Helping Individuals Deal with Diabetes Stigma and Guilt

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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

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Rosenthal & Fode, 1963; Expectancy Effects, Pygmalion Effect
Deb’s Story
- 45 years old, Kindergarten teacher
- Type 1 diabetes for 25 years
- Most A1Cs 8.0% - 9.5%, insulin pump and CGM
- BMI >31
- Heart attack – age 35

Lesson #2:
- Your messages matter… a lot! Be aware of how you think and talk about diabetes.

Non-compliant
Unmotivated
Diabetic
Denial

Should/Shouldn’t
Failure
Preventable
Reverse/Cure

Lesson #3:
- Managing diabetes is hard work. Your empathy goes a long way!

Lesson #1:
- Feeling stigmatized leads to hiding, avoidance, disengagement, shame and guilt.

What’s so hard about diabetes?
- 150+ tasks
- Best outcome = nothing happens
- Constant decision making (mental gymnastics)
- 24/7 (no vacations)
- Moving target: always changing and never good enough
- No finish line
- Most others don’t know diabetes facts vs fiction

How does this make you feel?
Lesson #4:
- This is about the person first
  - Listen and focus on the person
  - Treat people with diabetes like competent partners
  - Acknowledge that diabetes is hard work
  - Take an interest in what is going on for the individual
  - Do not blame
  (Dickinson, Diabetes Spectrum, in press)

Imagine this for people with diabetes

Lesson #5:
- Diabetes Educators have a key role in changing the conversation

“The word educate comes from the Latin word, educe, which means to bring out potential. What potential do you want to bring out?” - Aimee Mullins, Ted Talk

Take Away Messages
- Diabetes stigma leads to disengagement and avoidance of diabetes
- Diabetes Educators have a key role in transforming the experience of diabetes by challenging negative messages and replacing them with facts and empathy

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Questions?

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