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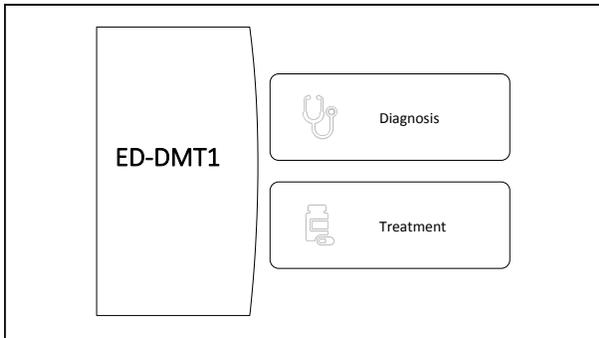
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### Treatment and Recovery: it's a process



MULTIDISCIPLINARY  
TEAM



DIABETES INFORMED  
TREATMENT COMBINED  
WITH



STANDARD OF  
TREATMENT  
TECHNIQUES/THERAPIES



PERFECTIONISM -  
ATTAINABLE GLUCOSE  
TARGET GOALS

Ann Goebel-Fabbri (2017) Injecting Hope: Prevention and recovery from eating disorders in diabetes.

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### Social Media Resource



**bodyposibetes** Following

71 posts 1,641 followers 323 following

**Body Posi Betes**  
Diabetes and body positivity - do they go together? Hell yeah! Just because your pancreas hates you doesn't mean you have to hate yourself too 💕

Followed by: heylifequeen, thediabetesdiagnos, jumpgarden · 7 more

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Why beat yourself up because your six  
pillars and you over your anxiety  
carb/carb/huge amounts? Your body is  
telling you it needs sugar, just like it needs  
rest, and your first priority is to take to  
it. It would be ridiculous if somebody  
suggested the phrase "requiring low  
carb" "prescribed" or "treat changes" -  
you need to treat it with sugar, so do that.  
Hypo risk - I get it! Here the help of  
coming back up from a nasty low where  
I was my weight in kilos and I was 11  
be rebounding. But give yourself a break  
your body is doing the best it can in that  
moment.

Stop being guilty about hypo, or feeling  
out about weight gain. Your body will settle  
where it needs to be and with your help it  
will settle back in to a range that's great  
levels. Hypo treatment isn't something to  
feel guilty about, it's a disease.



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Recovery from an eating disorder cannot be achieved through more dieting or restriction.

that low carb works wonders for blood sugars, but the trick is figuring out what you ACTUALLY want to eat and how to work that into your life. Like, I love some grilled salmon - but I'd also take real Italian pizza over a cauliflower one any day. We already have to be super conscious of what we are putting into our bodies, why make it worse?? If you're avoiding social situations because of the food choices, feel scared of certain food groups, or can't stop thinking about what you're putting into your mouth - that's not ok.

Give yourself permission to eat what your body is telling you, and I guarantee you that you'll start to live a life with diabetes that doesn't revolve around food - I promise, it exists!

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### Graduate School Research

Diabetes Daze: How Adolescent Patients are Affected by Messaging

- Illness Perception
- Social Learning Theory
- Peer, Media, Medical Professional & Parental Messages




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**Q:11**  
negative experience

18 - regarded negative lifestyle choice.

2 - included a meme.

6 - being perceived as different than a typical healthy adolescent, or a misunderstanding of the illness.

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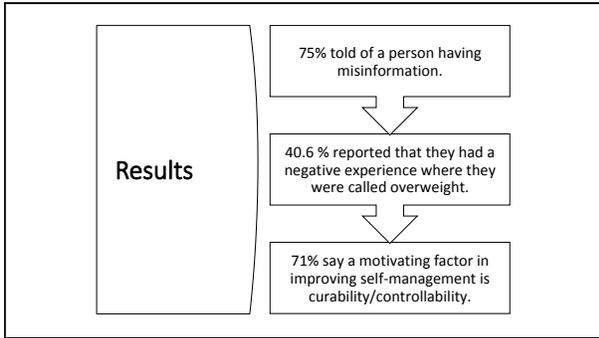
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5 best communication tips when talking to patients

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- #1Listen**
- Feeling isolated.
  - Misunderstood.
  - Need a safe outlet to talk things out.
  - Be a great listener & you will gain trust.
  - Give your patient a choice in their care.

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#2 no judgement

NEVER scold – we live with this disease 24/7 and there's a high rate of burnout.

Patients have been told since their diagnosis terms such as...

Good number & bad number.	Good food & bad food.	Good A1c & bad A1c.	Good weight & bad weight.
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#3 motivate

What's important to your patient (not diabetes or ED related)?

Hobbies

Interests

Passions

Future aspirations

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#4 use humor

First diagnosed, I was so sad about the diagnosis. Tried to hide having diabetes.

Marcia taught me that I couldn't internalize everything With diabetes, just like with most things in life, I needed to find the humor in the disease when I could.

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#5 coach

-  Patients with type 1 diabetes self-manage 90-95% of the time.
-  Preaching, rather than suggesting.
-  Power of perspective.

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What words negatively affect you?

Six Themes

- Judgment** (non-compliant, uncontrolled, don't care, should, failure)
- Fear/Anxiety** (complications, blindness, death, DKA)
- Labels/Assumptions** (diabetic, all people with diabetes are fat, suffer)
- Oversimplifications/Directives** (lose weight, you should, you'll get used to it, at least it's not...)
- Misunderstanding/Misinformation/Disconnected** (cure, reverse, bad kind, you're fine)
- Body Language and Tone** (no eye contact, accusatory tone)

(Dickinson, 2018)

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Guiding principles

- 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 healthcare team can serve people with diabetes more effectively through a respectful, inclusive, and person-centered approach
- Person-first, strengths-based, empowering language can improve communication and enhance motivation, health and well-being of people with diabetes.

Dickinson, J.K. (2018). The experience of diabetes-related language in diabetes care. *Diabetes Spectrum*, 31(1), 58-64.

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**Recommendations**



- Use language that
  - Is neutral, nonjudgmental, and based on facts, actions, or physiology/biology
  - Is free from stigma
  - Is strengths-based, respectful, inclusive, and imparts hope
  - Fosters collaboration between patients and providers
  - Is person centered

Dickinson, J.K. (2018). The experience of diabetes-related language in diabetes care. *Diabetes Spectrum*, 31(1), 58-64.

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 Words are powerful

 Words create meaning

 Meaning can be positive or negative

 We can choose positive, strengths-based language to send messages that empower

 When our mindset changes to putting the person first, the language will follow Remove labels, remove blame/shame/guilt

**The message about messages**

Dickinson, J.K. (2018). The experience of diabetes-related language in diabetes care. *Diabetes Spectrum*, 31(1), 58-64.

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**Becoming aware of and changing our words**

Problematic	Preferred
Diabetic	Person living with diabetes
Test (blood glucose)	Check / monitor
Control (verb)	Manage; describe what the person is doing
Control (noun)	Define what you mean by control and use that instead (blood glucose level, A1C)
Good/Bad/Poor	Safe/unsafe levels; target levels; use numbers and focus on facts instead of judgmental terms
Compliant / Adherent	Takes medicine about half the time; Eats vegetables a few times a week; engagement; participation

Dickinson, 2018.

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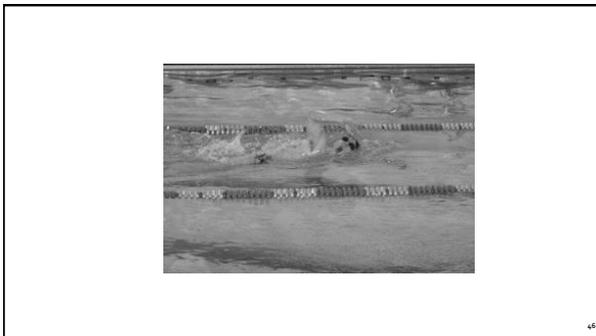
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Follow me @QuinnNystrom:  
   

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