CDC, Division of Diabetes Translation

Compassionate Communication Strategies for Reengaging People with Diabetes in DSMES Services

May 26, 2022

Transcript

Slide 1: Title

Alexis Williams: Good afternoon and good morning to our viewers on the West Coast, Alaska, and Hawaii. Welcome to our webinar, Compassionate Communication Strategies for Reengaging People With Diabetes

Slide 2: Moderator

in Diabetes Self-Management Education and Support (DSMES) Services. We're so happy that you joined us today. It is going to be a great webinar. My name is Alexis Williams, and I'll be your moderator today. I'm the team lead for the Health Education and Promotion Team in the Division of Diabetes Translation at the Centers for Disease Control and Prevention. I manage a team charged with developing, disseminating, and evaluating science-based and culturally relevant health education and behavior change, marketing resources, strategies, and interventions, with a focus on populations that are underserved.

Slide 3: Disclosure Statement

Before we begin, I would like to go over some information about the webinar. At this time, we are required to share our disclosure statement. CDC, our planners, content experts and their spouses and partners wish to disclose that they have no financial interests or other relationships with the manufacturers of commercial products, suppliers of commercial services, or commercial supporters. Planners have reviewed content to ensure there is no bias. The content presented will not include any discussion of the unlabeled use of a product or products under investigational service. CDC did not accept commercial support for this continuing education activity. There are no fees charged for CDC continuing education activities. The findings and conclusions in this presentation are those of the authors and do not necessarily represent the views of the CDC.

Slide 4: Continuing Education

The program has been approved for CNE, CEU, CECH, and CPH credit. To receive this credit, please complete the evaluation and take the post-test available at cdc.gov slash TCEOnline. A password is required, and the password is *diabetes*.

Slide 5: Please Note

We'll make sure that this information goes into the chat. Let's talk about our objectives for today's webinar.

Slide 6: Today's Objectives

Today we will explain the intersection between diabetes and mental health, as well as the impact of the pandemic on the mental health of people with diabetes and their health care teams in both clinical and community-based settings. We'll identify the strategies

that can serve as powerful sources of emotional support for people with diabetes and their families. We will utilize group coaching approaches in delivering diabetes self-management education and support services to help people with diabetes overcome trauma and burnout and support them in returning to regular health care visits.

Slide 7: Have a Question for our Speakers?

During the webinar, if you have questions for our speakers, please type them in the Q&A box below. If you want to direct your question to a particular speaker, please feel free to note that in your question. We will do our best to answer all questions during the Q&A portion of this webinar. If you have a question about obtaining continuing education credits, where to access the webinar once it's over, or other technical questions, please feel free to use the chat box feature.

Slide 8: Today's Presenters

So, use the chat for technical issues and the Q&A box for questions for our discussion part. Let's talk about today's presenters. We're so excited to have them with us today. It's my pleasure to introduce both of them, and then they'll just go through their presentations. Our first presenter will be Dr. Cynthia Muñoz. She's a Pediatric Psychologist at Children's Hospital Los Angeles, who holds an appointment as Assistant Professor of Clinical Pediatrics at the USC Keck School of Medicine. Her clinical care and research focuses on the psychological functioning and related social and emotional determinants of health of people with diabetes from diverse backgrounds. She's the immediate past president Health Care and Education of the American Diabetes Association. She will be followed

by Margaret Moore, also known as Coach Meg, who is an executive coach. Following 17 years in the biotech industry in 2000, Margaret founded Wellcoaches Corporation, a school of coaching for health care professionals, which has trained 14,000 coaches in 50 countries. Margaret is co-founder and chair of the Institute of Coaching at Harvard Medical School affiliate. She also co-founded the National Board for Health and Wellness Coaching and leads the national reimbursement efforts for new billing codes for coaching service. She's a co-author of three books, 20 peer-reviewed articles, and eight book chapters while coaching. I will now turn our presentation over to Dr. Cynthia Muñoz.

Slide 9: Addressing the Relationship Between Diabetes and Mental Health

Cynthia Muñoz: Thank you, Alexis. Hello all and thank you for joining us for a conversation about the use of compassionate communication to reengage people with diabetes in DSMES. Let's begin by taking a deep breath.

Slide 10: Input to Chat Box

Next, let's reflect, what is your greatest challenge in working with people with diabetes? Please share your answers in the chat box; we'd love to hear from you.

Slide 11: Why Don’t My Patients Just Do What I Tell them to Do?!?!

Why don't our patients just do what we tell them to do?

Slide 12: Treatment Recommendations

After all, we go to great lengths to maximize health outcomes by ensuring that our treatment plans are based on data. Shouldn't this be sufficient?

Slide 13: Patient-centered Care Experience Starts With Communication

The compassionate person-centered care experience starts with communication.

Slide 14: Assess Assumptions About Diabetes and Self-Care

I see that some of you are commenting about that. We begin by assessing our assumptions about diabetes and self-care. Common assumptions include that it gets easier over time—It doesn't always or for everyone. Medical recommendations are beneficial—Some people may not believe this. My patient knows what type of diabetes they have and what this means—Sadly, this is not always the case.

Slide 15: What Are Your Goals?

A few simple questions can help us launch shared goal setting and teamwork? For example, what type of diabetes do you have? When developing and reviewing treatment goals, ask what are your goals?

Slide 16: Patients' Feelings

Many people with diabetes [may] carry feelings of shame, embarrassment, and struggle. For example, someone may think, my diabetes care team members are very important, I don't want to disappoint them or waste their time. My A1C and weight are up. The pandemic has been very difficult for me and my family. I have done the best I can and I don't want my team members to think that I don't care about my health and well-being.

What would my diabetes care team members think if they knew that I'm afraid to take the amounts of medication that they say that I need, because my family tells me it's dangerous to put this in my body.

Slide 17: Patients' Feelings

When one's expectations of their self-care are beyond their actual ability to perform self-care, diabetes-related distress can [may] result. Reinforcing our assumptions can contribute to the gap between expectations and capacity. What is worse is that this can [may] deepen diabetes-related distress and worsen outcomes.

Slide 18: Quote

We have learned that effective behavior management and psychological well-being are foundational to achieving treatment goals for people with diabetes.

Slide 19: Psychosocial Factors

There is a reciprocal relationship between psychosocial factors and diabetes. Psychosocial factors exist along a continuum that spans from adaptive to problematic. For example, the fear of hypoglycemia can be adaptive or healthy if the individual responds by becoming more diligent and caring for their diabetes. However, severe levels of fear can lead to obsessive behaviors and/or purposefully maintaining elevated blood glucose levels. Providing integrated psychosocial care within the context of patient-centered care to all patients and their families with diabetes is key.

Slide 20: Common Barriers Associated With Optimal Diabetes Management

It can help to consider factors that have potential for negatively impacting one's diabetes management. Did you know that people with diabetes are 20 percent more likely to have anxiety compared to people without diabetes? Risk for depression among people with diabetes compared to those without diabetes is estimated to have been up to three times greater? Difficulty emotionally adjusting to the daily demands of diabetes can take a toll. This includes individuals who do not want others to know that they have diabetes. Can you imagine what life would be like if you didn't want others to know this about you? Trauma, including acute stress and PTSD associated [with] one's diagnosis and treatment, can also have a significant impact. Other common barriers associated with optimal diabetes management include health beliefs; learning challenges; limited support systems; and natural disasters like hurricanes, fires, and pandemics.

Slide 21: What Is Going On?

Researchers found that people with diabetes who experienced higher levels of worry about the pandemic could be more vulnerable for diabetes distress, hyperglycemia, depression, and anxiety. Mental health support has been more important than ever.

Slide 22: Health Disparities

The pandemic also illuminated health disparities. A digital divide became apparent as some [in] under-resourced areas had less access to the very technologies such as telehealth and education needed to optimally manage their health. Faced by the loss of employment and financial challenges, some had decreased access to the medications needed to save their lives. And it is estimated one in four people with diabetes ration their insulin use,

due to financial limitations. These factors can add to the challenges of maintaining healthy blood glucose levels and the prevention of co-morbidities.

Slide 23: Mental Health

The mounting mental health burden brought on by the pandemic has had a negative impact on diabetes management and outcomes, including increased A1C and co-morbidities. Unfortunately, access to optimal treatment options including education and mental health support, let alone preventative treatment and support, is not able to keep up with the demand, especially in under-resourced communities.

Slide 24: What Can You Do?

What more can we do? First and foremost, self-care. Each one of you here is already doing a lot. Our patients are not the only ones doing their best to get by. Next slide.

Slide 25: Words Matter

What we say and how we say it has a profound impact, even if it doesn't feel like it in the moment. First-person language that places an emphasis on the person and their strengths can be more empowering. How we frame our interactions and recommendations to our patients sets the stage for their diabetes experience between visits.

Slide 26: Infuse Discussions With…

Infusing discussions with culturally informed beliefs about diabetes and social determinants of health can stimulate open discussions. Providing opportunities to communicate concerns in one's native language also allows people to share more openly.

Slide 27: Key Questions

Here are some simple questions that can help the person with diabetes and the health care team identify potential barriers. In turn, this can help the team identify strengths to build on. Why do you think you have diabetes? Your approach may differ if your patient believes that *susto* or a traumatic event caused their diabetes versus the belief that they did something that caused their diabetes. What is the most difficult aspect about diabetes for you? Knowing this can help you identify challenges to focus on. Sometimes family and friends have suggestions about ways to manage your health. What are some suggestions that you have been given? This question can help you tap into culturally informed beliefs.

Slide 28: Talking About Diabetes

Additional steps that we can take include talking about normal, regular, everyday things before talking about diabetes. Paying attention to our body language and tone of voice when discussing diabetes-related topics to make sure it's not different. Praising patients for completing diabetes tasks. It's not [necessarily] fun or easy. The more you praise and reinforce positive diabetes care habits, the better they will do. Lastly, talk about peer pressure or social dilemmas. Think through the process of having a problem in reaching

a decision, role-play, and develop scripts. It is typically easier for us to do something if it is not our first time.

Slide 29: Diabetes is Complex

Diabetes is complex. We are all going through so much. Working together, we can build on ways to engage in compassionate communication. With that, it is my pleasure to hand off to Margaret Moore.

Slide 30: Making the Pandemic a Force for Good

Margaret Moore: Thank you, Cynthia, it's an honor to follow you, with so much wisdom around the lived experience of having diabetes and living through a pandemic. It's been a big deal for all [many] of us. But if you've had additional health issues or have additional health issues like diabetes, the pandemic has [potentially] been [even] much harder. Part of compassionate communication is tuning in to each person's lived experience and appreciating that it's really been a rough ride.

Slide 31: The Future

What I want to do here is ground us in an inquiry that we do together. Like a group coaching process for all of us with some very simple and straightforward questions that invite us to go more deeply as we process the pandemic. For you and the people you support with diabetes, how do we do our best to make the pandemic experience a force for good or force for better. There's a lot of people who make a living predicting the future. We don't know where the future is going. But one thing we do know is that we—

individually and the people we support—every step we take, every breath we take, every move we make, we are making the future. With intention, we have the opportunity to make our futures better, no matter what we've dealt with, no matter how hard we've been hit, no matter how many setbacks we've had. It is a new day, and we've got the opportunity to build a better future.

Slide 32: Emotions Experienced During the Pandemic

Building on what Cynthia said and I'm generalizing here because this really relates to all of us, self-compassion for ourselves is important before we bring compassion to others. The pandemic experience has been one of many high levels of emotions. You've no doubt [you may have] experienced all of these sometimes all in one day. We might be angry about inequities and racism and the haves and have-nots, that the pandemic has hit people in such different ways. Some people have done well or even better, and others have languished. That can draw out anger around the unfairness of it all. We're all [most of us are] dealing with some fear, anxiety, worry about the virus, about the impact of the pandemic. Anxiety is at an all-time high; stress is at an all-time high. We've lost a million lives in this country. If five people for every person that has passed are grieving, that's five million people—if not more. Then of course, all the folks with long COVID and debilitating aftereffects. We [may] have a lot of sadness, a lot of grief, a lot of disappointment. I'm going to talk a bit more about trauma in a second. Burnout also is at an all-time high. We're exhausted, we're depleted, we sometimes don't feel as though there's light at the end of the tunnel. Again, an awful lot of emotions, and I use

this image of the lion tamer because our emotions are like wild animals. They want to be heard, and they can be debilitating and scary. That's part of this lived experience.

Slide 33: Activity

Get ready because we're going to all use our phones and meet up at mentimeter.com. I'll give you instructions in a second. I'm going to give you a little bit of orientation and then I'm going to ask you all a question. On your phone you'll have an opportunity to type in your answers. You're going to experience this directly, personally. You're going to answer these questions for yourself. In so doing, my hope is that you'll be able to bring these simple questions into your conversations in group settings or individual settings. There are three themes. One is moving forward and imagining that you've got a couple of backpacks. One of them, you're going to put stuff in that you want to leave behind from the pandemic; the other one, things you want to carry forward. We're going to talk about trauma and turning trauma into growth. That's the growth part. Then we're going to talk a little bit about burnout to thriving. Let's get started.

Slide 34: Move Forward

Pick up your phone. I recommend you don't do this on your computer because you're going to want to view on your computer everybody else's answers. You won't be able to see that on your phone. You're going to keep the two separate. Go to your phone or another device, whatever is easiest, and go to your browser and enter menti.com, menti, M-E-N-T-I dot com. When you get there, you'll see that there's a little space to put in an eight-digit code. This is your code: 65119278. You can enter that now.

Menti Question 1

First question, you guys are fast. Good job. The pandemic has had some yucky times. What do you want to leave behind? We've got weight gain, anger, stress, my job, insecurities, distrust, fear. Can we scroll down? Complacency, isolation, jealousy, fear, weight gain, political division, and hate. Yes, it's awful. Anger, overthinking, fear and loathing, helplessness, not acting, frustration, isolation, workload, political chaos, unpleasant memories from the past. We've all been able to—had to—sit with our internal worlds, fatigue, fear, negativity, the media isolation. Just close your eyes for a second and put all these things in that briefcase in the picture. Load them all in there, close the case and just toss it aside. It's not that these things won't come back, but when we make a ritual of consciously letting go, that's a helpful step. We're all letting go together. You might imagine helping others toss their briefcases aside too. Let's go to the next slide.

Menti Question 2

Now, you know the pandemic has not been all bad for most of us. There have been some high points, some good moments, some new experiences, some things that have kept us afloat, that have kept our boats upright. What would you like to carry forward with you? We've got—you guys are really fast. Good health, hope, success. Hope, hope, that's great. Hope. Our relationship with our future, which is hope and optimism and vision for the future, is among the most important drivers of thriving. We can kind of get through a yucky present if the future might be better. Extra family time. Working from home. Optimism, gratitude, stillness, lovely, being with my teens, more time with immediate

family, learning how to say no, faith in science, kindness, growth, connection, flexibility, compassion, love for others, empathy, unity. Doesn't reading this give us all a boost? Family time, knowledge, humor, optimism, better work-life balance, telehealth is now covered. Comfort with solitude—yeah, not always being busy, being alone, enjoyment of a quieter life, success, surviving it. It's not a small deal, having a job, being resilient, my organization, celebrating along with family and friends, having my kids close, new healthy habits, more love, more laughter, more family time, so wonderful. Thank you.

Slide 35: Time for Growth

That was the moving forward, leaving some things behind and carrying some things forward.

Now let's talk about growth, because this has been happening whether you've been awake or not to how you're growing.

Slide 36: The Pandemic Can be a Trauma for Many

Tedeschi and Calhoun are the scholars who have put the idea of post-traumatic growth on the table. You might—probably—know about post-traumatic stress disorder where the trauma that you've had in the past causes deep levels of distress and it's very hard to shake it. Well, for a good number of people, a third to half and the studies, after a trauma, one can experience growth. Tedeschi and Calhoun created this framework after studying parents who had lost children. But they wanted to generalize the traumatic experience, and they define trauma as a life-altering event that is psychologically seismic. It's like an earthquake: you're rocked, you're rattled, you're shaken, your loosened from your normal moorings. In this way, a trauma shakes your core beliefs and

assumptions about your future. Remember I mentioned relationship with the future [as] so important to human well-being, and you no longer really know where you're going, where your future's going, and how to move toward it. That [can] lead to massive anxiety and psychic pain and big declines in mental and emotional well-being. We've all [many of us have] been through this. It's been a different experience for all of us, worse for some than others. But nevertheless, we've all [many of us have] been traumatized, and we may not yet have processed the trauma.

Slide 37: Suffer Well

How do you process a trauma so that it leads to growth? I'm introducing Thich Knat Hahn, who is the Buddhist monk who was the teacher of Jon Kabat-Zinn, who's now our leading mindfulness teacher in the United States. Thich Knat Hahn, born in Vietnam, just recently passed, had a wonderful term which is to suffer well. To suffer, but suffer well. Suffering well is the way you move through trauma and growth. One part of suffering well is that you don't give it a deadline. Trauma, grief, suffering—it has its way with you. We really aren't able to control and be in charge of the recovery and the growth. But if we trust that if we lean into fully experience the suffering with compassion and self-love and acceptance and we allow the suffering to be alive in us, over time, it will [can] turn into growth.

Slide 38: Techniques

Some of the basic techniques that are now science-based is that when we're suffering from a traumatic time, whether we're in it or past it or moving in and out of it, is to notice I'm

suffering. I feel terrible, I feel sad, I feel angry, I feel overwhelmed. Just be present and awake to one's own suffering and name it and be granular. The way it felt yesterday is not the same as it feels today. It'll feel different this afternoon, or tonight, or tomorrow. Just notice a name, then accept. In the Buddhist mode, your open hands, palms facing up is the way to signal to your brain to accept the pain. Not argue with it, not wish it would go away, not avoid it, not be frustrated with ourselves because we're still suffering. But simply to accept that this is where we're at, at this moment. It is what it is, and it's exactly where we are.

Slide 39: Post-Traumatic Growth

Then from there, hands over heart in self-compassion. If we suffer well in these ways, we can eventually get to growth. How does that growth turn up? In a moment I'm going to ask you how it's turned up for you. I'm starting with meaning. Because we, as humans, our way of suffering so it doesn't lead to despair, is to make meaning. Suffering without meaning brings despair. With meaning we can cope. How does that meaning turn up? In a number of ways through… the research has shown. One is that we appreciate things more, small things. You showed that in the things you want to carry forward that are more profound now. It might be people, it might be small pleasures, relationships. Sometimes relationships don't last through trauma, but the good ones get richer and deeper. The good marriages got better. The good friendships, the good relationships are in a better place as a result. The next thing is opportunities. Opportunities are like Lego blocks. Like when your kids kind of leave them all over the floor—you get angry. Oh gosh, there's Lego blocks everywhere. But opportunities are like that. They are kind of

like Lego block pieces all over the floor. If you just stop and look at them and say, What's going on here? What's this piece? What opportunity might [this] bring? The trauma does bring opportunities that would not have happened without the experience. Most certainly, and I'm sure you can relate to this, we get stronger and we're all stronger than we were two years ago. What rocked us and rattled two years ago, doesn't now. The last, you might have in fact turned the suffering into some creative activity, by yourself or with others. Could be sports, it could be cooking, it could be photography, it could be painting, it could be anything, music, anything. When we pour the trauma and the pain into some creative activity, we are [can be] healed by that.

Slide 40: Growth

Then go back to your menti.com, and for those of you who just came in, go to your phone, enter into your browser, menti.com, and then enter the code, 65119278. Many of you are already there.

Menti Question 3

Then how have you grown in the pandemic? More strength, more meaning, more appreciation, more thoughtful, more creative, more centered, more adaptive, flexible, more patient, more self-compassionate, opened up to new opportunities, slowing down, different priorities or appreciation, more acceptance, open-minded, more confident, courageous, love, resilience, flexible, self-awareness, willing to be aware of selfishness, good, more confidence and learning new things, more grateful, more gratitude for what matters. Your job opportunities, closer relationships with kids, patience, more purpose, gratitude

for my own health and new focus. Humble, kind, helpful. Listen better. So much stronger and self-assured. I'm no one's doormat. I don't sacrifice for others needs. Wow, that's cool.

Slide 41: Growth

The next and last topic is: let's think about thriving more.

Slide 42: Burnout/Thriving

Every living organism has a recipe for thriving, just like a flower needs sunshine and water and soil and nutrients. Humans are no different, or it's just our formulas are more complicated. What we're talking about here is not like moving into thriving all the time. It's having more moments of thriving and fewer moments of burnout. Feeling bad a little less, feeling good more; being—instead of overwhelmed, feeling purposeful. Not enough self-care to a little more self-care, from stressed to moments of calm, from exhausted to some moments of energy, from focusing on all that's going wrong to seeing the good and the strengths, from being frustrated to creating new solutions to overcome the things that aren't working.

Slide 43: Ways to Cultivate Thriving

I'm just going to populate your working memories with some things that you might want to do more of to cultivate more moments of thriving. We've talked about some of these already. More self-compassion. Taking moments to just say, why is this happening? What's the meaning of this situation? What's my purpose? What's important to me right now? How can I use my

strengths in new ways at work and home within my relationships? What are some new creative things I could be doing that inspire me, lift me up, instead of drag me down? How can I connect more with people? How can I see people at work, see relationships rather than task? What new healthy habits might I consider, so I can be a role model for all the people I help. What could I show gratitude for? How could I do that more often?

Slide 44: Path to Thriving

This is our final question. Go back to menti.com and the code 651119278. What's your path to thriving—at least the first step? You don't need to have a big plan.

Menti Question 4

Just where do you want to step to. What would be good next steps for you toward more thriving? Just pick one. Two if you have. Not suggesting you commit to these right now, you can hold them and observe them and say, yeah, this is what I need to do. What would be the thing that would make a difference? Daily movement, exercise, more positivity, breathing, more self-care, therapy, making a career change, prioritizing, concentrating on health and family. Developing your vision statement, that's lovely. Taking naps, that's nice. Release guilt, increased exercise, one day at a time. Continue healthy habits, self-care, started school, more sleep or gratitude. Morning meditation. Setting goals. Yes, we can set goals now, now's time. Find a job that I like. New jobs, say no more often. Exercise more or think positive, daily Bible reading, That's lovely, spiritual inspiration. Stop working when needed. Really notice when you're tired, when your brain is tired, let go of concern about the future. Yeah, worry less. Stronger

personal boundaries. Taking time for self, go to the ocean—now lucky you that can go to the ocean. Friendship with self, yeah. The biggest relationship we have is with ourselves and our lives. Self-care. That's a big one here. Committing to a morning routine, get the day starting at right. Challenging myself more. Yeah, new opportunities, new growth, new challenges. Focus on positive parts of life, appreciation, more connection, scheduling, time for self-care, enjoy nature more, especially those of us who are in the northern hemisphere. We've got spring and everything's blooming. Well, thank you, guys. This has been delightful to share these few moments. I know we're not in the same room. We're not able to directly experience each other's energy.

Slide 44: Path to Thriving

But I hope that this has actually been a useful exercise to show just how these simple questions can be so helpful in helping us orient, turn our compasses in the right direction. I really encourage you to do take this in whatever way works to the people you serve and continue paying this forward. Thank you.

Slide 45: Question and Answer

Alexis: Thank you. I'd like to thank both of our presenters today. Those were really wonderful presentations. Cynthia, I think you really gave us some context for how to think about a lot of the challenges that we see in working with people who have diabetes and think about the environment and this stress that they've been under and how that might be impacting some of the behaviors we've seen. It's really a complex situation, and I think you really provided the context to think about it in a bigger, broader way. Margaret, I

really feel like the questions that you walked us through gave us a framework for having a conversation, maybe a different kind of conversation with people, especially if they've put off care. Like we don't have to focus on what's not working or what didn't work. But we can really refocus these conversations, and we can reframe these conversations. And the situation is what it is; how do we move forward? I think you given us some really helpful ways to have those kind of conversations with people that bring more compassion and more forward movement to the table. I thank you both for them. Please go ahead and enter your questions in the Q&A. As the moderator, I'm going to exercise my privilege to ask the first question. That is—we've talked a lot about and we thought a lot—about people with diabetes and diabetes care and self-management. But we also work with people who have prediabetes. Is there anything we should be keeping in mind when working with people who have prediabetes who have not been engaging in the kind of prevention programs that we have available?

Cynthia: I can take a stab at that one first.

Margaret: Go for it.

Cynthia: Sure, I think when we look at the numbers of people who are at risk for type 2 diabetes, [when] we look at the numbers of people with prediabetes and how many folks don't even know that they have prediabetes, I find the community or family-centered approach as really helpful. So, in having conversations with people with diabetes, making sure that we are encouraging the individual, if they bring somebody to the visit or to the appointment with them. Trying our best to see how they may become

involved in the changes that we're asking our patient or a person with diabetes to make. So when we make changes a family affair or we make it a team sport, we are able, in many cases—even when we don't realize it—we're able to make some positive impact in people who are at risk. One of the things that we always recommend when we are talking with somebody—and I work more so with young people, is that we want to make sure that all folks in the household are doing their best to follow along with the recommendations. In this way, it not only helps potentially improve some of the health behaviors for other people in the home, it can also decrease the feeling of being different or loneliness around their health for the person with diabetes. Hopefully, it can add some fun and some togetherness to everyday life.

Margaret: That's great, Cynthia. And I would just add a human being is a human being whether it's prediabetes or diabetes. So, I don't know that you really need to change anything in that. They are where they are, and they're on their own path toward health or not. I think because the pandemic has been such a dramatic experience [for many], you can start with a lighter question which is, how do you think about your health? We've had this virus around, and people are still getting sick and long COVID. How has that impacted how you think about health? How does that impact how you think about the topic of diabetes and prediabetes? What's your experience of that? Just get people to share and name. And then you could say, what are the good things? How's your relationship with your health changed for the good and how has it gotten worse? Basically, just helping people give voice to what is going on in their heads in a swirl and getting it out on the table and [show] that you really care about, how do they think

about this and what's meaningful about it, and what are they learning. Just getting into a reflective place with people I think this is a good moment to do that.

Alexis: Thank you. Dylan has asked, what are the meaningful reasons you've found patients with diabetes might connect with most to change their diet, manage their condition? That's a really interesting question if you have some reasons, but also what kind of questions might you ask that would draw that out from people with diabetes as well.

Cynthia: Coach Meg, if you could take this one.

Margaret: You want me to take that. Okay, good. I would suggest that, Dylan, what I want to make sure we're not doing is giving you a set of reasons that you now have a list in your head, and now you look at the person in front of you and wonder which reason is theirs. Because that's a closed-minded approach to engaging with someone. I would start with, what do you think are the meaningful reasons for you to engage? Because diabetes is a lot of work. When I was co-authoring a book on attention deficit disorder called *Organize Your Mind, Optimize Your Life*, (it's been renamed now by the publisher and relaunched, but we did a podcast and engaged with the diabetes community), what I learned is that when your blood sugar is out of control, your brain doesn't [may not] function that well. You can feel like you have ADD. You're easily distracted. Your self-regulation is not [may not be] very good. And in that conversation, what we learned is that folks with diabetes don't like that feeling of being out of control, and so just having their brains work better is a different way of thinking about it. Another thing you hear a lot is being a role model, or not being a burden on other people, so how does this

impact other people? But there are [as] many reasons as there are people. I would definitely keep a very open mind and just see what comes up and be open to whatever that is.

Cynthia: I agree. What a great way of looking at this. Another thing I would add is that asking questions, as Coach Meg said, to better understand the person's life experience and perspective. Focusing on small changes. But this reminds me of something that was said earlier today. So Coach Meg, you mentioned growth and how growth can happen over time. Something that can also help us as health care educators or providers is to keep in mind that just because the person in front of you is not making the changes that you are prescribing does not mean that you are not making an impact or a difference. So asking those open-ended questions can be key. What are you willing to do? What are you able to do? What is the most challenging thing for you? Also, having the conversation around how does this make you feel? Like Meg mentioned. Feeling physically unwell goes hand in hand with feeling mentally and emotionally unwell. For us, I think it's very important to understand how it is key for us to also keep showing up for people with diabetes. It is difficult to effect change, not just for the person with diabetes, but it is difficult when we feel like we are prescribing different plans, and coming up with ideas, and trying to problem solve, and we're still not seeing the responses that we wish that we would. Showing up for people and continuing to, at minimum, thank them for showing up and for having the conversation with you. I can't tell you how many people circled back around, sometimes even years later to say, I remember when we talked about this, or I

remember when you said this. They may not have acted on it in a moment, but it doesn't mean that they checked out and didn't absorb the information.

Alexis: Thank you. The next question is from Robin, and the question is, if these positive statements can be viewed as criticism or judgment, when would a provider use the positive reinforcement that would be useful for the client?

Margaret: Let me jump in. This is a really interesting question. I wouldn't naturally go to this place of assuming that positive statements can lead to a sense of being judged or criticized. There's a lot behind that question, I'm sure, to consider. Let me start by saying that I've seen a study of folks with chronic disease—and COPD [chronic obstructive pulmonary disease] it turns out is the worst for this—is that even if people don't share this, they at some deep level are blaming themselves. They're in a loop of self-criticism and self-judgment, like I screwed up, I've got this disease. You may not hear those words, and so if you do anything with your body language, your energy or what you say that reinforces the criticism and judgment, then you [may] send them on a downward spiral, even if your intention is not that. It's like easy to trigger that. That's just the first thing. It's just right there, and it's very easy. The second thing I want to say, is that if you are truly compassionate and nonjudgmental, there is no judgment or criticism in your energy. None. If you're finding that that's triggering people, then you really want to own that. How am I being? What am I bringing into this conversation—maybe not in my words, but in my voice, my body language—that is getting interpreted as a criticism? When it's really genuinely positive— you did well at that; that's a strength; wow, I'm really impressed—when you convey authentic positive reflection of people's strengths,

if they feel judged and criticized, it's not you. But if you're inserting just an ounce of judgment because you've just heard, this is your 12th conversation today, you're getting tired of this, these people keep turning up, they're not doing what they're supposed to do—and you say the right things, but you're not conveying that in your energy, then you're likely going to trigger that. I think you want to really be looking at how you're being and do everything you can in these moments to not be judgmental, to be in a place of deep acceptance. I want to add one more thing. You might think when you're accepting of something that's not ideal, that you're condoning it, therefore you're enabling it. You might worry about that. If I show complete acceptance and no impatience or frustration, maybe that's not the right thing because I need to send the signal [that] you need to get this message, you need to get this memo. It turns out that compassion and self-compassion are better motivators than judgment. And so, you think by accepting that, you might in fact be enabling, but you're doing the opposite. You're helping people have a moment of peace of mind, and when they feel “I've done my best,” then they can move forward. If they're sitting in judgment, they're just sitting in the muck, sitting in a downward spiral. A loaded question, lots to say about that, and just be very careful that when you're being accepting and nonjudgmental, you really are to your core.

Cynthia: I would add two brief things. I love your perspective, Meg, and completely agree. The two things that I keep in mind also are that when you are using positive reinforcement, when you make a statement that is intended to be supportive and empowering to the person in front of you, try taking a pause after making that statement. Sometimes we

don't realize that we make a positive statement and follow by saying something that can sound critical or that can sound [like you did great with this, but then there are all these other things that are not going so great. The second thing that I would say is that even acknowledging this is not easy, and here we are talking about this. That and in of itself is a positive, even though the person in front of you may not see it. But you can try just saying, this is not easy, I'm so glad you're here, this is not easy, and you've done this. Then take that pause that gives opportunity to also take in that message and rinse and repeat—doing that over and over with people so that they also get from you that you are, in fact, being genuine in your messaging.

Alexis: Thank you. Elena's question is: [It] is challenging to provide guidance to individuals who are unstably housed; currently working on ways to address barriers and meeting DSMES guidelines. How have you addressed these vulnerable populations in DSMES or when on coaching on diabetes? I think Cynthia, you've done some work in this area.

Cynthia: I'm fortunate to be one person and one member of a larger team, and so something that we do is to, number one, acknowledge how challenging this must be and that's key. Because sometimes we are running short on time, we are seeing a lot of people in a given day, and we are going through our visits or our educational meetings, trying to get certain information to the person in front of us. We're focused on the information we want to give. Receiving this type of information requires some pause, because can we imagine what that must be like? Can we even begin to imagine what that must be like? A person is focused on their basic needs like housing, but also they are focused on basic needs of food, individuals who are relying on food banks to search for healthy food

options. Can we begin to imagine what it must be like for a person who has unstable housing and we are asking them what might feel like to them to do all of these additional things? One is a simple acknowledgment of how difficult this must be or how difficult this sounds. The second thing is identifying either a place, a person, someone, somewhere, where the person may be able to get some resources and/or problem solve through the resources that they have tried to access but have had difficulty doing so.

Alexis: Okay. I think we have just about two minutes left, and we have several questions. People are bringing their tough cases into the question box. It seems to be 1) fatalism and 2) dealing with resistance. If you have any tips for our participants today on resistance and fatalism, I think that might help with some of these tough cases they're presenting to you in the chat. We'll also be sure to try to get some resources and answers out to you after the session.

Margaret: Thank you, Alexis for linking these together. I'll jump in quickly. I'm sure Cynthia, you'll have a lot of wisdom too. The way to think about these three cases is that if you know about the stages of readiness to change, these folks would probably be pre-contemplators, which means they do not have sufficient motivation or confidence to move into the change process. It could come from unstable life circumstances. That's sort of the hopeless version of it, of pre-contemplation. That's also the fatalistic approach. Those are the hopeless sides. Then the defiance side, which is, I'm not doing what you-all want me to do, which is to some extent a cover for hopelessness. Don't expect me to do …I don't want to be controlled by you; I'm just not interested. If someone is so low in readiness to change, you've got two options. One is to just

validate, and Cynthia has been saying this, you validate the good reasons not to change. It does feel hopeless, that's what you're saying, right? Like just go right in there with them so they know you're not resisting, that you're not trying to argue out of the hopelessness or the resistance, you go right in there and you sit with them in that place for a few moments. That's one thing you can try. The next thing you can say: It sounds like this is not a good place for you to focus, what else would you like to do in your life? Because if you've got an unstable life, you may well have to get the stability going first before the rest follows. Because if you're not stable, you don't [may not] have the resources to change your behavior. Basically, completely validate why this is not a good time to do this. Complete, like really sit with them on their side of the fence which surprises [them]. What are the great reasons for smoking? What are the great reasons for not doing anything about this, like why is this working? Then change the subject. What else would you like to work on? As coaches, we always teach coaches to go off the reservation; start talking about diabetes. Go somewhere else because if people don't have enough resources and confidence in other areas, they're not going to move forward, but maybe there's something else they do want to get better at or stabilize. That might be a productive conversation.

Cynthia: A couple of things that are helpful to keep in mind also has to do with priorities. Yes, sometimes people are genuinely pre-contemplative and not ready for change. But also, sometimes people have very real difficult things happening in their life, and they may not see this as a priority. I am a psychologist. I have the privilege of having conversations with people that go beneath the surface of diabetes. We talk about what is happening in

your life? What are the priorities and why? You might be surprised that many times, there are so many other things happening in a person's life, [that] they are genuinely struggling. Yes, they may feel very overwhelmed. They may be feeling hopeless, Meg, as you mentioned. And when we think about the pandemic and Meg, you mentioned how many people have died, but how many must be mourning? There are people that we see—that we are meeting and talking with [about their] diabetes and trying to educate [them]. And in the back of their mind they are thinking about that relative, that close friend, that loved one that is very ill or has died. We have children in multi-generational homes who have seen their loved ones die or become very ill. It is helpful to keep in mind that sometimes what we perceive as resistance is a reflection of very real-life situations that are happening in people's lives. The last thing I would say on this point for now, has to do with falling back on what can happen if you don't do the things that we're recommending. Sometimes we're quick to talk about those terrible, horrible, awful things that can happen, the complications. I do think it is important for people to have information about the importance of caring for their health and their blood glucose levels. I also think we need to be mindful of how and when we introduce or reintroduce the concept of the complications. Because sometimes we start talking about complications—trying to be motivating. We are trying to kick someone into action and kick-start that person and their initiative, but we don't realize that the effect may actually be the opposite. If we're coming at someone and are coming at a conversation, coming again and again or talking about those terrible, horrible things that can happen—which could be true—we have to keep in mind, again, that the impact we're

having may be for this person to start believing even more, why try if these things are gonna happen to me? Being mindful of that is really important as well.

Slide 46: New Beginnings

Alexis: Thank you. We are out of time. I would just like to point out that we do have a resource coming up—it's actually an updated resource that's been around for a while but we've updated with new information—called New Beginnings: A Discussion Guide for Living Well With Diabetes. It tackles a lot of the issues, psychosocial issues for people with diabetes and their families. You're meant to bring your family with you to these discussions. It deals with things like self-compassion and self-efficacy and problem-solving and managing stress. It really tries to get at the emotional side of living with diabetes. This should be available in the next few weeks, and we'll send out an announcement when it's available.

Slide 47: Thank You

The recording of this webinar will also be available in a few weeks. Look out for that. You'll be free to share this with your colleagues. This was a wonderful presentation, and I would like to just extend my thanks and my gratitude to our presenters one more time—to Dr. Cynthia Muñoz and to Margaret Moore, Coach Meg. Thank you for reminding us to be compassionate to ourselves and have compassion for the people we're trying to support in their journey with managing diabetes. Thank you, participants, for joining us today and having such engaging questions and being really engaged in this session today.