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March 15, 2023

MOTIVATING BEHAVIOR CHANGE IN DIABETES SELF- MANAGEMENT



Disclosures

- None!

Objectives

- Describe ways health psychology can be a support for diabetes management
- Outline key elements of motivational interviewing
- Apply “SMART goals” format in goal-setting

HEALTH PSYCHOLOGY

- I am part of the inpatient Consultation Liaison team at AFCH
- **Our primary roles in diabetes care include:**
 - Support adjustment to new diagnosis including coping with pokes
 - Normalize grief process associated with a new chronic condition
 - Explore strengths and pre-existing mental health concerns/other potential barriers to management
 - For patients admitted for DKA – identify challenges to self-management, clarify motivation for change, and set reasonable goals

DIABETIC KETOACIDOSIS

- Approximately 1 DKA per year for every 14 diagnosed pediatric patients (Maahs et al., 2015)
- **Common reasons we see DKA in the hospital:**
 - Difficulty with self-management
 - Illness/acute situation (e.g. sleep-over)
 - Technology malfunction

OUR GENERAL
PHILOSOPHY...

**EVERYONE IS DOING THEIR
BEST WITH THE SKILLS AND
KNOWLEDGE THEY HAVE.**

STAGES OF CHANGE*

*WITH A GRAIN OF SALT...

- **Precontemplation**: No intention of changing right now.
- **Contemplation**: Aware of problem and considering action but no commitment
- **Preparation**: Intent on taking action soon and have taken some steps in that direction
- **Action**: Actively modifying behavior and environment to overcome the problem
- **Maintenance**: Made a sustained change, behavior is established

(But... this is a pretty old model and over-simplifies the complexity of choice and under-recognizes other important contextual variables. Still, it is a handy broad guideline to gauge how to target intervention...)

MOTIVATIONAL INTERVIEWING

Main purpose: Empower behavior change

It is NOT convincing or persuading someone to change, but rather exploring and clarifying their own motivation and dedication to doing so

Useful for older children and teens, and caregivers of all ages of children, when they are already considering making a change

MOTIVATIONAL INTERVIEWING

Express empathy and explore values

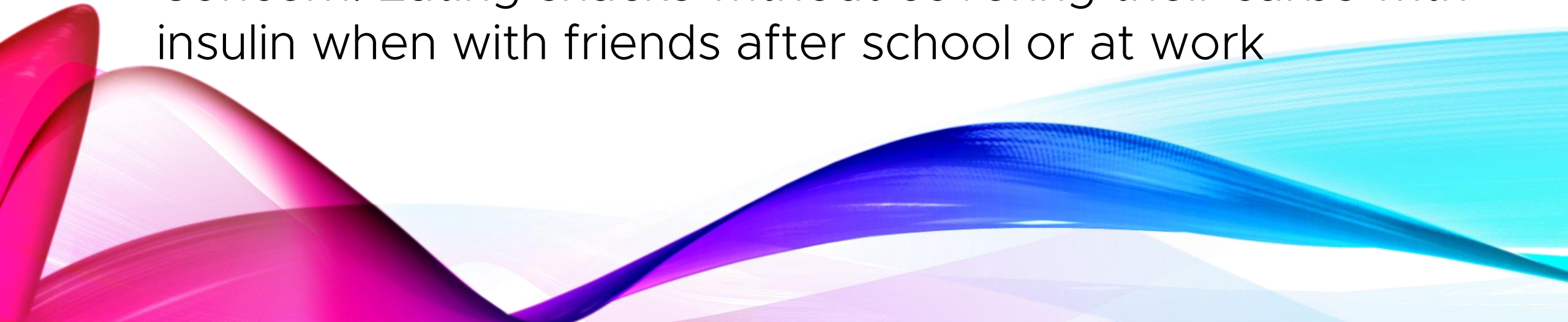
- Ask permission – “Do you mind if we talk about...?”
- Ask open ended questions
- Use reflective listening
- Normalize

Attending to and eliciting change talk

- Reflect words/phrases related to change
- Ask what they would like to be different

EXAMPLE

- 16-year-old, cisgender Latina female
- Diagnosed with Type 1 Diabetes 3 years ago
- Family supportive and engaged but parents work long hours and there are multiple younger siblings at home
- Concern: Eating snacks without covering their carbs with insulin when with friends after school or at work



EXAMPLE

- Do you mind if we talk about missing doses of insulin?
- Can you tell me more about what happens after school related to snacks?
- What is it like for you when you need to take insulin?
- That does sound frustrating...
- I'm guessing your doctors have probably expressed concern about that. Why do you think they're worried about it? How concerned are you about that?
- I hear that it's been super hard to change. If it were possible to give insulin for food more frequently, what other good things might happen as a result?

MOTIVATIONAL INTERVIEWING

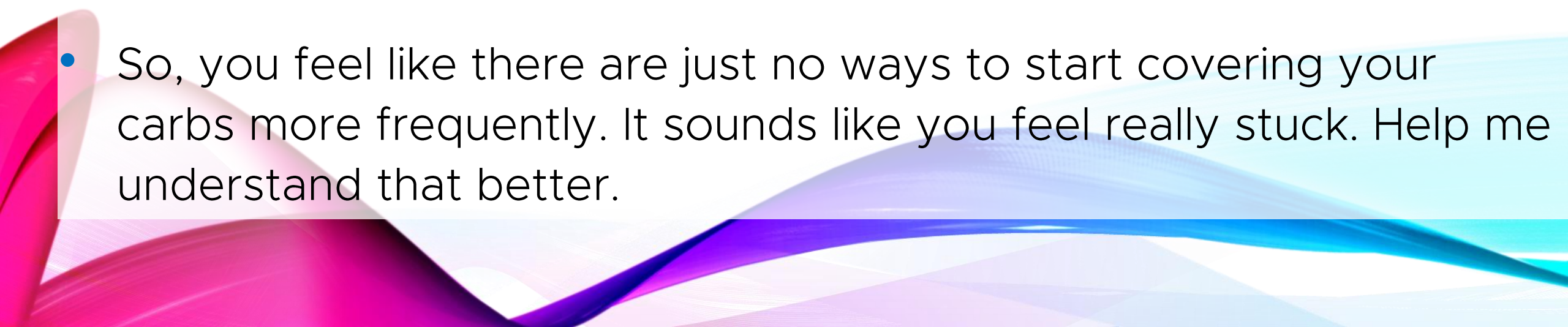
Highlight ambivalence

- What are some of the good things about [behavior]? On the flipside, what are some of the less good things?

Rolling with resistance

- Agree with the emotions and challenge! It does suck to deal with this stuff!
- Resist the “righting reflex”

EXAMPLE

- If you started giving insulin for food more frequently – what could be potential costs of that over the coming year? Would it impact things with school or friends or family? What might be benefits?
 - What about if you never cover your carbs for snacks, would there be benefits to that? What about the costs over the next year? The next few years?
 - So, you feel like there are just no ways to start covering your carbs more frequently. It sounds like you feel really stuck. Help me understand that better.
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MOTIVATIONAL INTERVIEWING

Affirming past efforts and success

- Include just having thought of ideas for changing...
- Provide praise for traits they are demonstrating (e.g. maturity, insight, determination)

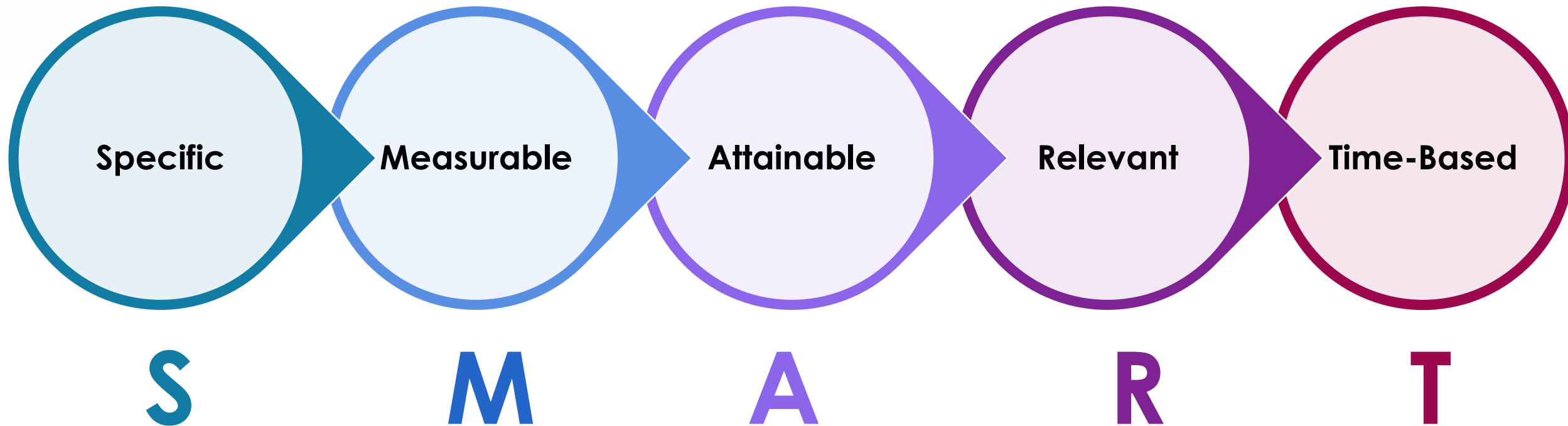
Consolidate commitment and planning

- Scaling questions
- SMART goals

EXAMPLE

- Even though you still forget to give insulin for food sometimes, it sounds like you're doing it more often than before. How have you been able to do that?
- You said you would like to be more aware of your snacking. What ideas have you considered?
- Do you mind if I share some strategies other young people sometimes use?
- How confident are you that you'll be able to cover your carbs more frequently using these ideas, with 1 being "nah, I probably still won't change" and 10 being "yeah, I'll totally do it all the time!"

SETTING GOALS



SETTING GOALS

- Start with where they are right now!
- Patient-generated
- Explore potential barriers
- Be detailed! Who, where, how, when...

EXAMPLE

- Right now I am not covering carbs for any snacks
- My goal is to cover carbs for snacks at least 2-3 days per week
- Things I will do to work toward that goal:
 - Educate my friends about diabetes and ask them to remind me if we are hanging out after school
 - Speak to my supervisor at work about taking a longer bathroom break so I can take my insulin
 - Set a reminder on my phone right now, that will go off about 30 min after school which is when I would usually be snacking.

COLLABORATIVE CARE

Diabetes is complicated, and often there is no quick fix for layers of challenges

- Connect with an outpatient health psychologist/counselor
- Generate strategies with the patient AND caregivers
- Collaborate with Social Work to support families experiencing systemic/logistical barriers
- Ideally engage as many potential supports as possible – school, community, doctors, etc.

QUESTIONS?



THANK YOU!

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