In This Module You Will:

- Identify signs of diabetes distress.
- Define healthy coping.
- Provide examples of how to be an active partner in shared decision making using the SHARE Model.
- Explain your role in diabetes self-management.
- Develop strategies for behavior change.
Diabetes Distress

It is the emotional response to living with diabetes. It’s the relentless burden of daily self-management and living with the prospect of developing long term complications.

Managing a complex and demanding chronic disease like diabetes can be stressful and result in emotional distress.

Identifying and addressing the sources of distress can help reduce the burden of managing your diabetes.

When is Having Diabetes Hard for You?
What is Healthy Coping?

- Having a healthy attitude towards managing your diabetes
- Having tools that you can use to manage your diabetes with confidence
- Having positive relationships with others

Healthy Coping Strategies

- Pay attention to your feelings
- Do things you enjoy
- Maintain a positive self-image while dealing with challenging life events
- Talk with family and friends
  - Allow loved ones to help
  - Allow yourself to be imperfect
- Talk with your provider or healthcare team about
  - Your feelings
  - Negative reactions others have about your diabetes
  - Financial concerns
  - Food insecurity issues

Notes:
Problem Solving Steps

1. **Recognize a Problem**
   Acknowledge that a problem exists.
   Identify the cause of the problem.

2. **Explore the Problem**
   Ask, “Is it really my problem?”
   Ask, “Can I really do something about the problem?”
   Try looking at the problem in a different way.
   Get more information about the problem.
   Try breaking the problem down into smaller pieces.

3. **Identify Ways to Solve the Problem**
   Look at all possible solutions/outcomes.
   Weigh consequences, advantages, disadvantages.
   Select the best approach.
   Plan strategy, set goals/objectives.

4. **Implement the Plan**

5. **Evaluate the Plan**
   Was it successful? If not, what went wrong?
   What else might work?
Diabetes Support Team Members

Self-Reflection
When I need support, I reach out to:
**Module 3 — Health Coping**

**Patient Role**

- **Speak up!**
- **Hear what the choices are**
- **Assert your preferences**
- **Reach a decision with your provider**
- **Evaluate if it worked**

**Provider Role**

- **Seek your patient's participation**
- **Help your patient explore & compare treatment options**
- **Assess your patient's values and preferences**
- **Reach a decision with your patient**
- **Evaluate your patient's decision**

*Shared Decision making is a 2-Way Street*
**SPEAK UP:** Your provider will seek your participation. Your role is to speak up, so your provider is aware of your personal needs, perspective, and willingness to manage your diabetes.

**HEAR WHAT THE CHOICES ARE:** Your provider will explore and compare treatment options with you. Your role is to hear what the choices are for managing your diabetes.

**ASSERT YOUR PREFERENCES:** Your provider will assess your preferences and values. Your role is to assert your preferences and values. Let your provider know what is important to you, even if it is different from what he/she feels is important. Talk about how you feel about diabetes, your likes, and dislikes, what you are willing to try, how much you can take on, and what your priorities are. It is important to keep an open mind as you discuss what treatment options there are and be willing to at least try to see if one may work for you.

**REACH A DECISION WITH YOUR PROVIDER:** You and your provider should agree on a decision. Determine treatment options to try and make a plan. The plan should include what you will do and what tools (medications, meter, etc.) you will need.

**EVALUATE IF IT WORKED:** You and your provider should evaluate if the plan worked. Keep track of your progress, check your blood glucose (as agreed with your provider), and follow-up with your provider on a regular basis to see if you need to try something different.
Why is Shared Decision Making Important?

In many situations, there is no single “right” healthcare decision because choices about treatment, medical tests, and health issues come with pros and cons. Shared Decision Making is especially important when:

- there is more than one reasonable option, such as for screening or a treatment decision
- no one option has a clear advantage
- the possible benefits and harms of each option affect patients differently

What Providers Say About the Value of Shared Decision Making

- Patients are more knowledgeable and better prepared for dialogue
- Helps the patient understand what we are trying to do
- Builds a lasting and trusting relationship
- Both providers and patients are very satisfied

When Patients Engage in Shared Decision Making, they...

- Learn about their health and understand their health conditions
- Recognize that a decision needs to be made and are informed about the options
- Understand the pros and cons of different options
- Have the information and tools needed to evaluate their options
- Are better prepared to talk with their healthcare provider
- Collaborate with their healthcare team to make a decision right for them
- Are more likely to follow through on their decision
Key Roles and Responsibilities

You might seek to partner with your provider or Healthcare Team and discuss each other’s roles and responsibilities. Shared Decision-Making agreement can center around three types of activities:

- Sharing Information
- Decision Making
- Responsibility for Care

Know Your Options

Knowing what questions to ask and how to best prepare for your healthcare appointments are important (write them down).

- What are my treatment options?
- What are the benefits and risks?
- Where can I find more information to help me decide?
Example of Shared Decision Making for the Treatment of Diabetes

When choosing individualized goals of therapy:

**Higher Glycemic Targets: A1c > 8.5%**
- Hypoglycemia prone (low glucose)
- Limited life expectancy
- Advanced complications
- Extensive co-morbid conditions
- Targets are difficult to attain

**Glycemic Target: A1C 7.0% - 8.5%**
- Moderate diabetic eye disease
- Mild nerve pain
- History of heart disease or stroke

**Tighter Glycemic Targets: A1C <7%**
- Short disease duration
- Long life expectancy
- No significant heart disease
- Minimal hypoglycemic event
Goal Setting

- Setting goals are an important aspect of self-care
- Both long and short-term goals need to be chosen
- You may need some help setting goals
- Goals may need to be adjusted from time to time
- Goals should be YOUR goals, not your provider’s goals
- Work on one goal at a time
- Goals should be SMART

“Listen to the mustn’ts child.  
Listen to the don’ts.  
Listen to the shouldn’ts,  
the impossibles, the won’ts.  
Listen to the never haves, then listen close to me...  
Anything can happen, child.  
Anything can be.”  
—Shel Silverstein

<table>
<thead>
<tr>
<th>S</th>
<th>Specific</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do you expect to have happen?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>M</th>
<th>Measurable</th>
</tr>
</thead>
</table>
| How will you know you are making progress?  
Use concrete measuring tools. |

<table>
<thead>
<tr>
<th>A</th>
<th>Agreed Upon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between you and your provider or healthcare team.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>R</th>
<th>Relevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this goal important to you personally?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T</th>
<th>Tracked</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much time is scheduled to work on it?</td>
<td></td>
</tr>
</tbody>
</table>
## Creating a SMART Goal

Select ONE topic

### Monitoring (Module 2)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Frequency</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to notify my provider or healthcare team if I have more than 2 consecutive blood glucose readings under 70 mg/dl.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will check my fasting blood glucose in the morning _____ times/week for ______ weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will check my blood glucose 2 hours after (circle one) BREAKFAST, LUNCH, DINNER _____ times/week for _____ weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Goal:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Healthy Coping (Module 3)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Frequency</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will get support from family/friends ___ out of ___ times a week for ______ weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will keep a daily routine/schedule _____ days per week for _____ weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will practice a stress-reducing activity like walking or meditation ____ days per week for _____ weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I will contact a Mental Health for stress management tools and support within _____weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Goal:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Module 3 — Health Coping

### Taking Medications (Module 4)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I will take all my diabetes medications daily as prescribed for _____ weeks/months.</td>
<td></td>
</tr>
<tr>
<td>I will carry all my medications with me when I leave my house for errands or travel.</td>
<td></td>
</tr>
<tr>
<td>I will contact my pharmacist or provider for medication adjustments as needed.</td>
<td></td>
</tr>
<tr>
<td>I will fill my pillbox each week for the next _____ weeks.</td>
<td></td>
</tr>
<tr>
<td>Other Goal:</td>
<td></td>
</tr>
</tbody>
</table>

### Healthy Eating (Module 5)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I will reduce my portion sizes of __________ at least _____ times each week/month.</td>
<td></td>
</tr>
<tr>
<td>I will substitute low sodium foods : ____________________, _____ times a week for _______ weeks.</td>
<td></td>
</tr>
<tr>
<td>I will replace sugary drinks with water or sugar-free drinks _____ times a week for _______ weeks.</td>
<td></td>
</tr>
<tr>
<td>I will eat more non-starchy vegetables for (circle one) BREAKFAST, LUNCH, DINNER _____ times a week for _______ weeks.</td>
<td></td>
</tr>
<tr>
<td>Other Goal:</td>
<td></td>
</tr>
</tbody>
</table>
### Being Active (Module 6)

<table>
<thead>
<tr>
<th>I will ______________, _____ times per week for _____ minutes, for _____ weeks.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will notify my provider when starting an exercise.</td>
</tr>
<tr>
<td>Other Goal:</td>
</tr>
</tbody>
</table>

### Reducing Risk (Module 7)

<table>
<thead>
<tr>
<th>I will see my eye doctor at least every 2 years or more frequently.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will have my blood drawn and urine tested as ordered by my provider.</td>
</tr>
<tr>
<td>I will check my feet daily even when I am not at home.</td>
</tr>
<tr>
<td>I will take steps to quit smoking.</td>
</tr>
<tr>
<td>Other Goal:</td>
</tr>
</tbody>
</table>

### Problem Solving (Module 8)

<table>
<thead>
<tr>
<th>I will carry a fast carb (glucose tablets) with me.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I will test my blood glucose before I drive my car.</td>
</tr>
<tr>
<td>I will pack a healthy snack: ________________ to prevent low blood glucose and to avoid choosing an unhealthy snack when I am away from home.</td>
</tr>
<tr>
<td>Other Goal:</td>
</tr>
</tbody>
</table>
Summary
This session discussed how to identify signs of diabetes distress and its potential sources. Module 3 also reviewed the importance of having a support team and being an active partner in the decision making process using the SHARE model. Finally, this session explained the importance of creating SMART goals.

Key Points
- Diabetes self-management is challenging but worthwhile.
- Diabetes distress is a real concern. Recognizing the symptoms and knowing how to find support is important.
- Healthy coping requires both problem solving and managing stress.
- Shared decision making is a 2-way street. It involves both YOU and your healthcare team or provider.
- Keep working on your SMART goals and tracking your progress!

Before Next Class
- Review Module 4: Taking Medications
- Write down your questions
- Work on your healthcare goal or changing a habit/behavior
Notes:
The American Diabetes Association Recognizes this education service as meeting the National Standards for Diabetes Self-Management Education and Support

If you have any concerns about the diabetes education you receive

Please call
1-888-232-0822

or

write
American Diabetes Association
Director, Education Recognition Program
2451 Crystal Drive, Suite 900
Arlington, VA 22202

Refer to 006585