

Diabetes Education Services Presents:

What We Say Matters | Using our Words to Lift People Up

Bonus Topics | Class 2 | 2024

Beverly Thomassian, RN, MPH, BC-ADM, CDCES

Pronouns: She, her, hers

www.DiabetesEd.net

Land Acknowledgment

- ▶ We acknowledge and are mindful that Diabetes Education Services stands on lands that were originally occupied by the first people of this area, the Mechoopda, and we recognize their distinctive spiritual relationship with this land, the flora, the fauna, and the waters that run through this area.

We are Here to Help!



Bryanna Sabourin
Director of Operations
Certification Pathway Coach &
Customer Happiness Expert



Tiffany Bergeron
Customer Advocate &
Customer Happiness Expert

If you have questions, you can chat with us at www.DiabetesEd.net
or call 530 / 893-8635 or email at info@diabetesed.net

Diabetes Education Services Inclusion Statement

Based on the IDEA Initiative inspired by CDR

- ▶ Inclusion
- ▶ Diversity
- ▶ Equity
- ▶ Access



- ▶ We are committed to promoting diversity and inclusion in our educational offerings.
- ▶ We recognize, respect, and include differences in ability, age, culture, ethnicity, gender, gender identity, sexual orientation, size, and socioeconomic characteristics.
- ▶ Our goal is to promote equity and access, acknowledging historical and institutional inequities.
- ▶ We are committed to practicing cultural humility and cultivating our cultural competence.
- ▶ We wish to create a safe space within our community where one's beliefs, experiences, identity, and differences in ability, age, size, socio-cultural/socioeconomic characteristics, and political affiliations are considered and respected.

Coach Bev has no Conflict of Interest

- ▶ She's not on any speaker's bureau
- ▶ Does not invest or have any financial relationships with diabetes related companies.
- ▶ Gathers information from reading package inserts, research and articles
- ▶ The ADA Standards of Medical Care is main resource for course content

What We Say Matters – Language that Lifts people UP

- ▶ Consider words and approaches that can be left behind.
- ▶ Describe diabetes language that is respectful, inclusive, person-centered and imparts hope.
- ▶ Practice communicating about diabetes using phrases free from judgement with a focus on a strength-based approach.



The Language Movement

Full Article from *The Diabetes Educator* :



Quick Guide for Healthcare Providers




Special recognition to Jane K. Dickinson, RN, PhD, CDCES for her vision, research and advocacy



SPEAKING THE LANGUAGE OF DIABETES:

*Language Guidance for Diabetes-Related
Research, Education, and Publications*



How we talk to and about people with diabetes plays an important role in engagement, conceptualization of diabetes and its management, treatment outcomes, and psychosocial well-being. For people with diabetes, language has an impact on motivation, behaviors, and outcomes.

***Four principles guided this work and
served as a core set of beliefs for the paper:***

- ▶ Diabetes is a complex and challenging disease involving many factors and variables
- ▶ Every member of the health care team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- ▶ Stigma that has historically been attached to a diagnosis of diabetes can contribute to stress and feelings of shame and judgment
- ▶ Person-first, strengths-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes

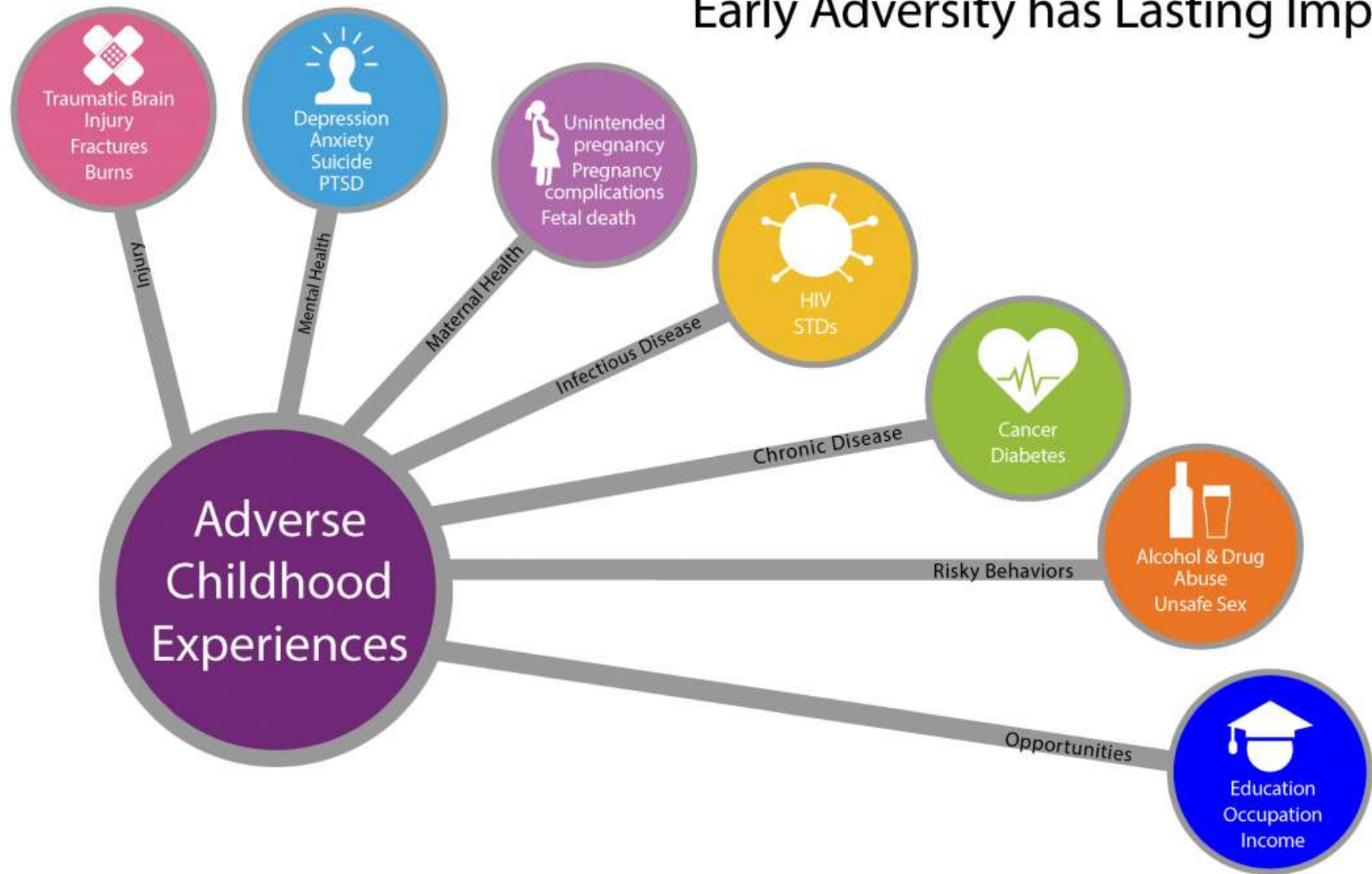
Stigma associated with diabetes

Have you heard others using these words or phrases?

- ▶ Cheats
- ▶ No will power
- ▶ Diabetic
- ▶ Non-compliant
- ▶ Train wreck
- ▶ Frequent Flyer
- ▶ Non-adherent
- ▶ Doesn't really care
- ▶ If they would only lose some weight
- ▶ Doesn't monitor blood sugar
- ▶ Forgot logbook/reader again
- ▶ Doesn't take their meds as directed
- ▶ Eats junk food
- ▶ Eats too much fruit
- ▶ Loves sugar
- ▶ They brought it on themselves

Early Adversity – Lasting Impact

Early Adversity has Lasting Impacts



ACEsAware.org | Free Training

Science of ACEs
& Toxic Stress



Training



Implement
Screening



Provide Treatment
& Healing



Grants
Program



ACEs Aware
Clinician Directory



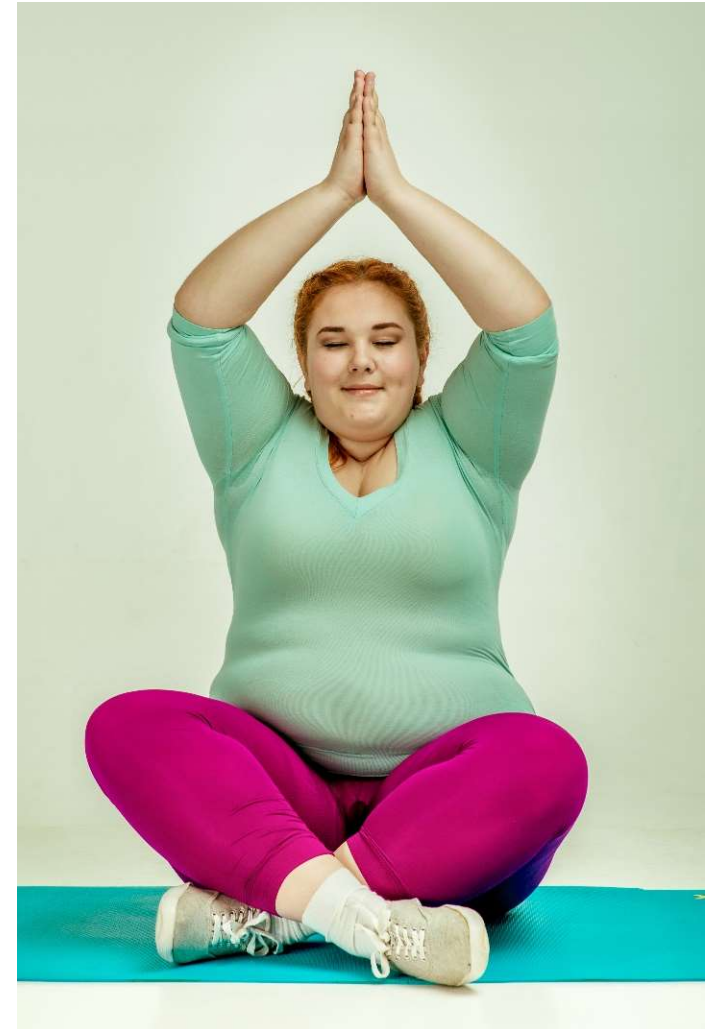
And what about us?

- ▶ We bring our life experiences to each interaction.
- ▶ Goal:
Meaningful
Interactions

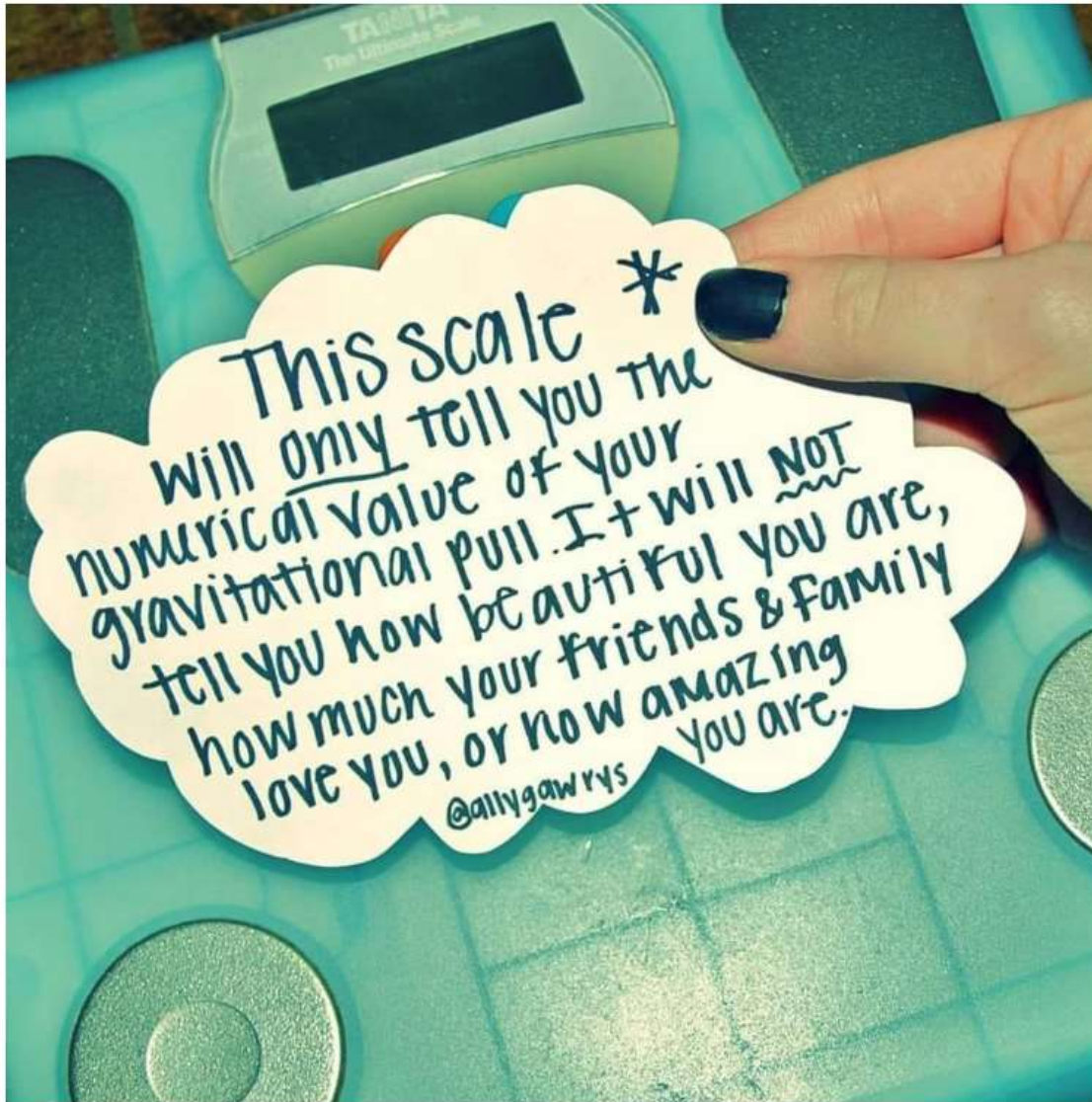


Terminology matters in medical communication about weight

- ▶ For people with BMI >25 + preferred terms include:
 - ▶ Person with elevated BMI
 - ▶ Person living with overweight / obesity
 - ▶ Person experiencing overweight / obesity
 - ▶ Person with excess weight
 - ▶ Person in a larger body

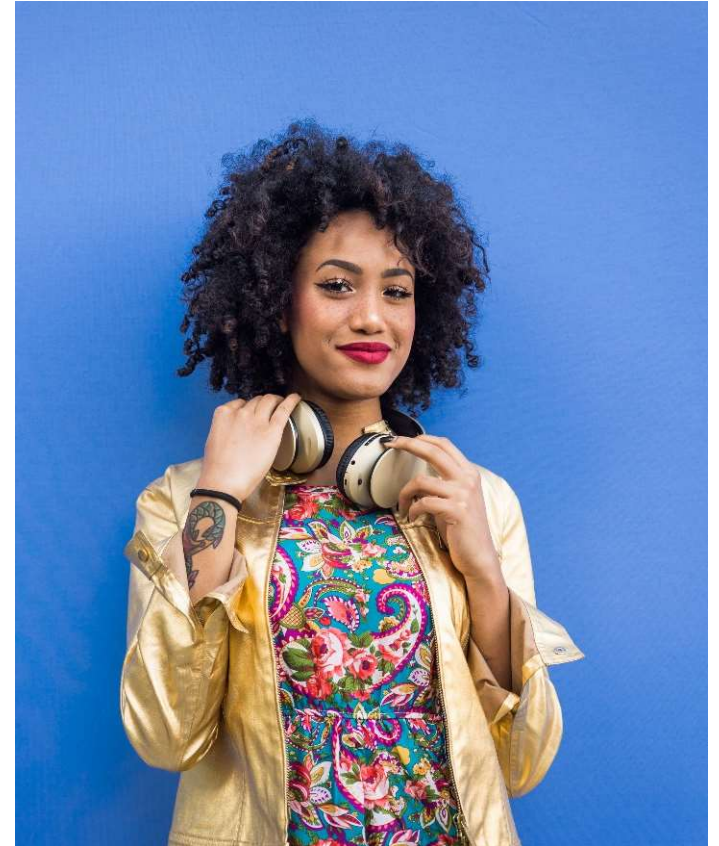


Weight is a Heavy Issue



Weight Neutral Approach

- ▶ Encourages engagement in health promoting behaviors
- ▶ Directs clients to the practices to improve health, rather than the pursuit of weight loss
- ▶ Encourages body trust and acceptance
- ▶ Focuses on health at every size (HAES)
- ▶ Megrette Fletcher – Mindful eating made easy - fantastic resource.



Setting goals using weight neutral approach

- ▶ I will continue to care for my body by doing [x].
- ▶ I will focus on small changes –such as testing my BG – instead of daily wts
- ▶ I will increase my self worth by telling myself “I am worth self-care”



Quick question 1

JS is 17 years old and rarely shows up for appointments. A1c is 11.9%. What might you ask JS?

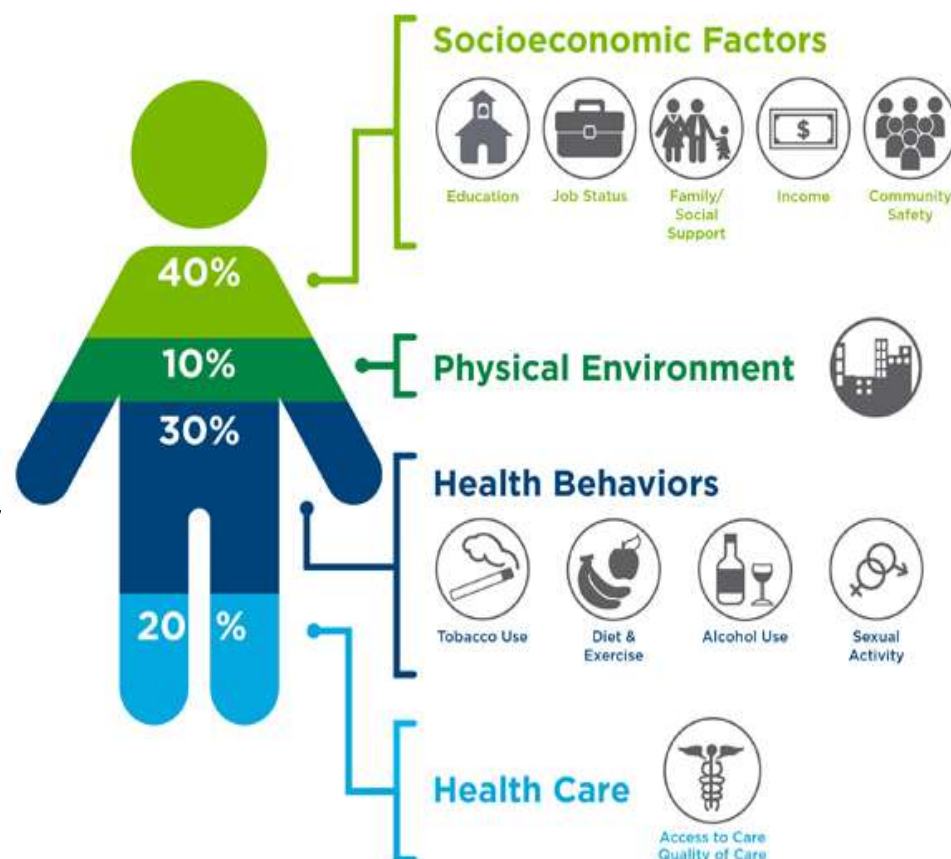
- ▶ A. Are you fighting with your parents?
- ▶ B. I'm curious about what is standing in the way of making appointments?
- ▶ C. Do you realize you are at risk for DKA?
- ▶ D. Is there a reason you haven't been coming to your appointments?



Barriers to Self Management

- Design and deliver DSMES with ultimate goal of **health equity** across all populations.
- **Barriers exist** within health system, payer, health care professional & individual.
- **Address barriers** through innovation, including community health workers, telehealth, other digital health solutions.
- **Consider social determinants of health** in the target population when designing care.

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Providing Trauma Informed Approach

Person's Action

- ▶ Not keeping appointments
- ▶ Not taking meds as prescribed
- ▶ Not adopting new behaviors

Provider Reaction

- ▶ Refrain from accusatory language or judgement
- ▶ Encourage collaboration
- ▶ Be curious
- ▶ Ask open ended questions
- ▶ Listen & observe



Members of the lesbian, gay, bisexual, transgender and queer (LGBTQ) community have unique health disparities and worse health outcomes than their heterosexual counterparts, which has clinical relevance in the delivery of diabetes care and education.¹ Diabetes care and education specialists are in a pivotal position to help this medically-underserved and vulnerable population get the best possible care.

Definitions²

Gender Identity: One's internal sense of being male or female, neither of these, both, or another – female/woman/girl, male/man/boy, other gender(s) (e.g. 58 gender options for Facebook users).

Gender Expression: The physical expression of one's gender identity through clothing, hairstyle, voice, body shape, etc. - feminine, masculine, other.

Sex Assigned at Birth: The assignment and classification of people as male, female, intersex or another sex based on a combination of anatomy, hormones and chromosomes – female, male, other/intersex.

Sexual Orientation: Sexually attracted to men, women, other gender(s).

Romantic/Emotional Orientation: Romantically attracted to men, women, other gender(s)

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth.

Cisgender: A term used to describe people who are not transgender, i.e., who identify with the gender assigned at birth. "Cis-" is a Latin prefix meaning "on the same side as," and is therefore an antonym of "trans-."



Self Reflective Question

- ▶ A person shows up to appointment, forgets their log book and meter and tells you they are only taking their daily insulin injection about 4 times a week.
- ▶ What feelings would that evoke?
 - ▶ Doesn't care
 - ▶ Non-compliant
 - ▶ Lazy
 - ▶ Better scare them
 - ▶ Exasperation

curiosity

Improved approach to language

- ▶ Mindset – come from a place of acceptance
- ▶ Approach – partner with participants.
 - ▶ “I am on your side”
 - ▶ Focus on person rather than the diagnosis
- ▶ Words are tools that can be used to encourage and focus on strengths.
- ▶ Not about being the word police
- ▶ Requires awareness and ongoing practice

Let's use language that (is)

- ▶ Imparts hope
- ▶ Neutral, nonjudgmental
- ▶ Based on fact, actions or biology
- ▶ Free from stigma
- ▶ Respectful, inclusive
- ▶ Fosters collaboration between person and provider
- ▶ Avoids shame and blame



Guiding Language Principles

Strength Based

- ▶ Emphasize what people know, what they *can* do.
- ▶ Focus on strengths that empower people



Person-first

- ▶ Words that indicate awareness
- ▶ Sense of dignity
- ▶ Positive attitude toward person with diabetes

Language of Diabetes Education

Old Way

- ▶ Control diabetes
- ▶ Test BG
- ▶ Patient
- ▶ Normal BG
- ▶ Non-adherent, compliant
- ▶ Disease

New Way

- ▶ Manage
- ▶ Check
- ▶ Participant
- ▶ BG in target range
- ▶ Focus on what they are accomplishing
- ▶ Condition

American Diabetes Association, Diabetes Care

The Use of Language in Diabetes Care and Education, 2017

Quick Question 2

- ▶ A 78 year old tells you they stopped taking their blood pressure medications. “It doesn’t seem to matter whether or not I take them”. What is the best response?
- A. Acknowledge their honesty and ask them to discuss with their provider.
 - B. Gently remind them that stopping their meds is dangerous.
 - C. Ask them if they are experiencing trauma at home.
 - D. Explore possible reasons for this action.



Language of Diabetes Education

Old Way

- ▶ Can't, shouldn't, don't, have to, should
- ▶ Regimen
- ▶ Refused
- ▶ Victim, suffer, stricken

New Way

- ▶ Have you tried..."
- ▶ What about..."
- ▶ May I make a suggestion..."

- ▶ Plan, choices
- ▶ Declined, Chose not to
- ▶ ..lives with diabetes
- ▶ ...has diabetes

American Diabetes Association, Diabetes Care
The Use of Language in Diabetes Care and Education, 2017

Quick Question 3

Which phrase represents the principles for communicating with and about people living with diabetes.

- A. You are checking your blood sugar daily.
- B. Your BMI indicates you're obese
- C. Your fasting blood sugar is above normal
- D. You should try and exercise 150 minutes a week.



Coaching Styles Matter

Coaching Styles that Lead to Behavior Change:

- ▶ Encouraging
- ▶ Collaborative
- ▶ Start where they are at
- ▶ Realistic goals
- ▶ Judgement free
- ▶ Discouraging & Judging *not* associated with behavior change



How to Succeed with Person-Centered Coaching

A diagnosis of diabetes often carries a significant emotional response. A person with diabetes might report shame, fear, and guilt as they come to terms with their diagnosis and anticipate their future. As diabetes healthcare providers, we can learn to address these feelings while helping people move forward!

This cheat sheet provides a dozen simple coaching strategies for providers to help people believe in their ability to self-manage their diabetes successfully.

Using a person-centered approach, we can identify the individual's strengths and expertise and then leverage this information to open a door of possibilities. Our choice of communication techniques can spark behavior change in people living with diabetes.

Adopting this style of communication can be a dramatic shift for some providers. Think of it this way: In usual care, the diabetes healthcare provider steers the boat, brings the fuel, and charts the course. Using the person-centered approach, the provider is simply the rudder, serving as a guide, and the individual steers.

DO: Mindfully Listen to the individuals' problems and fears.

The first strategy is carefully listening to the person's fears and concerns. If someone struggles with nutrition, meds, or behavioral changes, listen to the struggle, and try not to push, advise, or fix it. Listen and reflect on what you think is happening for the first few minutes.

For example, reflecting back could go something like this: "Taking medications is hard for you because you are not sure if they are really working." Or, "It's hard to eat more vegetables because you are a long-haul truck driver." Or, "It sounds like you blame yourself for having diabetes."

Listening and then reflecting back on the struggles of the individual is the first phase of energizing the visit.

DO: Focus on curiosity before exploring possible changes in behavior.

With a person-centered approach, spend more time in the "curiosity" phase before moving to the "action" phase."

Expectancy Theory and Language

- ▶ When we label people, we form biases.
- ▶ We act out behaviors based on this label.
 - ▶ Providers also modify behavior in response to label
- ▶ The person labeled may take on attributes of that label.
- ▶ Do our language choices lead to clinical inertia?



Empowerment Defined

- ▶ “Helping people discover and develop their inherent capacity to be responsible for their own lives and gain mastery over their diabetes”.
- ▶ Posits:
 - ▶ Choices made by the person (not HCPs) have greatest impact.
 - ▶ PWD are in control of their self-management
 - ▶ The consequences of self-management decisions affect PWD most. It is their right and responsibility to be the primary decision makers.



Connection and Growth

- ▶ Let's create a judgement free zone.
- ▶ Perfection is not required.
- ▶ Listen carefully and lean into their self-knowledge.
- ▶ Our words have the power to create and transform.
- ▶ Human connection is healing.



Thank You



- ▶ Questions? We are here to help!
- ▶ Email info@diabetesed.net
- ▶ Call 530/ 893-8635
- ▶ www.diabetesed.net