Assessing Coping Skills and Supporting Behavior Change

Heather L. Nielsen, MA, LPC, CHWC

What Keeps People From Change?
Assessing and Supporting Coping Skills

- Discuss assessment skills across the continuum
- Describe considerations in assessing patient coping skills
- List psychosocial, emotional and life barriers to diabetes self-care
- Explore strategies to assist patients with individualized coping skills
Problem Solving for Success – Updated Exam Outline

- Challenges to learning
  - Cultural values, language, numeracy, learning disabilities, family issues etc.
- Addressing social financial issues such as:
  - Employment, insurance, disability, discrimination, school issues, prescription assistance programs
- Risk Reduction
- Unexpected challenges
  - Loss of insurance, job change

How Do Diabetes Educators Help?

- AADE7™ Self-Care Behaviors:
  - Healthy eating
  - Being active
  - Monitoring
  - Taking medication
  - Problem-solving
  - Healthy coping
  - Reducing risks
Diabetes is Complex

- Goal – **achieve well being** and satisfactory medical outcomes in short and long term
  - Diabetes is an ultramarathon; not a sprint!

  - Psychological factors:
    - Environmental
    - Social
    - Behavioral
    - Emotional

Patient Centered Care

- Providing care that is respectful and responsive to individual patient preferences, needs and values.
- Ensuring that *participant values* guide *all clinical decisions*
- How can each individual PWD integrate self-care priorities into their life?
Individualized Care requires

- Clear communication
- Problem identification
- Strengths-based approach
- Psychosocial screening
- Diagnostic evaluation
- Intervention services

Individualized Care Strategies

- Consider vulnerabilities and address as able
  - Food insecurity
  - Cognitive dysfunction
  - Mental illness
  - HIV (meds can cause pancreatic dysfunction)
  - Etc...
- Health disparities related to:
  - Ethnicity, culture, gender, sexuality, socioeconomic status
What to Assess?

- Participant performance and understanding of self-management behaviors
- Psychosocial factors impacting self-management.
- Life circumstances
- Issue? try to address
  - If can’t, schedule follow-up or refer to qualified behavioral health provider

What to Assess? Psychosocial

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

See Psychosocial Care and Assessment Resource Page
Psychosocial Assessment

- Include psychological and social eval/care as part of the ongoing management of diabetes
- Psychosocial screening may include:
  - Attitudes about diabetes
  - Expectations of medical management and outcomes
  - Affect/mood and quality of life
  - Available resources (financial, social, emotional)
  - Psychiatric history

When to Assess?

- At initial visit
- At periodic intervals
- Change in disease, treatment, or life circumstances.
  - “Have there been changes in your life or in your mood since last visit?”
  - Listen for: overwhelmed, stressed by diabetes or other life stressors
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”. Her 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.

Diabetes Distress: DD

- DD - unique emotional issues directly related to the burdens/ worries of living with chronic disease.
- More than worry: can overlap –
  - depression, anxiety and stress.
  - Express high levels of stress and depressive symptoms; but not (necessarily) consistent with clinical depression
  - Normal-to some extent
  - Commonly linked to poor health outcomes
**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 people with diabetes reported diabetes distress
  - Only 24% of providers asked 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 when I 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).


8. Not feeling motivated to keep up my diabetes self management.
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

Depression Assessment

- **Depression (PHQ2):**
  - 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)
Next steps if Depression is Present

- Show support and hope.
- Refer to Mental Health
  - Pharmacologic TX
    - Anti-depressants: (2-8 weeks to work)
  - Cognitive-Behavioral Therapy
- Consider support for lifestyle options alongside mental health therapy:
  - Nutrition changes for low inflammatory
  - Social Support?
  - Strengths-focus
- Other issues? such as:
  - Vitamin/mineral deficiency?
  - Thyroid?
  - HPA axis dysfunction?
  - Gut dysbiosis?

Poll question 2

- You assess that a woman with newly diagnosed Gestational Diabetes is struggling with diabetes distress by her comments of “I’m trying so hard but I feel like I’m failing” and “It seems like this diabetes is controlling my life.” What is an appropriate intervention?
  - A. Encourage her to ask PCP to start antidepressants.
  - B. Refer her to a therapist for cognitive behavioral therapy.
  - C. Support her in making a small goal
  - D. Cheerlead her efforts and tell her it is all worth it for her unborn baby.
Anxiety – Exaggerated response to normal fears

- Anxiety Symptoms - *(for formal diagnosis, must have 5 for over six months)*
  - restlessness
  - keyed-up or on-edge
  - easily fatigued
  - difficulty concentrating or mind going blank
  - irritability
  - muscle tension
  - sleep disturbances
Impact of Anxiety

1. Can raise BG via hormone/cortisol pathways
2. Self-care behavior diminishes
3. Can contribute to cognitive challenges

Normal Anxiety in DM

Diabetes can cause anxiety and fear –

- Hypoglycemia (FoH)/Hypoglycemia Unawareness
- Fear of Complications
- Burdens of living with chronic condition
  - Some people carry burdens manifesting as “anxiety” vs. “depression”
Cognitive Impairment – Type 3 DM?

- People with pre-diabetes and diabetes more like to have dementia
- Prevention:
  - BG control
  - Weight loss
  - Limit inflammatory foods

Cognitive Impairment?

- Treatment:
  - Refer to specialist (neurology; clinical psychology) for assessment
  - Achieve optimal BG control
  - Reduce inflammation
  - Pharmacists evaluate drug safety and potential drug interactions
  - Keep physically active
  - Other Physical reasons? Infection, delirium, head trauma?
Individual stress response and coping strategies are based on:

- Health beliefs
- Social, religious and employment influences
- Personal factors: attitudes, life experience, literacy, learning styles
- Psychosocial factors
- Cultural traditions
- Family history
- Physical capacities
- Trauma History

Consider Referral to Mental Health Provider When....

- Diabetes distress persists
- Positive screen 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 suspected
- Before bariatric/metabolic surgery

*Fear of hypoglycemia
Your respect and support matters

- Although you might not feel qualified to treat psychological problems, please don’t underestimate the power of your Respect, Support, and Compassion.

Poll Question 3

- Which of the following statements by a PWD reflects he may be 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!
Other Factors to Assess

- Literacy
- Physical Limitations
- Metabolic Surgery
- Chronic Pain
- Eating Disorders
- Life Continuum: Youth to Older Adults

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 materials
C. direct teaching to the support person and encourage reinforcement.
D. be concrete, focus on problem solving, language/word use
Language Literacy: Simple Tips

- Is this blood sugar in target?
- If your blood sugar is xxx, what would you do?
- Can you read this back to me? – *Can be hard for illiteracy.* Better: how do you learn (the things you love), will these materials help?
- Return Demo (please draw it up)

Plain Language is best!

- Plain Language Public Health info: CDC/NIH
  you help readers when you:
  - Write short sentences.
  - Use active voice.
  - Use everyday words and pronouns (when appropriate).

- CDC Office of the Associate Director for Communication Science health literacy team at clearcommunication@cdc.gov.
Cultural Sensitivity Tool: Ask Questions in a clear, accepting manner. Ask: What ...

- is important to you?
- do you think of your diabetes?
- is the best way to communicate with you?
- are your goals and expectations?
- are your personal beliefs and values?
- are your cultural and religious practices?

Ask:
- How are you feeling about all of this?

Other Issues to Assess

- Chronic Pain
- Eating Disorders
  - Body Dysmorphia
- OCD – obsessive compulsive diabetes self care
- Continuum of Care: Youth ----- Older Adults
Diabetes Educator Role

- Assess – see standardized evaluation tools
- Determine if additional help is needed
- Have a list of mental health providers
  - Support Group referral
- 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

Promoting Learning and Behavior Change
Part 2- Behavioral/Psychosocial Health with Diabetes
Promoting Learning and Change

Objectives: state, discuss, describe:
1. Learning theories affecting Learning/change
2. Barriers to learning and change
3. Readiness to learn
4. Strategies to promote change including Motivational Counseling, Mindful Presence and SMART goal setting

Overview - Envision

Theories
(Empowerment, Health Belief, Social Cognitive, Transtheoretical)

Patient’s Readiness to Change (stages)
Our Attitude, Approach

Brief Negotiation, MI
Alter ambivalence

Change
Big Picture – Long Term Journey

Assess: Learning Style: theirs and yours!

- **Sensors:** problem solving: demo.
- **Feelers:** listening, discussion
- **Thinkers:** Facts...lecture

- Ok to ask how they learn best!
Poll Question 5

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

- A. Share with me how you have been managing your diabetes to achieve an A1c of 7.3%.
- B. Can I please see your log book?
- C. Please demonstrate how you use your meter
- D. Are you meeting your targets 80% of the time?

Adult Learners

- Self-directed: must feel the need to learn
- Problem oriented rather than subject oriented
- Learn better when their own experience is used
- Prefer active participation
Facilitating Self-Care: Specific Skills Training

- Most effective education includes:
  - demonstration of skills
  - practice
  - direct practical feedback for efforts
- Didactic: less effective
  - Provides knowledge without skill
  - Talk Less – Encourage PWD to share their life experiences: thoughts, feelings, needs, desires
  - Make the Behavior Real and Relevant for each individual

Effective Diabetes Self-Management: requires behavior change

- Barriers to behavior change
  - Income
  - Health literacy
  - Health insurance
  - Competing demands – family, work, other obligations
  - Diabetes Denial
  - Diabetes Distress or Depression
  - Lack of knowledge/accurate info
  - Co-occurring issues
Overcoming barriers

- Identify barriers and help with problem solving (ask first)
- Offer evidence-based hope message (share study results, ex: DCCT/UKPDS/DPP)
- Paired glucose testing (Seeing is believing)
- “Tell me 1 thing that is driving you crazy about your diabetes”
- Discuss medication beliefs, ask ask ask!
- Frequent contact – phone, support group, letter, etc.
- Remember: people often hold false beliefs – if we don’t ask, we won’t know what they think is true!

Bill Polonsky, PhD, CDE
Author of “Diabetes Burnout”

Overcome Barriers by Accepting Them

- “The curious paradox is that when I accept myself just as I am, then I can change.”
- Carl Rogers “On Becoming Human”
“Mindfulness-based Interventions”
A Philosophy and Way of Being

- Focus on empowerment and acceptance to overcome barriers
- Mindfulness
  - “Pay attention-on purpose“
  - Non-judgmental
  - In-the-present
  - Better chance to be present to life and become less reactive/more responsive
- Really HEAR your clients!

Poll Question 6

- 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 support at home.
  - B. He is more likely to start insulin if someone he knows is on insulin.
  - C. If he feels empowered to inject insulin.
  - D. The benefit and cost associated with insulin.
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 make necessary changes.
- Influencing factors:
  - Level of personal vulnerability about developing illness
  - How serious a person believes the illness is
  - Efficacy of behavior in preventing or minimizing consequences of illness
  - Costs or deterrents associated with making changes

Social Cognitive Theory

- We learn from our own life, AND observing “others” behaviors and consequences.
- Health behavior is a constantly changing and evolving interaction with factors around and within us!
  - Behavioral capability
  - Expectations
  - Environment (social, physical)
  - Observational Learning
  - Reinforcement, Self-efficacy
Poll Question 7

Which of the following statements/questions by the educator best reflects using the empowerment approach?

A. I’m motivated to get your A1c to target, are you?
B. A motivated patient will always be able to achieve an A1c less than 7%.
C. What motivates you to improve your A1c?
D. If you follow our suggestions, you will achieve your goals.

Empowerment Model

“Helping people with diabetes (PWD) discover and develop their inherent capacity to be responsible for their own lives and gain mastery over their diabetes”.

Posits:

- Choices made by PWD (not HCPs) have greatest impact.
- PWD are in control of their self-management
- The consequences of self-management decisions affect PWD most. It is their right and responsibility to be the primary decision makers.
Traditional vs Empowerment Based

Traditional vs Empowerment Based

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


This philosophy is important to know for the exam

Empowerment Based, Self-Directed Behavior Change Protocol (“Coaching” for change...)

- Define problem
  - What part of living with diabetes is most difficult or unsatisfying for you?
- Identify feelings
  - How do you feel about the situation?
- 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?
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 one thing that you will do when you leave to improve things for yourself?
- Follow up Visit: Evaluate and adjust plan
  - How did 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?

Brief Coaching Practice

- Ask: What part of living with diabetes is most difficult or unsatisfying for you?
- Explore:
  - How important is it for you to address this issue?
  - What are the costs and benefits of addressing or not addressing this problem?
  - What ideas do you have to move through this?
Did Anyone Ask...

- What are you already doing well with your diabetes?

Strengths-Based Approach: A Real Boost for your practice!

- “What are you doing well with your diabetes self-management?”
- “Which routines or rituals have you created that help you?”
- “Who is a diabetes champion in your life?”
- Explore and enrich your client’s strengths to help them re-wire their brain, and build on what is already working!
Poll Question 8

A PWD tells you that they have been thinking about starting an exercise program. Using the trans theoretical model, what stage of change are they in?

A. Precontemplation
B. Contemplation
C. Preparation
D. Action
E. Maintenance

Transtheoretical Model of Change

“Readiness” Level determines the approach!

- People pass through similar stages as they prepare for change (eating better, decreasing drinking)
- Readiness is not about the PERSON, it is about the BEHAVIOR.

Simple version of the Stages of Change:
- Not ready - no intentions.
- Unsure: Ambivalent
- Ready: Committed, just needs to know HOW! And may need Support....
Transtheoretical Model

- Stages of Change (Behavior Change Process)

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

Stages: what we might hear
Readiness for behavior change

- Is this one EVENT?
- No. More of a PROCESS.
- Educators play powerful role in bringing awareness to PWDs readiness, with:
  - Compassion
  - Curiosity
  - No judgment

Readiness Determines Approach

- Precontemplation: Raise doubt Re: status quo.
- Contemplation: Explore + resolve ambivalence. + Gains
- Preparation: Committed to change just needs to know how!
- Action/Maint: Observable actions, “working the plan”
- Prepping/Plan: I want to!
- Praise-Support: I’m Doing it x6m
- Relapse: Stuck
- Support-plan-curiosity reframe
- OOOOPS!
Gauge it!

Get an idea of:
~ how they feel about the problem,
~ their desire to change...
~ what would help them succeed...
~ their confidence...
~ what would hold them back...

Breaking Barriers with Better Approaches

1. **Have a conversation about their Diabetes Distress, what’s really bothering them...**

2. **Set Appropriate Goals with each Individual!!!**
   - Small, discreet, WRITTEN.

3. **Listen Mindfully:**
   - Hear the “mundane”-but important
   - Be careful about the goal set- do not rush
   - Use your expertise to guide in the right direction
   - Be aware of where you are meeting- giving “more” than the patient?
Roll with Resistance

- Make suggestions...invite client to consider other perspectives.
- Shift focus ... Reframe...
- Emphasize personal choice and control “what change do you feel open to making???”

Next steps?

- Identifying stages of change is necessary and helpful – but not sufficient!
- Next (or sometimes even before and/or alongside) –
- “Motivational Counseling” (often called Motivational Interviewing)
What is Motivational Interviewing?

- A collaborative conversation style for strengthening a person’s own motivation and commitment to change.

Central Concepts of Motivational Counseling

- Motivation to change = INTRINSIC, from the PWD.

- Change is the PWD’s responsibility but we are a partner for them:
  - Supportive, Accepting, Compassionate, Respectful of their autonomy, helping increase their Confidence.

- Direct persuasion from us is counterproductive

- Motivational Counseling/Interviewing style is quiet and eliciting (PWD does more talking)
Believe in the people you counsel

- Perhaps the best thing we can do as educators is to *believe in our clients’ capacity to manage their lives with diabetes*, and to reflect that belief and confidence back to them so THEY believe it themselves.

Four Values of MI/MC

- **1) Partnership**
  - We share expertise

- **2) Acceptance**
  - Value their intrinsic worth, vs evaluating their behaviors

- **3) Compassion**
  - Be with/walk alongside the suffering.

- **4) Evocation**
  - Call forth their dreams, hopes, best selves. Help them articulate their own reasons – so they hear themselves say the change they can make.
OARS = “formula” for conversations

- **OARS:**
  - **Open Ended Questions**
    - I wonder what that kind of exercise plan would be like for you?
  - **Affirmations**
    - That sounds really important to you!
  - **Reflective Statements** (more important than asking Qs)
    - Sounds like you might be concerned about how busy you are, even though it is very important to you to exercise and lose weight. You don’t want to feel like you are failing.
  - **Summarizing**
    - Can we take a moment to make sure I’m hearing you completely?

We do have expertise that matters...

- But it’s all in the timing.
- Once we have the connection, and we know what the PWD knows and wants, **we can ask permission to share our ideas and information.**
- Keeps PWD empowered.
SMART Goals

Poll Question 9

- Which of the following is a SMART Goal?
  a. I will lose 5% of my body weight
  b. I will eat less sugary foods throughout the week
  c. I will monitor my blood sugar on a regular basis
  d. I will eat one less bag of chips every day for 1 week.
Gearing up to Practice!

Practice makes progress, not perfect.

Let’s try it together!
- Breathing – deeply, intentionally.
- One hand on heart, one hand on belly.
- Sends message from diaphragm to brain via vagal nerve – “I am safe!”
- Noticing: Thoughts, Feelings, Sensations.
- Wandering mind = normal!!!!!!!

(Mindfulness is a practice, too)

Be Mindful Today!
Shall we practice?
MI and SMART Goal Setting

- Please pick a partner!
- Let’s make this real (if you feel comfortable)
- Choose something in which you are in the contemplative stage of change – a change that would be “good for you” but about which you are ambivalent!

Motivational Counseling in Action

- With your behavior in mind....choose which partner will go first as the Educator, and which is the “client.”
- Experiment with a counseling session!!
Brief Counseling Role Play

- Get through the contemplation with some of the MI/MC skills – *looking for Insights and Positive Change Talk!*
- Open Ended Qs
- Affirmations
- Reflections
- Summarizing
- Then...

Create your own SMART Goal

- Specific
- Measureable
- Attainable
- Relevant
- Timed-bound
- *Think:*
  - EMPOWERMENT!
Celebrate-Integrate-Next steps

- What worked well for you in that exercise?
- What did your partner do well that helped you find your intrinsic motivation?
- What could you or your partner do next time that would be 5% more helpful?
- No failures! Just trial and learning. This is all a marvelous journey.

Support Self-Confidence

- Support positive expectations for change...
  - emphasize personal responsibility, past success
  - instill confidence and hope,
  - increase sense of ability to cope.

“From what you’ve told me about your past successes...it really seems like you can do this!”
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!

Self-Compassion

(important for genuine, sustained and sustainable compassion towards others...)

Let’s Practice Together.

“This is a moment of suffering. Suffering is part of life. Let me be kind to myself in this moment. Let me give myself the compassion I need.”

“Be the Change we want to see in the World” – Ghandi
To remember....

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

We made it!

- Please complete day 2 eval
- Mixer and pump workshop starts at 5:15
- Join us for breakfast tomorrow at 8am