

## Welcome to ReVive 5 Training Program



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## ReVive 5 Diabetes Training Program Unlocking Hidden Barriers To Diabetes Management Welcome

You might be joining this as a FREE Webinar. Maybe you registered for the complete series. We appreciate your interest and time.



Interested in earning CE's and attending all 4 sessions? It's so easy and we have 2 options.

- ❖ Deluxe ReVive Training Program (includes Bonus Courses) 14 CE's
- Basic ReVive Training Program – 6.0 CE's



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## What is ReVive 5 Training Program?

ReVive 5 is an evidence-based program to help adults with diabetes achieve three goals:

- Deal better with the distress associated with diabetes (1<sup>st</sup> section)
- Problem solve and enhance glucose management (2<sup>nd</sup> section)
- Integrate Distress Diabetes and Glucose Management (Integration of Whole Person)



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## ReVive 5 Series Program Schedule

- ▶ **Session 1 | What is Diabetes Distress, and what do we know about it?** | November 1, 2022
  - How does diabetes distress affect self-care?
  - How is diabetes distress different from depression?
  - How can diabetes distress be assessed practically in clinical care?
- ▶ **Session 2 | Using the ReVive 5 step approach to address distress and support behavior change** | Nov 3, 2022
  - Specific tools to enhance effective communication strategies to address diabetes distress.
  - Four practical steps to address diabetes distress as a barrier to self-care.
- ▶ **Session 3 | Finding the Expert Within – Helping Individuals discover their expertise to improve glucose and feelings of self-efficacy** | Nov 8, 2022
  - Reviewing the diabetes knowledge and toolkit
  - How to evaluate insulin and glucose balance
  - Discovering the impact of diet, exercise, stress, insulin, on glucose levels.
- ▶ **Session 4 | Using ReVive 5 Step approach to integrate the Whole Person Intensive Case Study** | Nov 17, 2022
  - Explore glucose patterns and identifying issues.
  - Using an integrated log sheet as a powerful tool to identify what needs fixing; pattern recognition.
  - Case reviews that exemplify common glucose problems and enhance problem solving skills.



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## ReVive 5 Diabetes Benefits Individuals

Is a program that helps people diabetes:

- Make choices about living with and managing their diabetes.
- Acknowledge and address their feelings.
- Increase feelings of self-efficacy and confidence.
- Enhance glucose problem solving skills



A collaborative approach where the person with diabetes is seen and heard and their expertise is recognized.



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## ReVive 5 Benefits Health Care Professionals

- ▶ As diabetes health care professionals, we can't know everything, but we can gain needed skills to help address distress and encourage individuals figure it out for themselves.
- ▶ Being a part of the Embark study helped grow my "Coach" approach and let my "Fixer" know that it can relax, we will call upon it as needed.

**With ReVive 5, we are excited to share the tools and approaches used in this study with our community of diabetes health professionals.**



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## As a Health Care Professional

- You don't have to be a mental health expert to address diabetes distress.
- You don't have to be a diabetes technology expert to use these tools.
- These approaches can be used for all adults with type 1 diabetes and many with type 2.
- This program relies on a partnership between you and the individual living with diabetes.
- The person with diabetes is recognized as the expert in their care and the health care professional is recognized as advocate and coach.



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## Introducing the ReVive Team

- ▶ ReVive 5 is taught by a team of 3 Interdisciplinary Experts:

- Lawrence Fisher, Ph.D., ABPP, Professor Emeritus, UCSF
- Susan Guzman, PhD
- Beverly Thomassian, RN, MPH, CDCES, BC-ADM



Beverly has no conflict of interest to report.

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## Speaker for Today's Session

- Lawrence Fisher, Ph.D., ABPP, Professor Emeritus, UCSF
- ▶ Conflict of Interest Statement – Dr. Fisher consults with a number of industry companies, but states there is no conflict of interest regarding the content of this program.
- ▶ Consults for Abbott Diabetes Care, Eli Lilly, Ascencia



Dr. Lawrence Fisher, lead researcher of the Embark Program, is a professor in the Department of Family & Community Medicine at the University of California, San Francisco for over 25 years, and Director of The Behavioral Diabetes Research Group at UCSF.



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## ReVive 5 Diabetes Training Program Session 1



- ▶ Optimize self-care based on personal choice and values—  
“find the expert within.”

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## ReVive 5 – Finding the Expert Within

Is a program that helps people diabetes:

- Make choices about living with and managing their diabetes that are more effective
- Provides a better fit with their life goals and values.
- Enhance glucose problem solving skills

The goal is provide coaching to help the person with diabetes to “find their expert within”.



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## Managing Type 1 Diabetes Is Tough

- A huge amount to manage and balance
- No vacation – constant & unrelenting
- Efforts never good enough
- Frightening: hyps, hypos, complications, costs
- Most others don't see the amount of work involved

For many this takes an emotional toll



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## Diabetes Distress (DD)

DD refers to the expected worries, concerns, fears, and threats that are associated with a demanding chronic disease (e.g., management struggles, threats of complications, loss of functioning, access to care).



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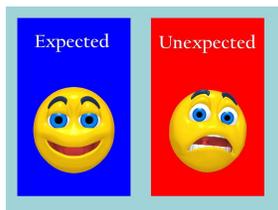
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## DD Is To Be Expected

Distress is an expected response to living with any chronic health condition and is not psychopathology or a co-morbid condition.

DD is simply the **emotional side of living with diabetes**



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## DD can show itself in many forms

Most common:

- May not show itself outwardly.
- Feelings of frustration, powerlessness, hopelessness.
- Pronounced fear of hypos or complications.
- Avoidance of tough feelings “Who me?” “Everything is fine.”
- Burnout because of all of the management tasks, frustrating results, dealing with insurance.
- Anger/frustration with providers: distrust, no-shows.
- Hyper attention to CGM screens and excessive BG checking.



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## DD can show itself in many forms

- How it is expressed can vary by how it is expressed and its intensity over time.
- Can increase with diabetes-related events (change in medications or dosage or change in new technologies).
- Occurs across the A1C spectrum (perhaps for different reasons/different sources): **don't assume that DD is low if A1C is below 7.0%.**



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## Poll Question 1

Which of the following is NOT a component of Diabetes Distress?

- ▶ A. Feeling powerless with diabetes
- ▶ B. Challenges with healthcare professionals
- ▶ C. Concerns about hypoglycemia
- ▶ D. General life stress



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## Poll Question 2

Which of the following is true?

- ▶ A. DD is a form of psychopathology.
- ▶ B. DD refers to the emotional side of diabetes.
- ▶ C. DD is expressed in the same way over time.
- ▶ D. DD occurs only among individuals with a high HbA1C.



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## Why is DD Important?

DD is significantly linked cross-sectionally and over time with:

- A1C: high DD associated with high A1C (*but impactful throughout the entire A1C range*)
- Reduced medication/insulin taking
- Missed healthcare visits
- Less physical activity, weight and diet
- Lower quality of life

**DD has a highly significant clinical impact!**

Fisher et al., 2015, 2016, 2018; Hessler, et al., 2017



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## DD Prevalence

- High prevalence among T1D adults- 42%, 9-12 month incidence = 54%.
- DD does not disappear on its own (easily becomes chronic without intervention): of those T1D adults with high DD at baseline, 74% screened positive 9 months later.
- Prevalence of elevated DD on at least one of seven primary sources of DD = 83%.

Fisher, et al., 2016



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## Poll Question 3

Which of the following is false?

- ▶ A. DD is episodic.
- ▶ B. DD is highly prevalent.
- ▶ C. DD is linked to diabetes management.
- ▶ D. DD has a significant clinical impact.



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## What About Depression and Distress?

- DD is distinct from clinical depression or Major Depressive Disorder (MDD).
- 'Depression' is measured in studies in different ways: depressed affect, symptoms of depression, or a clinical diagnosis of MDD.
- *Most people with diabetes who display symptoms of "depression" do not meet criteria for MDD.*
- *Among those with diabetes, much of what we might think of as 'depression' is really elevated DD.*




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## Depression vs. Diabetes Distress?

### Depressive Disorder

- ✦ Hopelessness about life in general.
- ✦ Pervasive and persistent mood problems (most of the day, more days than not).
- ✦ Interferes with functioning across domains (relationships, work, health).

"I'm a failure. Everything is hopeless."

### Diabetes Distress

- ▶ Sadness and tough feelings about diabetes.
- ▶ Persistent stressors related to diabetes.
- ▶ May or may not affect diabetes management or functioning in other areas.

"I'm failing at diabetes. My efforts at diabetes are hopeless."




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## Depression, DD, and Diabetes

- Depression screeners (e.g., PHQ9) yield high rates of false positive diagnoses when compared with standard MDD diagnostic methods: 54% (ACCORD TRIAL) and 72% (REDEEM TRIAL).
- Correlations between depression screening scales and DD scales are very high (0.60), suggesting that much of what *depression screening scales measure is really the tough feelings of DD.*

Fisher, et al, 2016; Sullivan, et al., 2012




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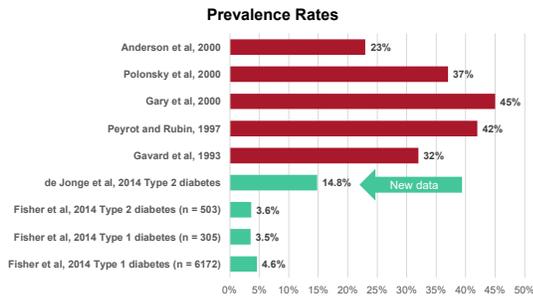
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## Prevalence Of Depressive Disorders

For those with diabetes



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## Poll Question 4

What percent of adults with T1D who meet criteria for elevated DD?

- ▶ A. About 40%
- ▶ B. About 30%
- ▶ C. About 20%
- ▶ D. Less that 10%



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## Conclusions About Depression & Diabetes Distress

- DD and 'depression' may look similar (especially on screeners), but they are *very* different.
- ADA guidelines suggest that DD be assessed and managed *within* diabetes care – no need to refer.
- This means that *you* are the front-line, DD interventionists – *and you can do it!*

NOTE: *MDD does occur in the diabetes population. When detected and diagnosed adequately, it needs to be treated.*



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## Summary Of What We Know About DD

- It is alarmingly prevalent and is an expected part of living with diabetes.
- It highly clinically significant *at any level*.
- Best not to assess DD with summary scores or brief screeners – use comprehensive measures.
- Much of what we might think of as depression is really elevated DD.
- You are the front-line DD interventionists.



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## Poll Question 5

Which of the following are true (check all that apply)?

- ▶ A. Much of what is measured by depression screening scales is really elevated DD.
- ▶ B. Depression screening scales often yield a high rate of false positives.
- ▶ C. Depressive disorder reflects feelings of hopelessness about life in general.
- ▶ All of the above.



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## How does DD impact diabetes management?

DD serves as a **barrier** to improved management. People who are distressed display:

- Less energy and motivation.
- Reduced engagement in management.
- Less ability and willingness to make helpful management choices, which leads to further DD.



Fisher, et al., 2018; Hessler, et al., 2021



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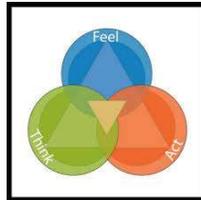
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## Why Does DD Lead To Problematic Management Choices?

**How you feel and what you think can direct the choices you make!**

**Feelings and beliefs drive behavior!!**



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## Why Does DD Lead To Problematic Management Choices?

### Examples:

- If you feel that you are powerless to keep BG in range, why try?
- If you think that you will never be safe from a low, why take the right amount of insulin?
- If you feel your efforts are never good enough, why bother trying something new?



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## DD Is A Barrier To Change

- DD reduces responsiveness to education & other interventions.
- It is hard for diabetes education and management interventions to overcome problematic DD feelings & thoughts, unless DD is addressed directly.
- *To maximize outcomes, best to address DD before education or at the same time.*



Fisher, et al., 2018; Hessler, et al., 2021



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## Poll Question 6

Which of the following is false?

- ▶ A. Distress often motivates people to make better management choices.
- ▶ B. High DD is associated with greater engagement.
- ▶ C. DD interventions should take place after diabetes education.
- ▶ D. All of the above.



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## Reducing DD: The Good News!!

DD is highly malleable:

- Highly responsive to intervention.
- Dramatic reductions can occur quickly.
- Interventions do not have to be time-consuming or require extensive mental health training.
- Similar findings for T1D and T2D adults.



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Addressing DD in clinical care requires a different kind of conversation!

Let's review some important assessment and intervention tools to help make this happen.



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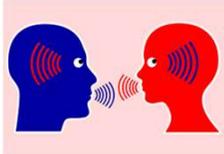
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## Conversational Tools You Can Use To Address DD In Your Practice

The idea is to use these tools to help build a relationship with the PWD to effectively address the emotional side of diabetes.

You may already be familiar with these tools – our goal here is to target them specifically and apply them to DD.



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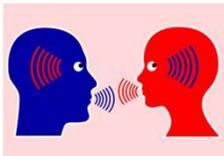
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## Conversational Tools You Can Use To Address DD In Your Practice

The goal is to help the PWD label, verbalize, share, consider, and evaluate these frequently unaddressed and often hidden feelings and thoughts about diabetes.

Building the relationship with conversational skills is the intervention!



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## Quick Stretch and Question Break



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**Relationship Building | Three Tools To Make It Happen**

**Relationship Building**

1. Open-Ended Questions

2. Active Listening

3. Clinician Engagement Skills

ReVive5  
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**Tools | #1. Open-Ended Questions**

What are *closed-ended* questions?  
Answers have to do with short, fixed responses (that then require a clinician to then ask the next question).

- Examples of closed-ended questions:
  - What kind of exercise do you like to do?  
"Walk!"
  - How often do you walk? "3-times a week."
  - How often do you check your BG?  
"Five times a day."

*Closed-ended questions do not help address DD.*

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**Tools | #1. Open-Ended Questions**

What are *open-ended* questions?  
Questions that ask "how, what, why."  
They require a more detailed response.

Examples:

- "How do you respond when you go low?"
- "What worries you the most about your diabetes?"
- "What sense do you make of these BG numbers?"
- "Why do you think that you are having trouble lowering your BG levels? What might be going on?"

*Open-ended questions sometimes make clinicians nervous (never know what the response might be) –but they open the door to a more effective clinical conversation.*

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## Tools | #2. Active Listening



What is "active listening?"

- Listen attentively – talk much less (< 50%).
- Alter tone and pace of speech (tolerate silences).
- Attend to the position of HCP and PWD in the room.
- Maintain eye contact (engage physically).
- Prevent computer, charts, papers, from distracting.

Create an atmosphere of engaged, empathetic, and attentive listening.



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## Tools | #3. Clinical Engagement Skills



Based on MI, empowerment, autonomy support:



1. Label Feelings and Beliefs



2. Summarize & Reflect



3. Normalize & Accept



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## Clinical Engagement Tools: Label & Address Feelings

- Many people are unaware of what they feel.
- Many feel many things at the same time – hard to separate and label each (anger and self-blame).
- Many are ashamed or embarrassed about what they feel – "I shouldn't feel this way."



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### Clinical Engagement Tools: Label & Address Feelings

**TOOL:** Sprinkle feeling words throughout the conversation.

- Use the conversation to focus on feelings – label them explicitly.
- Practice using these words – pick ones that fit your style.
- Expect some people to be surprised at your use of feeling words (no one ever talked to them this way).
- Don't worry about saying the wrong feeling word – they will correct you.
- Common feeling words: sad, frustrated, disappointed, angry, hopeless, defeated, ashamed, embarrassed, burned out.  
“Sounds like you were really *frustrated* about ...”  
“You must have ended up feeling *disappointed* ...”  
“Perhaps you were feeling it was *your fault* anyway, yet you seem to be angry at them at the same time.”



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### Clinical Engagement Tools: Label & Address Feelings

Common feeling words:

- Sad
- Frustrated
- Scared/fearful
- Disappointed
- Angry
- Hopeless
- Defeated
- Ashamed/embarrassed
- Burned out



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### Clinical Engagement Tools: Summarize & Reflect

**TOOL:** Periodically summarize and repeat back without judgement.

- Do not fix or correct anything, even if it might be factually incorrect.
- Add feeling words, even if they were not used originally.
- Emphasize that this is a way to make sure that you understand and have it right.  
“So you are saying that ... Do I have that right?”  
“Let me see if I understand (this happened, that happened, you reacted, etc.; that must have left you feeling...”



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### Clinical Engagement Tools: Summarize & Reflect

- It helps the PWD know that you are listening carefully and are interested.
- It helps them know that you understand & accept them without judgement.
- It helps them to evaluate and consider their own experience – it becomes more objective, since the repetition comes from you (from outside of their own head).
- It helps them consolidate/integrate their experience, feelings and reactions (puts the entire picture together).



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### Clinical Engagement Tools: Normalize & Accept

**TOOL:** Comment often that how they feel makes sense, that their feelings and experiences are very common among PWDs, and that it is OK that they feel this way – *it is just being human and having tough feelings about a tough disease.*

“Anyone going through this would feel the same way”  
“Many of the people I see with diabetes feel exactly the way you do.”  
“If I were in your shoes, I’d probably feel the same way.”  
“It makes sense that you would feel that way, given what is happening.”



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### Poll Question 7

Which of the following can be used as a conversational tool?

- ▶ A. Use closed-ended questions to speed up the interaction.
- ▶ B. Keep your clinical reports and records in front of you to use for reference.
- ▶ C. Don’t use too many feeling words because you might embarrass the PWD.
- ▶ D. Accept the PWD’s experience without judgement.



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## Poll Question 8

Which is NOT a good example of a conversational tool?

- ▶ A. Speak frequently to gather information and save time.
- ▶ B. Correct inaccuracies or misperceptions when they arise.
- ▶ C. Point out when they are overreacting.
- ▶ D. All of the above.



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Now let's take these Clinical Engagement Tools and use them as part of a practical 5-step plan to reduce DD and enhance management.

-  1. Label Feelings and Beliefs
-  2. Summarize & Reflect
-  3. Normalize & Accept



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## ReVive5: A Five Step Plan

1. Assess DD regularly and systematically using the T1-Diabetes Distress Scale (T1-DDS).
2. Begin a conversation to foster a new or different perspective.
3. Consider different management choice(s) that are not driven by tough thoughts and feelings.
4. Optimize management based on personal choice and values – find the expert within
5. Make changes and plan for next steps



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## A Warning Before We Begin

- You may feel that you don't have the time to do this.
- Can't I just refer this person to someone else (*who?*)?
- A focus on feelings may make you uncomfortable. Not in your job description or what you were trained to do.

### DON'T PANIC:

This is a normal reaction.

Building new skills takes time/practice/patience.

Give it a try, we are here to help.

Suspend judgement for now and go with the flow!



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## ReVive5: A Five Step Plan

1. Assess DD regularly and systematically using the T1-Diabetes Distress Scale (T1-DDS).
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## 1. Assess DD Regularly, Systematically & Comprehensively With Everyone

### WHY?

- Makes no sense providing education/intervention when DD will limit responsiveness.
- Regular assessment makes it part of your clinical routine – harder to forget or skip.
- Assessment is comprehensive – leaves no important gaps.
- The results can be used to start an intervention through a clinical conversation.
- Change can be assessed over time.



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## Measuring Diabetes Distress

### Major tools to measure DD:

- ▶ **T2-DDAS (Type 2 Diabetes Distress Assessment System): developed 2022**
  - ▶ 8 item core scale, 21 items with 7 subscales.
- ▶ **PAID (Problem Areas in Diabetes Scale): developed in the 1990's.**
  - ▶ 20 items, 5-point Likert scale, one total score with no subscales.
- ▶ **T1-DDS (T1-Diabetes Distress Scale): developed in 2012.**
  - ▶ 28 items, 5-point Likert scale, seven subscales.

### If these tools are not available (as a last resort):

- ▶ "Can you tell me something about what it's been like for you living with diabetes recently?"
- ▶ "Can you tell me what bothers you most about life with diabetes?"
- ▶ "On a scale from 1 to 5 can you tell me how stressed you feel by the demands of living with diabetes?"



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## The Diabetes Distress Scale

28-item scale: total DD score *plus 7 common Source*

### Scales:

- Powerlessness
- Management Distress
- Hypo Distress
- Negative Social Perceptions
- Eating Distress
- Physician Distress
- Friend/Family Distress

Each has a cut-point (>2.0) that defines elevated DD for that source (a copy in your packet).



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## The T1-Diabetes Distress Scale

### How To Administer?

- Smart phone prior to appointment (Print/Save PDF)
- Tablet or computer kiosk in the waiting room (most common)
- Tablet or computer in your office
- Hard copy form in office or waiting room
- The T1-DDS results can be integrated into your EHR



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**Diabetesdistress.org**

**T1-DDS in English & Spanish for download**

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**The T1-Diabetes Distress Scale**

**Obtain the T1-DDS at:**  
[www.diabetesdistress.org](http://www.diabetesdistress.org)

- Download PDF of the questionnaire in English or Spanish, with scoring instructions.
- Administer the T1-DDS online using a smartphone, tablet or computer: the site will automatically score it for you.
- The site will automatically prepare a report with scored subscales and items for review online or for download as a pdf.

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**T1-DDS Total and Subscales**

	Little or none 0 to 1.9	Moderate DD 2.0 to 2.9	High DD 3.0 and up
TOTAL		2.75	
POWERLESSNESS			4.00
MANAGEMENT DISTRESS	2.00		
HYPOGLYCEMIC DISTRESS			4.00
SOCIAL PERCEPTION DISTRESS	2.00		
EATING DISTRESS			3.00
PHYSICIAN DISTRESS	1.00		
FAMILY DISTRESS			3.00

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## Total Distress Score



The total score reflects an overall assessment of how distressed the person is about T1D




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## Powerlessness



Broadly discouraged about T1D ("no matter how hard I try, it will never be good enough")




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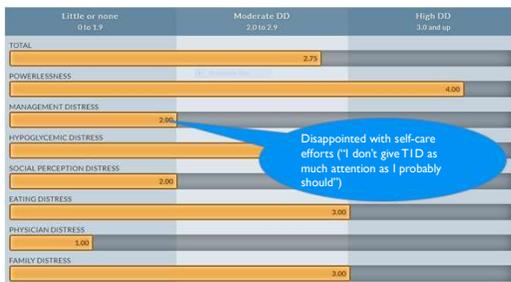
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## Management Distress



Disappointed with self-care efforts ("I don't give T1D as much attention as I probably should")




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## Hypoglycemia Distress



Concerns about severe hypos ("I can't ever be safe from the possibility of a serious hypo event")




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## Social Perception Distress



Concerns about the judgments of others ("I have to hide my diabetes from other people")




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## Eating Distress



Concerns that your eating is out of control ("thoughts about food control my life").




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## T1-DDS Source Scales & Items

- The Source Scales describe different aspects (sources) of DD for that person – where the DD may be coming from (hypos, eating/food, family/friend, etc.).
- But not all people with a high score on a specific Source Scale are distressed about the same thing. So it is important to examine highly scored items within that scale as well.
- It is helpful for you to become very familiar with the items, to fully grasp their meaning for individuals.




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## Subscale – 2 Different Results

Question	Not a Problem (1)	A Slight Problem (2)	A Moderate Problem (3)	A Somewhat Serious Problem (4)	A Very Serious Problem (5)
<b>Feelings of Powerlessness</b>					
Feeling discouraged when I see high blood glucose numbers that I can't explain.			✓		
Feeling that there is too much diabetes equipment and stuff I must always have with me.			✓		
Feeling worried that I will develop serious long-term complications, no matter how hard I try.				✓	
Feeling that I've got to be perfect with my diabetes management.					✓
Feeling that no matter how hard I try with my diabetes, it will never be good enough.					✓
<b>Feelings of Powerlessness</b>					
Feeling discouraged when I see high blood glucose numbers that I can't explain.					✓
Feeling that there is too much diabetes equipment and stuff I must always have with me.		✓			
Feeling worried that I will develop serious long-term complications, no matter how hard I try.					✓
Feeling that I've got to be perfect with my diabetes management.		✓			
Feeling that no matter how hard I try with my diabetes, it will never be good enough.					✓

Other Source Scales may be highly scored.  
So it is crucial to review all elevated items in the T1-DDS.




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## How to Use the T1-DDS

Getting started:

*“Living with diabetes can be tough and we are interested in learning about how you are feeling about your diabetes and how it affects your management (or referring problem). We would like you to complete this brief scale and we will review the results together.”*




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## How to Use the T1-DDS

- Once the T1-DDS has been completed and printed, it is time to have a very different kind of conversation.
- This requires you to make a big shift in style, timing and tone.
- In this conversation, you are not talking and problem solving, you are listening and helping the PWD *tell their DD Story*.
- Use the relationship building tools we reviewed to make this happen.



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## Poll Question 9

It is always best to assess DD when:

- ▶ A. You suspect high DD.
- ▶ B. You have a new PWD in your practice.
- ▶ C. With each PWD regularly and systematically.
- ▶ D. Only if you have time.



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## Poll Question 10

It is always best to:

- ▶ A. Focus on the T1-DDS total score.
- ▶ B. Focus only on the high T1-DDS sub scale scores.
- ▶ C. Focus on the highest 2 items.
- ▶ D. None of the above.



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## SUMMARY SO FAR

- ▶ We have reviewed the Clinical Conversational Tools.
- ▶ We have outlined the ReVive 5 plan to reduce DD and enhance management
- ▶ We have reviewed Step-1 of the plan – assessing DD systematically using the T1-DDS.
- ▶ In the next section we will review the remaining 4 steps of plan




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## ReVive 5 – See you on November 3rd

- ▶ **Session 1 | What is Diabetes Distress, and what do we know about it? | November 1, 2022**
  - How does diabetes distress affect self-care?
  - How is diabetes distress different from depression?
  - How can diabetes distress be assessed practically in clinical care?
- ▶ **Session 2 | Using the ReVive 5 step approach to address distress and support behavior change | Nov 3, 2022**
  - Specific tools to enhance effective communication strategies to address diabetes distress.
  - Four practical steps to address diabetes distress as a barrier to self-care.
- ▶ **Session 3 | Finding the Expert Within – Helping individuals discover their expertise to improve glucose and feelings of self-efficacy | Nov 8, 2022**
  - Reviewing the diabetes knowledge and toolkit
  - How to evaluate insulin and glucose balance
  - Discovering the impact of diet, exercise, stress, insulin, on glucose levels.
- ▶ **Session 4 | Using ReVive 5 Step approach to integrate the Whole Person Intensive Case Study | Nov 17, 2022**
  - Explore glucose patterns and identifying issues.
  - Using an integrated log sheet as a powerful tool to identify what needs fixing: pattern recognition.
  - Case reviews that exemplify common glucose problems and enhance problem solving skills.
  - Utilizes the person's distress profile to better anticipate and respond to barriers and setbacks.




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## ReVive 5 Diabetes Training Program Unlocking Hidden Barriers To Diabetes Management How to Earn CE's

ReVive 5 Diabetes Training Resource Page

ReVive 5 Training Program  
Unlocking Hidden Barriers to  
Diabetes Management



- Session 1 Handouts and Resources:**
- Session 1 Slide Handouts
  - Session 1 Handout: Log Sheet Handouts (2 Slides per page)
  - Take 1 Diabetes Distress Tool with Scoring
- Session 2 Handouts and Resources:**
- The order for the handouts is:
1. Session 2 Slide Handouts
  2. Session 2 Handout: Log Sheet Handouts
  3. Communication Skills Handouts
  4. Take 1 Diabetes Distress Slides
  5. Session 2 Addressing Insulin/Exercise/Behavior
  6. ReVive 5 Diabetes Worksheet

- Take 1 Diabetes Distress Scale (T1-DDS)**
- Take 1 Diabetes Distress on article with Type 1 diabetes
  - Take 1 Diabetes Distress Tool with Scoring
  - Take T1-DDS online in English
  - Print T1-DDS in English
  - Take T1-DDS online in Spanish
  - Print T1-DDS online in Spanish



### How to Claim Your CE's

- ❖ Log into our DiabetesEd Online University
- ❖ There you can access exclusive Resource Page
- ❖ For steps on getting your CE's and navigating the Online University, click "Orientation" on the left side of the page after logging in
- ❖ Take post test, survey and critical thinking tool to earn CE's when all modules are complete
- ❖ Print out your certificate

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**ReVive 5 Diabetes Training Program**  
**Unlocking Hidden Barriers To Diabetes Management**  
*We hope you can join the complete series*

Thank you for joining our first session.

The ReVive 5 Deluxe Training Program Includes:

- ✓ 14.0 CE's - Includes the 4 Session ReVive Training Program, Certificate and 5 FREE bonus courses to supplement content
- ✓ Quarterly 1 hour follow-up sessions with an expert -dates to be announced
- ✓ A comprehensive set of assessment tools, educational materials, log sheets and resources.
- ✓ Access to the recorded courses, podcasts and resources for one full year.



To Earn CE's and attend all 4 sessions, just go to [DiabetesEd.net](http://DiabetesEd.net)

- ❖ Deluxe ReVive Training Program (includes Bonus Courses) \$249
- Basic ReVive Training Program – 6.0 CE's (everything listed, except bonus courses) \$179

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**DiabetesEd.net Website to Register**



Thank you for joining us!  
 Please let us know if we can answer any questions.



We are here to help!

[www.DiabetesEd.net](http://www.DiabetesEd.net) | [info@diabetesed.net](mailto:info@diabetesed.net) | 530-893-8635

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