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### ► To cite this version:

Moreau Alain, I Supper, Y Zerbib, M Lamort Bouché, Pierre-Eric Danion. What processes of change are elaborated during an experiential educative counselling based on the patient centred care (PCC) model with type 2 diabetes patients in general practice ?. 13th International Primary Care Diabetes Europe (PGDE) Conference 23-24 May 2014 Barcelona, May 2014, Barcelona, Spain. hal-02494579

**HAL Id: hal-02494579**

**<https://hal.science/hal-02494579>**

Submitted on 28 Feb 2020

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# What processes of change are elaborated during an experiential educative counselling based on the patient centred care (PCC) model with type 2 diabetes patients in general practice ?



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## Context

- Educative counselling have to favour processes of change needed for the improvement of clinical criteria in type 2 diabetes patients. Their efficacy is identical to those of oral antidiabetics on intermediate criteria (1% decrease in HBA1c) but not on morbi-mortality.
- Research question: Which processes of change are built during an educational approach based on a patient centred approach in type 2 diabetes patients in General Practice?

## Method

- Qualitative phenomenological research with transtheoretical model of change (Prochaska) triangulation
- Educational patient centred approach including, after a purposive sampling, ten type 2 diabetic patients
- Intervention : active listening and understanding of patients' perspectives (lived experience, beliefs, expectation, preference) + explanation on diabetes + adapted hygieno-dietetic counselling with an objective of common ground.
- Main outcome measures assessed at 3 months : quantitative (weight and HBA1c) and qualitative (satisfaction, achievement of objectives)
- Analysis of processes of change from patients' verbatims (NVivo 9)

## Résultats

TYPE 2 DIABETES PATIENTS							
Patient	Age	Change	Satisfaction	Hba1c initial	Hba1c final	Weight initial	Weight final
Mr D	60	2	+	8.1	6.5	107	103
Mrs E	75	2	+	8.8	7.5	92	90
Mrs F	73	2	+	6.7	6.7	77	75
Mr G	56	2	+	6.7	6.7	82	79.5
Mrs H	53	2	+	14.1	11.9	70	72
Mr I	59	2	+	10.2	8	89	81.5
Mrs B	77	1	+	6.8	6.6	103	102
Mrs J	55	1	+	9.6	8	76.1	76
Mr A	57	0	+	7.5	8.2	113.5	113
Mr C	74	0	-	6.9	7.3	87	89

Experiential Cognitivo-Emotional Processes: Consciousness Raising - Risk Sensitized	
Becoming conscious by a reflexive trigger	"Awareness, was the first step... Dr X (his Doctor), had told me about it, but I was overwhelmed... I told to myself: "well, one lives with it, so!"... I think that now I try more, now that I have had this trigger during our appointment". (Mr D)
A trigger predetermined by an intention and an experience lived like unpainful and with favourable results	"In fact, I had decided to do it... It has in some way launched it. It was not so hard. I've lost more than 8 kg according to my scale." (Mr I)
Gaining knowledge	"You have given good explanation... You know your subject well." (Mrs E)

Experiential Cognitivo-Emotional Processes : Dramatic relief- Environmental Reevaluation	
Emotional relief, self-questioning, gaining awareness of the severity, of the necessity to get involved.	"In the beginning, I didn't listen... I was preoccupied by other things... You arrived when I began to ask myself questions...It opened my eyes... I began to see diabetes like something severe anymore. So, in order not to make it severe, I have to involve myself" (Mr D)
Relieving his wife by avoiding "bashes"	"perhaps were we bashing a bit too much... And my wife can't cope with it any more because of her back, due to her illness" (Mr I)

Experiential Cognitivo-Emotional Processes : Self Reevaluation-Self Liberation-Looking for a meaning	
Enhance "taking care of oneself" which becomes a belief, a conviction	"For me, it's not so severe, as long as you take care, that's the essential: avoiding sugar, running a bit, getting fit." (Mr G)
Understanding the destroying part of eating and depreciating the problematic behaviour	"Before, I ate like a pig... I let it be. It's useless, it's only destroying." (Mr G)
Feeling the relationship and speaking like liberating and meaningful	"Useful questions... questions doing well... questions wakening up because one has a tendency to sleep in... The fact of talking to me, to ask questions, to see things at their right place, what." (Mr G)

Processes of Behavioural Change : Stimulus control-Counter Conditioning	
Self-control by reminders like "take care" and strategies to avoid grazing	"It reminded me that for certain things I had to be very cautious... So for example at dinner, I skipped the desert" (Mrs H)
Substituting quality for quantity	"I try just to enjoy tasting a dish, without doing what I did before, which was gluttony." (Mr D)
Avoiding friends and restaurants, with all the more a financial benefit	"Now, I'm gonna save money, because I'm less eating in restaurants... You've to know that with the band we are, we take an appetizer, wine, digestives and all the rest." (Mr D)
Creating malefic believes	"In my head, now I tell to myself: "when you eat sugar, you poison yourself" and that's new..." (Mrs H)

Processes of Behavioural Change : Helping Relationship-Reinforcement Management-Self Efficacy	
Looking for a relationship and therapeutic alliance.	"With a professional who leads back to the right track... explains... triggers the take care... coach" (Mme H) who provides "booster shots", "warning shots" about dangers and risks, (Mr D), helps to "stay on the road... stay awake, call to order... asks questions, enables "to feel reassured", who gives the "power to cure" (Mr G)
Making live successful experiences leading to a feeling of self efficacy, supports more efforts and reinforces change.	"I used what you told me... It's true that when you loose 6 kg, when you walk a bit... it improves quite a lot of things... in my last analysis, I had an HbA1c of 6.5. Whereas I had 8.4, and that's all that which gives me satisfaction." (Mr D)

## Discussion - Conclusion : What does a PCC educative counselling allow?

- To stimulate patients' reflexivity , self-evaluation and decisional balance
- To highlight and support experiential cognitivo-emotional (Consciousness raising, dramatic relief, environmental reevaluation, self reevaluation, self liberation) and behavioural (Helping relationships, stimulus control, counter-conditioning, reinforcement management) processes of change
- To promote strategies reinforcing the feeling of self-efficacy by lived-experiences