Disclosure to Participants

• Notice of Requirements For Successful Completion
  – Please refer to learning goals and objectives
  – Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours

• Conflict of Interest (COI) and Financial Relationship Disclosures:
  – Presenter: Cecilia Sauter MS, RDN, CDE, FAADE – No COI/Financial Relationship to disclose
  – Presenter: Ann Constance MA, RDN, CDE, FAADE – No COI/Financial Relationship to disclose

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No One Understands Me!
Helping People Live Well with Diabetes
Learning Objectives

- Define empowerment and noncompliance in the context of people living with diabetes
- Describe the impact of diabetes distress on diabetes outcomes
- Discuss responses to psychological concern by reflecting on participant-identified concerns and/or behavioral issues
Non-compliance

Meet Jan – Role Play
- 50 years old
- HTN, heart disease and diabetes
- Weight 280 pounds
- BP: 156/95 mm Hg
- A1c: 10%
- Multiple medications
- Misses medications “sometimes” and checks blood glucose levels “when she thinks of it”
- Works at convenience store

What Do You Think?
- What went well?
- What did not work?
- Suggestions?
- Ideas?
What was missed?

Empowerment

Helping people discover and use their own innate ability to gain mastery over their chronic disease

Give up feeling responsible for patients and become responsible to them
Diabetes Education

- Education
- Psychosocial Issues
- Behavior

Education

Working with the Person with Diabetes

Behavior
Psychosocial Issues

Diabetes Distress is:
- Common
- Rarely addressed
- Seldom treated
- Impacting family members too.

Illness Related Distress
- Fearful
- Frustrated
- Overwhelmed
- Anxious
- Guilty
- Angry
- Powerless
- Discouraged
Does it Matter?

A1C along with poor self management behaviors
Self efficacy
Change in meds, status, provider or health plan

Serious Illness Related Distress

- Women
- Minorities
- Lack of insurance
- Diabetes

What can we do?

- Recognize
- Understand
- Learn
AASAP

- Anticipate
- Acknowledge
- Standardize
- Accept
- Plan

Empowerment Approach

5 Step Model
- Explore the problem
- Clarify feelings
- Develop a plan
- Commit to action
- Experience and evaluate plan
Step 2: Clarify Feelings

• Feelings are not problems to be solved

THOUGHTS CREATE FEELINGS

Responding to Emotional Concern
Rate Your Response

- Emotions and problem exploration
- Focusing on goals/behavior change
- Solving problems for the patient
- Judging the patient

Step 4: Commit to Action

- Collaboratively set goals.
- Create I-SMART behavioral experiments.

I = Inspiring and Important
S = Specific
M = Measurable
A = Achievable
R = Relevant
T = Timely
Putting It All Together

Emotional: How do you feel?
Clinical: What to do and why?
Behavioral: How will you do it?

AADE7 Self-Care Behaviors®
Healthy Coping – recognize, normalize and address emotions.

Integrating DM clinical management, self-management education, prevention and support.
Thank you!