

How to Succeed with Person-Centered Coaching

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Diabetes, a diagnosis that often triggers a significant emotional response, necessitates a unique approach. Individuals with diabetes grapple with a range of emotions as they come to terms with their condition and envision their future. As healthcare providers, we have a crucial role in addressing these emotions through person-centered coaching. This approach not only acknowledges the individual's feelings but also empowers them to take steps towards their optimal health.



This article equips healthcare professionals with a dozen practical coaching strategies. These strategies are designed to instill confidence in individuals with diabetes, fostering their belief in their ability to successfully self-manage their condition.

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 a person-centered approach may require a significant adjustment for some healthcare providers. In traditional care, the provider assumes the role of the captain, steering the ship, providing the fuel, and plotting the course. However, in person-centered coaching, the provider becomes the rudder, guiding the individual while they steer their own course towards better health.

For this conversation, we imagine someone struggling with technology-related diabetes distress after switching from checking blood sugars using a meter to trying to make sense of the data being generated by their new CGM.

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 insulin each meal is hard for you because you are worried about taking too much." OR

"It's hard not to constantly check your blood sugar on your CGM because you are worried that it is going above range." OR

"It sounds like you blame yourself for having blood sugars that are above target."

Listening and reflecting on the individual's struggles 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 the person who feels worried about elevated blood sugars, **"I am curious to learn more about your feelings when blood sugars go above target."**

As care providers, we may be slightly overanxious to get to the "action" phase, which involves 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 listens carefully to what the person shares.

Along with the struggles and barriers, the individual might say,

"I will try only to check my blood sugar levels before meals and two hours after a meal instead of twenty times a day" or

"I could try adjusting my insulin dose for a week to see how that affects 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 ways to change behavior, 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 tiny step by saying,

"So, you think you could limit checking your blood sugars to about eight times a day?" or

"You think you could adjust your insulin dose for a week to see if that lowers post-meal blood sugars?"
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 prescription or declaration and stick with asking questions.

If they volunteer—"I will limit checking my blood sugars on my CGM to eight times a day." Or

"I will adjust my insulin dose to see if it lowers my post-meal blood sugars."

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 we have these great ideas that 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.

In the short term, people are usually willing to make changes when they're terrified—when they first get diagnosed—but that willingness wanes in a relatively short period. The question is how to energize the person 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 decreased their CGM checks to eight times a day or adjusted their mealtime insulin, we can 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 will help the person feel that their effort was well spent. It will help them feel heard instead of us just "fixing it." Over time, your empathy will build 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>