

# FINDING THE BALANCE

ASK THE RIGHT QUESTIONS  
ADDRESS THE EMOTIONS



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*“I want to believe that if patients knew what I know, they would take their medicine. What I have learned is that if I felt what they feel, I’d understand why they do not”*

Lisa Rosenbaum, M.D.

Rosenbaum L, *N Engl J Med* 2015, 372:183-187

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# Finding the Balance



## Rationale

To manage a constructive conversation with a person with type 2 diabetes who is reluctant to start insulin therapy:

### A source of:

- Empathy in sharing and eliciting information
- Practical tools to manage the conversation
- Understanding both motivation and resistance

### An opportunity for:

- Positive dialogue
- Productive dialogue
- Eliciting change



## Description

- The program covers a series of validated communication techniques designed to enhance interactions
- Focus is on techniques most applicable to real-world diabetes practice
- Practical, evidence-based tools for use in HCP–patient communications, that can be applied by clinical endocrinologists, nurses, primary care physicians, and people with diabetes

# Learning Outcomes



- Identify and review the different motivations that accompany the start of insulin for a person with type 2 diabetes
- Examine practical tools to help understand the perceptions and emotions that can delay the start of insulin
- Learn how to ask the right questions with each person as they face the start of insulin
- Know how to respond to the needs of a person with type 2 diabetes in making an informed decision about starting insulin therapy
- Watch case scenarios to explore empathetic, patient-centred strategies that encompass different profiles of psychological insulin resistance.

# Empathy is a proven quality in diabetes care



Empathy is the ability to understand the patient's situation, perspective and feelings; to communicate/act on that understanding with the patient in a helpful and therapeutic way.<sup>1</sup>

Patients of physicians who demonstrate more empathy have better diabetes outcomes in regard to HbA1c and metabolic complications.<sup>2,3</sup>

1. Mercer SW and Reynolds WJ *Br J Gen Pract* 2002; 52 Suppl:S9-12.
2. Hojat M, et al. *Acad Med.* 2011, 86:359–364.
3. Del Canale S, et al. *Acad Med.* 2012; 87:1243–1249.

# The importance of shared understanding

## Shared understanding

### Information<sup>2,3</sup>

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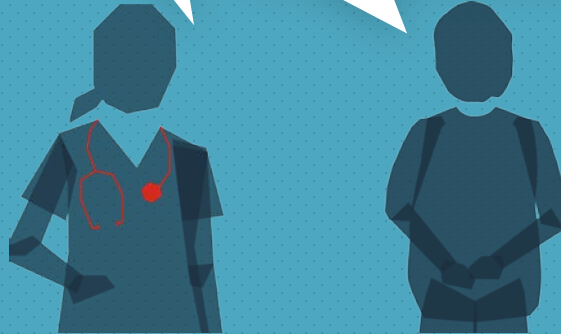
Information about diabetes is essential to accepting treatment

BUT

Simply giving *more* information does not promote *more* acceptance

Your HbA1c level is not where we would like it to be

What do you think I should do about that?



### Action<sup>2</sup>

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To result in action, information must either:

Concur with existing beliefs about diabetes and diabetes treatment

OR

Change existing beliefs!

On average, physicians listen to patients' concerns for **23.1 seconds** before interrupting them and redirecting the conversation<sup>1</sup>

<sup>1</sup> Marvel MK et al *JAMA* 1999, 281:283-287

<sup>2</sup> Tamhane S, et al. *Curr Diab Rep.* 2015;15(12):112.

<sup>3</sup> Steinberg MP et al, 2015. *Motivational Interviewing in Diabetes Care.* Guilford Press, New York

# Patient perceptions – main reasons for failing to initiate prescribed insulin

**Misconceptions about insulin and risk**  
(e.g. will cause complications)

**Negative impact on social life and job**

**Limited insulin self-management training**

**Patient sense of personal failure**

**Poorly explained risks & benefits**

**Inadequate health literacy**

**Low self-efficacy**

**Sense that the disease has worsened**

**Patient prefers to focus on other goals rather than start insulin**

**Fear of painful injections**

**Fear of weight gain**

**Fear of hypoglycemia**

1. Peyrot M et al. *Prim Care Diabetes* 2010, 4 (Suppl 1):S11–18;
2. Karter AJ et al. *Diabetes Care* 2010, 33:733–735
3. Peyrot M et al. *Diabetes Care* 2005, 28:2673–2679



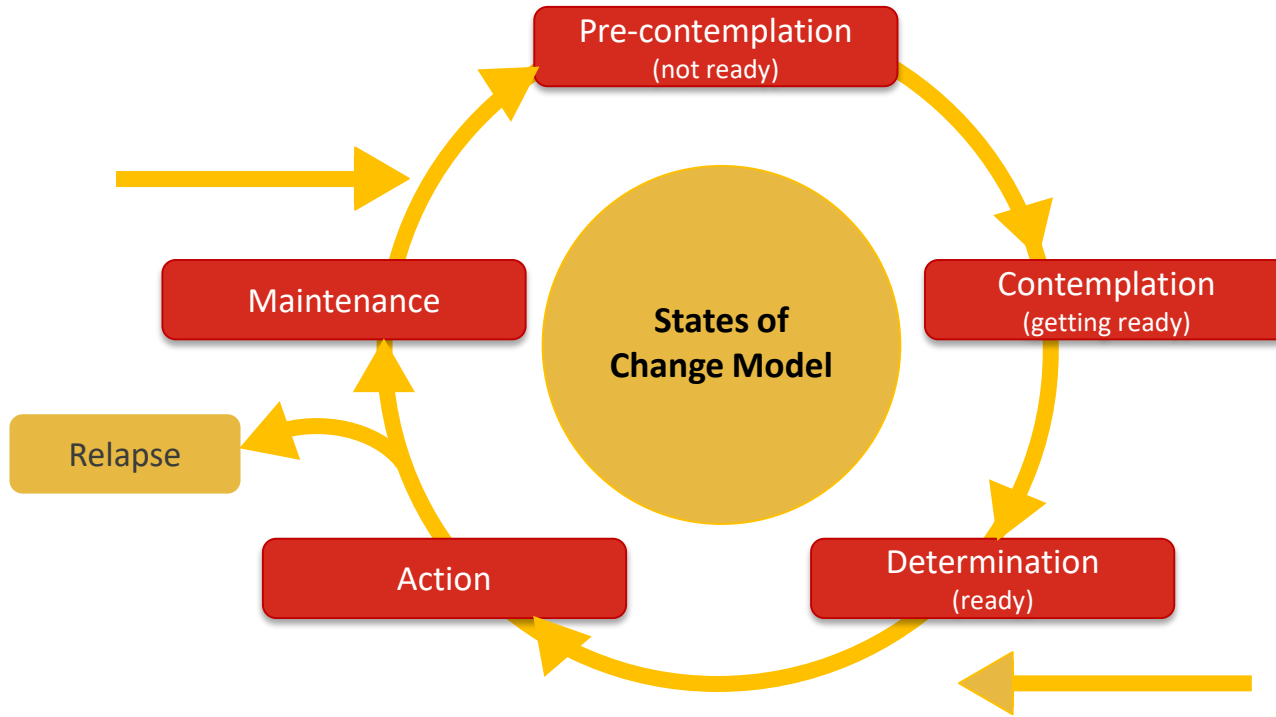
# STATES OF CHANGE AND THE CONCEPT OF 'READINESS'

EXPLORING INTRINSIC MOTIVATION



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# States of change

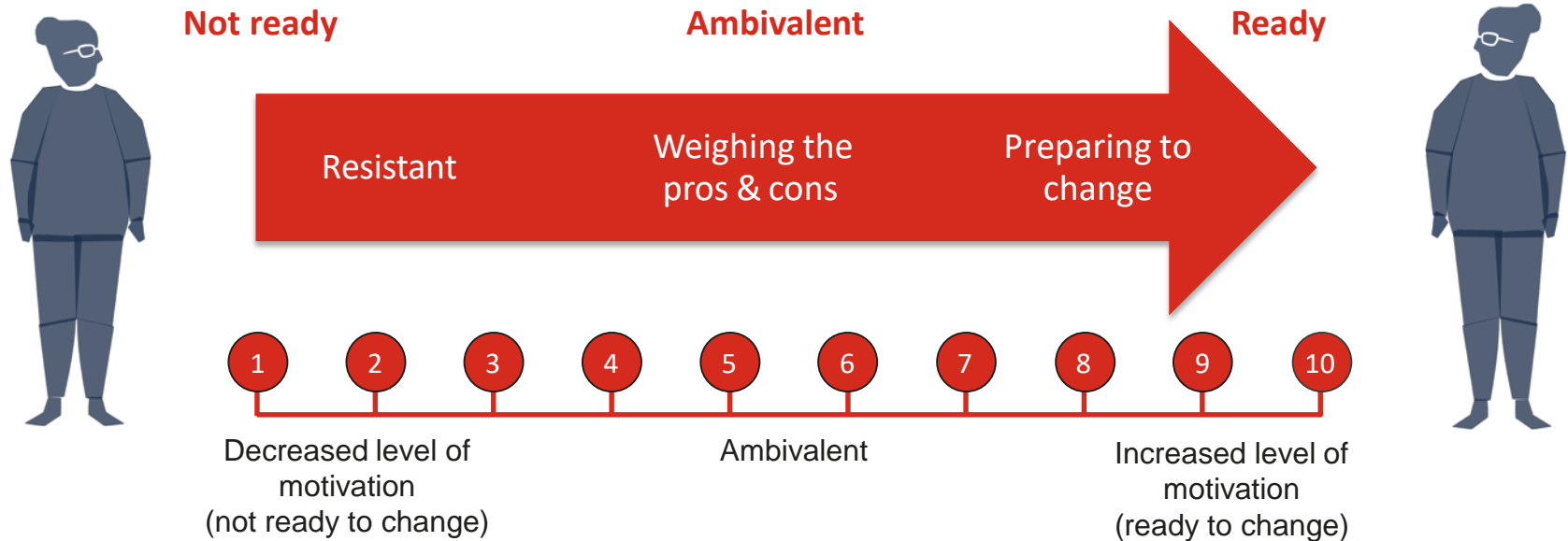


1. Prochaska JO & DiClemente CC. *J Consulting & Clinical Psychology* 1983;51:390-395

2. Prochaska JO, et al. *American Psychologist*. 1992;47(9):1102-1114

# Concept of 'readiness'

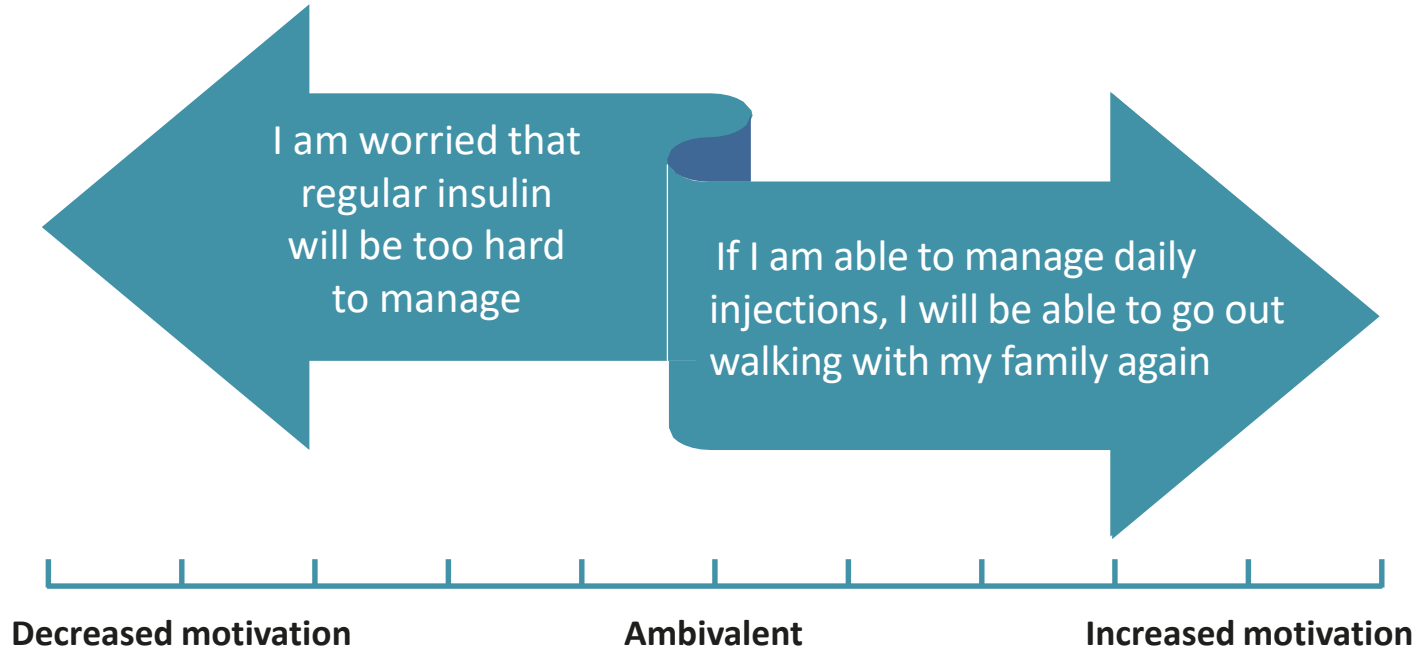
## The Readiness to Change Ruler



**Readiness to accept insulin – where is each patient on the scale?**

# Increasing intrinsic motivation

Target individual beliefs, values, concerns



1. Zimmerman GL, Olsen, CG & Bosworth MF *Am Fam Physician* 2000, 61: 1409-1416

2. Welch G, Rose G & Ernst D *Diabetes Spectrum* 2006, 19: 5-11

# The Importance-Confidence Ruler

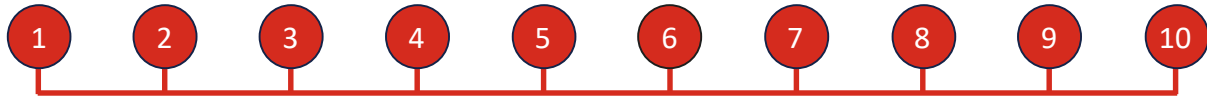
On a scale of 1 to 10, how **IMPORTANT** is it for you to change?



Not at all  
important

Extremely  
important

On a scale of 1 to 10, how **CONFIDENT** are you that you can make this change?



Not at all  
confident

Extremely  
confident

# OARS

<b>O</b>	<b>Open-ended questions</b> <ul style="list-style-type: none"><li>• Get your patient to do most of the talking</li><li>• Take the opportunity to learn how they feel</li></ul>	“Tell me about your glucose control right now” “How do you feel about your current health?” “What makes you think insulin won’t help you?”
<b>A</b>	<b>Affirmation</b> <ul style="list-style-type: none"><li>• Let them know you understand how they feel</li><li>• Build rapport</li><li>• Acknowledge their concerns</li></ul>	“I know how hard good glucose control can be” “You’ve made a lot of effort to control your sugars” “Thank you for sharing your concerns about insulin, I can understand your point”
<b>R</b>	<b>Reflective listening</b> <ul style="list-style-type: none"><li>• Rephrase their statements</li><li>• Encourage further exploration of concerns</li><li>• Reinforce the need for change</li></ul>	“It sounds like your worries are centred on...” “So, you are concerned because of...” “What will happen if you don’t start insulin?”
<b>S</b>	<b>Summarising</b> <ul style="list-style-type: none"><li>• Helps to ensure that there is clear understanding</li><li>• Focus on statements that show a desire to change</li><li>• Review and agree that they have concerns</li></ul>	“Let me check that I understand what you’ve told me so far” “So, here is what we have covered about where insulin fits with your treatment ”

1. Miller W & Rollnick S, 2013. Motivational Interviewing: Helping people change. Guilford Press, New York
2. Steinberg MP et al, 2015. Motivational Interviewing in Diabetes Care. Guilford Press, New York
3. Kalra S., Diabetes Ther (2020) 11:585–606

# CORRECTING MYTHS AND MISCONCEPTIONS

ANCHORING & FRAMING

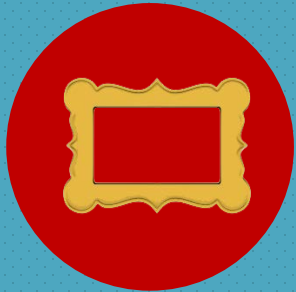


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# Anchoring & Framing



In making decisions, people tend to take into account the **FIRST** piece of information that they encounter, not the information that they may acquire later. This creates the **REFERENCE POINT**



Peoples' reaction to a statement or an option depends on the way in which it is presented to them. By **REFRAMING** the way a statement or option is presented, you can get a different reaction!



# Change the frame or the anchor

Frame 1: Smoking is bad

Father, is it OK if I smoke while I'm praying?

Absolutely not!



Frame 2: Praying is good!

Father, is it OK if I pray while I'm smoking?

Yes, of course!



# Change the frame or the anchor (or both)

1. Use **OARS system** to understand the existing reference point - why is your patient reluctant?

I am worried that I will go blind if I start to take insulin!

2. Establish a different frame of reference

Blindness is a complication of unchecked high blood glucose, not insulin.

3. Create a new anchor





Insulin will lower your blood glucose, that is what it does!



4. Connect the dots

Insulin can help prevent you from losing your eyesight!

# Change the frame or the anchor (or both)

	Anchor 1 	→	Anchor 2 
Insulin	Insulin is a serious drug!		Insulin is a natural healthy substance – we all need it every day!
Injections	Injections are painful!		Even young children with diabetes are OK with insulin injections

	Frame 1 	→	Frame 2 
Starting insulin	Insulin means my diabetes is getting worse!		Once you lower your glucose you will feel a lot better!
Daily injections	I won't be able to cope with injections every day!		One injection before bedtime – how does that sound?

Desmond C, Brubaker KA & Ellner AL. *Health Psychol Behav Med.* 2013 Jan 1; 1(1): 59–70

Rosengren DB, 2009: Building Motivational Interviewing Skills a practitioner workbook, Guilford Press, New York

# UNDERSTANDING NECESSITY AND CONCERNS

EXPLORING THE BALANCE  
BETWEEN PATIENTS' NEEDS AND  
THEIR CONCERNS

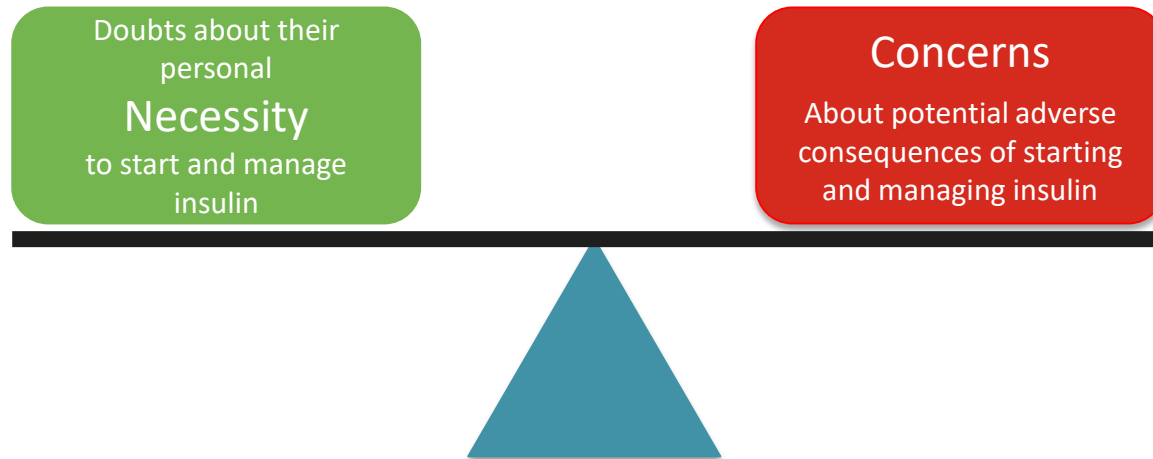


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# The necessity-concerns framework

Studies across a range of chronic diseases indicate that the  
**Necessity-Concerns Framework** can help understand

Psychological insulin resistance (PIR)



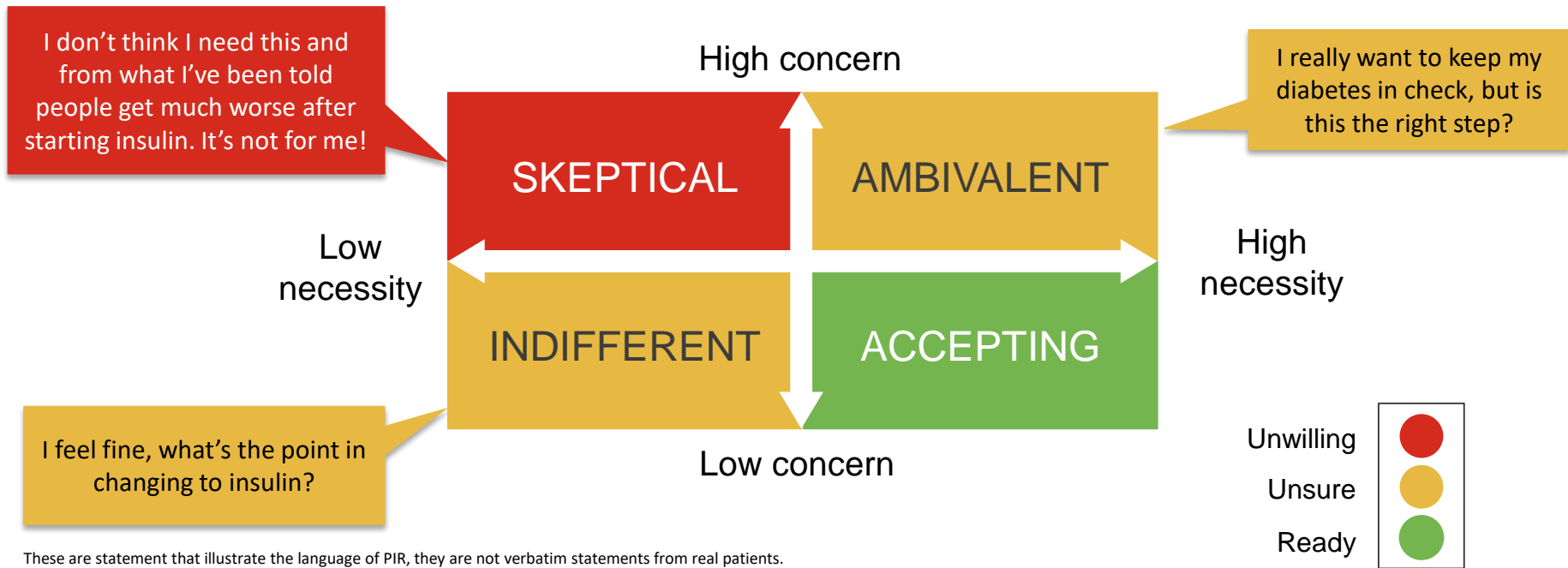
1. Horne, R, et al. *J Psychosom Res* 1999;47:555-567

2. Horne R, et al. *PLoS One*. 2013; 8(12): e80633.

3. Horne R, Weinman J, Hankins M (1999); *Psychology and Health* 14: 1–24.

# The necessity-concerns framework

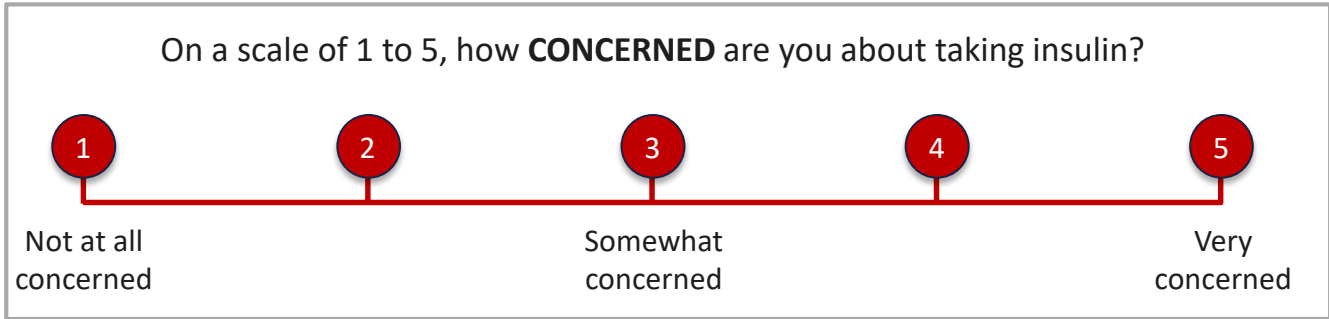
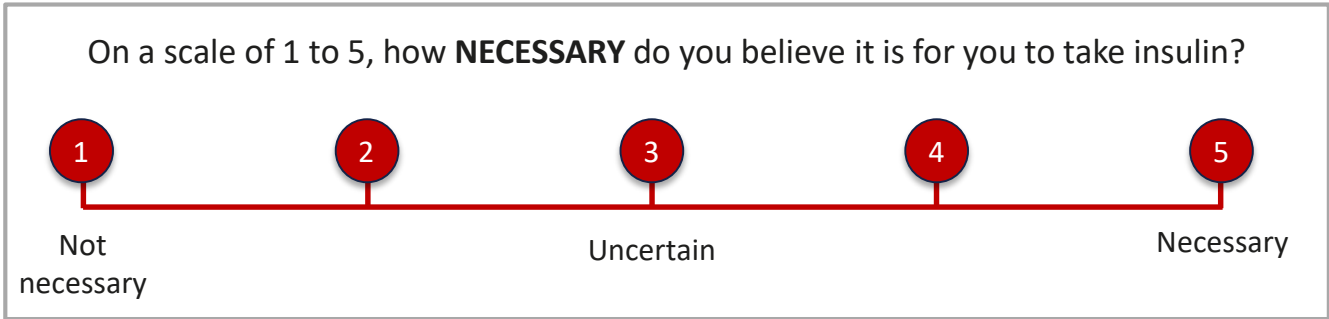
Studies across a range of chronic diseases indicate that the necessity-concerns framework can help understand psychological insulin resistance



These are statements that illustrate the language of PIR, they are not verbatim statements from real patients.

1. Horne, R, et al. *J Psychosom Res* 1999;47:555-567
2. Holmes-Truscott, E; *Primary Care Diabetes* 10; 75-82 (2016)
3. Horne R, Weinman J, Hankins M (1999); *Psychology and Health* 14: 1–24.

# Exploring Necessity and Concerns with the patient



# Exploring attitudes about starting insulin therapy



	Disadvantages	Advantages
Continue with current oral medication	.....	.....
Start using insulin	.....	.....



# Four strategies that were found to be helpful by most patients who were initially reluctant to start basal insulin

- 1 HCP showed patient how to use insulin
- 2 HCP explained the benefits of using insulin
- 3 HCP's style of interaction was patient centred
- 4 HCP dispelled myths about using insulin

> **89%** of initially resistant people with T2D who started basal insulin therapy experienced at least one action in each of these strategies and found them helpful.



# OARS



## Open-ended questions

- Get your patient to do most of the talking
- Take the opportunity to learn how they feel



“Tell me about your glucose control right now”

“ How do you feel about your current health?”

“What makes you think insulin won’t help you?”

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# Giving advice – simple rules

## Ask for permission<sup>1,2</sup>

- Prompts readiness to active listening
- Evokes need for new information
- For example: *"Would you like me to give you some (more) information about...?"*



## Talk in a third-person style<sup>3</sup>

- Avoids a judgmental tone
- Avoids creating ‘performance anxiety’ in the patient by comparing them to a group of people who responded well to insulin therapy.
- Good: *"Studies have shown that insulin therapy can..."*
- Bad: *"People who use insulin can....."*



1. Miller W & Rollnick S, 2013. *Motivational Interviewing: Helping people change*. Guilford Press, New York.  
2. Steinberg MP et al, 2015. *Motivational Interviewing in Diabetes Care*. Guilford Press, New York  
3. Dickinson JK; *Diabetes Spectrum*, 31 (1), 58-64

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ASK THE RIGHT QUESTIONS  
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# THANK YOU

