Psychological interventions for individuals with Type-1 or Type-2 Diabetes

This intervention (and hence this listing of competences) assumes that practitioners are familiar with, and able to deploy, a number of CBT techniques.

These techniques are referred to briefly in this section, but are fully described in the Basic and Specific CBT domains of the CBT competence framework, which can be accessed at www.ucl.ac.uk/CORE/.

This intervention can be delivered to clients with either type-1 or type 2 diabetes, either 1-to-1 or as a group-based intervention. Specific skills required to deliver a group-based intervention are described in the Generic Therapeutic Competences domain of this framework.

Knowledge of Diabetes and its medical management

An ability to draw on knowledge of similarities and differences in the onset and management of type 1 and type 2 Diabetes and to have an awareness of other (rarer) forms of diabetes.

An ability to draw on knowledge of type 1 diabetes and its management, including:

- its usual onset in childhood or young adulthood
- its characteristic symptoms
- its management using insulin
- the need for clients to monitor blood sugar levels and to adjust insulin dosages accordingly
- the value of insulin adjustment to allow flexibility with food, drink (including alcohol) and exercise, so improving diabetes control and improving quality of life

An ability to draw on knowledge of type 2 diabetes and its management, including:

- risk factors for its development (e.g. genetic predisposition, being overweight, eating a high sugar diet)
- its characteristic symptoms
- its usual management (e.g. through changes in lifestyle and diet, engaging in regular exercise, not smoking, checking feet for damage)
- the necessity for some clients to monitor their blood sugar levels regularly
- its progression, and the way in which this is usually managed (e.g. through diet, tablets, injectables, including insulin injections)

An ability to draw on knowledge of:

- characteristic causes, signs and symptoms of hypoglycemia and hyperglycemia
- the short and long term risks of poor glycaemic control
- the importance of regular medical review, including physical examination of the feet and eyes, renal function and nervous system.

An ability to draw on knowledge of the high prevalence of depression and anxiety in people with diabetes

An ability to draw on knowledge of the importance of adapting treatment regimens for insulin dependent diabetes to suit the individual’s lifestyle, and the ways in which this can be done.
Knowledge of the impact of mood and anxiety on management of diabetes

An ability to draw on knowledge of ways in which self-management can be influenced by cognitive, behavioural and physical factors, for example:

- Low mood adversely impacting on engagement with self-management strategies
- Anxiety about symptoms or long-term complications leading to:
  - Increased awareness and/or monitoring of current symptoms, so perpetuating anxiety
  - Experiential avoidance of emotions and/or behaviours related to self-management
- Anxiety about becoming hypoglycaemic leading to a deliberate and sustained increase in blood glucose, increasing the risk of microvascular complications
- Anxiety about hyperglycaemia leading to a focus on maintaining unrealistically low blood glucose levels, increasing the risk of severe hypoglycaemia
- Thoughts/beliefs about being unable to manage diabetes resulting in low mood
- Client’s reactions to blood sugar readings being influenced more by their current mood state than by the ‘objective’ result

Knowledge of factors influencing the client’s capacity for/orientation towards self-management

An ability to draw on knowledge of common barriers to self-management of diabetes, such as:

- Lack of understanding about diabetes and its management
- The negative impact of many treatment regimens on the client’s quality of life
- Low mood / anxiety
- Adverse personal circumstances (e.g. financial strain, caring for others)
- The presence of another health condition that may limit physical activity

Knowledge of behaviour change techniques*

An ability to draw on knowledge of behaviour change techniques and factors that promote change

An ability to draw on knowledge of the importance of personal choice and responsibility, and the development of self-management regimens that work for each individual client

* as detailed in the Core Competences domain of this framework

Engagement

An ability to use an appropriate range of engagement skills* to help clients to ‘tell their story’ and give an account of their experiences of living with diabetes

An ability to validate the expression of difficult feelings linked to living with diabetes (such as sadness and loss)

* as detailed in the Generic Therapeutic Competences domain of this framework
Assessment

Impact of diabetes on daily living

An ability to help the client discuss the impact of diabetes on their lives, including:

- the impact of the diagnosis
- the ways in which their developmental stage ('stage of life') may have influenced their reactions to the diagnosis
- their perceptions of the label of diabetes
- the effect of living with, and managing, diabetes on their day-to-day life (e.g. attending regular healthcare appointments, monitoring blood sugar level, managing diet, injecting insulin)
- any difficulties they experience in following a management regimen (e.g. monitoring sugar levels, following any dietary recommendations eating pattern, engaging in regular exercise, injecting insulin appropriately)
- their sense of their future
- their sense of the ways that significant others have responded to their diagnosis and its management regimen and the ways in which they in turn respond to this

An ability to help clients who have developed long-term complications from diabetes discuss the direct impact of these complications on daily living, as well as their impact on the client’s attitude towards (and capacity to adhere to) their management regimen

An ability to assess how the client’s management regimen impacts on their quality of life, by helping them:

- to identify areas of daily living that are important to them (e.g. leisure activities, work, family/friends, close relationships, financial situation, physical appearance, dependency on others, freedom to eat/drink they wish)
- to consider whether and how diabetes and their management regimen impacts on life

An ability to draw on information from the client and from medical (and other relevant) professionals in order to determine:

- the self-management regimen that the client needs to follow in order to maintain their short and long-term health
- the clients understanding of the self-management regimen
- the regimen that the client actually follows

An ability to discuss with the client the ways in which the responses of others support or undermine their capacity for self-management

Assessment of knowledge about diabetes

An ability to assess whether the client has an accurate understanding of their diabetes, its short- and long-term consequences and the beneficial impacts of self-management at any stage of progression

Assessment of beliefs about diabetes

An ability to assess the client’s beliefs about diabetes and the ways this influences their coping behaviour, including (for example) their beliefs about:

- the cause of their diabetes and/or any long-term complications
- diabetes as an acute or a chronic challenge, and how it may progress
- how diabetes will impact on them physically and socially
- whether diabetes can be cured or kept under control, and their own role in this
Assessing satisfaction with the diabetes treatment regimen and its relationship to self-management

An ability to assess the extent to which the client is satisfied with their treatment regimen, including:

- their sense of its convenience or inconvenience
- their sense of its flexibility or rigidity
- the impact of the regimen on their quality of life and lifestyle
- which aspects of the regimen they find it easy to follow, and which they find difficult

An ability to help the client openly to discuss any areas of dissatisfaction or difficulties with their treatment regimen (by maintaining a non-judgemental and ‘curious’ stance), and the impact of this dissatisfaction on their adherence to it

Assessing the impact of depression and anxiety on self-management

An ability to assess whether depression and anxiety may be barriers to managing diabetes by helping the client identify and discuss:

- specific areas of concern (e.g. about the long-term effect of diabetes or the risk of hypoglycaemia) and their thoughts, feelings and behaviours in response to these concerns
- thoughts, feelings and behaviours that are related to difficulties in self-managing diabetes, for example:
  - the ways in which they interpret and respond to symptoms of diabetes
  - the way in which they interpret and respond to the results of blood sugar tests

An ability to help the client consider ways in which their mood or anxiety impacts on their motivation to engage in self-management

An ability to work collaboratively with the client to identify potential perpetuating cycles that maintain low mood/anxiety and poorer self-management e.g.:

- low mood leading to poorer motivation or avoidance of self-management
- anxiety about progression leading to excessive self-monitoring and unhelpfully restrictive behaviour
- emergence of diabetes-related symptoms leading to low mood/worry

Formulation and Goal Setting

Knowledge of formulation

An ability to draw on knowledge that a formulation should aim to identify factors that maintain the client’s difficulties and indicate the most appropriate focus for intervention
**Ability to construct a formulation***

An ability to work with the client to draw on the assessment in order to develop a shared understanding of their presenting difficulties and the factors that are relevant to their maintenance.

An ability to derive a formulation that identifies the most appropriate focus (or foci) for intervention, for example:
- difficulties in adjustment to diabetes and its management
- depression and/or anxiety that directly contributes to difficulties in self-management
- depression and/or anxiety that is independent of diabetes

An ability to tailor the intervention in a manner that reflects the formulation of the client’s difficulties.

*As detailed in the assessment and formulation domain of this framework

**Goal setting and action planning***

An ability to help clients to set SMART* goals for therapy around improving mood and management of diabetes, based on the presenting difficulties.

*As detailed in the domain of Generic Therapeutic Competences

**Intervention***

An ability to select the intervention(s) best suited to the particular needs of the individual.

**Providing information***

An ability to provide up-to-date information on diabetes and its management and to discuss this with the client, or to refer to a specialist worker if this is required.

**Problem solving***

An ability to help the client make use of problem solving techniques*, oriented to, for example,
- identifying and overcoming obstacles to self-management
- increasing activity levels in order to help with depression
- becoming more assertive (with the aim of navigating the health system more effectively)

*As detailed in the CBT Competence framework

**Promoting behavioural change***

An ability to help the client make behavioural changes intended to improve self-management of their diabetes, for example by:
- encouraging the client to write down the advantages and disadvantages of changing their self-management behaviours
- highlighting the benefits of change (such as reduced risk of complications, and increased energy or independence)
- ensuring that the client has, and is able to apply, knowledge of the long-term disadvantages of poor self-management (such as foot ulcers or neuropathy)
- discussing (in non-judgmental manner) past difficulties the client has had with diabetes management and the beliefs that follow from this (and that impact on current behaviour)
- reinforcing a sense of self-efficacy, and that the client can improve the management of their diabetes
An ability to ensure that clients maintain a sense of personal choice and responsibility in relation to any behavioural changes and/or regimen changes, such that the management regimen ‘works’ for each individual.

An ability to help the client interpret and make use of monitoring techniques (such as blood sugar results or mood monitoring) in order to make behavioural changes that result in better management.

* as detailed in the Core Competences domain of this framework

**Coping and adjustment**

An ability to help clients discuss the strategies they use to cope with, and adjust to living with diabetes, for example:

- discussing ways in which they have responded to living with diabetes and/or any **long-term** complications and identifying helpful and unhelpful aspects of these responses, for example:
  - trying to carry on as if nothing has changed
  - avoiding injecting in public
  - finding it hard to ask for emotional/practical support from significant others
  - becoming over-preoccupied with managing diabetes ‘perfectly’
- helping them identify thoughts and beliefs that impact negatively on their capacity to adjust to, and cope with, diabetes and/or secondary complications, e.g. ‘it is weak to have illness’, ‘I must never be a burden to others’
- helping them to test-out alternative coping responses (for example, by considering the pros and cons of ‘coping styles’, or through behavioural experiments)

An ability to help clients discuss the impact of diabetes and/or any secondary complications on their lives and how best to adjust to these changes, for example:

- helping them to identify and explore the implications of losses or potential losses consequent on their diagnosis
- helping clients to express their feelings about their diagnosis
- helping clients to express fear or anxiety (for example, about their future, and potential complications of diabetes)
- helping clients consider the effect of consistent avoidance of emotions
- helping clients to consider how they might avoid developing additional complications or worsening of the complication(s) already present.

* as detailed in the CBT competence framework

**Cognitive Behavioural Therapy (CBT) for depression / anxiety**

An ability to apply CBT change techniques relevant to the formulation of factors maintaining the client’s mood and anxiety

* as detailed in the CBT competence framework

**Behavioural activation**

An ability to help clients understand the rationale for behavioural activation (i.e. its potential impact both on mood and on management of diabetes)

An ability to help clients identify activities that they see as meaningful and achievable

An ability to help clients introduce activities in a manner that is structured, sets realistic (achievable) targets, and that identifies activities that are likely to improve their mood

* as detailed in the CBT competence framework
Identifying and challenging unhelpful thoughts*

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<tr>
<th>An ability to help clients identify unhelpful thoughts that adversely impact on mood or on their ability to manage their diabetes, using examples from their own experiences, e.g.:</th>
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<tbody>
<tr>
<td>thinking that there is no point in taking exercise as it will only make them tired</td>
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<tr>
<td>assuming that people will judge them if they inject insulin in public</td>
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<tr>
<td>thoughts based on misunderstanding of the treatment regimen (e.g. thinking that they are a failure if they have eaten sugary or fatty foods at the end of a meal)</td>
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<tr>
<td>thinking that having a ‘bad’ blood sugar result or a slight increase in weight means there is no point in continuing trying</td>
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An ability to discuss the contribution of unhelpful thoughts to a perpetuating cycle that maintains low mood/anxiety and/or poor management of diabetes.

An ability to help clients use thought diaries in order to identify unhelpful thoughts and their impact on mood and management of diabetes.

An ability to help clients consider thoughts are an interpretation of a situation rather than ‘truths’

An ability to help clients identify alternative thoughts/interpretations which may have a different impact on mood and behaviours such as management of diabetes.

An ability to help clients to challenge unhelpful thoughts about diabetes by:

| finding evidence for and against thoughts |
| generating new more balanced thoughts |

An ability to help clients use appropriate methods to identify and manage significant areas of worry (e.g. worries about the future)*.

*as detailed in the CBT competence framework

Ending the intervention

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<th>An ability to help clients prepare for the end of intervention by:</th>
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<tr>
<td>reviewing their understandings of the factors maintaining their difficulties</td>
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<td>identifying the skills that they have learned and that have been helpful</td>
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<td>helping them identify potential triggers for, and indicators of, relapse and to consider strategies that maybe helpful in responding to them</td>
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<tr>
<td>agreeing goals for the period after the intervention and identifying any arrangements for longer-term follow-up</td>
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Metacompetences

| An ability to draw on the assessment and formulation, along with any emerging information, in order to decide which change techniques should be included in the intervention |
| An ability to judge when difficulties in self-management reflect a treatment regimen that is unsuited to, or unsuitable for, the individual and where adapting the regimen to the client would be more appropriate than expecting the individual to adapt to the regimen |
| An ability to draw on knowledge of local resources and organisational structures in order to judge the type of intervention that can be delivered safely and effectively, and when a referral to a more specialist service is required |