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AMA PRA Category 1 Credit™
ANCC contact hours for nurses
ACPE continuing pharmacy education credit for pharmacists
ASWB social work continuing education
CDR continuing professional education units for Registered Dietitians and Dietetic Technicians

For full credit details, visit

https://corewellhealtheast.cloud-cme.com/94663

Disclosure of Relevant Financial Relationships

- **Lauren Oshman, MD** (Planner): Stocks in publicly traded companies or stock options, excluding diversified mutual funds-Abbott, AbbVie, Johnson & Johnson, Merck & Co., Organon.

All other individuals involved with this activity have no relevant financial relationships with ineligible companies to disclose. Mechanisms were implemented to identify and mitigate relevant financial relationships with ineligible companies for all individuals in a position to control content of this activity.

CME/CE Questions?
CHEcme@corewellhealth.org

How to Receive CE Credits/Contact Hours

1. Text CE code **94663** to 833-256-8390 by **1 PM** on **9/21**

(Scan to open a text message)

2. Complete the **CE Evaluation** by **October 4, 2026**

Online at
https://corewellhealthheast.cloud-cme.com

Sign in > My CME > Evaluations and Certificates
Or via the free CloudCME mobile app – organization code *CorewellHealthEast*

Both steps must be completed to receive credit.

From Distress to Resilience: Provider Tools for Supporting Patients with Type 2 Diabetes

Dana Albright, PhD

Dana.Albright@parkview.com

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Disclosures

- No financial disclosures

Maybe more relevant

- Psychologist who has practiced in variety of settings
- Focused on the psychological distress of chronic and acute illness
- Interested in screening and identifying needs
- Career aspiration is:
  - Get psychologically informed care to *all* people receiving health care
  - Improve quality of care in rural settings

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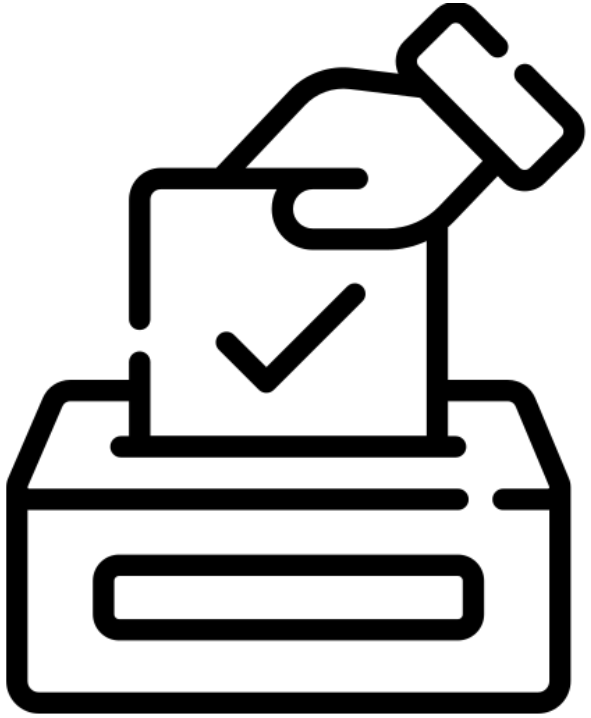
Get to know the group



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Diabetes Distress

Significant negative psychological experiences related to emotional burdens and worries specific to the experience of living with diabetes

Image from ADA Metal Health Workbook (2021)

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Experience of Diabetes Distress

- Higher diabetes distress in T2D is associated with poorer outcomes
  - Poorer glycemic control
  - Microvascular complications (foot ulcers, eye problems)
- More likely to experience diabetes distress:
  - Women
  - Younger adults (<50 years)
  - On insulin
  - Younger age of diagnosis
  - Comorbidities (including BMI)

Sources of Diabetes Distress

- Focus groups (Tanenbaum, 2016)
  - Lack of support/understanding from others
  - Difficulty communicating with providers
  - Burden of lifestyle change
  - Insulin regimen
  - Physical burdens
  - Depressed feelings
  - Challenges with glycemic control
  - Comorbid medical illness

- T2 DDAS CORE (Fisher, 2022)
  - Self-care/management (76%)
  - Long-term heal and complications (76%)
  - Family/friends (49%)
  - Health care access (41%)
  - Health care provider (41%)
  - Hypoglycemia (38%)
  - Shame / Stigma (30%)

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Approaching Diabetes Distress

Universal Screening

Administer validated measure of diabetes distress to all patients

Validate & Normalize

Acknowledge and label their feelings

Collaborative Problem-Solving

Identify strategies to reduce the *source* of the distress

***Just* Ask**

Verbally ask patients about their distress

Spirit of Motivational Interviewing

Emotion Focused Coping

Identify strategies to reduce the *feeling* of distress

Universal Screening

When is it helpful?

- Conversation starter
- Normalization of moderate distress
- Screening large clinics to allocate resources
- Making a case for more resources
- Longitudinal data to track response to interventions

If you screen, PLEASE ask!

Options:

- Diabetes Distress Scale
- Single item (?)

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Just Ask

- Patients *want* to be asked about their distress
  - Almost half of patients with T2D want to talk to their provider about *emotional and personal experiences* of living with diabetes
  - 37% want to specifically talk about how diabetes affects their mood

(Hendrieckx, 2020)

- If we don't ask about their distress, it lurks in the background!
  - Longer visits
  - Repeating emotions

(Beach, 2021)

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Just Ask

- Classic agenda setting is not always going to capture distress
  - “What brings you in today?” …. “And what else…”
  - Captures the “what”
  - Not as impactful in a routine follow up
- “How are you doing?” may not cut it

- What about your diabetes is bothering you most? (~Polonsky)
- What is you biggest pain point with diabetes right now?
- What are you most concerned about with your diabetes?

Validate Feelings & Normalize Distress

- Acknowledge and *label* the feelings of distress
  - "You're frustrated/annoyed/disappointed that despite *all* you are doing, your TIR is lower than you are aiming for."
- Summarize and reflect their experience of distress
  - "You have been carrying a lot of responsibility at home and work – your diabetes has tipped you over the edge lately."
- Use data to normalize their experience
  - "Many people with T2D experience (insert feeling word) at times. You're not alone."
  - "You're not alone in feeling (their word). Studies have shown one in five people with T2D feel (their word)."

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“What is the hardest part of your diabetes?”

No fun to go out…

Jordan (age 29)

“I feel like my friends love to meet up at a bar or go out to eat – they can have whatever they want but I have to think about carbs, insulin, and my blood sugar. It takes all the fun out of hanging out. I find myself making excuses to not meet up with them so I don’t have to deal with it. I feel lonely and frustrated that my diabetes is taking the fun out of life.

Provider Response:
“It make sense that you’re frustrated that managing your blood sugar complicates going out with your friends – and sometimes it’s easier to avoid it all together.

“What is the hardest part of your diabetes?”

Not making the grade

Tanya (age 51)

“I feel like no matter what I do my numbers aren’t where I want them to be. I am constantly checking my CGM and worried that they will go out of range. I find myself not giving my full insulin dose with meals because I’m afraid I’ll go low but then I get frustrated when my sugar goes high. It’s a vicious cycle.”

Provider Response:

You are working really hard to keep your blood sugar in range – and you’re feeling both worried about low BGs and frustrated about high BG. Many people feel this emotional struggle with diabetes.

Spirit of Motivational Interviewing

Partnerships

Use a collaborative approach that values the patient's own experience

Acceptance

Convey absolute worth, affirmation, autonomy support, and accurate empathy

Compassion

Actively seek what is in the best interest of the patient*

Evocation

Seek to draw out the patient's thought and values that will help the patient reduce their distress

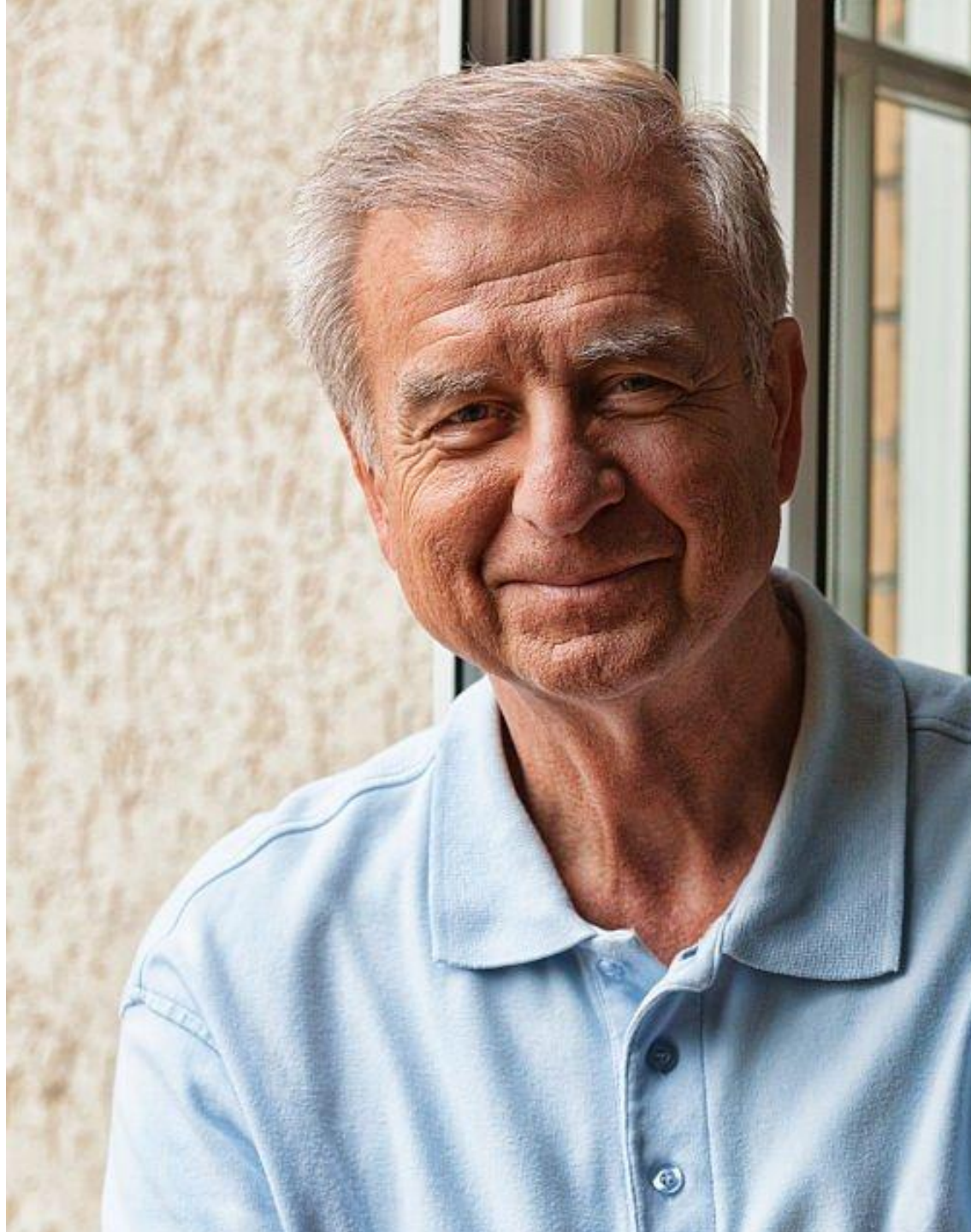
“What is the hardest part of your diabetes?”

Retired wasn’t the magic fix

Mr. Lancaster (age 71)

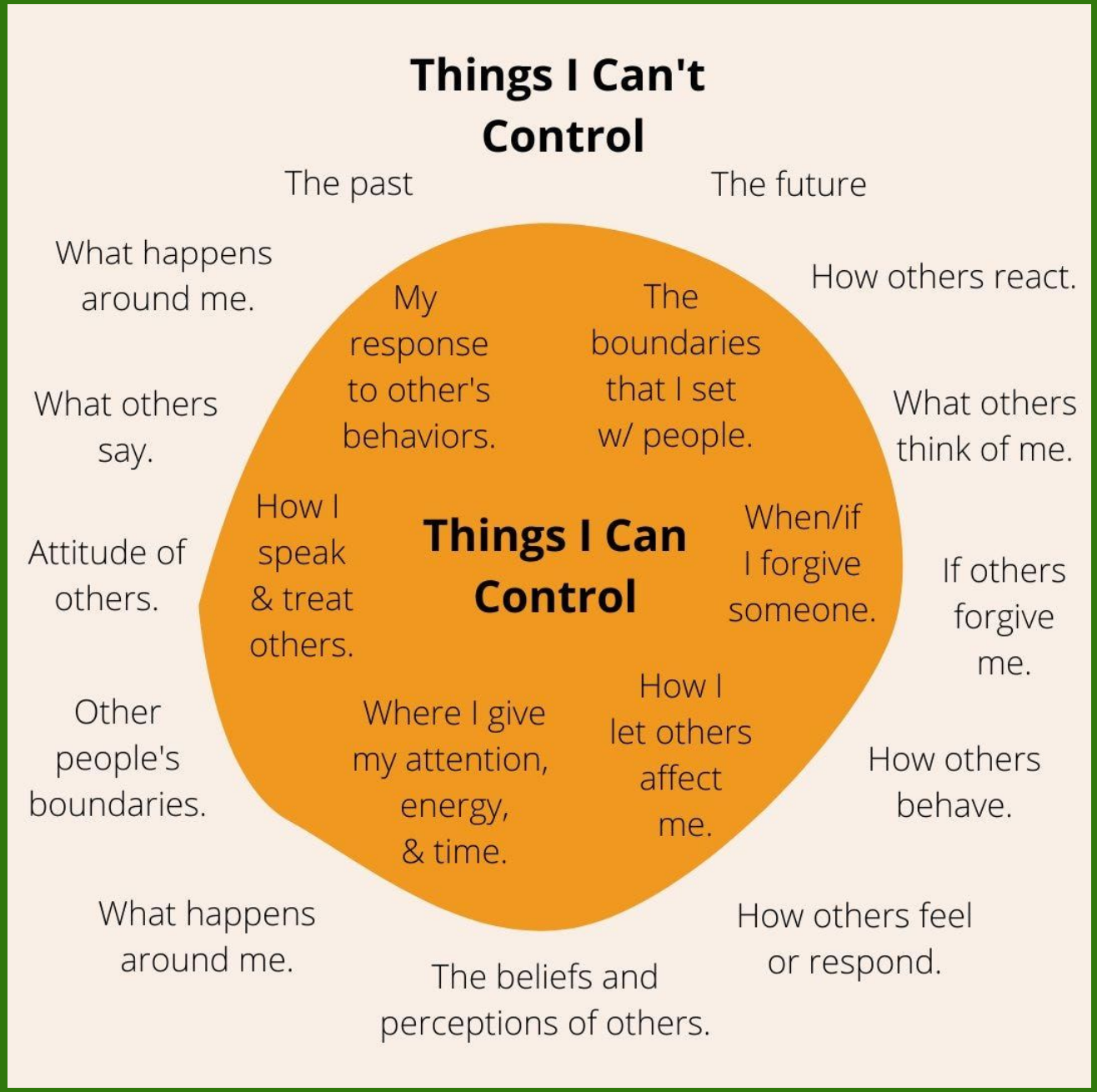
“I thought after I retired I’d do much better with my diabetes management. Over the past 10 years, I’ve learned all about how to manage my BG but assumed it was my busy job that was getting in the way. Now that I’m not working – my BG hasn’t improved like I thought it would.”

Provider Response:
Diabetes after retirement didn’t go the way you planned. Even with your knowledge and desire to improve your BG, you haven’t made the changes you want. Where do you want to focus your attention first?



It’s okay to stop here..

Determining the source of distress



Problem-Solving

- You don’t have to have the perfect solution --- and in fact, it’s probably better if you don’t.
  - ELICIT what the patient thinks will be most successful.
  - *What strategies have helped you with similar issues in the past?*
  - *Who could you enlist to help you?*
  - *Is there something you’re already doing that we can use for momentum?*
- Behavioral Economics
  - Small steps
  - Automatic
  - Make it easier to make good choices
  - Pair new with well-established behavi

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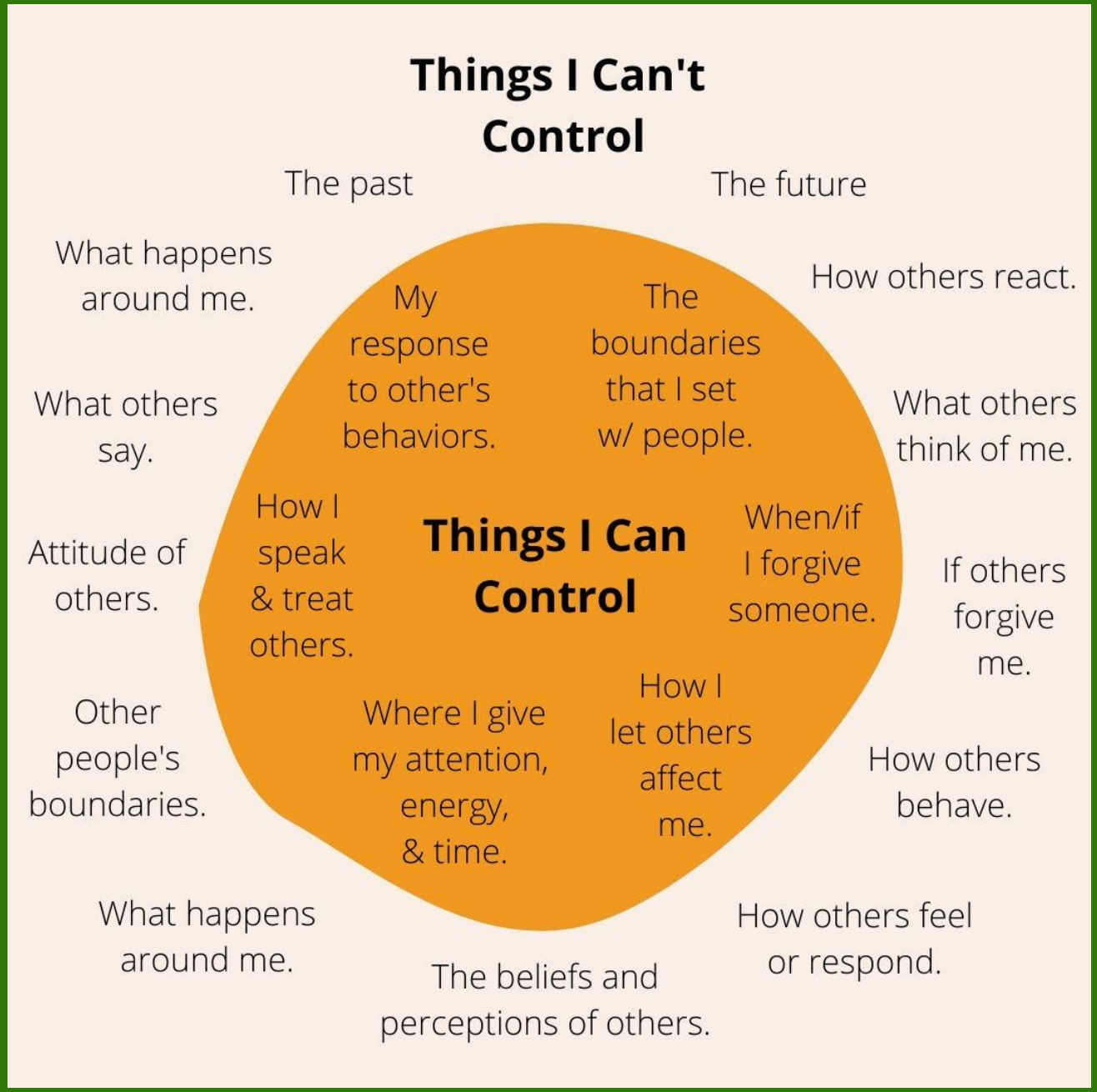
Determining the source of distress



Emotion-focused coping

- Build up positive parts of self
  - Giving more attention to the positive – or what is going well can give a BIG boost
- Find healthy releases
- Align behavior with values
- Calming body (and mind)

When to seek extra help

Significant impact on daily functioning (job, relationships, ADLs)
OR
Persistent overtime

Impacting quality of daily life

Which strategy resonate most for you?

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Questions?
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