Welcome to ReVive 5 Training Program

Unlocking Hidden Barriers

ReVive5™ DIABETES TRAINING

to Diabetes Self-Management

ReVive 5 – Welcome to Session 2

- **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.

Speaker for Session 2

- Susan Guzman, PhD
- Consults for Abbott Diabetes Care, but states there is no conflict of interest regarding the content of this program.

Susan Guzman, PhD is a clinical psychologist specializing in diabetes. In 2003, Dr. Guzman co-founded the Behavioral Diabetes Institute (BDI), the first non-profit organization devoted to the emotional and behavioral aspects of living with diabetes.
Dr. Guzman was a lead researcher in the Embark Study and facilitates diabetes distress group interventions for two NIH-funded research studies.

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.

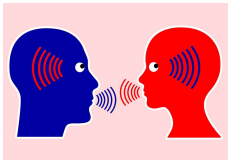
3. Consider different management choice(s) that are not driven by tough thoughts and feelings.

4. Optimize management based on personal choice and values – find the expert within

5. Make changes and plan for next steps

Step #2: A Different Kind Of Conversation

Your Task:
Help them tell their Diabetes Story about these highly scored items using the Conversational Tools



Step #2: A Different Kind Of Conversation

What is a DD story? *Using the high T1-DDS scores, a recent example of:*

- What they are distressed about (e.g., lows, cannot 'control' their BG or eating)?
- Their feelings and thoughts about it – what it means to them
- How they choose to manage their diabetes in reaction to their DD?
- What they would have liked to have done but didn't?

The story tells you the "good reason" why a person is making their current choices. (If terrified you cannot be safe, you stay high.)

Getting The Conversation Started

"To prepare for this visit, you completed a questionnaire that looks at Diabetes Distress. This questionnaire reflects how stressed you are about diabetes right now and what you might be stressed about.

Can we take a look at your results together?"

Getting the Conversation Started

Start by identifying high Source scores:

"What strikes you about these scores? You scored 'feeling powerless' quite high. Can tell me more about why you are feeling this way?"

Then identify all highly scored items:

"I notice that you scored high on the item: 'Feeling that my eating is out of control.' Can you tell me what might be going on?"

Having A Different Kind Of Conversation

Use the T1-DDS printout to gently structure the conversation:

First: Ask for a specific recent experience (example) that captures the issue reflected in the highly scored item(s).

Generate discussion about these 5 points to make the Story clear. (*Use the Worksheet to help keep the conversation focused.)*

- What happened during the experience?
- What were your thoughts/feelings?
- What did you actually do (specifically)?
- How did it turn out?
- Ideally, what would you have liked to have happened?

This Is Their Diabetes Story

Having A Different Kind Of Conversation

Establish a "judgement-free" environment.
Most have never been asked how they feel or think about their diabetes and can elicit painful feelings and thoughts.
We may not be used to hearing & tolerating this (painful and uncomfortable for us too)

- May want to jump in and make them feel better
- May feel that you don't have the time for this or that it is not part of your professional role
- Remember: you do not have to "fix" them (no need to rescue them, solve it, or make them feel better – just elicit the story)

Diabetes Distress Stories

Common events you will hear about:

- Scary or embarrassing lows
- Surprising highs
- Difficulty managing BG
- Eating challenges
- Managing all of the tech
- Situations with friends, family, colleagues
- Managing health care (feeling judged and misunderstood), insurance, etc.

Diabetes Distress Stories

"Can you tell me about a recent example of this DD item?"

"I had a low right before I was to drive to a big family wedding."

"I could not get my sugars down – nothing I did seemed to work."

"At a family dinner everyone kept looking at me when I reached for dessert."

Having the Conversation

Listen for major common themes: (*Referenced in handout*)

- Hopelessness/powerlessness: "No matter what I do, I can't control my diabetes"
- Negative self- judgement: "It is all my fault – I am a bad diabetic. I should be able to do it by now."
- Shame: "I don't tell people I have diabetes." "I keep my challenges to myself."
- Burden: "I am a burden on my family, friends and the healthcare system."
- "I am broken" (damaged goods): "I am not as attractive to others because of diabetes"

Having the Conversation

Use The Conversational Tools:

- Reflect often with empathy and use "feeling" words: "That must have really frustrated you." "You must have been so angry."
- Common "feeling" words: anger, fear, frustration, exhaustion, sad, embarrassed, guilty, overwhelmed, etc. They will correct you if you are wrong.
- Listen for how they are self-critical and beat themselves up (I'm a bad diabetic." "I should know this by now.").

Having the Conversation

Review and summarize the story you hear:

"Do I have this right?"
"Is there anything missing?"

Then ask:

"How does all of this strike you?"
"Does any of this surprise you?"

Poll Question 1

Which of the following is NOT part of Having A Different Kind Of Conversation?

A. Ask for a specific experience or example

B. Tell them about new devices that could help

C. Establish a judgement free zone

D. Use the conversational tools

Having the Conversation

An Illustration of ReVive Steps 1 and 2:

You will now hear conversation that illustrates the use of the tools and how to get the conversation started. See if you can notice each of the conversational tools. Refer to your packet where each of the tools is highlighted in the conversation:

- Open-ended questions
- Reflecting feelings words
- Summarizing
- Normalizing
- Active listening with empathy

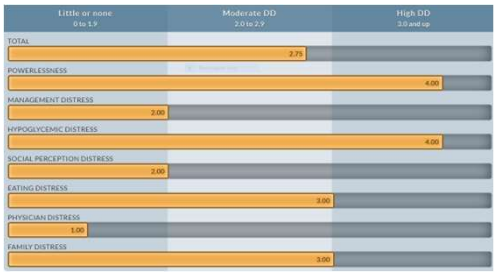
Meet Sally

- 45 years old, T1D for 30 years, lives with husband, two teens
- On CSII, but no CGM (disappointed after trying one many years earlier)
- Recent A1C results: 7.4%, (9 months later) 8.8% (and 8 lb weight gain)
- Referred to Diabetes Education for “medical nutrition counselling”

Let's Ask Sally

"Before we get started, I wanted to ask you to complete a brief questionnaire that looks at how you are feeling about your diabetes right now. We know that tough thoughts and feelings are really common for people with T1D and can make diabetes even harder to live with and manage."

Sally's T1-DDS Results



Sally's Elevated Subscale Items

Question	Not a Problem (1)	A Slight Problem (2)	A Moderate Problem (3)	A Somewhat Serious Problem (4)	A Serious Problem (5)	A Very Serious Problem (6)
Feelings of Powerlessness						
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.					✔	

Hypoglycemic Distress						
Feeling that I don't notice the warning signs of hypoglycemia as well as I used to.			✔			
Feeling frightened that I could have a serious hypoglycemic event when I'm asleep.					✔	
Feeling frightened that I could have a serious hypoglycemic event while driving.			✔			
Feeling that I can't ever be safe from the possibility of a serious hypoglycemic event					✔	

Let's Ask Sally

"Looking at your T1-DDS results, it seems like T1D is really getting you down, especially when it comes to hypoglycemia and feeling powerless with your diabetes. Can you tell me more? Can you give me an example so that I can understand more about how you are feeling?"

And Sally Responds…

"I had a bad low two months ago – got down to 40 mg/dL at night and woke up only because my dog was barking. I'm worried I can't feel my lows anymore."

"That sounds really frightening. How has that affected how you feel and impacted your diabetes management?"

"It was terrifying. And to be honest, I have been scared ever since this happened. Since that bad low, I have had trouble sleeping for fear of another low that I don't wake up from. I now drink a milkshake before bed just to try and stay safe.

"Many people with T1D intentionally stay high after having a scary low. It is a logical response to not feeling safe. Unfortunately, then the person often feels bad about themselves and has lots of highs and weight gain. Does that fit your experience?"

"Yes. I feel like an idiot. I have had diabetes for 30 years. If I can't get this right or perfect by now, I don't think I will ever will."

"No wonder you are feeling so down about your diabetes. Since you had that really terrifying experience of a low at night you woke up from only because your dog barked, you have been trying to feel safe by having a milkshake before bed. Now you are having highs and weight gain and feeling pretty hopeless about your diabetes management. Did I get that right?"

"Yes. It really is a tough spot."

"In your ideal scenario, what would you have liked to have happened after that scary low, instead of what has happened since then?"

"I would have just realized that lows occasionally happen and moved on, like I have at other times. I would tolerate going to bed with a lower BG and certainly wouldn't be drinking a milkshake before bed!"

Summary So Far

1)You have assessed DD and reviewed the results

2) You have used the conversational tools to help the PWD tell their diabetes story of a recent event that illustrated the DD item.

Did you notice when the HCP used:

- Open-ended questions
- Used feeling words
- Summarized statements
- Normalized tough experiences
- Used active listening with empathy

(See packet for how the conversational tools were used by the HCP in this example.)

Summary So Far

You have heard Sally's "Diabetes Distress Story". She told us of a recent event that illustrated the DD item:

- What happened during the experience
- What her thoughts/feelings were
- What she actually did (specifically)
- How it turned out
- What she would have liked to have happened that didn't
- How this has impacted her management choices

This DD story opens the door to foster a new perspective…

Having the Conversation – Part 2

Foster A New Perspective

Key points:

- People have tough thoughts and feelings about diabetes *("I can never be safe from hypos")*
- Many react to these thoughts/feelings with certain actions *("I drink a milkshake before bed")*
- These DD-driven choices do not really get them closer to their goals (what they want). (*"I would've liked to have moved on after that low and tolerated a lower BG before bed")*

Foster A New Perspective

Key points (cont'd):

- Telling the DD story out loud helps the person see how DD keeps them stuck.
- Adopting another perspective allows them to consider other choices/actions that can take them closer to their goals

Let's Ask Sally

"How do you think your fear of having another severe low and believing that you will never get this right or perfect keeps you stuck and prevents you from doing things differently?"

"I don't feel like I can even try."

Three Approaches to Help Foster A New Perspective

1. *Distinguish between thoughts/feelings and actions, so that other choices can be made.*
2. *Address inaccurate diabetes beliefs.*
3. *Help establish more realistic expectations.*

Decide which to use (or in combination), depending on the presenting problem and content of the Diabetes Distress Story.

Three Approaches to Help Foster A New Perspective

1. **Distinguish between thoughts/feelings and actions, so that other choices can be made.**
2. Address inaccurate diabetes beliefs.
3. Help establish more realistic expectations.

Help Foster A New Perspective
Approach 1 : Separating Thoughts/Feelings From Actions

- People can feel/think one way and act another!
- People can make other choices, even though they have tough feelings.
- Your job is to help them set their feelings/thoughts aside (tolerate them) so that they can make different choices.
- These new choices are to move them closer to what they really want to happen.

Approach 1: Separating Thoughts/Feelings from Actions

What to do:

First, demonstrate how their distress is currently driving an action they really don't want to happen.

Approach 1: Separating Thoughts/Feelings from Actions

Example:

"I know that you have had a few bad lows at night in the past. But this time it was different: it really scared you. And then you started going to bed high, taking less insulin at night. It seems that it is not the low itself, but your fear of another low that is driving you to do things that are not helpful. Do I have this right?"

This separates the feelings that drive the behavior from the behavior itself.

"Sometimes the tough thoughts and feelings that you have been describing make it hard to make changes. The thoughts and feelings keep you stuck. When this happens, managing your diabetes is driven by the tough thoughts and feelings, not by what you really want to happen."

"For example, when that scary low happened, you felt fearful that you could never be safe from a severe low while sleeping again. Then you responded by keeping your BG high at night. But, if you could have set these thoughts/feelings aside, you would have preferred to recognize lows occasionally happen and would go to bed with a lower BG. Does this make sense?"

"Yes, that completely makes sense."

Approach 1: Separating Thoughts/Feelings from Actions

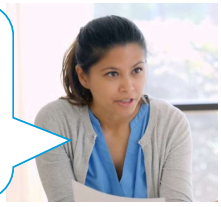
After the connection is made, ask if they are willing to consider another choice (based on what they really want to happen).

"Can you set these tough feelings aside and choose to do something different?"

"Can you decide that these tough feelings are not going direct what is best for you?"

"Can you be afraid and take a different action to get you closer to your goals?"

"Anybody that went through such a scary experience, might feel the same way. Do you think that you can tolerate your fear of lows in order to make a different choice that takes you closer to your goals?"



Three Approaches to Help Foster A New Perspective

1. Distinguish between thoughts/feelings and actions, so that other choices can be made.
2. **Address inaccurate diabetes beliefs.**
3. Help establish more realistic expectations.

Approach 2: Address Inaccurate Diabetes Beliefs

What to do:

- Reflect back the "inaccurate belief" as closely as you can using their words. *"It sounds like you believe that…"*
- Ask if you can offer a different perspective with fact-based data that instills hope. *"Many people with diabetes believe…Is it Ok to share with you some new data you may have not heard?"*

Approach 2: Address Inaccurate Diabetes Beliefs

Examples of inaccurate beliefs:

"You seem to be saying that the only way to have 'good control' is an A1C of < 6%. Is this really true?"

"I hear you saying that you 'should' be able to keep your BG in range 100% of the time – otherwise you are a bad diabetic. Is that even achievable?"

"You believe that you are doomed to have complications because you haven't been perfect. Can I show you the real facts?

Approach 2: Address Inaccurate Beliefs

"It seems that you are saying that you fear you will likely go blind because of your diabetes. I can understand why you might feel that way.

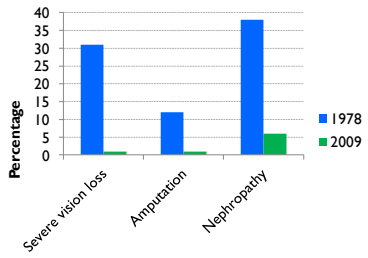
Would you like to hear the real facts about the likelihood of this happening?"

Approach 2: Address Inaccurate Beliefs

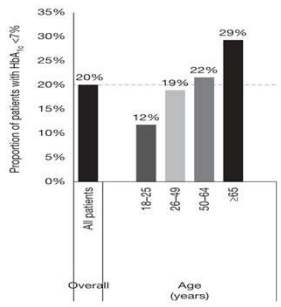
The following 3 slides (see packet) are examples of fact-based data that address common inaccurate beliefs about:

- Frequency of complications among T1D
- A1C expectations
- A1C is only part of the risk of complications

Frequency of Complications After 30+ Years: A big change

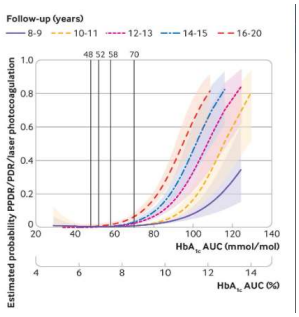


A1C Expectations: Percentage of People with T1D Achieving ADA A1C Target



Pettus et al, 2019

A1C and Risk of Retinopathy



Lind et al, 2019

A1C is Only Part of the Risk Story

A1C only accounts for between 15-50% of the complications risk story.

Other factors associated with risk of complications independent of A1C are:

1. BG variability (above and below target range: 70 to 180)
2. Physiological factors: body composition, BP, LDL
3. Genetic factors

Important message: **You can only do the best you can with what is possible to change!** (You can't pick your parents!)

Three Approaches to Help Foster A New Perspective

1. Distinguish between thoughts/feelings and actions, so that other choices can be made.
2. Address inaccurate diabetes beliefs.
3. **Help establish more realistic expectations.**

Examples of More Realistic Expectations

- Perfect isn't possible and you don't need to be (healthy good enough) *"Do you have to be perfect to be healthy?"*
- Having a tough time with a tough disease is normal. *"Most people with DM find it tough going – this is not you, it is diabetes."*
- You are not alone if you struggle with diabetes and/or have challenges with the emotional side of diabetes

These more realistic expectations are about keeping diabetes in perspective

Approach 3: Help Establish Realistic Expectations

What to do:

- Acknowledge the common DD Story *("Many people with T1D struggle with trying to be perfect.")*
- Connect their story to the unrealistic expectation that keeps them stuck *("Trying to be perfect often leads to frustration and burnout and makes people stop trying.")*
- Discuss an alternative expectation for consideration *("An alternative to perfectionism is shooting for a goal that is ambitious but realistic.")*

Unrealistic Expectations are part of DD Stories (See Handout) and Lead to Unhelpful Conclusions

DD Stories and Unhelpful Conclusions

- I'm a bad diabetic (Am powerless to change)
- I can't do this right or perfect. (So why bother trying?)
- I'm an idiot/can't do this/failure. (Am powerless)
- I'm a burden. (Need to keep to self)
- I'm broken/defective. (May be rejected)

Example of A More Realistic Expectation: From Perfectionism to "Healthy Good Enough"

Perfectionistic thinking: has 2 speeds, perfect or failure, not achievable for very long, exhausting, contributes to burnout

Healthy Good Enough

- Personalized
- Ambitious and realistic
- Allows for normal fluctuations, mistakes and experiments
- Sees small steps as valuable
- Focus is on efforts made, not numbers
- Forward looking: What now?

Help Establish Realistic Expectations

"You said that you think that you will never get this right or perfect and this makes you feel like you can't even try. And, this has kept you stuck. Is this right?"

"Yes. If I can't do it right, why even bother trying?"

"Feeling the need to be perfect is a common experience for people with T1D. Unfortunately, perfect is impossible and efforts to achieve perfect outcomes often lead people to feel exhausted, discouraged and diabetes burnout. Does that make sense?"

"I certainly can relate to that. I'm pretty exhausted by it all."

"An alternative to trying to be perfect is to consider a "healthy good enough" goal. This is ambitious, yet realistic. It is personalized to reflect your daily best effort and considers how diabetes fits into your life. It allows for normal BG excursions that go with life with diabetes. How does that sound to you?"

"A healthy good enough – what a concept! I could use that idea in a lot of places in my life. It sounds good."

Poll Question 2

Which of the following does not effectively foster a new perspective?

A. Address inaccurate diabetes beliefs.

B. Distinguish between thoughts/feelings and actions so that other choices can be made.

C. Review plans to increase monitoring of BG.

D. Help establish more realistic expectations.

Poll Question 3

Which of the following can be helpful in fostering a new perspective?

A. Provide accurate information to counter inaccurate beliefs and perceptions.

B. Consider making a referral.

C. Suggest that they should not be feeling this way.

D. Suggest that they could overcome the problem if they only tried harder.

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

Step 3: Consider A Different Choice Not Driven By DD

Ask how comfortable they are with a new perspective and if they are willing to consider moving forward:

"Given what you have been saying, what do you think that you can do to address this?"

"If you are the boss moving forward, instead of your fear making the choices for you, what would you be willing to try?"

"Your feeling doomed seems to be holding you back from action. If you can consider that are not doomed, what is one thing that you might do differently?"

Step 3: Consider A Different Choice

Remember that THEY are the fixer, not you!

- Have them come up with suggestions for a 'small' change that is important to them.
- Make sure that the change is simple and achievable.
- Only a trial – an experiment for a brief period.
- Recognize and warn them that they will at times slide back – it's OK, it's understandable.
- The tough feelings will continue –but don't have to dictate what they choose to do – **they can feel one way and act another! They are the boss not the DD!**

Step #3: Consider A Different Choice

- Use the person's ideas and let them define what change and how much – even though you may not agree that it will lead to a significant clinical change.
- All change is worth doing!
- It is OK for you to offer ideas and structure to help them implement their change they select (they may need your help).
- Steps 4 and 5 are about trouble shooting BG challenges and helping the PWD identify sensible changes.

Step 3: Consider a Different Choice

"Given what you have been saying, what do you think that you would be willing to do to address this? Are you willing to tolerate some fear to try something new?"

And Sally Responds…

"I would be willing to try the CGM again. I understand they have come a long way since I last used one. And, I could try going to bed with a lower blood sugar."

"That sounds like a very important step! What BG number would you be willing to going to bed with to start and what exactly are you going to do differently? It will help if you have a good plan that you feel confident in."

"I have been making sure I am over 250 mg/dl before bed. I am thinking I could start with going to bed at 200 mg/dl. Maybe I could cut the amount of milkshake I drink in half. Would that be enough?

"Trying out a BG of 200 mg/dl is an important choice. How can you know if half of a milk shake is the right amount for this goal?"

"I can check! This will be easier once I get my new CGM."

"Yes, you may need to experiment a little to get it to the right amount for your goal. When do you plan to start this change?"

"I can start tonight with the half of a milkshake and target for 200 mg/dl before bed. And, I will move forward with the process of getting the CGM today."

"Let me summarize your plan and let me know if I have it all correct. In an effort to face the fear of lows at night and have a BG level that is closer to where you want to be, you are going to start tonight by drinking half a milkshake and go to bed with a BG of 200 mg/dl. You will also move forward with the process of getting a CGM today. Do I have that right?

"Yes. You have that correct. This feels like a weight has been lifted. I've been really stuck and this feels like a plan that I can really do. Thank you."

"I'm really glad. Expect that you will be fearful when you try this out tonight. It is scary to move forward after having a bad low. You have a good plan to begin to regain your confidence. And, thank you for your willingness to share your diabetes story with me. Let's plan to talk by phone next week to discuss how it is going.

Step #3: Consider A Different Choice

Arrange for some kind of follow-up:
- Phone call
- Live or video appointment
- Text

Follow-Up Tasks:
- Trouble shoot problem areas
- Remind them of the key messages
- Build on progress
- Help them decide on next steps (may involve Steps 4 and 5)

Step #3: Consider A Different Choice

- Help them decide on next steps (may involve Steps 4 and 5)
- Steps 4 and 5 are not necessary for everyone.
  At the end of Step 3, some PWD may sensibly choose to:
  - Change to insulin pump or hybrid closed loop system
  - Use CGM
  - See a dietician, personal trainer, or mental health professional

Steps 4 and 5 are most useful when more glucose data are required to identify effective solutions ("My numbers are wacky and are unpredictable!")

ReVive5: A Five Step Plan

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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

You Can Do This!

We know that:

- It seems like a lot to do with a lot of steps and might take too much time.
- You may feel unprepared or uncertain (happens whenever develop a new skill set)
- You don't have to be a mental health professional to do this! Although, you may see things that do need to be referred (MDD, eating disorders, etc.)

Incorporating the emotional side into your program will be more personally rewarding, appreciated by PWDs and lead to better outcomes!

Packet of Resources Page

Resource Folder for Health Care Professionals

1. PDF of slides with conversational tools illustrated
2. ReVive 5 Worksheet
3. Common Diabetes Distress Stories
4. Current Fact-Based Info Handout
5. PDF of T1-DDS with scoring instructions

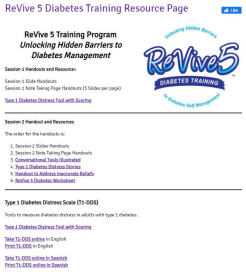
Plus- For Session 3 & 4

1. Glycemic Log Sheets
2. Articles on carb counting, insulin replacement therapy, exercise and more
3. Resources for people living with type 1 diabetes.

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 Note Taking Page Handouts (5 Slides per page)

Type 1 Diabetes Distress Tool with Scoring

Session 2 Handout and Resources

The order for the handouts is:

1. Session 2 Slides Handouts
2. Session 2 Note Taking Page Handouts
3. Conversational Tools Illustrated
4. Type 1 Diabetes Distress Stories
5. Handout to Address Inaccurate Beliefs
6. ReVive 5 Diabetes Worksheet

Type 1 Diabetes Distress Scale (T1-DDS)

Tools to measure diabetes distress in adults with type 1 diabetes.

Type 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 CEs 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

Next Session will focus on ReVive Steps 4 and 5

Unlocking Hidden Barriers to Diabetes Self-Management

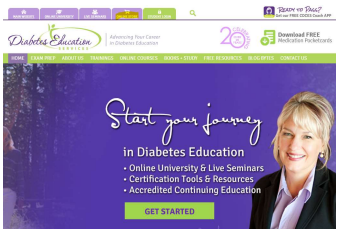
ReVive5 DIABETES TRAINING

ReVive 5 – See you on November 8th

- **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.

ReVive5 DIABETES TRAINING

DiabetesEd.net Website to Access Resources



ReVive5 DIABETES TRAINING

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

We are here to help!
www.DiabetesEd.net | info@diabetesed.net | 530-893-8635