How to Succeed with Person-Centered Coaching

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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!

This cheat sheet provides a dozen simple coaching strategies for providers to help people believe in their ability to self-manage their diabetes successfully.

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.

Adopting this style of communication can be a dramatic shift for some providers. Think of it this way: In usual care, the diabetes healthcare provider steers the boat, brings the fuel, and charts the course. Using the person-centered approach, the provider is simply the rudder, serving as a guide, and the individual steers.

DO: Mindfully Listen to the individuals' problems and fears.
The first strategy is carefully listening to the person's fears and concerns. If someone struggles with nutrition, meds, or behavioral changes, listen to the struggle, and try not to push, advise, or fix it. Listen and reflect on what you think is happening for the first few minutes.
For example, reflecting back could go something like this: "Taking medications is hard for you because you are not sure if they are really working." Or, "It's hard to eat more vegetables because you are a long-haul truck driver." Or, "It sounds like you blame yourself for having diabetes."

Listening and then reflecting back on the struggles of the individual is the first phase of energizing the visit.

DO: Focus on curiosity before exploring possible changes in behavior.
With a person-centered approach, spend more time in the "curiosity" phase before moving to the "action" phase."

We might ask, "As a truck driver, I am curious to learn more about your food choices when driving." As care providers, we may be slightly overanxious to get to the "action" phase, which involves aspects such as action, planning, goal setting, and looking at specific foods and exercise prescriptions. It can be disorienting for providers to delay the "action" phase and spend most of the time exploring the "curiosity" phase, and there's a perception that it takes longer. In fact, it's probably more efficient with time. It's a redistribution of the provider's time in that more time is spent listening to the individual's barriers and fears and responding to them.

Curiosity can provide comfort and open the door to insights.

DO: Listen for individual insights and ideas.
After reflecting on the person's struggles and feelings, the next phase is the "building change" talk. It combines having the person express how a behavior change would benefit them and realistic ways to move to the action phase.

As genuinely curious providers we ask, “what are your ideas about how you can improve this situation?” Then the provider would listen carefully to what the person shares. Along with the struggles and barriers, the individual might say, "I could buy a veggie tray before heading out in my truck," or "I could try taking my medication every day for a week to see how they affect my blood sugars."

We want to fine-tune our listening skills so that we can pick up the scent of the trail. People often allude to what they're willing to do and drop crumbs when they feel safe and heard during the conversation. All we need to do is pick up on the hints and encourage them down the path.

DO: Ask Questions and Collaborate.
Once the individual has identified their motivation and begins brainstorming on ways to make behavior changes, the door is open for respectful collaboration. You'll want to explore how much change the individual is willing and able to make at that time.

To keep it real and achievable, we start with a very small step by saying, "So, you think you could buy a vegetable tray before heading out?" or "You think you could take your diabetes meds for a week to see if they work?" and let that sit; let the person describe their thoughts and feelings.

Then we might say, "How, if at all, do you see this plan fitting into your life?" We are careful to avoid any form of prescription or declaration and stick with asking questions. If the person volunteers—"I will monitor my blood sugars for a week to see if these diabetes meds work." Or "I think I could pick up veggie trays on driving days." We would absolutely reinforce and support these choices.

AVOID: Pressure, fix, or control.
A person-centered approach energizes individuals to take the lead in managing their condition, in step with their providers and supporters. We are careful to avoid forced solutions or controlling language. As providers, we feel like we have these great ideas that we are sure will fix the person, if only…. However, the truth is, 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. We avoid controlling language because it elicits resistance and defiance. The literature is quite clear about people doing something because someone made them feel guilty, ashamed, or pressured them. The long-term prognosis for behavior change using this approach is underwhelming.

DON'T employ Scare Tactics.

As providers, we genuinely care about people's health and may try to energize behavior change using fear. Such as, "If you don't get your A1C down, you are heading for dialysis or amputation." or "Don't you want to see your kids grow up?" We don't generally motivate people by scaring them since research shows it is ineffective, and they may never return for that follow-up appointment.

Short-term, people are usually willing to make changes when they're terrified—when they first get diagnosed--but that wanes in a relatively short period of time. The question is how to keep the person energized when the initial fear has worn off.

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.

If someone's A1C has not moved, but they took their medications daily or ate their vegetables, we say, "Wow, I want to recognize the effort you put into this."
Respond kindly and compassionately to their disappointment, frustration, and fear. It won't fix the immediate problem, but it helps the person feel that their effort was well-spent. It helps them feel heard instead of just "fixing it" and saying, "Okay, we'll try a new medication." Over time, your empathy builds bridges and trust, leading to long term collaboration and better health.

About the author – Coach Beverly has been fine-tuning her guilt-free approach to diabetes education for over 30 years and has witnessed its impact on improving well-being and building connections.

Learn more about effective communication approaches in our ReVive 5 Training Program.

Inspired by https://www.niddk.nih.gov/health-information/professionals/diabetes-discoveries-practice/motivational-interviewing-dos-dont