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Disclosure to Participants

- Notice of Requirements For Successful Completion
 - Please refer to learning goals and objectives
 - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
 - Presenter: Jennifer A. Markee, LMSW, CDE - No COI/Financial Relationship to disclose
 - Employment: BarnesCare, Corporate Health Services-BJCHHealthcare and Clinical Pump Consultant for Animas Corp.-Kelly Services
- Non-Endorsement of Products:
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- Off-Label Use:
 - Participants will be notified by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration.

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Why are you here?

Addressing the Psychosocial Needs of Patients During Diabetes Education

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Learning Objectives

- Participants will be exposed to psychosocial components of diabetes education.
- Specific social work and behavioral components of Diabetes Self-Management Education, including behavior modification techniques for educating patients, will be demonstrated.
- Diabetes educators' roles in assisting patients in self-management behavior change will be described.
- Participants will be able to identify at least 2 questions to use to: establish a connection with patients, identify the level of knowledge, or assess for signs of depression.

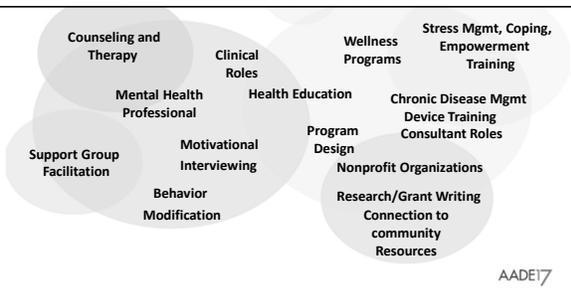
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Jennifer A. Markee, LMSW, CDE

- Over 17 years experience providing education, social work and behavioral medicine to individuals with diabetes and related illnesses
- Development and leadership expertise with diabetes education in various settings
 - Clinical
 - Nonprofit and Community
 - Corporate Wellness
- Bonus fact...diagnosed with Type 1 at age 12

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Social Work & Diabetes: Positions and Roles



Diabetes Self-Management with the AADEI7™ Self-Care Behaviors



Session Overview

- Skills for establishing a connection with each patient
- Connecting choices/behaviors and outcomes for patients
- Assessment of patient psychosocial needs
- Behavior modification and other techniques for educating patients
- Patient Empowerment to enable self-management behaviors and improve diabetes outcomes
- Identifying the need for referrals

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Establishing a Connection

- **Open-ended questions** to facilitate discussion with your patient
 - Everyone with diabetes has a story. Can you tell me your story...
 - I've reviewed your chart, but what do you think is important for me to know about you or your diabetes?
 - What do you see as the most difficult aspect of improving your health? ...of having diabetes?
 - Is there anything specific that I need to know or can help you with today?

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Establishing a Connection

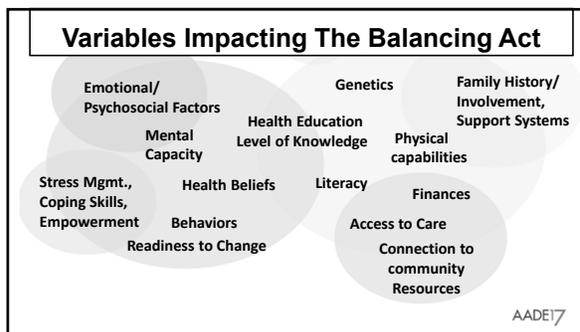
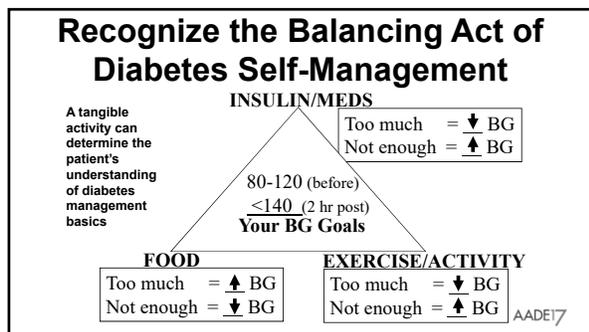
- Be willing to share a portion of **“your story”** or perspective with the patient
 - Share the positives of your experience
 - Why do you do what you do?
 - Offer how/why it is important to you that the patient get something out of the education or visit

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Identifying a Patient's Needs and Level of Knowledge

- Determine **the level of understanding and motivation** that exists
 - How are you treating your diabetes now?
 - What did you and the doctor discuss at your visit concerning your diabetes care?
 - What are your greatest concerns/challenges in caring: for yourself? ...for your diabetes?

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- ### Tips for Collaborative Education:
- | <u>Do</u> | <u>Don't</u> |
|--|--|
| <ul style="list-style-type: none"> ○ Discuss concerns, issues, or topics <u>with</u> the patient ○ Ask questions to identify needs ○ Offer suggestions for patient to reach his/her own goals | <ul style="list-style-type: none"> × Lecture or Preach the "right" way <u>at</u> the patient × Assume patient's level of knowledge × Try to "fix" the patient or all his/her problems |
- AADEI7

- ### Tips for Collaborative Education:
- | <u>Do</u> | <u>Don't</u> |
|--|--|
| <ul style="list-style-type: none"> ○ Recognize they may be doing the best they can ○ Empathize with the daily struggles/choices each patient faces ○ Provide choices which will promote healthy behaviors | <ul style="list-style-type: none"> × Expect "perfection" or excellent control all the time × Make judgements of a patient for "poor" decisions × Give ultimatums or "orders" regarding care |
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- ### Tips for Collaborative Education:
- | <u>Do</u> | <u>Don't</u> |
|---|---|
| <ul style="list-style-type: none"> ○ Refocus "support" upon patient's behavior ○ Admit and find out | <ul style="list-style-type: none"> ○ Control of is upon your own ○ answers to questions |
- Reframe the Question:**

Sometimes, **HOW** you ask is more important than **WHAT** you ask!
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- ### Questions to Consider - Remember to ASK, Don't tell...
- What does your diabetes routine look like each day?
 - What worries you the most?
 - What would you change, if you could?
 - Do you test your BG?
 - Does your current regimen help your BG level?
 - How does it (your medication, exercise, eating...) work for you?
 - Do you have a lot of lows? highs?
 - Do you have a good relationship with your physician?
 - Do you feel overwhelmed by the things you have to do each day to care for your diabetes?
 - Why are you here today?
 - What goals do you have in mind?
 - How can I best help you today?
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Ask...

“What changes are you willing to make to get the results you want?”

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Techniques to Assist with Behavior Modification

- Patient identifies a desired goal or outcome
- Identify the specific behaviors that need to change to reach the goal.
- Behavior must be SMART Goals and measurable
- Establish a level of specification or timelines for each behavior and the ultimate goal
- Identify obstacles, motivations, rewards and consequences.

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Techniques to Assist with Behavior Modification

- Identify a support team which is willing and able to assist patient
- Insure goals are realistic and obtainable
- Set up a form of accountability/tracking for behaviors
- Encourage use of behavioral techniques:
 - Countering
 - Environmental Controls
 - Rewards
 - Patient Empowerment

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Behavior Modification

- **Countering** = Substituting a healthy alternative for behavior to change or changing the response to a situation
 - Address how the patient thinks about the “problem” behavior
 - Self-defeating thoughts usually accompany most unhealthy habits
 - Identifying these self-defeating thoughts and replacing them with more realistic ones will promote behavior change

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Self-defeating vs. Counter-thinking

<ul style="list-style-type: none"> × I'll never lose weight so there's no use trying. × I just can't stand not eating my sweets. × I've had a rough day. I deserve to eat anything I want. 	<ul style="list-style-type: none"> ○ Losing weight is hard, but that doesn't mean I can't do it. ○ I like sweets, but I need to limit them to reach my weight-loss goals. ○ It's been a stressful day, but I'll only feel worse if I binge eat.
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Behavior Modification

- **Environmental Controls** = changing the situation itself or structuring the environment
 - Setting up an environment which makes it easier to choose the “right” thing and harder to choose the “wrong” thing
 - Avoidance of situations that can trigger the unwanted behavior
 - Reminders to encourage the planned or desired behavior

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Behavior Modification

Rewards = Positive Reinforcement

- Behavior that is rewarded tends to be strengthened and repeated.
- Behavior that isn't rewarded tends to fade away.
- Use of a Behavioral Contract or Chart to help the patient to specify how to reward him/herself for making progress toward the ultimate goal

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Patient Empowerment - Ask, Don't Tell:

- Meet your patient where he/she is in the education process
- Have educational objectives identified, but be willing to modify according to patient's particular needs and goals
- Provide support, assistance, and reinforcement for positive behavior changes

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It's NOT working... What's next???

What if patient is unwilling or unable to engage in active self-management despite recognizing a need for change?

Consider other possible factors

Depression, Diabetes Distress, Anxiety, Psychiatric issues, Substance Abuse...

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Techniques that can help

- Use goal setting to identify motivators, as well as the struggles. Connect them, making it easier for patient to change or to continue behaviors
- Facilitate self-efficacy beliefs, specifically related to diabetes behaviors
- Increase coping skills, abilities to progress forward
- Re-examine motivation(s) and expectations regularly

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Ask directly...

Do you have trouble accepting your diabetes?

Does diabetes overwhelm you or Do you feel burnt out by the demands of diabetes?

Do you feel supported by your team (or family)?

What worries you about this change?

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Know the Signs of Diabetes and Depression

- Ongoing sad, anxious, or empty feelings/hopelessness
- Loss of Pleasure, Interests
- Change in appetite
- Change in Sleep Patterns
- Early to rise, Morning Sadness
- Trouble Concentrating or Making Decisions
- Loss of Energy
- Nervousness
- Guilt or Helplessness
- Ongoing aches/pains
- Suicidal Thoughts

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Ask Directly...

Do you feel _____?

Depressed

Sad

Hopeless

Helpless

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When is a Referral needed?

- After ruling out physical causes
- For diagnosis or treatment, if there is any concern of mental illness or disorder
- If behaviors continue to go unchanged despite all efforts ... and health outcomes continue to worsen
- Seek out mental health specialists, just as you would for a physical illness or diagnosis beyond your level of comfort or expertise

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**Identify one technique
you gained from this session?**

**What plan can you make today to
put this into practice?**

Now...write it down

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**Remember, I wouldn't ASK,
if I didn't want to know.**

**Comments and Questions?
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