



**Diabetes Care Coaching** 



2

## Before We Begin ...



- Our goal is to create a safe space where all participants are comfortable to learn, share, ask questions
  - Everyone brings knowledge and expertise
  - I am always learning too
  - We won't record discussions, but will share monthly education videos
- The coaching sessions will focus on practical pieces of working in diabetes. For details, it is always best to reference the Diabetes Canada Clinical Practice Guidelines (guidelines.diabetes.ca)

## What We Plan to Cover Today

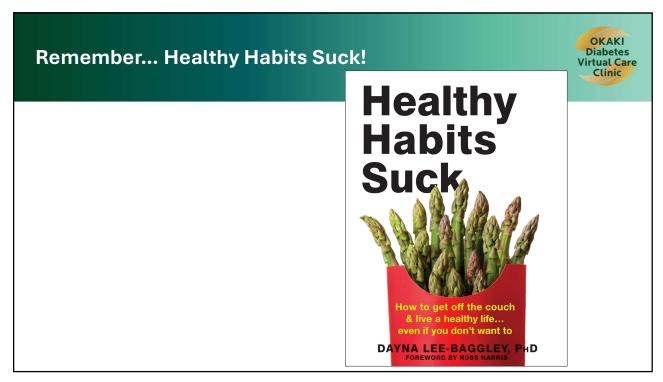


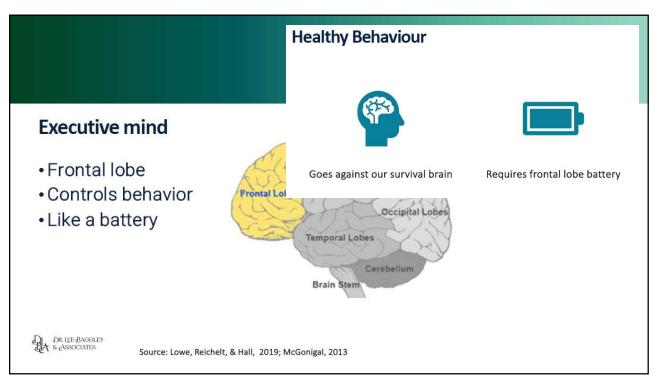
- Healthy habits suck
- Exploring value and meaning
- Readiness assessments
- Patient-driven appointments

4



What makes it hard to change habits?





## Managing a Chronic Disease Takes Sustained Work



• There is no finish line to this...



8



# Focus on Value and Meaning



- Our society likes to focus on goals, not values
- Questions:
  - Why is this important to you?
  - Why do you want to make this change?



• Normalize lots of people don't immediately know their why

10

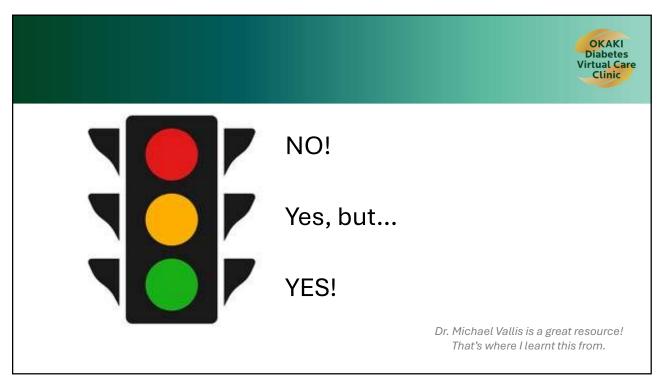


- Let's work through this together with some examples...
- How will engaging in the health behaviour help you move toward a value?
- How does engaging in the health behaviour help you express a value?



## **Readiness Assessments**

12



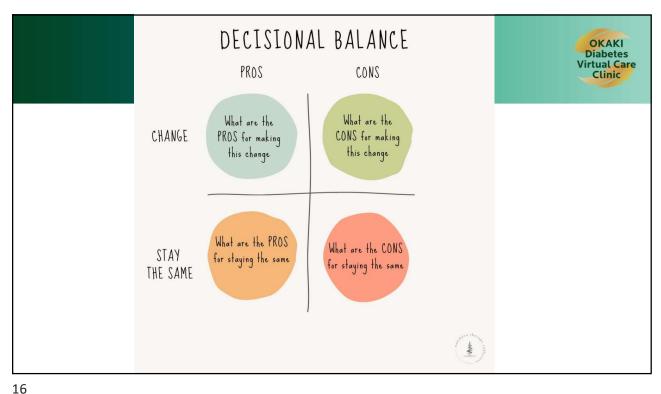


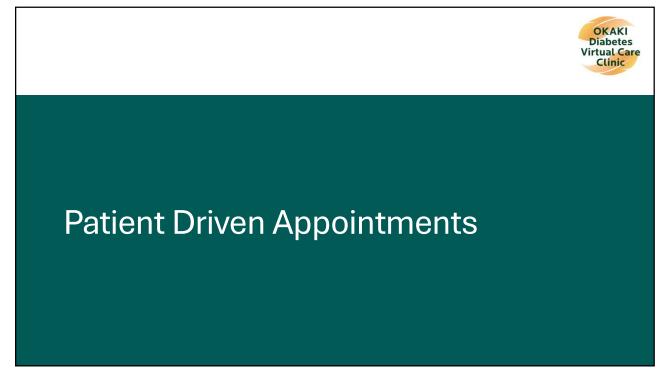
- Do you consider [the behavior] a problem?
- Are you distressed by [the behavior]?
- Are you interested in changing [the behavior]?
- Are you ready to change now?

14



# **Decisional Balance**





## **Active, Non-Judgemental Listening**



If you have a response ready ... then you're not doing non-judgmental listening!

18

## **Rephrase to Help Normalize**



"Do you ever miss taking your insulin?"

VS

"How often do you miss taking your insulin?"

#### Wait for 8



- Become comfortable with silence
- Count to 8 in your head after asking a question

(AHS Health Change Methodology training)

20

### Who is setting the agenda for the appointment?



- It's retraining away from us having the agenda as the expert...
  - Difficult as sometimes we have to let our "priorities" go
  - · This can be really important for relationship building
- Questions like:
  - Is there anything you wanted to cover today?
  - I got the referral from your doctor with a little bit of information, but I'd like to understand what you are looking to get out of this appointment / or what brings you in today.

## Ask, Then Offer



- Acknowledge their own expertise
- Give patients time to reflect and have a say in what is discussed

(AHS Health Change Methodology training)

22



# **Goal Setting**

### **Before Setting Goals**



- Considering frontal lobe battery idea ... social factors, trauma... what else is draining this battery?
- Need to check our expectation that someone is always thinking about the chronic disease they are living with
- Can be helpful to come back to values! Why are you doing this?

24

### **Goal Setting**



- Focus on behavior change
  - Behavior is something someone else could see you do (not a thought or feeling)
  - We have more control over behavior vs thoughts (prefrontal cortex vs survival brain)
- Back-up from the outcome, set goal on something to do
  - Reminder of "white elephant" we discussed last time

### Small, Reasonable Goals



- Success builds success
- Assessing confidence in the goal set, are you 90% confident you can accomplish this?
  - If no, then change it or scale it back



26

## Wrapping Up...



- Do you have one or two takeaways that you can use in your work?
- $\bullet$  Next Session: April 16th at 9:00 AM