: linked to poor health outcomes



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DDS 17: Diabetes Distress Scale

▶ Yields a total Diabetes Distress Scale score plus 4 sub scores:

- ▶ Emotional burden
- ▶ Physician related Distress
- ▶ Regimen related Distress
- ▶ Interpersonal Distress



Begin a conversation with any item rated 3 or more – See Distress Scale in your resources page

- ▶ 44.5% of patients reported diabetes distress
- ▶ Only 24% of providers asked pts how diabetes affected their life (DAWN Study)



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Diabetes Distress Scale cont.

1. Feeling that diabetes is taking up too much of my mental and physical energy every day.
2. Feeling that my doctor doesn't know enough about diabetes and diabetes care/ doesn't give me clear enough directions.
3. Feeling angry, scared, and/or depressed ... think about living with diabetes
4. Feeling that I am not testing my blood sugars frequently enough.
5. Feeling that I am often failing with my diabetes routine.
6. Feeling that friends or family are not supportive enough of self-care efforts (planning activities that ..., encourage me to eat the "wrong" foods).
7. Feeling that diabetes controls my life.
8. Not feeling motivated to keep up my diabetes self management.

DDS (17) Scoring

Poll question 2

- ▶ You assess that your patient with newly diagnosed Gestational Diabetes is struggling with diabetes distress. What is an appropriate intervention?
- ▶ A. Encourage them to ask their provider about starting antidepressants.
- ▶ B. Set a SMART goal that is very challenging to help move them forward.
- ▶ C. Support them in making a small goal
- ▶ D. Remind them that alcohol is actually a depressant



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Strategies to handle DRED:

- ▶ **People w/ DM**
 - ▶ 1 thing at a time
 - ▶ Take it slowly
 - ▶ Speak up to:
 - ▶ Family, PCP,
 - ▶ People that understand.
 - ▶ **Set Appropriate Goals!!!**
 - ▶ **Small, discreet**
- ▶ **HCPProviders (you!)**
 - ▶ Handle 1 thing at a time
 - ▶ Take it slowly
- ▶ **Set Appropriate Goals. Small, discreet**
- ▶ **Be mindful, mundane, careful about the goal set- do not rush**
- ▶ **Paired testing before/after (more tangible)**



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Poll Question 3

▶ Which of the following statements by a patient reflects they are depressed?

- A. I used to love gardening, now I don't even care if my garden is overrun by weeds.
- B. Yes, I feel sad that I have diabetes.
- C. Some mornings, it's just hard to check my blood sugars.
- D. I am so tired of everyone telling me how to eat!



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Depression

- ▶ Characterized by depressed mood
- ▶ Loss of interest in activities usually found pleasurable
- ▶ Difficulty concentrating, sleeping, changes in appetite
- ▶ Difficulty in following through with self care behaviors



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Depression Assessment

▶ Depression:

- Over the last 2 weeks, have you felt down, depressed or hopeless?
- Over the last 2 weeks, have you felt little pleasure in doing things?

▶ Depression

- ▶ Pt. Health Questionnaire (PHQ-9) in resources page
- ▶ Beck Depression Inventory (BDI)
- ▶ Symptom Checklist (SCL-90)
- ▶ Referral to Mental Health:
- ▶ Refer to therapy (list ready!)
- ▶ Pharmacologic TX
Anti-depressants: (2-8 weeks to work)

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Anxiety – Exaggerated response to normal fears

▶ Anxiety

- ▶ Symptoms - (must have 5 for over 6mo's)
 - ▶ restlessness,
 - ▶ keyed-up or on-edge
 - ▶ easily fatigued
 - ▶ difficulty concentrating or mind going blank
 - ▶ irritability
 - ▶ muscle tension
 - ▶ sleep disturbances

Diabetes causes fear –

- ▶ Hypoglycemia
- ▶ Complications
- ▶ Living with chronic condition

▶ Impact of Anxiety

- ▶ 1. Counterreg hormones
- ▶ 2. Self-care behavior diminishes

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Cognitive Impairment

▶ People with diabetes more like to have:

- ▶ Dementia (associated with hyperglycemia and other causes)
- ▶ Alzheimer's

▶ Treatment:

- ▶ Refer to specialist for assessment
- ▶ Achieve optimal BG control
- ▶ Pharmacist to evaluate drug safety and potential drug interactions
- ▶ Keep physically active



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Other Issues to Assess

- ▶ Literacy
- ▶ Physical Limitations
- ▶ Metabolic Surgery
- ▶ Chronic Pain
- ▶ Eating Disorders
- ▶ Youth to
- ▶ Older Adults



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Assess Literacy

- ▶ Numeral
 - ▶ 130 could look same as 310, 013
- ▶ Health
 - ▶ Not sure how to use the health system
 - ▶ Prescriptions, appointments, insurance coverage
- ▶ Functional
 - ▶ Ability to use reading, writing and computation at levels adequate to everyday situations (checkbooks, signs, etc)



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Reading: Go direct!

- ▶ Is this blood sugar in target?
- ▶ If your blood sugar is xxx, what would you do?
- ▶ Can you read this back to me?
- ▶ Return Demo (please draw it up)



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Poll question 4

▶ Which of the following strategies are best used when someone has low literacy skills?

- A. speak slowly and clearly
- B. underline key points on educational materials
- C. direct the teaching to the support person and encourage reinforcement.
- D. be concrete and focus on problem solving



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Teaching Approaches: Low Literacy

- ▶ Be Concrete
- ▶ Word usage (be sensitive!)
- ▶ Identify 1-2 messages
- ▶ Be patient, use teaching aids
- ▶ Small group- problem solving
- ▶ Tech level - video, computer, printed info, "apps"
- ▶ Engage support people



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Stress response, coping strategies are based on

- ▶ Health beliefs
- ▶ Perceptions
- ▶ Social, religious and employment influences
- ▶ Personal factors: attitudes, cognitive factors, literacy, learning styles
- ▶ Psychosocial factors
- ▶ Cultural traditions, family system.
- ▶ Physical limitations



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Cultural Sensitivity TOOL: Ask Questions in a clear, accepting manner. Ask; **What ...**

- ▶ is important to you?
- ▶ do you think of your diabetes?
- ▶ the best way to communicate with you?
- ▶ are your goals and expectations?
- ▶ are your Personal beliefs and values?
- ▶ are your Cultural and religious practices?
- ▶ How ARE you feeling about all of this?



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Assess: Capabilities/limits

- ▶ Physical:
 - ▶ Visual/ hearing/ , psycho-motor, meter, group environment, injection
- ▶ Substance Abuse
 - ▶ Alcohol, tobacco, illicit drugs
- ▶ Support System, who, when, where...)



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Social Support Assessment Tool

Who helps you?

- ▶ With practical or emotional support ?
- ▶ Who makes it harder?
- ▶ What would you like in support for day-to-day?
- ▶ One thing you could do so you will get the support?
- ▶ What can I do to help you get the support you want?



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Types of Social Support (virtual or live)



- ▶ **Emotional support**
 - Caring, empathy, love, trust----most important (perceived)
- ▶ **Instrumental support**
 - goods/services---“help” / Apps
- ▶ **Informational support**
 - provided during time of stress-problem solving, chat, blog, apps
- ▶ **Affirmational support**
 - affirming acts or statements



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Other Issues to Assess

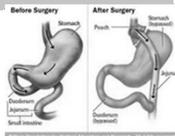
- ▶ Metabolic Surgery
- ▶ Chronic Pain
- ▶ Eating Disorders
- ▶ Youth to
- ▶ Older Adults



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Metabolic Surgery Benefits

- ▶ Increases gut hormone availability
- ▶ More likely to cause remission* with recently diagnosed diabetes (more beta cell mass)
 - ▶ 30 - 63% remission over 1-5 years
 - ▶ 35 - 50% redeveloped diabetes
 - ▶ Avg remission time 8.3 years
 - ▶ Most pts who undergo surgery maintain substantial improvement of BG control from baseline for ~5 yrs
- ▶ Trials demonstrate metabolic surgery achieves superior BG control and reduction of CV risk factors in obese pts with type 2 compared to lifestyle/medical intervention
- ▶ Improvements in micro and macro disease and cancer have been observed.
- ▶ Procedure may reduce long term mortality
 - *remission = BG levels normal without meds



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Metabolic Surgery

- ▶ Before surgery, pts need comprehensive medical assessment with trained health professional
- ▶ If patient is suffering emotionally, surgery should be postponed
- ▶ After surgery, ongoing mental health services are imperative



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Chronic Pain

- ▶ Monitor for chronic pain associated with diabetes complications
- ▶ Consider referral to provider who specializes in pain management
- ▶ Pain is associated with psychosocial distress, depression and sleep disturbances



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Poll question 5

- ▶ Joan has type 1 diabetes, teaches aerobics with a BMI of 17. Fasting BG 312-380s. Which is most important intervention to improve her diabetes control?
 - a. Eat a 15 gm carb snack before teaching class.
 - b. Acknowledge this hyperglycemia signifies end of honeymoon period
 - c. Referral to mental health professional
 - d. Increase basal insulin dose



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Disordered Eating

- ▶ Eval treatment regimen if pt presents with unexplained:
 - ▶ Hyperglycemia
 - ▶ Weight loss
- ▶ Review med regimen to eval treatment related
 - ▶ Weight loss
 - ▶ Weight gain
- ▶ Look for discorded eating behavior and disrupted patterns of eating



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Disordered Eating

- ▶ “DiaBulimia”
- ▶ People with diabetes give themselves less insulin than needed to lose weight
- ▶ Tends to start in adolescence, more likely to occur in women than men.
- ▶ Signs: unexplainable spikes, A1c, weight loss, lack of marks from fingerpricks, lack of prescription refills for diabetes meds, records that don’t match A1c.
- ▶ Treatment – Mental health specialist and team



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Older Adults

- ▶ Screen annually for early detection of cognitive impairment starting at age 65
- ▶ Assess for neuropsychological function and dementia using standardized assess tools
- ▶ Use collaborative care models that involve care managers to treat comorbidities and depression



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Older Adults – Individualized Assessment

- ▶ Social support
 - ▶ Who do they live with?
 - ▶ Anyone helping with self-care?
- ▶ Finances
 - ▶ Housing, food, transportation
- ▶ Activity, Nutrition
- ▶ Medications
 - ▶ Types
 - ▶ Can they afford?



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Older Adults at Risk for Malnutrition

- ▶ Due to:
 - ▶ Altered taste and smell
 - ▶ Swallowing difficulties
 - ▶ Oral/dental issues
 - ▶ Functional difficulties shopping for/preparing food
 - ▶ Anorexia
 - ▶ Overly restrictive eating patterns - carb deprivation
 - ▶ Self-imposed or provider/partner directed



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Pediatric Diabetes Self-Management Education and Support – Type 1

- ▶ All should receive diabetes self-management education and support at diagnosis and routinely thereafter that is:
 - ▶ Culturally sensitive
 - ▶ Developmentally appropriate
 - ▶ Individualized



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Recommendations for Pediatric Psychosocial Issues

- ▶ At diagnosis and during routine follow-up care, assess psychosocial issues and family stresses that could impact adherence with diabetes management
- ▶ Provide appropriate referrals to trained mental health professions, preferably experienced in childhood diabetes



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Poll Question 6

- ▶ Jason has type 1 diabetes for 7 years and is turning 18 this year. What will help him make a successful transition to diabetes self-care as an adult?
 - A. Encourage complete autonomy
 - B. Moving to his own apartment
 - C. Requiring he pay for his own diabetes supplies
 - D. Providing support and resources



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Youth and Emerging Adults

- ▶ Continue to assess family issues, stresses that can impact diabetes management
- ▶ Monitor social adjustment, school performance
- ▶ Assess for diabetes distress (age 7-8)
- ▶ Time alone w/ provider starting at age 12
- ▶ Starting at puberty, preconception counseling
- ▶ Provide appropriate referrals to trained mental health professionals



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Prepare for Transition from Pediatric to the Emerging Adult

- ▶ Encourage family involvement in diabetes management tasks
 - ▶ Recognize that premature transfer of diabetes care to the child can result in non-adherence and deterioration of glycemic control
- ▶ As teens transition to adulthood, health care providers / families must recognize vulnerabilities and prepare teen at least 1 year prior to transition
- ▶ Both pediatricians and adult providers should assist in providing support and resources for teen and emerging adult



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Diabetes Educator Role

- ▶ Assess – see standardized eval tools
- ▶ Determine if help is needed
- ▶ Have a list of mental health providers
- ▶ Resource list of phone helplines
- ▶ Help PWD problem solve to get access
- ▶ If PWD cannot act on behalf of themselves, help identify a support person



Diabetes Education SERVICES

Consider Referral to Mental Health Provider for Eval and Treatment

- ▶ Diabetes distress even after tailored education
- ▶ Screens positive for depression, anxiety, FoH*
- ▶ Disordered eating or disrupted eating patterns
- ▶ Not taking insulin/meds to lose weight
- ▶ Serious mental illness is suspected
- ▶ Youth with repeated hospitalizations, distress
- ▶ Cognitive impairment or impairment of DSME
- ▶ Before bariatric/metabolic surgery

*Fear of hypoglycemia



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Move away from term “Non-Compliance”

- ▶ PWD 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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Quick Self-Assessment

- ▶ A patient shows up to appointment, forgets their log book and meter and tells you they are only taking their daily insulin injection about 4 times a week.
- ▶ What feelings would that evoke?
 - ▶ Patient doesn’t care
 - ▶ Non-compliant
 - ▶ Lazy
 - ▶ Better scare them
 - ▶ Exasperation

curiosity



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Look Beyond – What impacts DSM

- ▶ Improving diabetes treatment outcomes requires looking at multiple factors:
 - ▶ Patient behaviors
 - ▶ Adequacy of medical management
 - ▶ Duration of diabetes
 - ▶ Weight gain / weight loss
 - ▶ Other health related problems
 - ▶ Social structural factors (poverty, insurance, living situation)



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When Treatment Goals aren't met

- ▶ Reassess treatment regimen and barriers

- ▶ Literacy
- ▶ Diabetes related distress or depression
- ▶ Poverty
- ▶ Competing demands including those related to family responsibilities and dynamics
- ▶ Culturally appropriate education?
- ▶ Referral to social worker for assistance with insurance coverage
- ▶ Medication taking behavior and regimen
- ▶ Other?



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Emotional Well Being

- ▶ Important part of diabetes care and self-management
- ▶ Psychological and Social Problems can impair the ability to self-care and lead to poor health



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Mental health – Build a Foundation

- ▶ Although the educator might not feel qualified to treat psychological problems, optimizing the patient / educator relationship as a foundation to increase likelihood of acceptance.



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Optimism and Resilience

- ▶ Encourage Optimism and Resilience:
 - ▶ Hardiness and humor, resources, self confidence!
 - ▶ Develop network of specialists to help YOU for your own self balance and care!
 - ▶ Action Pack for Happiness



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GREAT DREAM

Ten keys to happier living

Action for Happiness has developed the 10 Keys to Happier Living based on a review of the latest scientific research relating to happiness.

Everyone's path to happiness is different, but the research suggests these ten things consistently tend to have a positive impact on people's overall happiness and well-being.

The first five relate to how we interact with the outside world in our daily activities. The second five come more from inside us and depend on our attitude to life.

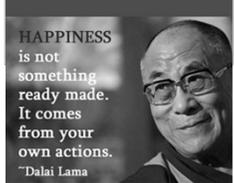
- GIVING** Do things for others
- RELATING** Connect with people
- EXERCISING** Take care of your body
- APPRECIATING** Notice the world around
- TRYING OUT** Keep learning new things
- DIRECTION** Have goals to look forward to
- RESILIENCE** Find ways to bounce back
- EMOTION** Take a positive approach
- ACCEPTANCE** Be comfortable with who you are
- MEANING** Be part of something bigger

ACTION FOR HAPPINESS

Actionforhappiness.org



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“ People will forget what you said, people will forget what you did, but people will never forget how you made them feel ” -- Maya Angelou

Thank You



- ▶ Questions?
- ▶ Email bev@diabetesed.net
- ▶ Web www.diabeteseduniversity.net



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