THE PSYCHOLOGY OF LIVING WELL WITH DIABETES: WHAT IS OUR ROLE?

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"It is not the strongest of the species

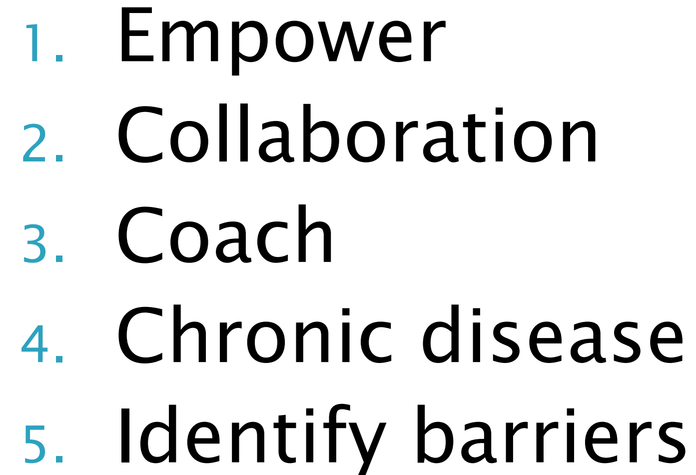
That survives, not the most intelligent,

But the most responsive to change."

-Charles Darwin, *The Origin of the Species, 1844*

Delivering care/ Facilitating Self-Care

1. Training
2. Decision Maker
3. Authoritative
4. Acute illness
5. Solve problems



1. Empower
2. Collaboration
3. Coach
4. Chronic disease
5. Identify barriers

5 Basic Needs

I want to be seen

I want to be heard

I need to be respected

I need to be safe

I need to belong

PATIENT/FAMILY CENTERED APPROACH

Flexibility- allowing time for what’s important

Prior experience with managing diabetes- comfort level

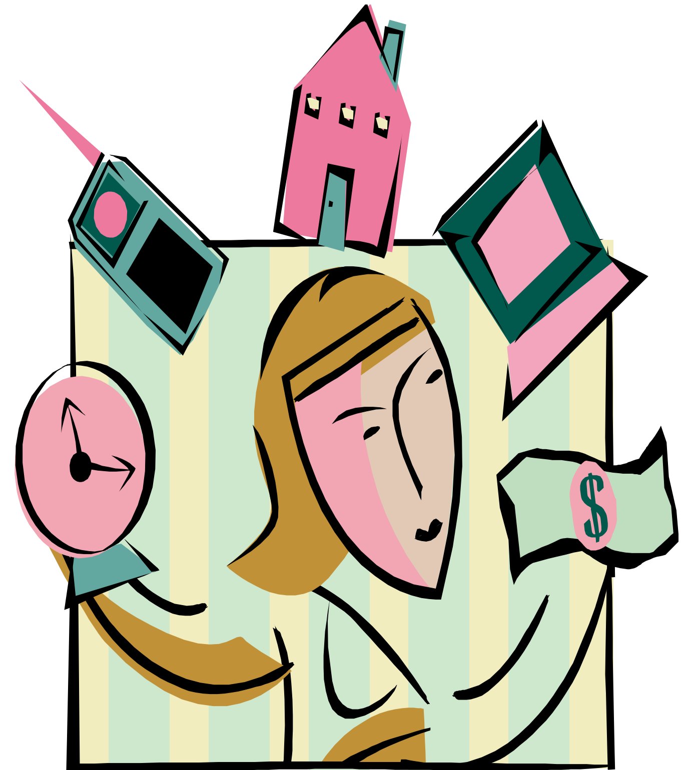
Interpersonal Styles-Traditionalists
Boomers
Xers

If you keep doing what you've always done,

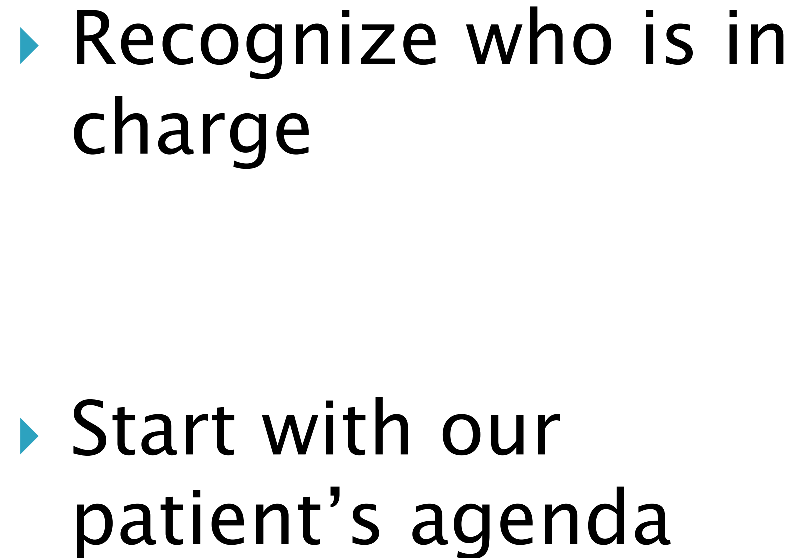
You'll keep getting what you've always gotten

Disrupting the therapeutic alliance

- Work overload
- Insufficient rewards
- Inadequate resources
- Feelings of helplessness
- Negative attitude

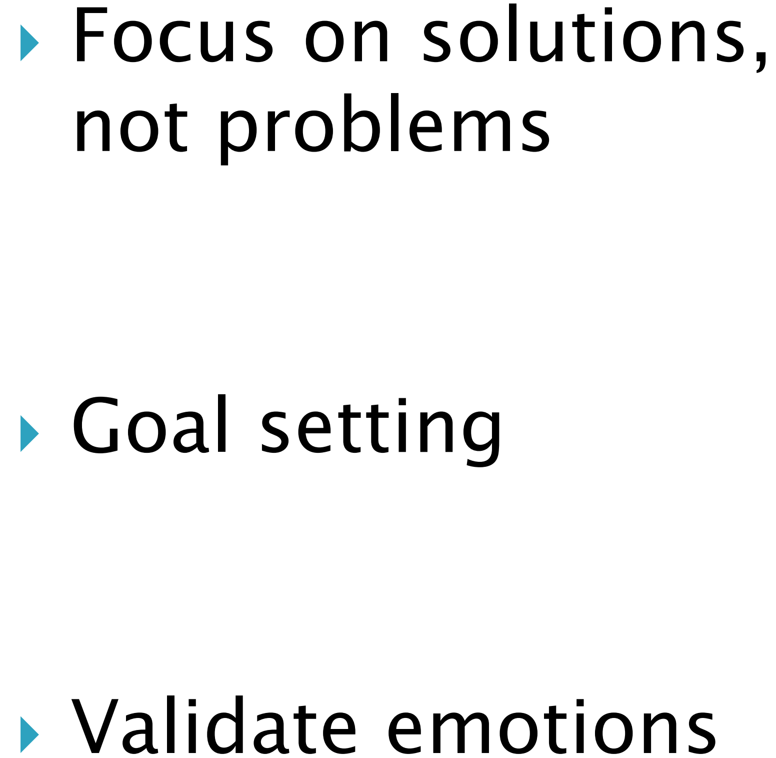


Strategies to empower relationships



- Recognize who is in charge
- Start with our patient’s agenda

Strategies, con't



- Focus on solutions, not problems
- Goal setting
- Validate emotions

Strategies, con't

- Use resources
- Target beliefs
- Ongoing diabetes

Strategies, con't

- Align goals

- Find balance

We’ve got to keep talking to our patients. We’ve got to keep believing in them. We must be a confidence builder. Try to refrain from using words can’t, won’t I don’t know, maybe.

We have to always try to do everything we can do to help maintain their confidence.

Our attitude is critical!

-adopted from a quote from
Tommy Lasorda