Psychology & Technology
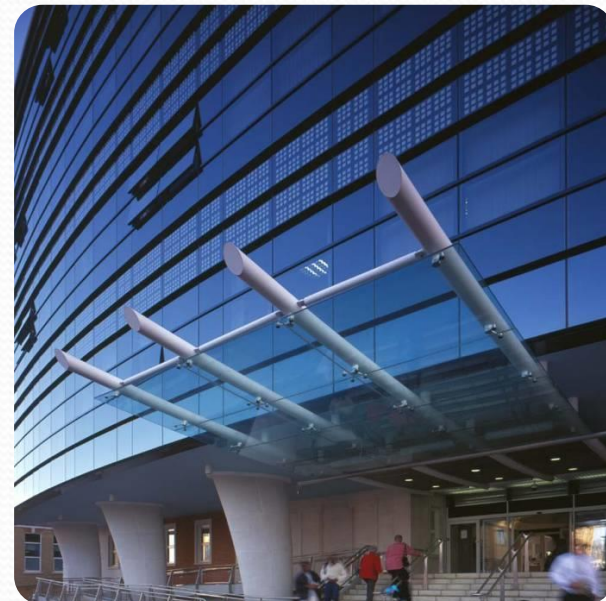
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Overview

Aims

- Assessment skills in a person's suitability to diabetes technology

- Different ways of relating to and making sense of a person's experience of using diabetes technology

- Reflect on your experiences and beliefs of healthcare and think about how that influences your consultations

Objectives

- To understand how some different types of relationships that using diabetes technology can have with psychological wellness and distress

- To have an assessment framework for evaluating how technology is functioning for that person

- To identify the approaches, skills, strategies, and interventions at your disposal when someone might experience distress in the context of using diabetes technology

20 seconds to think in silence about a time when you/ a loved one experienced <u>good</u> health care

20 seconds to think in silence about a time when you/ a loved one experienced <u>poor</u> health care

60 seconds to talk to the person next to you and identify a list of features that made the healthcare good or poor
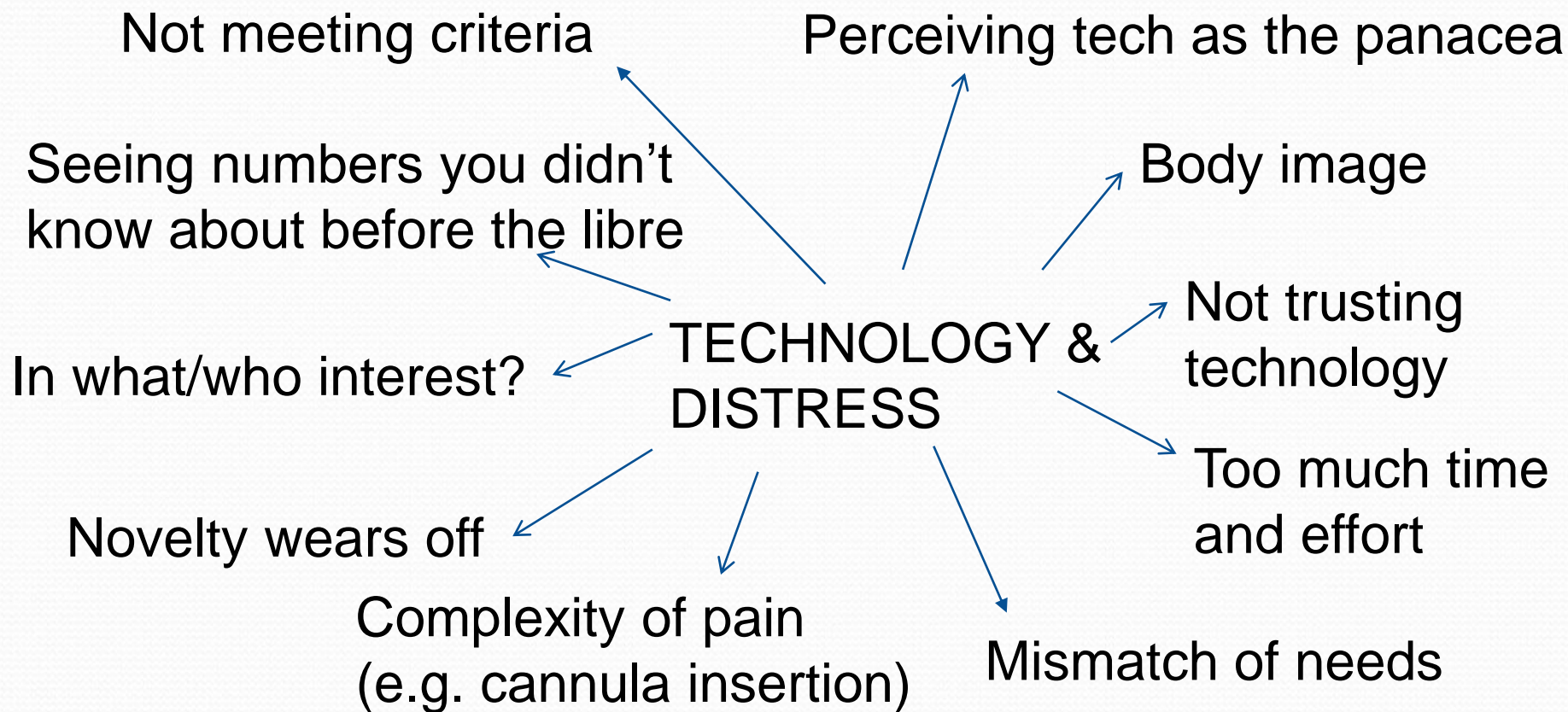
60 seconds to shout out the list you and your partner came up with

What do we mean by diabetes distress?

How and why does diabetes distress develop?

What have you observed in terms of diabetes technology being a help or hindrance to optimal self-management?

("it can be both a shackle and a lifeline"; Naranjo et al. 2016)

Not meeting criteria

Perceiving tech as the panacea

Seeing numbers you didn't know about before the libre

Body image

In what/who interest?

TECHNOLOGY & DISTRESS

Not trusting technology

Too much time and effort

Novelty wears off

Complexity of pain (e.g. cannula insertion)

Mismatch of needs

N.B. flashpoints: life events (getting married, moving house, new job, having children, bereavement) and life transitions (transitions clinic, 'milestone' birthdays, adulthood and intimacy, older adulthood and reconciliation)

Assessment considerations at introduction of technology as well as review

- What beliefs, thoughts and attitudes does this person hold about the technology in question?

- Who is the technology for? (Parent? Partner?)

- Where is this person's self-efficacy at?

- Where along the spectrum (from internal to external) is their locust of control?

- What is their historical social background and current social circumstance?

Strategies – practical

- Education (N.B. education skills and formats)
- Teach problem-solving / take a 1 or 2 day experiential training course in Motivational Interviewing to develop skills with cognitive flexibility
- Complete self-referral to IAPT in the consultation
- Refer them to the 'Overcoming…' book series
- Use objective evaluation to triangulate with their self-reports and downloads (e.g. pre post DDS and/or gold scores)
- Pump holidays (keeping options open without deciding on an outcome beforehand)

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- N.B. Experiences you shared at the beginning: technology cannot replace meaningful human contact
- Be open and honest in talking about unhelpful dynamics (being 'done unto'/reliance/ dependence/ rescuer/ naughty school child/ getting blood from a stone)
- Importance and benefit of consistent boundaries
- Be clear on your own barriers and biases (I'm a bit tech-phobic!)
- Having a curious stance
- Encouraging experimental approach
- Legitimise and validate the person's experience

1. Open questions to elicit information from them (they do most of the talking; thoughts and feelings)
The funnel approach: starting broad and narrowing in

- How is life generally?
- What is your relationship to diabetes like at the moment? How does this compare to the previous 5 years?
- How do you imagine life/relationship to diabetes being different? What would noticeably change/be different?

(broader questions)

Strategies – assessment

1. Open questions to elicit information from them (they do most of the talking; thoughts and feelings)
The funnel approach: starting broad and narrowing in

- Looking at your download/trace etc, what are your thoughts?
- (If already using tech) What are the current pros/benefits and cons/concerns from your point of view in using e.g. the dexcom? … or…
- (If about to commence tech) what do you imagine the pros and cons to be? What are your expectations? (i.e. is there a balanced and realistic view? Are they well-informed? We can't assume as clinicians that tech alone solves the problem. We also need to assess in case patient expects this.)

(more narrow questions)

2. Broad questions to elicit systemic information (roles and relationships)

- How will family respond? Will they expect to see data?
- How do you feel About scanning in a meeting at work or getting an alarm in the pub with friends?
- How might you feel wearing a device (attached to their bodies)
- How might you respond to being asked questions about the device (N.B. this could be in work environment, it could be social environment, or when intimate with others)
- What tasks they understand will be required along with it
- What are their resources and support?

3. Understanding if technology is functioning as a safety behaviour or coping strategy

A man relaxes his shoulders and slows his breathing in response to feeling tense, and then feels calmer.

If he interprets this as "I'm only feeling better because I did my relaxation routine, and if I hadn't done it, something awful would have happened", then it's a safety behaviour – he is unlikely to develop confidence that he could manage tension.

If he concluded "If I'm tense, I relax", then relaxing is simply a functional coping behaviour, and he is likely to grow confident that he can cope. (www.get.gg/docs/models/SafetyBehaviours.pdf)

3. Understanding if technology is functioning as a safety behaviour or coping strategy

Scenario: if someone is wearing a libre but never swipes but explains that it helps them to feel better, what would you think?

Scenario: if someone is wearing a libre and swipes an average of 43 times a day, what would you think?

3. Understanding if technology is functioning as a safety behaviour or coping strategy

Safety behaviours are used to prevent a feared outcome. While intended to keep us safe (hence, safety behaviours), they actually maintain and prolong fear.

Ultimately, the decision about whether someone is using technology in the helpful way it was intended comes down to the _thought(s)_ that drive the behaviour: is the thought helpful? Is it accurate?

Take home messages

- Distress is a very natural, normal, and common response to living with a long term health condition

- There are specific issues to consider when it comes to distress and technology, and this should be given space in any consultation

- Distress is not always obvious, unwise to assume without asking

- Conversations about distress are two-way interactions so be aware of your own experiences and beliefs