



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

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www.DiabetesEd.net



DiabetesEd.net Website Orientation

The screenshot shows the DiabetesEd.net website homepage. At the top, there is a navigation bar with links for MAIN WEBSITE, ONLINE UNIVERSITY, CONFERENCES, ONLINE STORE, and STUDENT LOGIN. Below this is the Diabetes Education SERVICES logo and a 25th anniversary banner with the text "25 years growth, connection, inspiration". A search bar and a "Free Med PocketCards" button are also visible. The main content area features a large purple banner with the text "Start your journey Celebrating 25 Years in Diabetes Education" and a list of services: "Online University & Live Seminars", "Certification Tools & Resources", and "Accredited Continuing Education". A circular photo of Beverly Thomassian is shown with the text "Coach Beverly" written next to it. A green "GET STARTED" button is at the bottom of the banner.

Beverly Thomassian, RN, MPH, CDCES, BC-ADM
CEO, coach, instructor, cheerleader, mentor

PocketCards



CDCES Coach App

The screenshot shows the CDCES Coach App interface. It features a purple background with the text "It's like having a coach in your pocket!" and "CDCES Coach App". Below this are two buttons: "Download on the App Store >>" and "Download on Google Play >>". On the right, there is an image of a smartphone and a tablet displaying the app's interface, which includes a "SUCCESS!" message and various navigation icons.

Bryanna is here to Help!

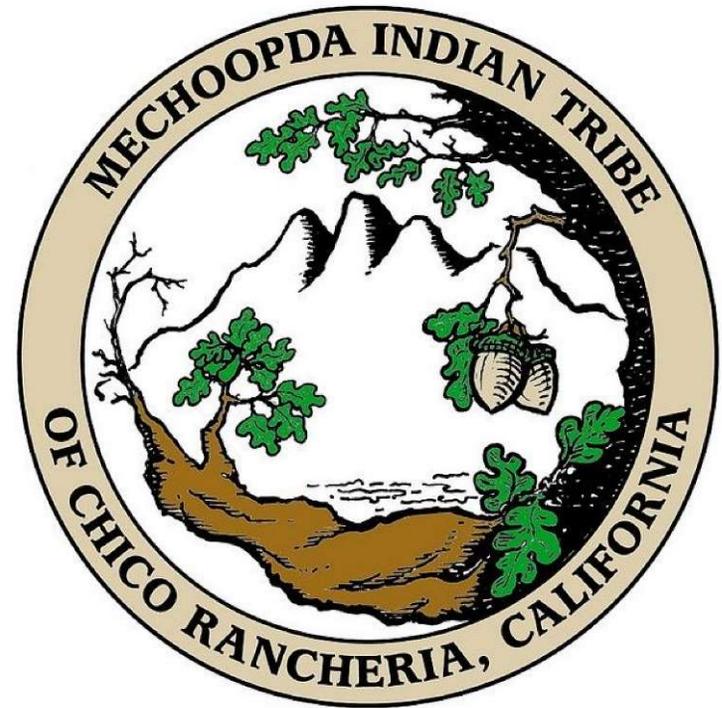


Bryanna Sabourin
Director of Operations
Certification Pathway Coach &
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If you have questions,
you can chat with
Bryanna at
www.DiabetesEd.net
or call 530 / 893-8635
or email at
info@diabetesed.net

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.



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

The image is a "Quick Guide for Healthcare Providers" titled "Speaking the Language of Diabetes: Language Guidance for Diabetes-Related Research, Education, and Publications". It features a header with the title and subtitle, followed by a paragraph explaining the importance of language in diabetes care. Below this, it lists four principles that guided the work and served as a core set of beliefs for the paper. The guide also includes a list of recommendations for language use, such as being neutral, non-judgmental, and based on facts, actions, or physiology. The guide is illustrated with a graphic of two people talking and a list of recommendations.

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.

A task force, consisting of representatives from the American Association of Diabetes Educators (AADE) and the American Diabetes Association (ADA), convened to discuss language in diabetes care and education and developed a joint paper, which provides recommendations for enhancing communication about and with people who have diabetes.

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

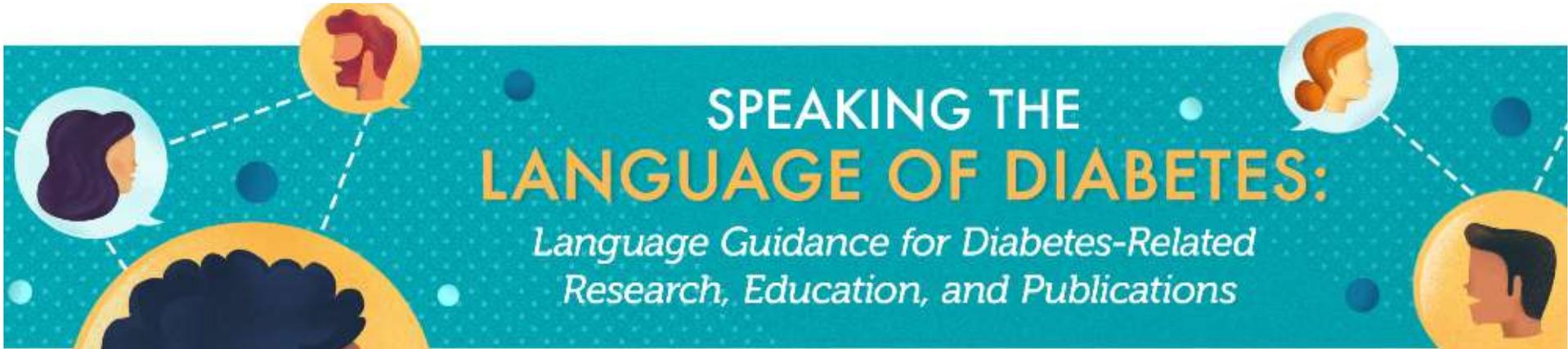
Health care professionals, writers, researchers, and the general public are invited to join a language movement by considering and adopting the following key recommendations:

Use Language That...

- is neutral, non-judgmental, and based on facts, actions, or physiology
- is free from stigma
- is strength-based, respectful, inclusive, and imparts hope
- fosters collaboration between patients and providers
- is person-centered

AADE American Association of Diabetes Educators © 2017 by the American Association of Diabetes Educators

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



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*Language Guidance for Diabetes-Related
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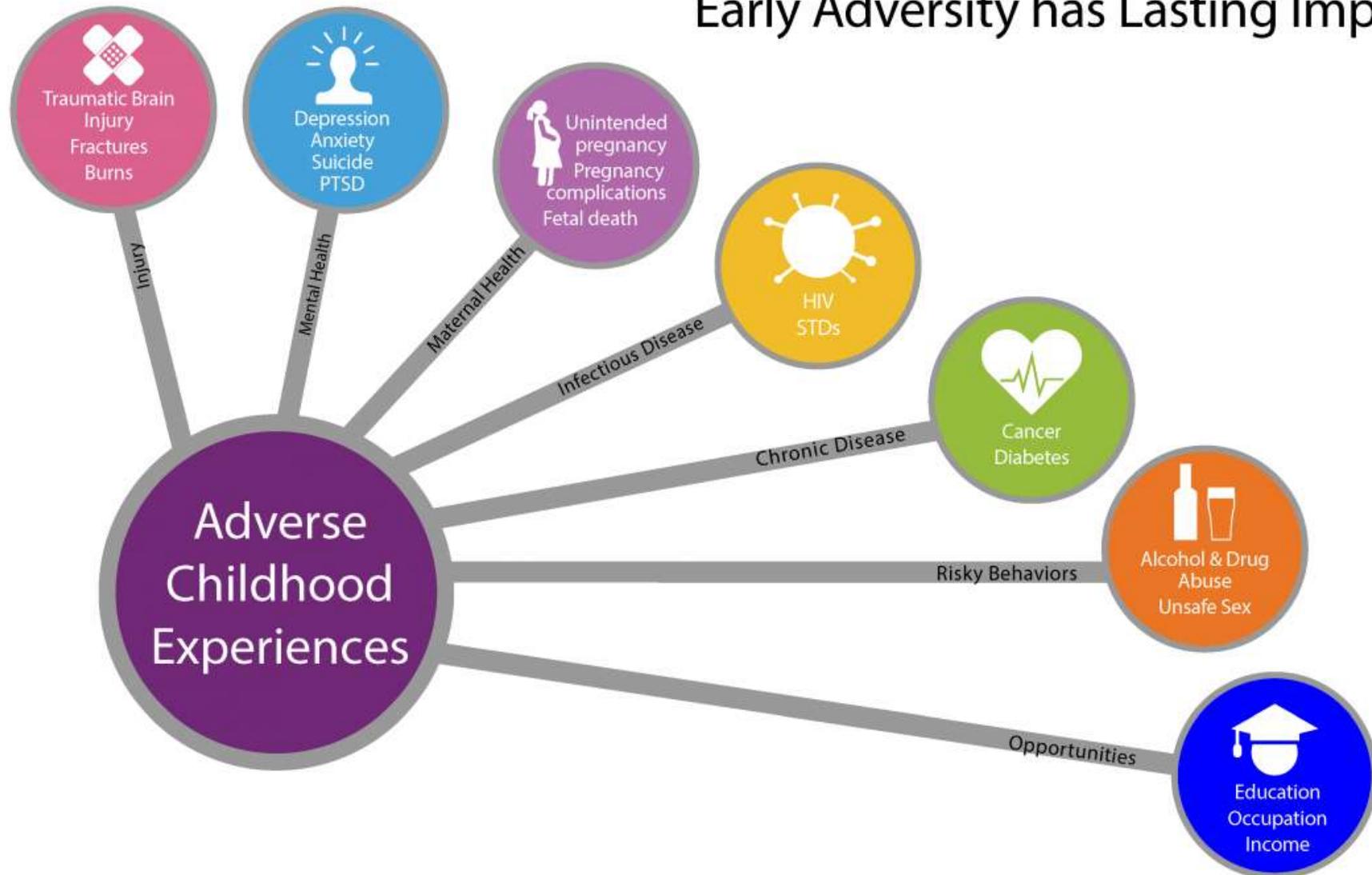
Stigma associated with diabetes

Have you heard others using these words or phrases?

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

Early Adversity – Lasting Impact

Early Adversity has Lasting Impacts



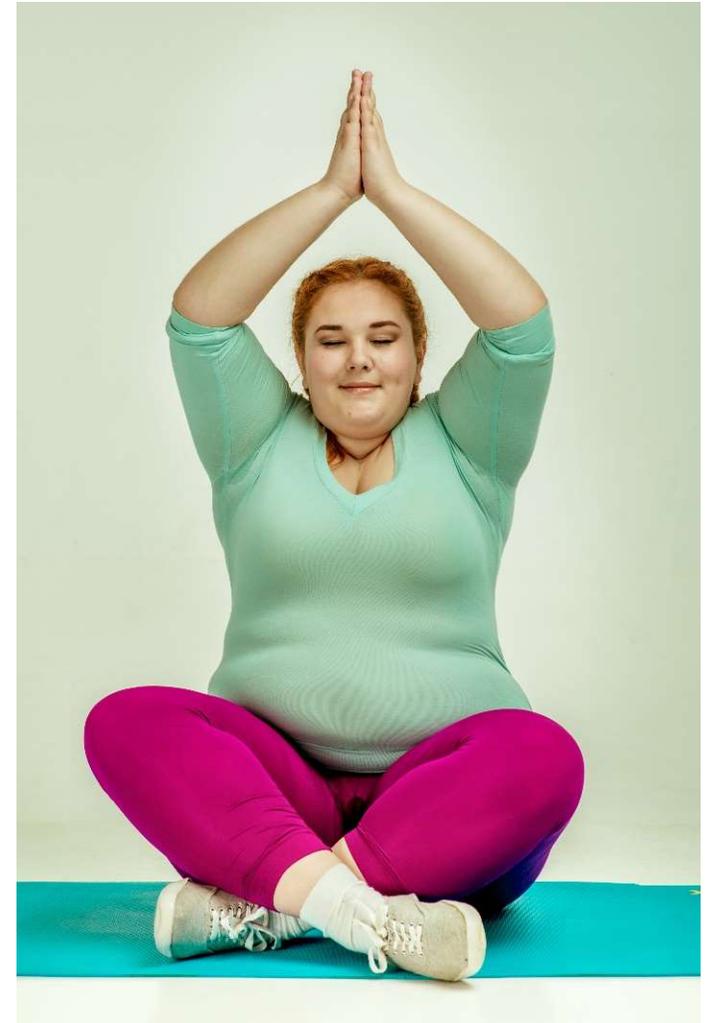
And what about us?

- ▶ 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



Weight Neutral Approach

WEIGHT NEUTRAL

DIABETES COUNSELING *and* Education Activities



*Helping clients without
harping on weight.*

By Megrette Fletcher M.Ed., RD CDE

- ▶ 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”



Please visit this site | Free Training

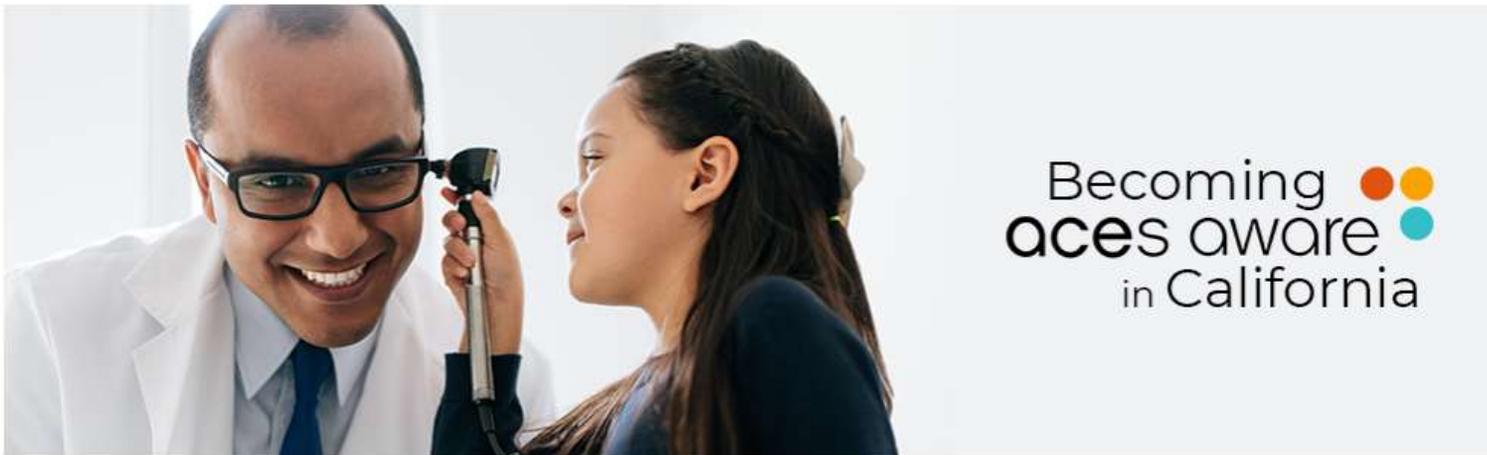


HOME

CATALOG

MY ACCOUNT ▾

CONTACT US



LEARN MORE ABOUT THE ACES AWARE INITIATIVE

ACEs Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services. California is leading the way in training and reimbursing Medi-Cal providers for ACes screenings to significantly improve health and well-being across our communities. Learn more here: <http://www.ACesAware.org>.

MY COURSES

You are not enrolled in any courses at this time.

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.



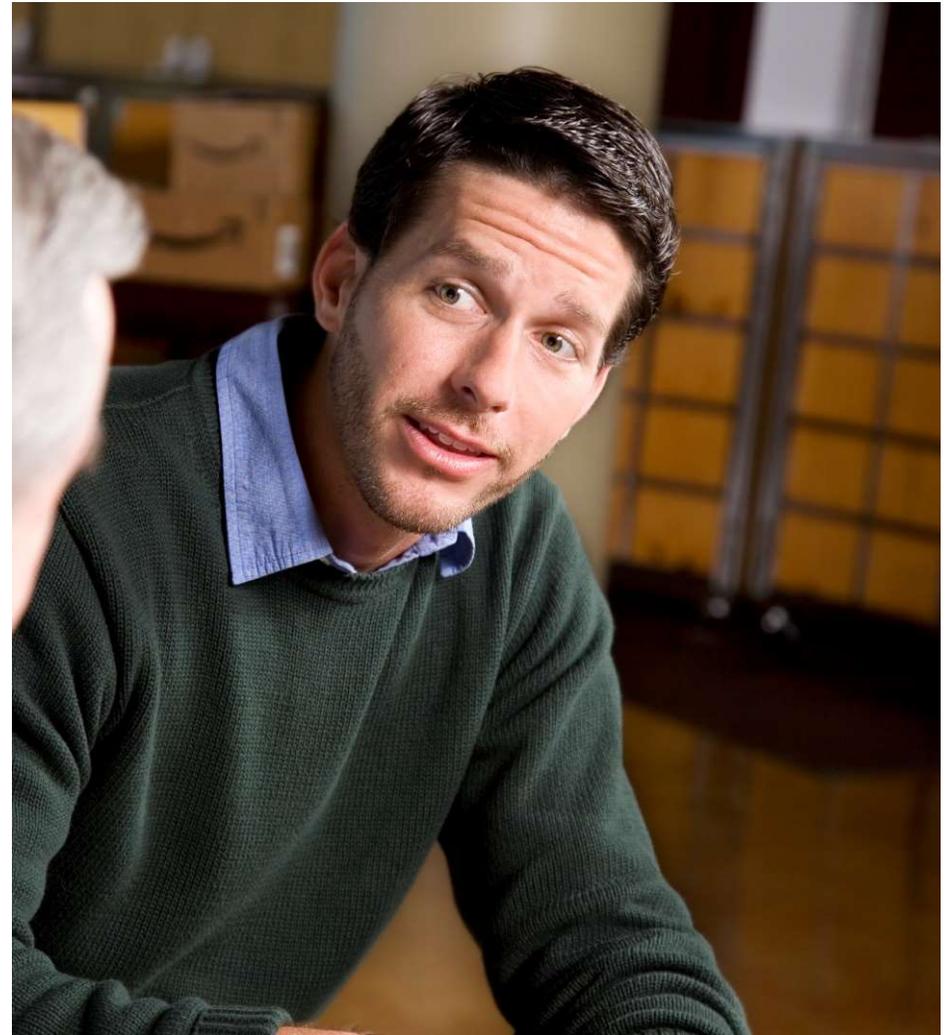
We also know that experiencing violence is very common in many people's lives.



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
- ▶ 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

▶ 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

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 Style

- ▶ Encouraging
- ▶ Collaborative

Leads to behavior change

- ▶ Discouraging
- ▶ Other resources

Not associated with behavior change



Person-Centered Coaching

How to Succeed with Person-Centered Coaching

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.



How to Succeed with Person-Centered Coaching

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

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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 individual's 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

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



Person Centered Coaching Cheat Sheet

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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."

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

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.



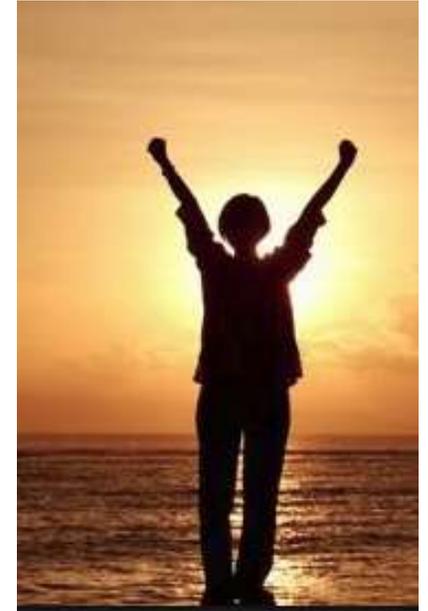
Expectancy Theory and Language

- ▶ 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.



Optimism and Resilience

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



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

