

What We Say Matters: Using our Words to Lift people Up 2023

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Bryanna is here to Help!

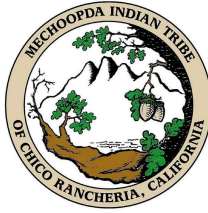


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If you have questions,
you can chat with
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Land Acknowledgment

- ▶ 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.



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

Stigma associated with diabetes

Have you heard others using these words or phrases?

▶ Cheat (er)	▶ Refuses to check blood sugar
▶ No will power	▶ Forgot logbook again
▶ Diabetic	▶ Refuses to take their meds as directed
▶ Lazy, weak	▶ Eats junk food
▶ Non-compliant	▶ Loves sugar
▶ Train wreck	▶ They brought it on themselves
▶ Frequent Flyer	
▶ Non-adherent	
▶ Not intelligent	

Early Adversity – Lasting Impact

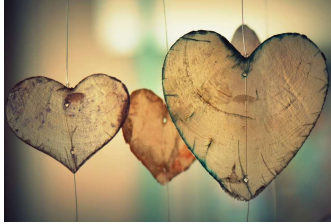
Early Adversity has Lasting Impacts

CDC <https://www.cdc.gov/vitalsigns/aces/index.html>

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



Pearl RL, et al. JAMA Surg. Sept 2018; doi:10.1001/jamasurg.2018.2702

Weight Neutral Approach



- ▶ Encourages engagement in health promoting behaviors
- ▶ Directs clients to the practices to maintain their life, rather than the pursuit of wt loss
- ▶ Encourages body trust and acceptance
- ▶ Advocates for using wt neutral meds

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”



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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 your appointments?
- ▶ C. Do you realize you are at risk for DKA?
- ▶ D. Is there a reason you haven't been coming to your appointments?



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

Asking questions about trauma



In addition to the stresses of daily life, sometimes people with diabetes might have experienced something particularly difficult or traumatic.



We also know that experiencing violence is very common in many people's lives.



I'm just wondering if there's anything like this you might want to talk about?

Asking about trauma

- ▶ Sometimes adults also have poorer health if they experienced things like abuse, neglect or a family member with drug abuse or mental illness.
- ▶ If anything like that has happened to you, we have resources to help.



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



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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



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Quick Question

- ▶ 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?



- Acknowledge their honesty and ask them to discuss with their provider.
- Gently remind them that stopping their meds is dangerous.
- Ask them if they are experiencing trauma at home.
- 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

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.



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Coaching Styles Matter

Coaching Style

- ▶ Encouraging
- ▶ Collaborative

Leads to behavior change

- ▶ Discouraging
- ▶ Other resources

Not associated with behavior change



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

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! 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.

<https://diabetesed.net/coach-bevs-diabetes-cheat-sheets/>

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

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 medication 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."

We might ask, "As a truck driver, I am curious to learn more about your food choices when driving." As care providers, we may be slightly overanxious to get to the "action" phase, which involves aspects such as action, planning, goal setting, and looking at specific foods and exercise.

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prescriptions. It can be disorienting for providers to delay the "action" phase and spend most of the time exploring the "curiosity" phase, and there's a perception that it takes longer. In fact, it's probably more efficient with time. It's a redistribution of the provider's time in that more time is spent listening to the individual's barriers and fears and responding to them.

Curiosity can provide comfort and open the door to insights.

DO: Listen for individual insights and ideas.

After reflecting on the person's struggles and feelings, the next phase is the "building change" talk. It combines having the person express how a behavior change would benefit them and realistic ways to move to the action phase.




Person Centered Coaching Cheat Sheet

<https://diabetesed.net/coach-bevs-diabetes-cheat-sheets/>

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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?
- 
- A photograph of a person with long dark hair, wearing a dark long-sleeved shirt, sitting at a desk. They are looking down at their hands, which are resting on the desk. The background is slightly out of focus, showing what appears to be a window or a doorway with some light coming through. The overall mood is contemplative or perhaps weary, which could be interpreted as representing 'clinical inertia' as mentioned in the text.

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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.



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Optimism and Resilience

- ▶ Our words have the power to create and transform
- ▶ Human connection is healing



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DiabetesEd Training Conference



We are back and Celebrating 25 years!

Join us LIVE for our DiabetesEd Training Conference in San Diego!



Join Coach Beverly and Team for two and a half days of knowledge sharing, fun, networking, games with prizes, and “aha” moments in beautiful San Diego on **October 11-13, 2023**.

Get away from all those daily responsibilities so you can focus on gaining the latest person-centered approaches to diabetes care based on the ADA Standards and our expert's clinical experience.

Attendees will leave this conference with new tools and a more complete understanding of the latest advances in diabetes care, from medications to technology to Medical Nutrition Therapy to prepare for certification or update your practice.



Thank You



- ▶ Questions?
- ▶ Email bev@diabetesed.net
- ▶ Web www.diabetesed.net



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