

Module I-4

Psychosocial and behavioural approaches

Overview

Diabetes is a chronic illness that impacts upon every aspect of the life of people and families affected by diabetes. In children and adolescents, diabetes can interfere with normal psychological and social development and complicate family functioning. People with diabetes are faced with the challenge of self-regulating their diabetes, while living a full and fulfilling life.

Learning to perform diabetes self-care activities and integrate these health behaviours in daily life, in the face of other responsibilities and life stresses, is psychologically complex and burdensome. Acute and chronic diabetes complications can negatively affect the persons' well-being and ability to function.

People differ in their appraisal of, and ability to effectively cope with, the demands of diabetes self-management. Subgroups of people with diabetes are psychologically more vulnerable than others and warrant special attention. Therefore, due to the complexity of making behavioural changes, educators require, as well as teaching skills, a good understanding of the psychosocial impact of diabetes on daily living, and knowledge of behavioural sciences in order to enhance people's ability to cope.

Goals

- To highlight the impact of diabetes, and the psychosocial needs of people with diabetes and their family
- To provide participants with knowledge and skills to enhance the psychological well-being and diabetes self-management of people with the condition using a patient-centred approach
- To encompass behavioural approaches, and emotional support in self-management education

Objectives

After completing this module the participant will be able to:

- Describe the psychosocial impact of diabetes and its treatment on the person and individual's family members
- Identify professional attitudes and behaviours that are helpful/not helpful to people with diabetes

- Recognize that:
 - adjustment to diabetes is ongoing and needs to be addressed in the early stages and throughout the life cycle
 - living with diabetes often requires changes to lifestyle that are difficult for most people with diabetes to achieve and sustain
 - diabetes-related stress is common, particularly fear of hypoglycaemia and long-term complications
 - diabetes-related distress is common and can persist for years after the diagnosis, manifesting itself as anger, fear and frustration
 - clinical depression is more prevalent among people with diabetes than the general population
 - people can use different cognitive and behavioural strategies to cope with the demands of diabetes- and treatment-related stresses
 - the paradigmatic shift towards an empowerment based approach is more appropriate in self-managed illnesses, such as diabetes than a compliance/adherence approach
 - educational interventions that incorporate behavioural and affective components are more effective
- Discuss cognitive, emotional, behavioural and social barriers to self-care, and strategies to address these
- Identify and offer appropriate emotional and behavioural support to people with diabetes and their families within the context of diabetes education
- Discuss strategies and approaches that have been shown to help people trying to change lifestyle behaviours
- Discuss the differences in terms of approach and strategies between the compliance approach and empowerment approach
- Incorporate strategies and approaches appropriate for helping people make behaviour change into practice in order to effectively facilitate individual and group education and care
- Identify prevalent psychological disorders among people with diabetes that warrant special attention and specialized mental healthcare (such as depression, anxiety, eating disorders, substance abuse), and understand the impact on emotional well-being, self-management behaviours and clinical outcomes

	<ul style="list-style-type: none"> • Discuss community understanding and attitudes to diabetes • Discuss the support services available to people with diabetes and their families
Teaching strategies	<p>Short lecture to explain theoretical concepts and current evidence on the effectiveness of self-management education</p> <p>Activities to simulate living with diabetes (such as following diet, giving injections, self-monitoring blood glucose for 3 days) and chronic diabetes complications (such as wearing cataract goggles, walking on ice, etc.). It is critical to point out that these activities do not give people a real understanding of what it is like to have diabetes; they merely provide some experience with the physical/clinical care of diabetes.</p> <p>Interactive workshop, including role play and problem-solving through case study</p> <p>Interactive session with person or people living with diabetes</p>
Suggested time	2-3 hours
Who should teach this module	Psychologist, diabetes educator, people with diabetes
Evaluation of learning	Analysis of the interaction between persons with diabetes and professionals after a role play
References	<p>Anderson RM, Funnell MM, Arnold MS. Using the empowerment approach to help patients change behavior. In Anderson BJ, Rubin RR (Eds). <i>Practical Psychology for Diabetes Clinicians</i> 2nd edition. American Diabetes Association. Alexandria, 2002.</p> <p>Anderson B, Funnell M. <i>The art of empowerment: stories and strategies for diabetes educators</i> 2nd edition. American Diabetes Association. Alexandria, 2005.</p> <p>Anderson BJ, Rubin RR (Eds). <i>Practical psychology for diabetes clinicians. How to deal with the key behavioural issues faced by patients and health care teams</i>. American Diabetes Association. Alexandria, 1996.</p> <p>Bandura A. <i>Self-efficacy, the exercise of control</i>. WH Freeman and Company. New York, 1997.</p> <p>Barlow J, Wright C, Sheasby J, et al. Self-management approaches for people with chronic conditions: a review. <i>Patient Educ Couns</i> 2002; 48: 177-87.</p> <p>Brown SA. Interventions to promote diabetes self-management: State of the science. <i>Diabetes Educ</i> 1999; 25(Suppl): S52-S61.</p> <p>Donie JF. The relationship between diabetes and depression: improving the effectiveness of case management interventions. <i>Lippincott's Case Management</i> 2004; 9: 177-83.</p>

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Detailed content for this module is available as a slide presentation at www.idf.org