Education Process For Diabetes Self-Management

KEY COMPONENTS:

- Collaboration

- Includes assessment, goal setting, planning, implementation and evaluation

- Individualize - what and how to ask questions addressing objectives

Key Components Conti’

- Differentiate between treatment, learning objectives and lifestyle behaviors

- Lifelong process

- Critical thinking skills

- Documentation
Goals and Learning Objectives

- State the common features in the Diabetes Prevention Landmark studies.
- Discuss the components of the Empowerment-Behavior Change Model.
- Identify importance of Health Beliefs and Attitudes.
- Explain the theories affecting diabetes management behavior change.

Objectives Continued

- Assess the challenges faced in diabetes self-management.
- Describe the elements of developing a plan including the difference between learning and behavioral objectives.
- Incorporate 7 components of American Association of Diabetes Educators (AADE 7) in developing a plan.
Five-Step Process

1. Assessment
2. Goal Setting
3. Planning
4. Implementation
5. Evaluation/monitoring

Effective Assessments

- Reveal lifestyle issues and factors
- Patient-centered
- Involve family members and caregivers
- Identify needs in special populations
- Honor cultural differences
- Discover high-priority problems
“Appreciative Coaching or Inquiry”

Approach with attitude of curiosity???
What to ask?

- Direct questions
- Daily review
- Responses to deviations
- Specific examples
- Imagined situations
- Barriers

Setting Goals
Differentiate treatment, learning objectives and behavioral Objectives

Learning Objectives
-objective planning to meet at end of educational intervention

Behavioral Objectives
-Planned, measurable change in behavior

Planning

Addresses clinical and behavioral goals
Identifies gaps in knowledge and addresses

S = Specific
M = Measureable
A = Actionable
R = Realistic
T = Time-bound

Implementation

Provide and link to resources.
Evaluation/Monitoring

AADE7 SELF-CARE BEHAVIORS:
- 1. Being active
- 2. Healthy eating
- 3. Monitoring
- 4. Taking medication
- 5. Problem solving
- 6. Healthy coping
- 7. Reducing risks

Approaches to Patient Education

Compliance Approach vs Empowerment Approach
Theory VS Models

- **Theory**
  - Set of assumptions or facts attempting to provide an explanation

- **Model**
  - Used to explain or apply a theory

Empowerment – Behavior Change Model

- Reflecting
- Discussing
- Solving problems
- Responding
- Choosing
Health Beliefs and Attitude

**Health Belief Model:**
Behavior reflects person’s subjective interpretation of a situation.

**Expanded Health Belief Model (EHBM)**

- **Additional Constructs:**
- **Cues to Action**
- **Self-efficacy**
SOCIAL COGNITIVE THEORY

- EVOLVED FROM Bandura's social learning theory
- Individuals learn from personal experience and observing the behaviors and behavioral consequences of others

Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TRA-TPB)

- TRA developed by Fishbein
- TRA – TPB extended by Azjen
TRA-TPB 3 Constructs

- Attitudes and beliefs had about targeted health behavior
- Thinkings of how public or community view the behavior
- How well equipped with knowledge and skills to perform the behavior

Transtheoretical Model

1. Precontemplation - not thinking about change
2. Contemplation - considering change
3. Preparation - seriously considering change
4. Action - in process of behavior change
5. Maintenance - continued change for a period of time
MOTIVATIONAL INTERVIEWING
CONVERSATION ABOUT CHANGE

Guiding Principles:
- Expressing empathy
- Developing discrepancies
- Rolling with resistance
- Supporting self-efficacy

Common Challenges
- Depression
- Anxiety
- Eating Disorders
- Stress
- Adjustment in pregnant women
Challenges

- Depression twice as common.
- Clinical anxiety disorder, common problem.
- Eating Disorders

Social Support

- Emotional
- Informational
- Instrumental
- Affirmational
Contextual influences:

Barriers to Learning:

- Self-care behavior reflects level of cognitive maturity achieved.
- Cognitive Maturity = ability to reason about abstract concepts inherent in diabetes management

Behavior Change

NOTE

99% of diabetes care is self-care.
**ASSESSMENTS**

- Address lifestyle issues
- Patient –Centered
- Family and Caregivers
- Special Populations
- Practice Settings
- Activities of Daily Living
- Cultural Sensitivity
- Pressing Needs

**Case Discussion - Mr. Smith**

Diagnosed 2 weeks ago

- 54 Year old AA male, divorced, living alone, cab driver, 6’4” tall, 309 Lbs. (formerly 365)
- Grown children with grandchildren, in town
- Family history of DM Type 2, mother died from complications and sister has it
- Drank 2-3, 16 oz. sodas a day prior to diagnosis
- Walks 5 miles on Saturdays
Discussion

- What theoretical approach would motivate Mr. Smith?
- What health beliefs and attitudes does Mr. Smith have?
- What stage of Transtheoretical Model or change is Mr. Smith in?
- What forms of social support does Mr. Smith have?

Rapport-Do Not’s

- Use fear to motivate
- Be judgmental
- Interrupt too quickly
- Ignore feelings and emotions
RESOURCES

- **A Core Curriculum for Diabetes Education, Fifth Edition.**
  Editor, Marion J. Franz, MS, RD, LD, CDE, American Association of Diabetes Educators, 2003.


- **The Art and Science of Diabetes Self-Management Education, Desk Reference, THIRD EDITION.** Editor in Chief, Carole’ Mensing, RN, MA, CDE, FAADE