CDC's National Center for Chronic Disease Prevention and Health Promotion



Compassionate Communication Strategies for Reengaging People With Diabetes in DSMES

Division of Diabetes Translation

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Moderator



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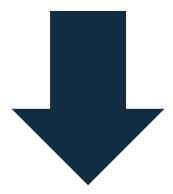


Today's Objectives

- Explain the intersection between diabetes and mental health, as well as the impact of the pandemic on the mental health of people with diabetes and their health care teams in both clinical and community-based settings.
- Identify strategies that can serve as powerful sources of emotional support for people with diabetes and their families.
- Utilize group coaching approaches in delivering diabetes selfmanagement education and support (DSMES) services to help people with diabetes overcome trauma and burnout and support them in returning to regular health care visits.

Have a Question for our Speakers?

Submit your question by clicking the Q&A icon located below. We'll do our best to answer all questions during the Q&A portion at the end of this webinar.



Today's Presenters



Cynthia Muñoz, Ph.D., MPH

Pediatric Psychologist, Children's Hospital Los Angeles

Assistant Professor of Clinical Pediatrics
University of Southern California Keck
School of Medicine

Margaret Moore, MBA
aka "Coach Meg"
CEO, Wellcoaches Corporation
Co-Founder/Board Member, NBHWC
Co-Founder/Chair, Institute of Coaching



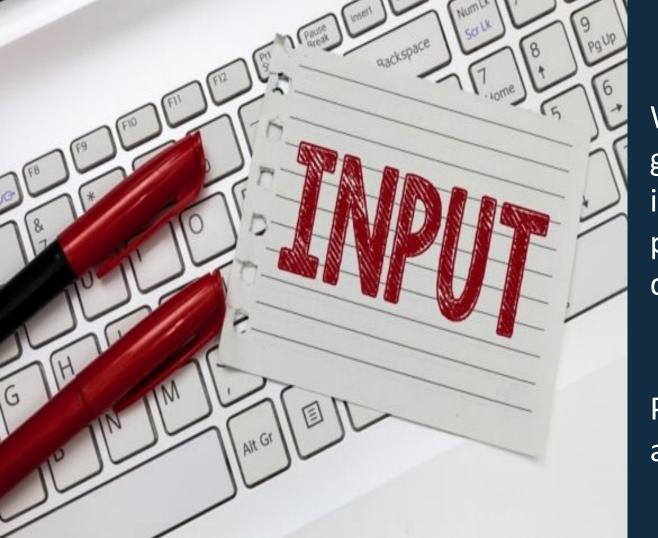
Addressing the Relationship Between Diabetes and Mental Health



Cynthia Muñoz, Ph.D., MPH

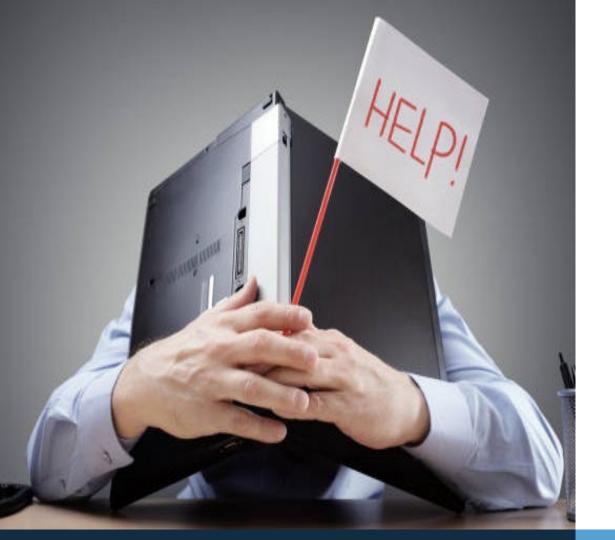
Pediatric Psychologist, Children's Hospital Los Angeles

Assistant Professor of Clinical Pediatrics, University of Southern California Keck School of Medicine



What is your greatest challenge in working with people with diabetes?

Please share your answer in the chat.



Why don't my patients just DO what I TELL them to do?!?!

Treatment Recommendations

Based on the standards of care for the medical treatment of people with diabetes:

- Founded on empirical evidence
- Designed to maximize health outcomes





Patient-centered care experience starts with:

COMMUNICATION

Assess Assumptions About Diabetes and Self-Care

- It gets easier over time.
- Medical recommendations are beneficial.
- My patient should be able to prevent extreme high and low blood glucose levels.
- My patient knows what type of diabetes they have and what this means.

What is diabetes?

What are the treatment goals?

What are YOUR goals?



Patients' Feelings

Many people with diabetes carry feelings of shame, embarrassment, and struggle.

"My diabetes care team members are very important. I don't want to disappoint them or waste their time."



"I don't want my team members to think that I don't care about my health and well-being."

"What would my care team think if they knew that I'm scared to use the prescribed medications?"

Patients' Feelings

- When one's expectations of their selfcare are beyond their actual ability to perform self-care, diabetes-related distress may result.
- Reinforcing our assumptions contributes to the gap between expectation and capacity and may deepen diabetesrelated distress.



"Effective behavior management and psychological well-being are foundational to achieving treatment goals for people with diabetes."

Psychosocial Factors

- Psychosocial factors exist along a continuum
- Reciprocal relationship between psychosocial factors and diabetes.

Providing integrated psychosocial care within the context of patient-centered care to all patients and their families with diabetes is key.

Common Barriers Associated With Optimal Diabetes Management

- Anxiety
- Depression
- Difficulty
 emotionally
 adjusting to the
 daily demands of
 diabetes

- Disability
- Economic environment
- Employment
- Health beliefs
- Income

- Learning challenges
- Limited support system
- Natural disasters/ pandemic
- Trauma

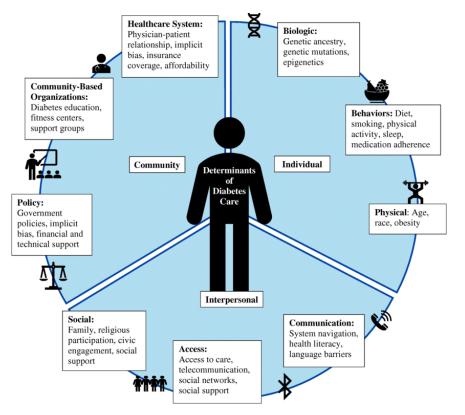
What Is Going On?

Individuals with diabetes who experienced higher levels of worry about the pandemic could be more vulnerable to:

- More diabetes distress
- More hyperglycemia
- More depression and anxiety



Health Disparities

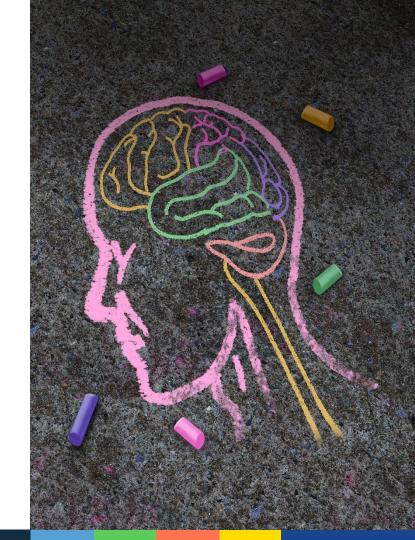


- Access to diabetes technology and medications
- Crowding
 - Differences in care
 - Digital divide

- Rationing supplies and insulin
- HbgA1c
- Co-morbidities

Mental Health

- Mounting mental health burden has had a negative impact on diabetes management and outcomes.
- Access to optimal treatment options, education, and support is not keeping up with the demand, especially in underresourced communities.





What can you do?

Words Matter

Person with Diabetic diabetes Disease Condition Blood Blood glucose glucose test check Control Manage Compliance Collaborative goal or setting Adherence Cheating or **Eating without** Sneaking In target or "Good" or "Bad" below/above target

Diabetes Language, Diabetes Australia, 7 July 2011

Infuse Discussions With...

- Culturally-informed aspects of diabetes and its management
- Social determinants of health



Key Questions

- Why do you think that you developed diabetes?
- What is the most difficult aspect about diabetes for you?
- Sometimes family and friends have suggestions about ways to manage your health. What are some suggestions that you have been given?



Talking About Diabetes

- Talk about normal, regular, everyday things before talking about diabetes.
- Pay attention to your body language and tone of voice.
- Praise participants for completing diabetes-related tasks.
- Use social problem-solving



ROBLEM: LUNCH

Jen's Blood Sugar is 160 major. She plans to eat a Greek Salad with a scoop of Egg Salad for lunch.
A) Based on the ingredients listed below, calculate the amount of carbs (9 & protein 62) in Jen's neal.

B) Based on your answers from Part A and the "givens" to the Right, how many units of insulin (Humalog) does Jen need to take before eating?

| A) INGREDIENTS | CARBS® | PROTEING |
|-------------------------|--------|---------------------|
| Cup chopped Lettuce | 6 | _ |
| 1 thin slice tomato | 3 | |
| 4 Cup chopped cucumbea | a | |
| 2 tosp Black Olives | 2 | 10 - |
| 4 cup Feta cheese | 1 | (5) |
| 2 thsp Dressing | 3 | De barren : lance |
| 2 Eggs | 1 | (15) (第二次 教、前 |
| Mayo (for egy salad) | - | ×=35 |
| 1/3 piece Low Carb Pita | 6 | 3/ |
| TOTAL: | (245) | (3.5 or) @lon lacab |

"GIVENS:" O Insulin/Carb Retio = @Normal Blood Sugar=70-120 3 Insulin Sensitivity: 1 unit & Bood Sugar 60-70 punts

WORK SPACE:

Jen's Blood Sugar 160 Target Blood Sugar: 90 needs to come down 70 points CORRECTION DOSE= LUNIT

MEAL: 1 unit= 6 carbs X units 24 carbs (X=3년 X=4 weeds 4 units to cover meal.

unit (correction) + 4 units (for food) 5 units (total)

EXTRA CREDIT: If Jen Wants to eat Lunch at 12:30m, what time should she take her shot? (2:10em)

3.2

www.diabetesart.com

Making the Pandemic a Force for Good



Margaret Moore, MBA aka "Coach Meg"

CEO, Wellcoaches Corporation
Co-Founder/Board Member, NBHWC
Co-Founder/Chair, Institute of Coaching



Emotions Experienced During the Pandemic

- Anger
- Fear
- Anxiety
- Worry
- Stress
- Sadness

- Grief
- Trauma
- Burnout



High emotional arousal, low well-being





WHAT TO LEAVE BEHIND WHAT TO CARRY FORWARD



GROW

TURN TRAUMA INTO GROWTH



THRIVE

BURNOUT TO THRIVING

Move Forward

Go to Menti.com and enter the code **65119278** to share your thoughts.





Posttraumatic GROWTH

Theory, Research, and Applications



Richard G. Tedeschi, Jane Shakespeare-Finch, Kanako Taku, and Lawrence G. Calhoun

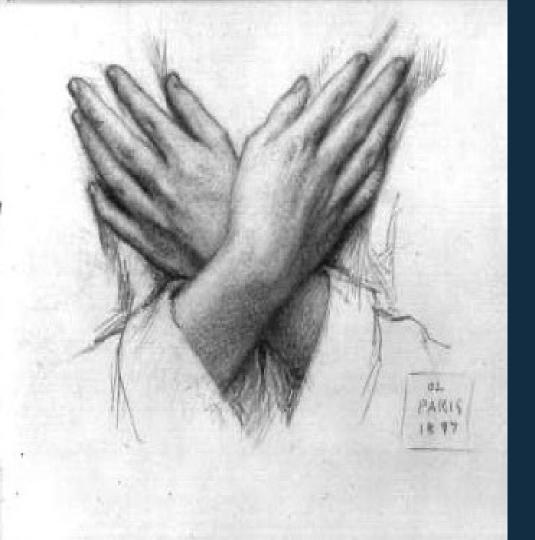


The Pandemic Can be a Trauma for Many

- Trauma is a life-altering event that is psychologically seismic.
- It shakes core beliefs and assumptions about one's future and how to move toward the future.
- It can cause massive anxiety and psychic pain as well as big declines in mental and emotional well-being.

Suffer Well Thich Knat Hanh





- Notice
- Accept
- Feel self-compassion
- Feel shared humanity

Post-Traumatic Growth



- Meaning
- Appreciation
- Relationships
- Opportunities
- Strength
- Creative acts

Growth

Go to Menti.com and enter the code **65119278** to share your thoughts.





Thrive More

Burnout

- Feeling bad
- Overwhelmed
- Little self-care
- Stressed
- Exhausted
- Deficit-based
- Frustrated



Thriving

- Feeling good
- Purposeful
- Daily self-care
- Calm
- Energized
- Strengths-based
- Innovative

Ways to Cultivate Thriving

- Self-compassion
- Meaning & purpose
- Use your strengths
- Creative activities
- More connection
- Healthy habits
- Gratitude
- Other?



Path to Thriving

Go to Menti.com and enter the code **65119278** to share your thoughts.



Question and Answer

Send questions after the webinar to:

DDT_DiabetesWebinar@cdc.gov



COMING SOON! CDC's Updated *New Beginnings:* A Discussion Guide for Living Well With Diabetes



New Beginnings > A Discussion Guide fo

MODULE

O DISCUSSION TIME

45-60 minutes

1. Being your own

2. Setting yourself

best friend

for success

Building Self-Confidence

WHAT YOU NEED TO KNOW

To be successful in managing their diabetes, people need to be able to set goals, make plans, monitor progress, and deal with setbacks. Self-confidence in one's own strengths and abilities helps promote resiliency. Self-doubt is normal. Many people doubt themselves, especially when faced with a new challenge. Positive encouragement can help people overcome self-doubt and more successfully take on the challenges of managing diabetes.

By the end of this session, participants will be able to:

- . Identify at least three thoughts or actions that can lead to self-doubt.
- Name at least three positive thoughts or actions for building self-confidence.
- Describe at least three thoughts or behaviors that people with diabetes can use to become more resilient and set themselves up for success in reaching their goals.

New Beginnings > A Discussion Guide for Living Well With Diabetes

Connecting Thread

Facilitating New Beginnings Online

BACKGROUND

Whether your group cannot meet in-person or you want to further your reach by holding your sessions online. New Beginnings can help people live well with diabetes from anywhere. Participating in an online support group is a great option for people who live in rural or remote areas, who don't have consistent access to transportation, who are unable to leave their homes due to health and safety concerns, or whose busy schedules make attending in-person sessions hard to do. This Connecting Thread will provide you with the tools to facilitate New Beginnings through online sessions

☆ KEY POINTS

- 1. Online delivery can help you keep the group engaged. Virtual delivery of New Beginnings via video conference can be an option when it is unsafe or difficult to hold a New Beginnings session in-person or to reach those who may have travel or
- 2. You will want to research or try different different technology platforms before you select one. There are multiple video teleconference platforms available for leading online meetings/discussion groups, each with different features and pricing options. If you are part of a larger organization, they may already have a preferred platform that you could use. If not, you can often request a demo or a free trial from the vendor before making a purchase.

Thank You

Send questions after the webinar to:

DDT_DiabetesWebinar@cdc.gov

For more information, contact CDC 1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 www.cdc.gov

Link for this webinar continuing education (CE) on TCEO: https://tceols.cdc.gov/Course/Detail2/8625

In order to receive CE for WC4371-052622 - Innovations in Diabetes Behavior Change - May 26, 2022 (Webcast), please visit <u>TCEO</u> and follow these <u>9</u> <u>Simple Steps</u> before June 27, 2022.

The Course Access Code is **Diabetes**.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

