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# Psychosocial Assessment and Care



DIABETES CENTER OF EXCELLENCE

Outreach • Clinical • Research • Excellence

**1515-1630**  
**12 September 2019**

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USAF  
Wilford Hall Ambulatory Surgical Center  
JBSA Lackland

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At the conclusion of this knowledge-based activity, participants will be able to:

- Identify challenges to outstanding clinical outcomes
- Describe Motivational Interviewing (MI) and its relation to Shared Decision Making (SDM)
- Discuss role of the Internal Behavioral Health Consultant (IBHC)
- Review brief psychosocial outcome measures options

# the war on diabetes

**the war on diabetes**

***So how's it going?***



<https://www.insider.com/nailed-it-netflix-baking-fails-photos-2018-3>



<https://www.insider.com/nailed-it-netflix-baking-fails-photos-2018-3>





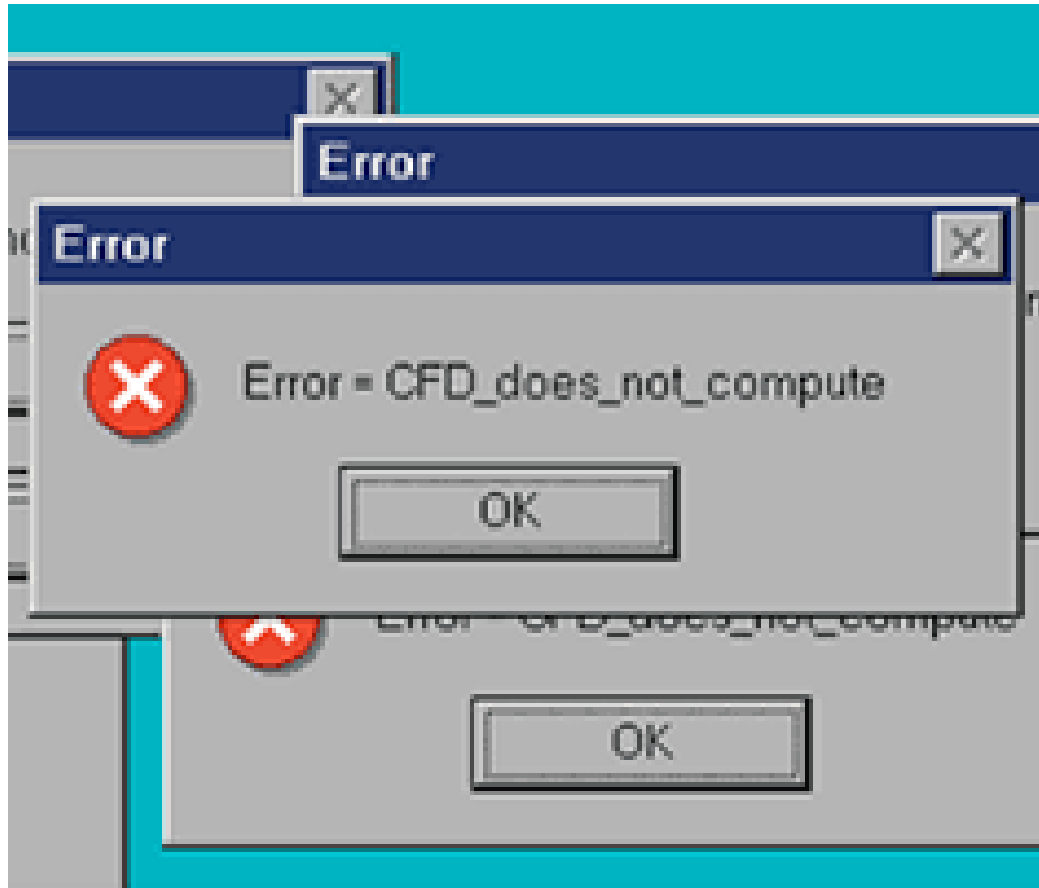
<http://fustany.com/en/lifestyle/the-kitchen/the-pancake-series-rainbow-colored-pancakes>



<https://www.pinterest.com/pin/2885187235932550/>



<https://materecclesiaecollege.com/2019/11/18/ecclesial-thought-first-term-week-ten-instruction/>



<https://www.team-consulting.com/insights/error-cfd-does-not-compute/>

# You might begin to wonder...

## What's the password to human compliance!?

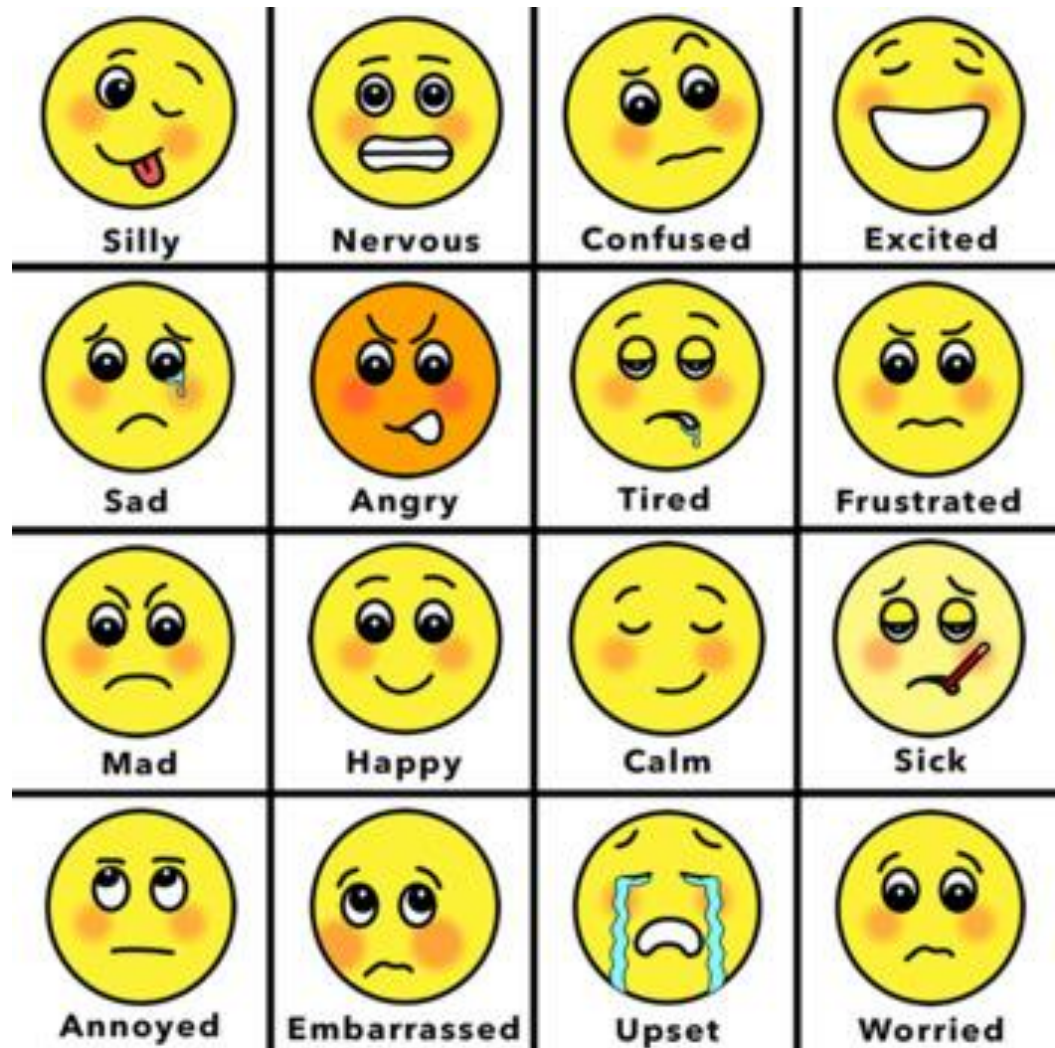


GeekPrank.com

# Emotions



<https://www.developingkidsminds.com/post/2019/03/31/helping-kids-with-emotions-inside-and-out>



<https://www.teacherspayteachers.com/Product/Emotions-Clipart-4642885>

# Emotional Reactions: Depression

- Increased rate of depression/depressive symptoms
  - Major Depressive Disorder more common among persons with diabetes (vs. community adults)<sup>1</sup>
    - 60% when use structured clinical interviews vs. 2-3x higher rate initially described
    - Symptoms of depression more common and also associated with poor self-care, increased risk of complications, and early mortality
  - Among working Danish adults ages 18-54:<sup>2</sup>
    - Increased antidepressant filled prescriptions within one year (2.6%)
    - Increased antidepressant filled prescriptions within five years (10.4%)
    - Rates highest for females and lower SES individuals

<sup>1</sup> Gonzalez, J.S., Fisher, L., & Polonsky, W.H. (2011); <sup>2</sup> Cleal, B., Panton, U., Willaing, & Holt, R. (2018)

# Emotional Reactions: Diabetes-Related Distress

- Significant negative emotional reactions to the diagnosis of diabetes, threat of complications, self-management demands, unresponsive providers and/or unsupportive interpersonal relationships
- Depressive symptoms distinct from diabetes-related distress
  - Share 23% variance

Gonzalez, J.S., Fisher, L., & Polonsky, W.H. (2011)



# Considering Emotional Reaction in Supporting Diabetes Self-Management

- Acknowledge emotional distress is a common component of the experience of diabetes
- Interventions addressing both distress and diabetes management are likely to have stronger effects than those focusing on only one
  - Understanding diabetes-related factors contributing to distress will aid in effective intervention development
- Levels of distress can vary significantly over time and should be evaluated regularly
- Strive to treat distressed patients within diabetes practice setting

When considering human factors (emotions, challenges with behavior change), what models/approaches to patient interaction have you heard about that could be helpful?

# *VA/DoD Clinical Practice Guideline for the Management of Type 2 Diabetes Mellitus in Primary Care*

## **A. General Approach to T2DM Care** ***Recommendation***

1. We recommend **shared decision-making** to enhance patient knowledge and satisfaction.

### ***Definition***

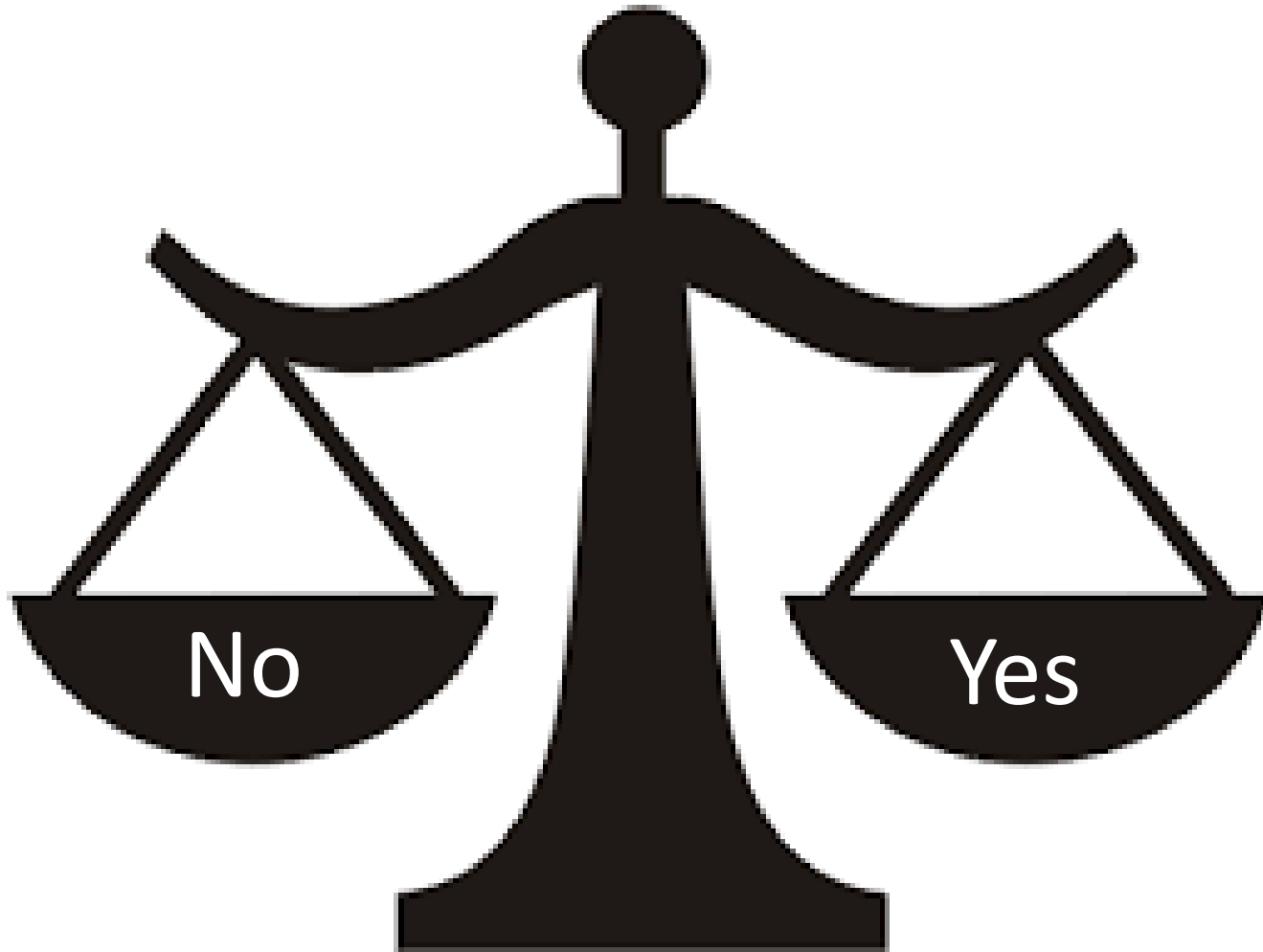
- Provider and patient decide to together the best treatment option
- Optimal decision takes into account evidence-base about options, the **provider's knowledge and experience**, and the **patient's values and preferences**.



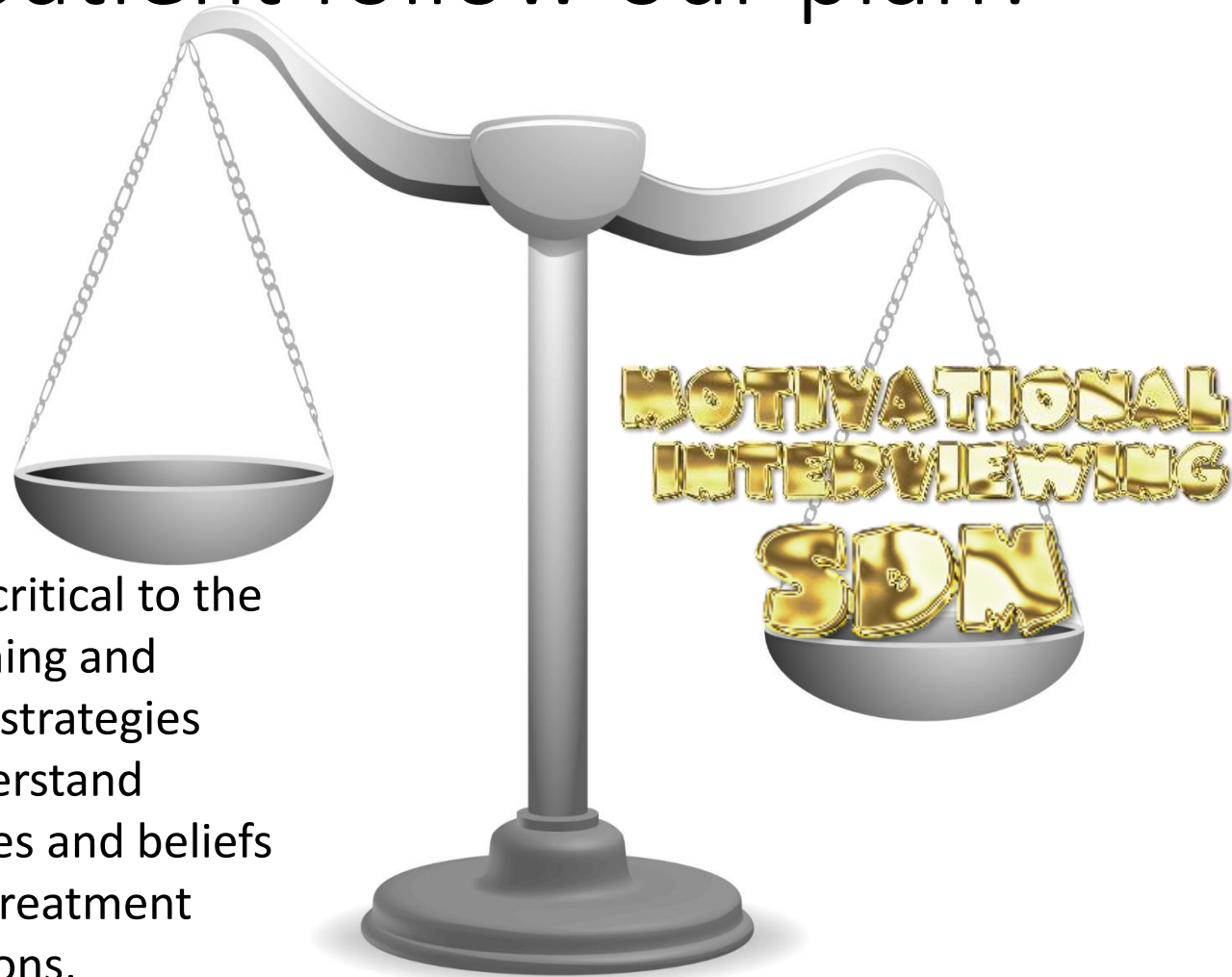
<http://comarochronicle.co.za/108946/working-together-achieves-success/>

<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

# Will my patient follow our plan?



# Will my patient follow our plan?



...Shared understanding is critical to the SDM process. Health coaching and **motivational interviewing** strategies can assist clinicians to understand patients' perceptions, values and beliefs regarding their condition, treatment and self-management options, particularly when patients appear to be reluctant to fully participate in decisions and care....

<https://jacquimurray.net/2015/10/30/8-websites-on-financial-literacy/>

# Learning Objectives

At the conclusion of this knowledge-based activity, participants will be able to:

- Identify challenges to outstanding clinical outcomes
- Describe Motivational Interviewing (MI) and its relation to Shared Decision Making (SDM)
- Discuss role of the Internal Behavioral Health Consultant (IBHC)
- Review brief psychosocial outcome measures options

# MOTIVATIONAL INTERVIEWING

Collaborative

Goal-oriented conversation

Characterized by the *strategic use* of verbal behavior.

# MOTIVATIONAL INTERVIEWING



**Collaborative**

**Goal-oriented conversation**

**Characterized by the *strategic use* of verbal behavior**



# RESISTANCE



**CHANGE**

**SUSTAIN**

**AMBIVALENCE**



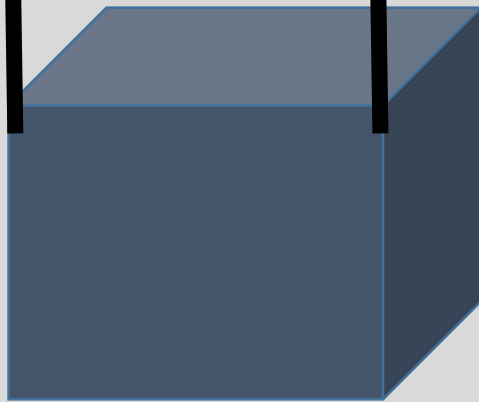
**CHANGE**

**SUSTAIN**

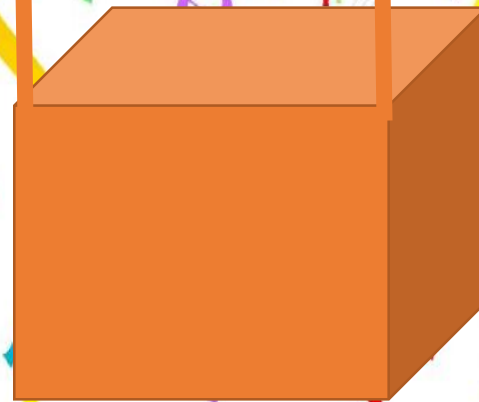


**AMBIVALENCE**

**UNPLEASANT  
TRUTHS**



**COMFORTING  
LIES**



# WHICH CHAIR WOULD YOU LIKE



**CHANGE**

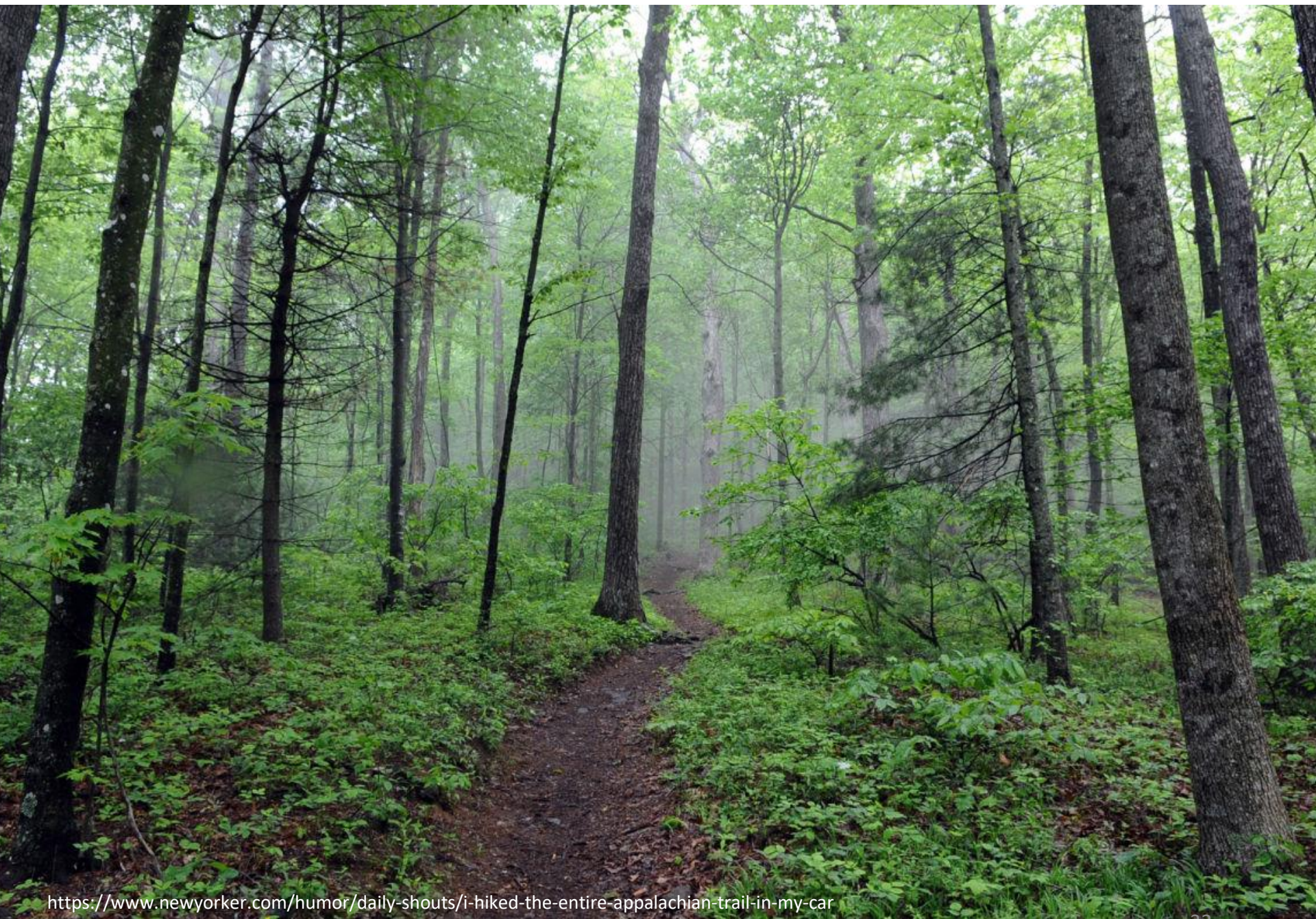
**SUSTAIN**



# FOR THE PATIENT TO OCCUPY?

# NOT Motivational Interviewing

Bad example video here



<https://www.newyorker.com/humor/daily-shouts/i-hiked-the-entire-appalachian-trail-in-my-car>



A photograph of a misty forest path. The path is narrow and made of dirt, winding through a dense forest of tall, thin trees. The ground is covered in green ferns and other low-lying plants. The atmosphere is hazy and serene.

I want to be there  
for my grandson

I'm too busy

None of my family will eat like this

Things have got to change

I'd walk, but I'm in too much pain

I'm scared to end up like my dad

I want to be there

for my grandson I'm too busy

None of my family will eat like this

Things have got to change

I'd walk, but I'm in too much pain

I'm scared to end up like my dad

I want to be there  
for my grandson

**I'm too busy**

**None of my family will eat like this**

Things have got to change

**I'd walk, but I'm in too much pain**

I'm scared to end up like my dad

**I want to be there  
for my grandson**

I'm too busy

None of my family will eat like this

**Things have got to change**

I'd walk, but I'm in too much pain

**I'm scared to end up like my dad**

**I want to be there  
for my grandson**



**Things have got to change**

**I'm scared to end up like my dad**

None of my family will eat like this



I'm too busy



<https://www.vectorart.com/vector-art/181604-poison-ivy-plant-free-vector>

I'd walk, but I'm in too much pain







<https://www.jonesgolfbags.com/products/classic-stand-bag-black?variant=>



<https://www.homedepot.com/p/Husky-Screwdriver-Set-15-Piece->



# QUESTIONS



<https://www.homedepot.com/p/Husky-Screwdriver-Set-15-Piece->

# REFLECTIONS



<https://www.jonesgolfbags.com/products/classic-stand-bag-black?variant>

# ADVICE GIVING

Q U E S T I O N

REFLECTION

REFLECTION

REFLECTION

REFLECTION

Q U E S T I O N

Q U E S T I O N

REFLECTION  
REFLECTION  
REFLECTION  
REFLECTION

Q U E S T I O N

**ADVICE**



“I know I could do some things differently, but if my PCM would just back off, then thinking about all of this would be much less tense.”

“I know I could do some things differently, but if my PCM would just back off, then thinking about all of this would be much less tense.”

“You could do some things differently...”

“Unless your PCM backs off, you can’t imagine making any changes...”

“Would be nice if he gave you some space...”

# ENGAGE

*Set out together*

# FOCUS

*Pick a path*

# EVOKE

*Open-ended Questions*

*Affirmations*

*Reflections*

*Summary*

# PLAN

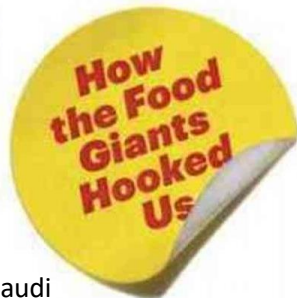
Winner of the Pulitzer Prize

**MICHAEL  
MOSS**

**Salt**

**SUGAR**

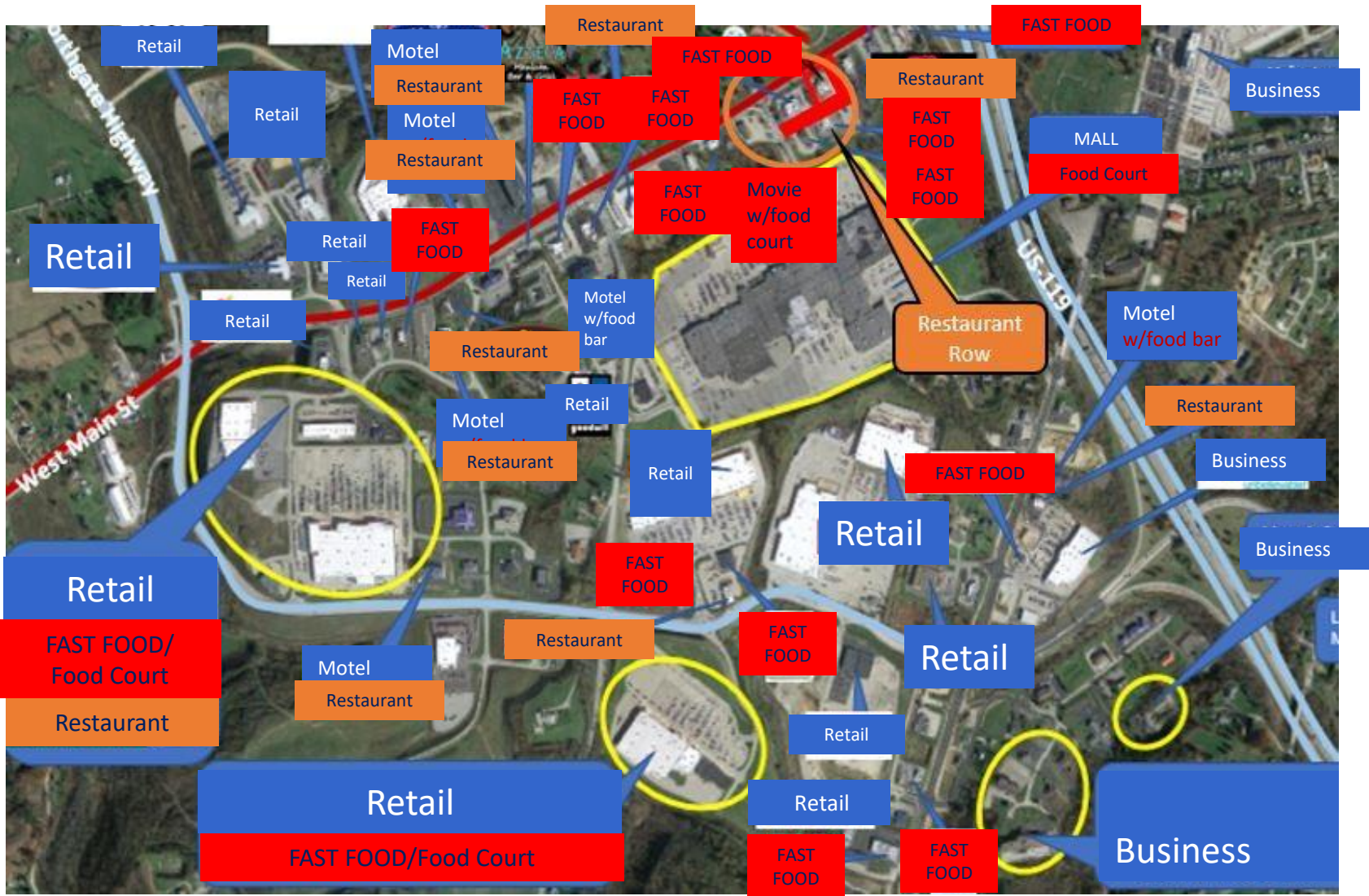
**fat**



*How hard must we work  
in order to live as we'd  
like?*

<https://audiobookstore.com/audiobooks/salt-sugar-fat.aspx>









<https://www.freespiritedme.com/5-signs-youre-the-mama-bear-of-your-work-family/>



**NO ADVICE-GIVING?**

**REALLY?**



<https://tucson-garage.com/emergency/>



**ASK:** “What would you most like to know about \_\_\_\_\_?”

**PROVIDE:** “Many people find that...”

**ASK:** “How does any of that strike you?”



<http://montanapropertiesllc.com/822-2/fresh-baked-bread/>



<http://montanapropertiesllc.com/822-2/fresh-baked-bread/>

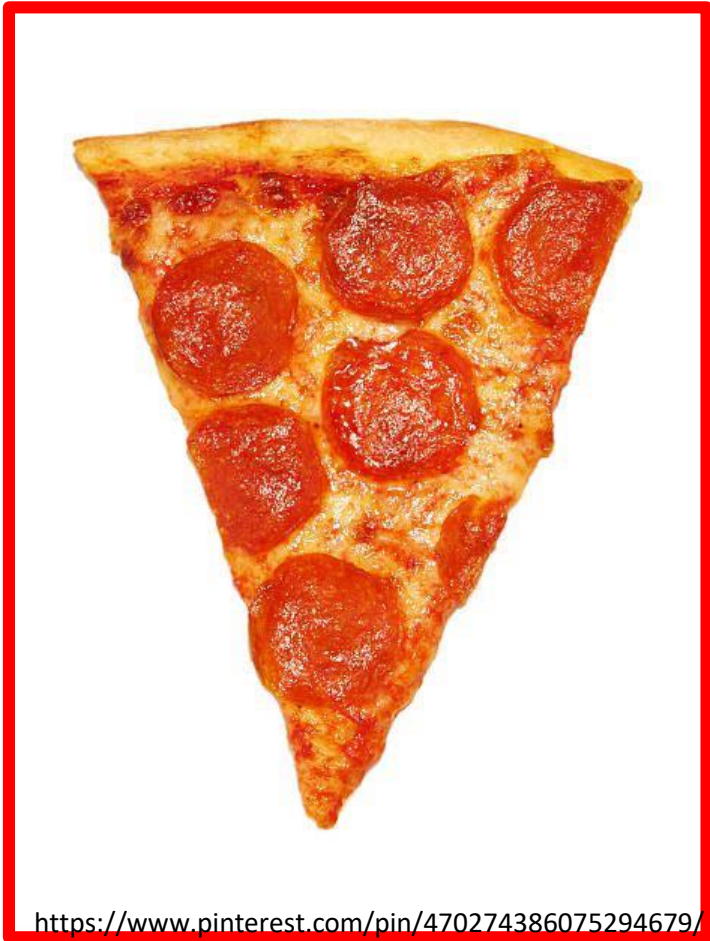








<http://www.preparednesspro.com/vital-bread-making-tips>



# Directing – Guiding – Following

Collaborative

Goal-oriented

Characterized by the *strategic use* of verbal behavior

Q U E S T I O N  
R E F L E C T I O N  
R E F L E C T I O N  
R E F L E C T I O N  
R E F L E C T I O N  
Q U E S T I O N



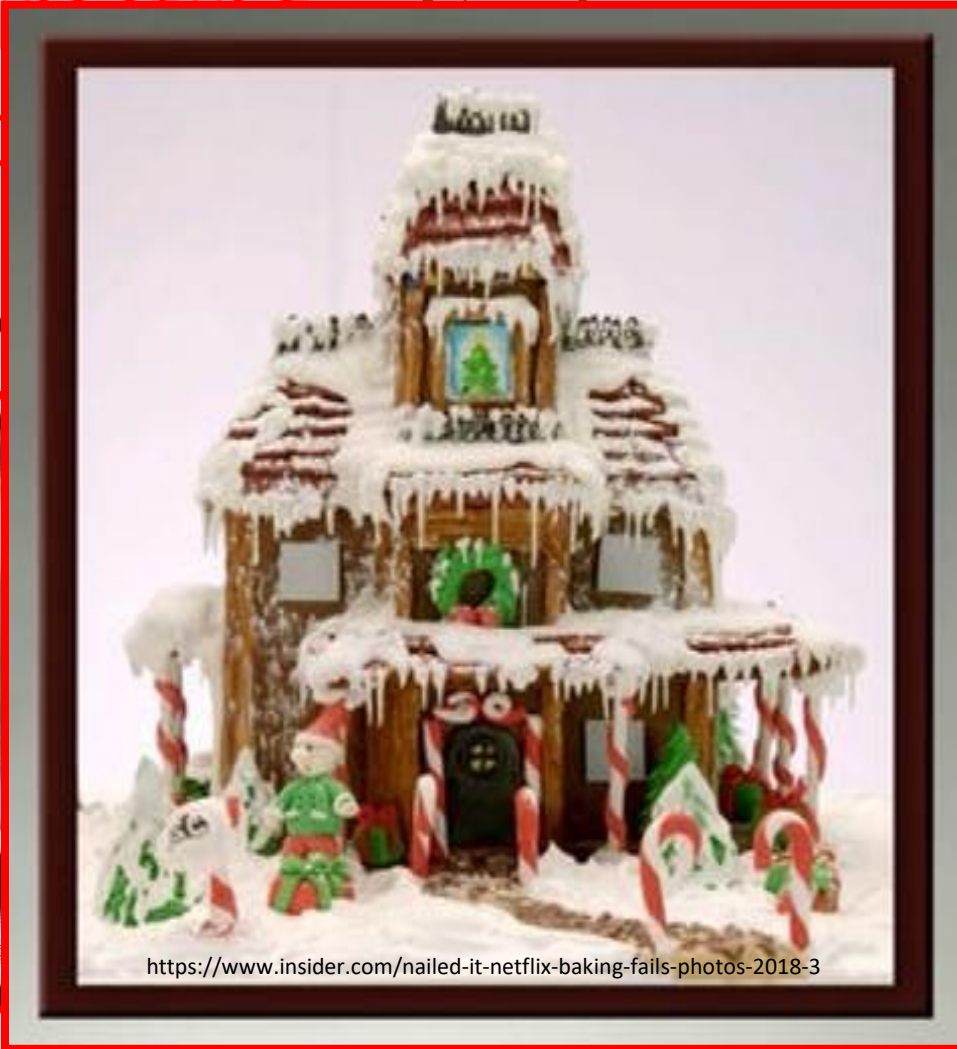
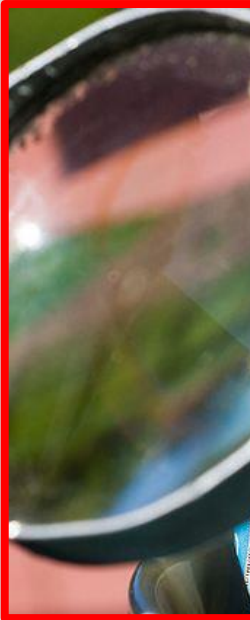
<https://greengroundsatuva.wordpress.com/2014/11/23/using-a-makeshift-magnifying-glass-to-purify-water/>



<https://www.freespiritedme.com/5-signs-youre-the-mama-bear-of-your-work-family/>

# Disruptive For

Collaborative  
Goal-oriented  
Characterized by



QUESTION  
QUESTION  
QUESTION  
QUESTION



# MI is more like this...

Good example video here

# Is this MI?

- Jacob: I got on the scale the other day and started thinking about getting back into exercise. My knee is messed up which limits what I can do. Honestly, I hate exercising anyway and am exhausted after 5 minutes.
- Practitioner: Exercise would be great! What a wonderful idea! Did you know that this will also help you with your A1C?

Is this MI? Why or why not?

# Is this MI?

- Jane: I know I missed the last two appointments... I am just so busy with my kids going off to college and I'm not really prioritizing me right now.
- Practitioner: I understand that, but just know we have a strict no-show policy to keep and we also can't help you if you don't make it in.

Is this MI? Why or why not?



# Is this MI?

- Frank: I'm scared if I don't do something about my diabetes- my wife is going to just watch me get sicker and sicker.
- Practitioner: You really want to make a positive change not just for you, but for your wife too.

Is this MI? Why or why not?

# Is this MI?

- Mac: I feel so stuck and don't know what to do. I have so many medical problems it's really hard to focus on this nutritional plan. The cardiologist said they "saw something" when they were monitoring me but I can't get a follow-up until next month. All my teenagers like different food and my oldest keeps bringing Pepsi home and Pepsi helps me get through the day. I'm sick and tired of being in this rut but there is too much going on.
- Practitioner: Sounds like you are facing real challenges with your health and nutrition for your whole family and you feel stuck. At the same time, it's important to you to figure out a way forward.

Is this MI? Why or why not?

# Is this MI?

- Tanya: I need to come up with some sort of plan to help myself get back on track. This health crisis has thrown me for a loop. I can't think about anything else. What do you think I should do?
- Practitioner: You're really excited to make some changes, I have just the thing!

Is this MI? Why or why not?

**Check the statements you agree with MOST:**

Healthy Eating (check one)		Physical Activity (check one)	
1. I am not building a healthy plate utilizing carbohydrate counting, and I do not plan to start in the next 6 months.		1. I am not exercising for 150 minutes per week, and I do not plan to start in the next 6 months.	
2. I am not building a healthy plate utilizing carbohydrate counting, but I plan to start in the next 6 months.		2. I am not exercising for 150 minutes per week, but I plan to start in the next 6 months.	
3. I am not building a healthy plate utilizing carbohydrate counting, but I plan to start in the next 30 days.		3. I am not exercising for 150 minutes per week, but I plan to start in the next 30 days.	
4. I am building a healthy plate utilizing carbohydrate counting, but I have been doing so for less than the past 6 months.		4. I am exercising for 150 minutes per week, but I have been doing so for less than the past 6 months.	
5. I am consistently building a healthy plate utilizing carbohydrate counting, and I have been doing so for more than the past 6 months.		5. I am exercising for 150 minutes per week, and I have been doing so for more than the past 6 months.	

**Over the past few months: (circle your answer)**

How many times a week did you eat fast food meals?	Less than 1	1-3 times	4 or more
How many servings of fruit did you eat each day?	5 or more	3-4	2 or less
How many servings of vegetables did you eat each day?	5 or more	3-4	2 or less
How many sugar sweetened beverages (such as: regular soda, sweet tea, juice, Gatorade) did you drink each day?	Less than 1	1-2	3 or more

**On how many of the last seven days did you do at least 30 minutes of physical activity, including walking?**

0      1      2      3      4      5      6      7      N/A

**On how many of the last seven days did you test your blood sugar? ("N/A" if you do not own a meter)**

0      1      2      3      4      5      6      7      N/A

**Sometimes it is hard to remember to take medicine, how many of the last seven days did you miss taking doses of your diabetes medication? ("N/A" if you do not take diabetes medicines)**

0      1      2      3      4      5      6      7      N/A

**What would you like to learn about managing diabetes? (Circle all that apply)**

Healthy Eating    Active Lifestyle    Medications    Healthy Coping    Monitoring    Problem Solving    Risk Reduction

**Why bother managing your diabetes? (Circle all that apply)**

Live a long life	Be involved with family	Care for myself	See children/grandchildren grow
Live an active life	Travel/Adventure	Spirituality/faith	Better care for others
Independence	Set an example for others	Personal growth	Other Reason(s):

**Given what you want out of life, how important is diabetes self-management?**

0	1	2	3	4	5	6	7	8	9	10
It doesn't matter									This is my #1 priority	

**These days, how confident are you that you can do what it takes to manage your diabetes effectively?**

0	1	2	3	4	5	6	7	8	9	10
Full of doubt									Perfectly confident!	

**In terms of diabetes self-management, when do you take the next step?**

0	1	2	3	4	5	6	7	8	9	10
This can wait				Soon		Very soon		NOW- This is it!		

Check the statements you agree with MOST:	
Healthy Eating (check one)	Physical Activity (check one)
1. I am not building a healthy plate utilizing carbohydrate counting, and I do not plan to start in the next 6 months.	1. I am not exercising for 150 minutes per week, and I do not plan to start in the next 6 months.
2. I am not building a healthy plate utilizing carbohydrate counting, but I plan to start in the next 6 months.	2. I am not exercising for 150 minutes per week, but I plan to start in the next 6 months.
3. I am not building a healthy plate utilizing carbohydrate counting, but I plan to start in the next 30 days.	3. I am not exercising for 150 minutes per week, but I plan to start in the next 30 days.
4. I am building a healthy plate utilizing carbohydrate counting, but I have been doing so for less than the past 6 months.	4. I am exercising for 150 minutes per week, but I have been doing so for less than the past 6 months.

**Given what you want out of life, how important is diabetes self-management?**

0	1	2	3	4	5	6	7	8	9	10
It doesn't matter										This is my #1 priority

**These days, how confident are you that you can do what it takes to manage your diabetes effectively?**

0	1	2	3	4	5	6	7	8	9	10
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**In terms of diabetes self-management, when do you take the next step?**

0	1	2	3	4	5	6	7	8	9	10
This can wait				Soon		Very	soon			NOW- This is it!

Healthy Eating	Active Lifestyle	Medications	Healthy Coping	Monitoring	Problem Solving	Risk Reduction				
<b>Why bother managing your diabetes? (Circle all that apply)</b>										
Live a long life	Be involved with family	Care for myself	See children/grandchildren grow							
Live an active life	Travel/Adventure	Spirituality/faith	Better care for others							
Independence	Set an example for others	Personal growth	Other Reason(s):							
<b>Given what you want out of life, how important is diabetes self-management?</b>										
0	1	2	3	4	5	6	7	8	9	10
It doesn't matter										This is my #1 priority
<b>These days, how confident are you that you can do what it takes to manage your diabetes effectively?</b>										
0	1	2	3	4	5	6	7	8	9	10
Full of doubt										Perfectly confident!
<b>In terms of diabetes self-management, when do you take the next step?</b>										
0	1	2	3	4	5	6	7	8	9	10
This can wait				Soon		Very	soon			NOW- This is it!

## DDS

**DIRECTIONS:** Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. Listed below are 17 potential problem areas that people with diabetes may experience. Consider the degree to which each of the 17 items may have distressed or bothered you DURING THE PAST MONTH and circle the appropriate number.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is not a bother or a problem for you, you would circle "1". If it is very bothersome to you, you might circle "6".

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling that diabetes is taking up too much of my mental and physical energy every day.	1	2	3	4	5	6
2. Feeling that my doctor doesn't know enough about diabetes and diabetes care.	1	2	3	4	5	6
3. Feeling angry, scared, and/or depressed when I think about living with diabetes.	1	2	3	4	5	6
4. Feeling that my doctor doesn't give me clear enough directions on how to manage my diabetes.	1	2	3	4	5	6
5. Feeling that I am not testing my blood sugars frequently enough.	1	2	3	4	5	6
6. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6
7. Feeling that friends or family are not supportive enough of self-care efforts (e.g. planning activities that conflict with my schedule, encouraging me to eat the "wrong" foods).	1	2	3	4	5	6
8. Feeling that diabetes controls my life.	1	2	3	4	5	6

**Reference:** Polonsky, W.H., Fisher, L., Earles, J., Dudl, R.J., Lees, J., Mullan, J., & Jackson, R.A. (2005). Assessing psychosocial distress in diabetes: Development of the Diabetes Distress scale. *Diabetes Care*, 28, 626-631.

# Emotional Burden

## Physician-related Distress

## Regimen-related Distress

## Interpersonal Distress

DIR  
and  
min  
with  
dist  
  
Plea  
you  
not  
mig

1. F up t phy						
2. F kno diab						
3. F dep livin						
4. F give how						
5. F bloo						
6. F with						
7. F are self-care efforts (e.g. planning activities that conflict with my schedule, encouraging me to eat the "wrong" foods).	1	2	3	4	5	6
8. Feeling that diabetes controls my life.	1	2	3	4	5	6

## THE DIABETES DISTRESS SCREENING SCALE

**DIRECTIONS:** Living with diabetes can sometimes be tough. There may be many problems and hassles concerning diabetes and they can vary greatly in severity. Problems may range from minor hassles to major life difficulties. Listed below are 2 potential problem areas that people with diabetes may experience. Consider the degree to which each of the 2 items may have distressed or bothered you DURING THE PAST MONTH and circle the appropriate number.

Please note that we are asking you to indicate the degree to which each item may be bothering you in your life, NOT whether the item is merely true for you. If you feel that a particular item is not a bother or a problem for you, you would circle "1". If it is very bothersome to you, you might circle "6".

	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
2. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6



# Role of Behavioral Health

- Assist in the adjustment to diagnosis
- Identify and address emotional factors associated with managing diabetes
- Increase likelihood of behavior change
  - Intervene with person with diabetes
  - Engage with health care team members



<https://dribbble.com/shots/454070-Working-Together>

**MAKE A WISH!**

**MAKE A WISH!**



<https://imgur.com/gallery/NVQBtyx>

**MAKE A WISH!**



**Focus = Health Behavior Change**

## MAKE A WISH!

20-30min APPOINTMENTS



BRIEF COURSE OF CARE

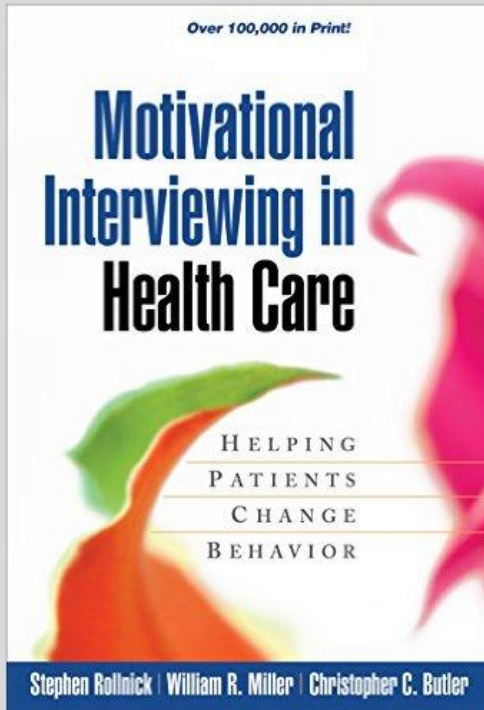
<https://imgur.com/gallery/NVQBtyx>

Focus = Health Behavior Change



# BHOP

*BEHAVIORAL HEALTH OPTIMIZATION PROGRAM*



## Wilford Hall Clinical Health Psychology

ann.s.hryshko-  
mullen.civ@mail.mil

john.a.bluestar.mil@mail.mil

- There are challenges to managing diabetes whether you are a patient or a provider
- Using Motivational Interviewing (MI) and Shared Decision Making (SDM) help overcome those challenges
- Utilize your resources, i.e., Internal Behavioral Health Consultant (IBHC)
- Utilize tools to identify psychosocial issues and to facilitate discussions/interventions



<https://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/index.html>

Miller, W.R. & Rollnick, S. (2013). *Motivational interviewing: Helping people change*. New York: Guilford Press.

Polonsky, W.H., Fisher, L., Earles, J., Dudl, R.J., Lees, J., Mullan, J., & Jackson, R.A. (2005). Assessing psychosocial distress in diabetes: Development of the Diabetes Distress scale. *Diabetes Care*, 28, 626-631.

Rollnick, S., Miller, W. R., Butler, C. C., & Aloia, M. S. (2008). *Motivational interviewing in health care: Helping patients change behavior*.

VA/DoD (2017) *Clinical Practice Guideline for the Management of Type 2 Diabetes Mellitus in Primary Care*

**To receive CE credits you must complete the course posttest and evaluation before collecting your certificate. The posttest and evaluation will be available from 10-24 April 2020 at 2359 ET. Please complete the following steps to obtain CE credit:**

1. Go to URL <https://www.dhaj7-cepo.com/>
2. In the search bar on the top left, copy and paste the activity name: **Diabetes Champion Course #16**. This will take you to the activity home page.
3. Click on the REGISTER/TAKE COURSE tab.
  - a. If you have previously used the CEPO LMS, click login.
  - b. If you have not previously used the CEPO LMS click register to create a new account.
4. Verify, correct, or add your profile information.
5. Enter the Access code
6. Follow the onscreen prompts to complete the post-activity assessments:
  - a. Read the Accreditation Statement
  - b. Complete the Evaluation
  - c. Take the Posttest
7. After completing the posttest at 80% or above, your certificate will be available for print or download.
8. You can return to the site at any time in the future to print your certificate and transcripts at <https://www.dhaj7-cepo.com/>
9. If you require further support, please contact us at [dha.ncr.j7.mbx.cepo-lms-support@mail.mil](mailto:dha.ncr.j7.mbx.cepo-lms-support@mail.mil)



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# Questions