



Better *diabetes* LIFE

The Secrets to Living
Better You Won't Hear
from Your Doctor

BY: PATRICIA DAIKER, RN, NC-BC

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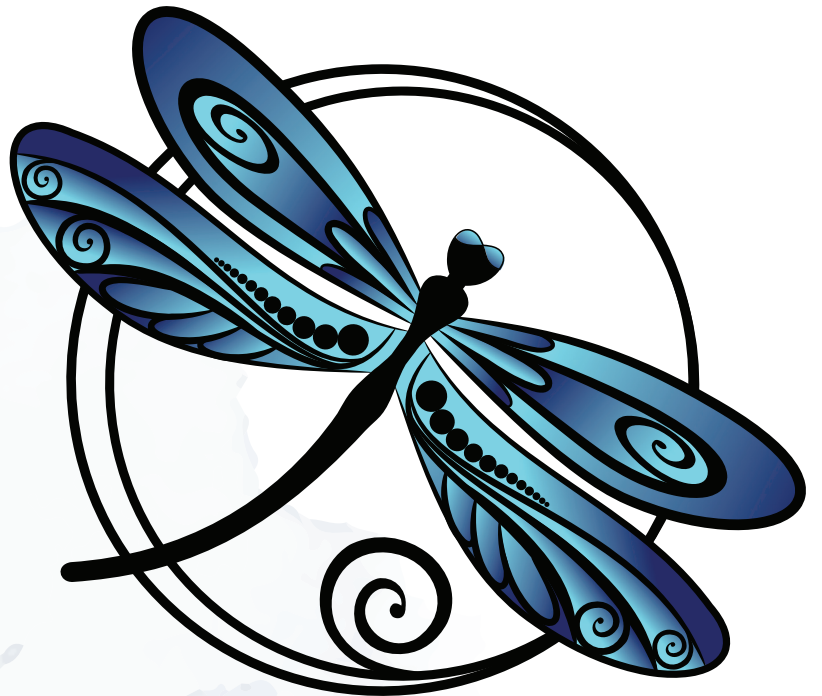
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Hello, diabetes friend!

**I have something important to tell you.
Just knowing the medical facts about
diabetes isn't enough!**

There is another aspect to diabetes care that you may not have heard about. We are all very familiar with the medical side of things (diet, exercise, finger sticks, medication), but diabetes has significant "psycho-social" impact. What does that mean you ask?

Let's take a look at the word. "Psycho" is a medical term that refers to things like mood, emotions, feelings and mental well-being. "Social" refers to your relationships, career, finances, family life, friends, culture, and basically everything that happens to you out- side of a doctor's office. You know, your real day to day life.

The psycho-social impact of diabetes is all about how diabetes affects every nook and cranny of your life, not just your physical body. Knowing what you "should" do and living your life that way are very different concepts. Even though your mind may understand that you should change some habits, few of us are able to just flip a switch and do it. So we know the rules, but really can't play the game because we don't have all of the skills to be successful.

Through my own struggles to live with this disease, I have uncovered several key strategies that can help you develop these skills, which are just as important as the proper technique to check your blood sugar or how to read a food label. It is something you won't hear about in your doctor's office.

My approach is founded in nursing theory, holistic nurse coaching practices and international research, yet it is an afterthought for most diabetes care plans. The best part it is a common-sense approach that doesn't require a medical degree to understand! I am excited to share this information with you. It has been life changing for so many.

Peace and support always,

Patricia



THE SECRET OF *Living Your Best Life*



Throughout nursing school and my bedside career, diabetes management was heavily focused on educating people about the disease and the behaviors necessary to "control" the illness. The understanding from the medical perspective, and common among doctors and nurses, was that people should just do the right thing and they wouldn't have so many problems. Why were they so "non-compliant" with treatment plans? Didn't they understand the horrible complications they would suffer by not making better choices? It was frustrating to see some of the same patients returning again and again and still not changing their lifestyle. I include myself in those who were frustrated by the lack of "compliance".

It wasn't until I developed Type 1 Diabetes that I realized that education wasn't enough. I had the medical training. I had cared for patients with diabetes for years on a medical floor, in Medical ICU and in the Emergency Department. I was skilled at preparing and administering insulin and doing fingerstick to check blood glucose, and urine dips to check for ketones. I understood the pathophysiology, the signs and symptoms, the side effects, the complications and debilitation the disease could cause.

But I struggled, not with the technical aspects, but the emotional and unrelenting challenges of managing the delicate balance of glucose and insulin within my body every day for the rest of my life. I didn't want this new "guest" in my house. Fear was a constant companion, as were isolation, loneliness, and feeling unheard and out of control. The medical system was not geared to help me with the everyday skills I needed to "deal" with diabetes.

Through trial and error, research, tenacity, pushback, some begging and lots of tears, I discovered the secret to living your best life despite sharing it with diabetes. I have actually befriended my enemy and I want to share my success with you. Although I did not encounter or overcome these issues in a linear form, I have outlined them here, so it is easier for you to digest. In my coaching practice, I offer basic education about the disease process, but everything else is about coping skills and the tools you need to make lasting changes.

Coping Skills



The National Institute for Health lists [seven ways to manage your diabetes](#), the last is about “coping in healthier ways”. This small topic gets very little discussion in endocrinology offices, the media or with diabetes education. Clarke J, Proudfoot J, Vatioti V, et al found in a [Dec 2017](#) study that there was “little to no discussion about psychosocial issues during health-care provider-patient interactions”. Many diabetes sources mention of the difficulty of living with a chronic illness, but there is an extreme lack of useful insight about the feelings you experience, how to stay motivated, not becoming a victim and how to “deal” with the burden of diabetes every day.

In my coaching practice understanding the basic tools each client brings to the table is a foundational discovery to build upon.

Key nursing goals for Ineffective Coping are to help people identify the behaviors that aren't yielding the results they desire and identify new strategies that work for them.

Typical Nursing care plans for “Ineffective Coping Skills” such as this [one](#), indicate continuous assessment of current and previous coping mechanisms and note that even patients with good coping skills may be overwhelmed by their health situation and require more support. Often people don't have an objective view of how they are coping when diabetes overwhelms them.

Unfortunately, when you develop diabetes or any other chronic issue, you don't miraculously change you go-to strategies for dealing with difficult challenges.

If you were someone who avoided conflict prior to diagnosis, there is a good chance you will do everything in your power to avoid dealing with diabetes. If you tend to fall apart and need others to rescue you, that will likely be your path. Even if you can typically move mountains, a chronic illness may require more than you are prepared for.



Emotions

Many of the emotions that you will experience are rooted in the grief process. In Kubler and Ross 1966 book "On Death and Dying", they identified a series of emotions that people go through when they experience the loss of a loved one. Namely: Denial, Anger, Bargaining, Depression and Acceptance. Although this early research on grief was focused on death, there are many correlations with a diagnosis of diabetes.

When you develop diabetes, there is a great loss. You lose the life you thought you were going to have. Everything changes, and it causes great stress. Often, this sense of loss is left in the background while you focus on life saving medical care. But even if you aren't focusing on the emotional impact of diabetes, it plays out in your day to day life.

I have not met a person who did not react with "No!" when their diagnosis was revealed. It is a universal coping mechanism to push away and deny bad news. Denial can be a buffer that allows you to come to terms with a situation. It can also become a bad habit that prevents you from coping with your loss and dealing with diabetes.

Anger can show up in many ways such as lashing out at family, friends and providers or internal self-loathing and self punishment for not being "better". When family and friends are impacted by anger a typical response is to try to show the upside of the situation and cheer you up. This often backfires, increasing the rage of not feeling heart or understood.

When you get to bargaining, you have begun to accept your situation and are trying to find ways to cope and make it work. I'll do this, not that. I will eat this, not that. I will increase exercise to control blood sugars. I will not tell anyone what's going on, so I don't have to deal with their response. The list goes on and on. In the end you make up a set of rules about what you will do or not do to manage your condition.

“ When you develop diabetes, there is a great loss. You lose the life you thought you were going to have. ”

Motivation



It is important to understand how you are motivated, so your diabetes care aligns with your inner tendencies.

Much like how you meet diabetes with your own way of handling difficulties, you also come pre-packaged with preferences for why you do what you do. In the typical medical model, the provider writes prescriptions and orders for your care. If your motivation does not come from pleasing people or accepting external opinions, buying into a new lifestyle prescribed by someone else may prove challenging.

In Gretchen Rubin's Book "[The Four Tendencies](#)", she describes four common ways that people respond to the simple question "How do I respond to expectations?" She summarizes her findings as follows:

"And here was my crucial insight: Depending on a person's response to outer and inner expectations, that person falls into one of four distinct types: Upholders respond readily to both outer expectations and inner expectations Questioners question all expectations; they meet an expectation only if they believe it's justified, so in effect they respond only to inner expectations Obligers respond readily to outer expectations but struggle to meet inner expectations Rebels resist all expectations, outer and inner alike."

She created a quick slogan to help define each type.

UPHOLDER

"Discipline is my freedom"

QUESTIONER

"I'll comply – if you convince me why"

OBLIGER

"You can count on me, and I'm counting on you to count on me"

REBEL

"You can't make me, and neither can I"

Her framework is one of many tools that can help you understand the sort of systems will work best for you. Upholders & Obligers might do well with a strict schedule, but Rebels and Questioners may find those external expectations too suffocating and frustrating. Curious about what your tendency is? You can take the quiz [here](#).

There are many other tools that can be used to better understand how you think, feel, react and function then, you can use that insight to build in plans that fit your style.

Ownership



Every day you make thousands of decisions about what to eat, do, say, think, wear, go, be, believe, see or hear. Usually you aren't even aware of most of the decisions. Your complex brain is always observing, calculating and responding to your environments and those decisions are based on previous experiences. When you have experienced enough of a certain situation, you begin to develop patterns and automatic responses that require less conscious thought. There are things you just do, because that is the way you do them. I like to call them "The Rules You Live By". For instance, my years of ER nursing dictate I always wear my seatbelt. My years as a mother find me with one eye always on everyone else. My slippery L5 disc means that I squat to bend down and pick something up. These actions are so normal for me that I don't even notice I do them.

Likewise, with diabetes I have "rules" that I follow. I would NEVER drink a sugared drink, but I will take insulin for the same grams of carb in a cookie. In my coaching and nursing experience, I have observed that most everyone has a set of rules they adhere to. Sometimes your rules are the first thing you need to review when you feel like your diabetes (or your life for that matter) are out of balance. As life changes, many times your rules may need adjustment as well. Carb to insulin ratios may need some attention or the food you used to tolerate just fine, may be the cause of a problem. There are many examples.

When you lose your choice, you fall into victimhood and live under someone else's rules.

Rules become a problem, when you are not the author of your rules. With diabetes, you are given instructions from your providers which are designed to keep your blood sugars in check. If you are unable to internalize these new rules and/or find alternatives that you believe will work, you lose your choice. If this happens, you become resentful, rebellious and frustrated by your diabetes and your blood sugar management will suffer.

Ownership means taking responsibility for your rules, your actions and your life.

It is about finding your path through the tangle of diabetes advice and not blaming others. It is about asking for help when you need it, accepting help when it is given, and being very truthful about what you can and cannot do. If you can do it, you will feel more empowered when you make the effort. If you cannot, accept other's help gracefully and don't bite the hand that feeds you.

The key to ownership is clearly communicating to those around you.

And finally, the key to ownership is clearly communicating your needs, desires, abilities and preferences to those around you. No one can read your mind and your input is vitally important to creating a successful diabetes plan that meets your needs.



Communication



Like many of the other topics I've discussed, your communication skills were learned before your diabetes diagnosis. This could be great news or horrible news. Living with a condition like diabetes does require you to tell others about how you feel and what is going on inside of you. It is one area where stepping out of your comfort zone may benefit greatly if you struggle to say what you want. From relatives, to care providers, to friends and colleagues, at some point you may need to let them know you need help, need space or about a billion other things.

You will need different things from different people at different times and it is your job to get that information from your brain to those around you. Unfortunately, things like fear of being different, fear of drawing attention to yourself, fear of imposing on others, fear of judgement, fear of isolation, or fear of hurting someone may cause you to keep your thoughts to yourself. Using your voice and speaking your truth can be a very scary.

One strategy I use with my clients is to have some prepared statements, even read them out loud if necessary. Too shy for that? Consider a note that does what your voice isn't willing to do. Notes are also good if your blood sugar is low and assembling words and thoughts seem impossible. I suggest laminating it and keeping it in your pocket.

There are so many scenarios where communication is critical, but one of the most important is during your visits with your care provider. Their ability to customize and adjust your treatment plan requires your input and feedback about what works, what doesn't and what you are willing to do. The "art of medicine" always starts with the most basic and least intrusive therapies. As patients respond (or not), the provider will adjust medications, therapies and diet. As many people are intimidated during office visits or don't want to offend the provider with questions or pushback, a lot can be left unsaid during the 15-30 minutes you may have with them. If you don't tell them how you feel, what you are experiencing, or that you are struggling, many times it will be interpreted as "all is well". This is another scenario where a note or list of questions and concerns can be of great benefit.

When it comes to using your voice, I think it is the most empowering step you can take in making diabetes your own, sharing your experiences with others and living your best life. Being heard feels good and improves your confidence as well as helps those around you understand you better.










Better *diabetes* LIFE

If you are part of the “diabetes club”, I want you to know I am sorry this happened to you. It adds a level of stress and inconvenience to your life that no one should have to deal with. Consider yourself hugged. From my heart, I want you to know that there is always a hope for “better” in whatever that means to you. Better attitude, better acceptance, better understanding, better coping, better motivation and better communication. And when those individual things get better, I have found that living with diabetes gets a whole lot better as well.

Peace,

Patricia

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-  /BetterDiabetesLife
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-  /in/Patricia-Daiker-RN-BC-5285764
-  daocloud.com/Patricia-Daiker

CONTACT ME

betterdiabeteslife.com
info@betterdiabeteslife.com
320-365-1317
