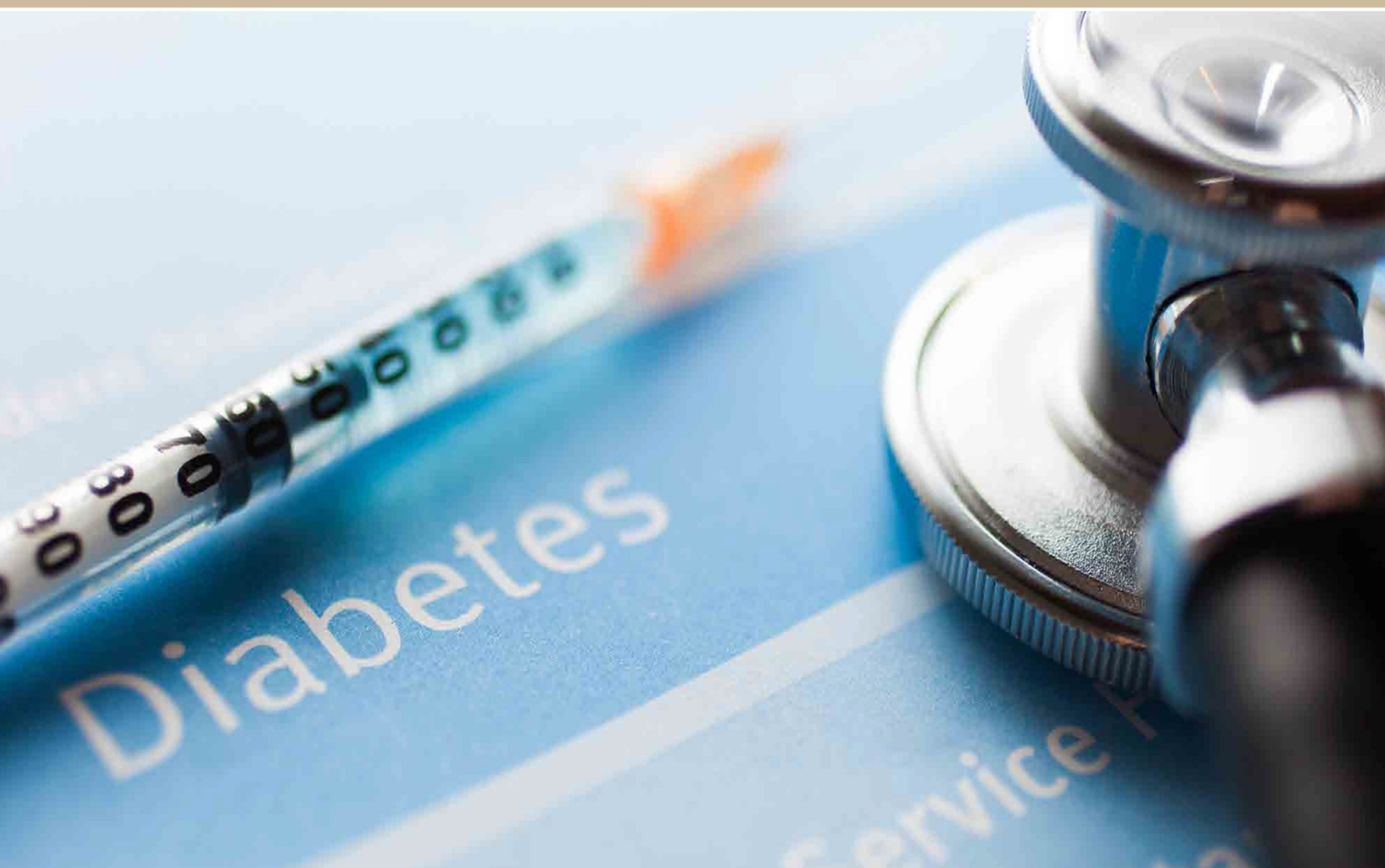




Diabetes Self-Management Education and Support



HEALTHY COPING



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Welcome to the DHA Diabetes Self-Management Education and Support (DSMES) Program

This program has 8 core modules that focus on Type 2 Diabetes with additional modules available for Type 1 and Gestational Diabetes. These are available in-person, virtually and recorded so they are available at your convenience.

warfighterwellness.org/diabetes

All handbooks, contain:

- Reading materials.
- Notetaking pages.
- Glossary.
- Additional resources.



Diabetes Demystified



Healthy Coping



Healthy Eating



Being Active



Taking Medications



Monitoring



Reducing Risk



Tools & Solutions

In This Module You Will:

- Explain your role in diabetes self-management.
- Identify signs and triggers of stress and diabetes distress.
- Define and review strategies for healthy coping.
- Provide examples of how to be an active partner in shared decision making using the SHARE Model.





Acute Care Model vs Chronic Condition Model

Most of the care we received in the past relied on the Acute Care Model. There is something going on, a clinician tells the person what it is and what to do, they do it, and they recover. With something chronic, like diabetes, the management is up to the person who has the condition.

Acute Care Model or The “Sick” Model

Objective: Fix the immediate problem.

Pace: Rapid, urgent and reactive.

Decision-making: Directed by Provider.

Outcome: Healing and recovery.

Follow-up: Ends when the episode is over.

Chronic Condition Model or The “Management” Model

Objective: Maintain health and prevent complications.

Pace: Planned, proactive and continuous.

Decision-making: Collaborative (shared).

Outcome: Best possible long term quality of life.

Follow-up: Ongoing changes and support.

This chronic condition approach can be overwhelming. Embrace that you know your body and you know what may or may not work. The medical team is there to support and guide.





Glossary

Depression: a common and serious medical illness that negatively affects how you feel, the way you think and how you act. It causes persistent feelings of sadness, emptiness or a loss of interest in activities once enjoyed.

Diabetes distress: Refers to emotional burden and stress specifically related to the 24/7 nature of living with diabetes.

Stress: The body's natural physical and mental response to an external demand, threat or challenge. It is an evolutionary survival mechanism designed to help humans react and adapt to changing environments.



Effects of stress and diabetes distress:

- Make managing glucose challenging.
- Increase hormones that raise glucose.
- Impact decision making that can lead to:
 - Poor sleep habits.
 - Problematic eating.
 - Reduced activity.
 - Risky behavior.

Health Literacy

Health literacy is the ability to understand and use information to make informed health decisions. The aim of this program is to increase diabetes health literacy for our people with diabetes and families. This will help guide questions and better understand answers received.

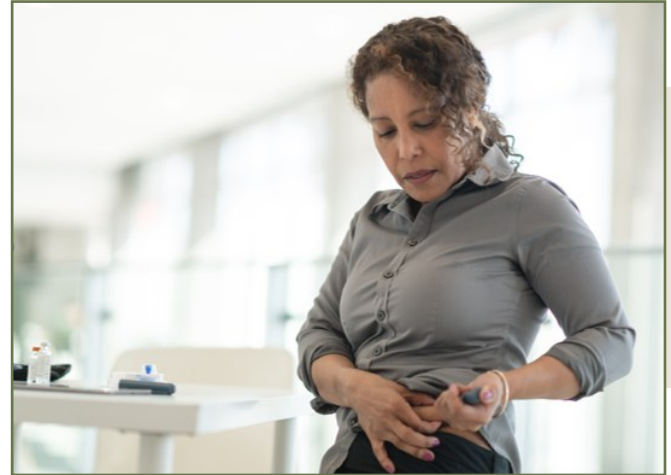
Language Matters

“Control” is impossible to achieve in a condition where the body is struggling to do what used to be easy. This can seem like a pass-or-fail test. Using the word “manage” helps to realize that having a bad day does not mean doing a bad job. Diabetes is a daily journey with natural ups and downs.



Common Diabetes Stressors

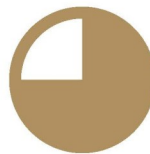
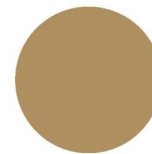
- Unexplained glucose results.
- Feeling restricted with eating.
- Lack of support.
- Adjusting to new medications.
- Challenges with technology/devices.
- 24/7/365 nature of diabetes.
- Embarrassment.
- Fitting management into a busy life.
- Others?



Distress



Burnout

Depressive
Symptoms

Depression

60%-70% of people living with diabetes report diabetes distress, and if not addressed, may lead to depression.

Diabetes Distress Screening

Distress screening is available at:
<https://diabetesdistress.org>

It can measure the core level of distress and help determine the source. The typical sources are:

1. Management demands.
2. Hypoglycemia.
3. Interpersonal issues.
4. Healthcare provider.
5. Long-term health.
6. Shame/stigma.
7. Healthcare access.

Emotion vs Problem Focused

It is normal to feel angry, defeated or hopeless when dealing with diabetes. The more stress we experience, the more we lean on emotions.

Emotion focused coping: Can look like stopping medications or giving up.

Problem focused coping: Finding specifically what is going on and what the best steps to take are. Working with care team can provide more options.



Core Strategies for Healthy Coping

Using many different strategies to support diabetes management will help along the journey.

Strategy Type	Implementation Example	Benefit to Diabetes Care
Social Support	Engaging with peers or support groups (including military medical resources).	Reduces the sense of isolation and provides practical tips for managing the condition in different situations.
Positive Reappraisal	Viewing a high glucose reading as “data” rather than a “failure”.	Stops the guilt-cycle that often leads to stopping self-care.
Stress Reduction	Utilizing mindfulness, breathing exercises or structured downtime.	Lowers the baseline heart rate and hormones and can make glucose easier to predict.
Take Advantage of Resources	The military has many resources to support diabetes management and behavioral health efforts.	Resources help with self-care, healthy strategies and so much more.

What is a strategy you are already using?

Examples

- Joining a support group.
- Faith-based activities.
- Positive reappraisal.
- Finding a hobby.
- Taking a fitness class.
- Meditating or mindfulness exercise.
- Writing in a journal.
- Trying a new recipe.
- Etc.



Diabetes Care Team Members

Take notice of all the members of your team. There will be family and friends on the support squad. There will also be health care team members. Some will be permanent and last for years, others will be available for a season.

DIABETES CARE TEAM

Health Care Team

DIABETES CARE TEAM

Physical
Therapist

CDCES

Ophthalm-
ologist

Workers

Who is on your diabetes care team? _____

Who should you consider as a member? _____

How can you best activate your team? _____



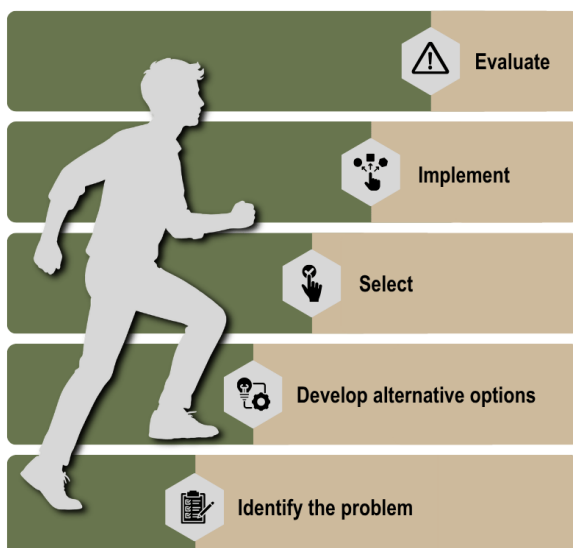
Healthy Coping Actions

- Set small, achievable goals and focus on priorities.
- Reward yourself. Celebrate after achieving a goal.
- Build resilience. Fill toolbox with solutions.
- Keep diabetes in perspective. Make diabetes a part of your life, rather than letting it run your life.
- Get support – who is on your “support squad”?

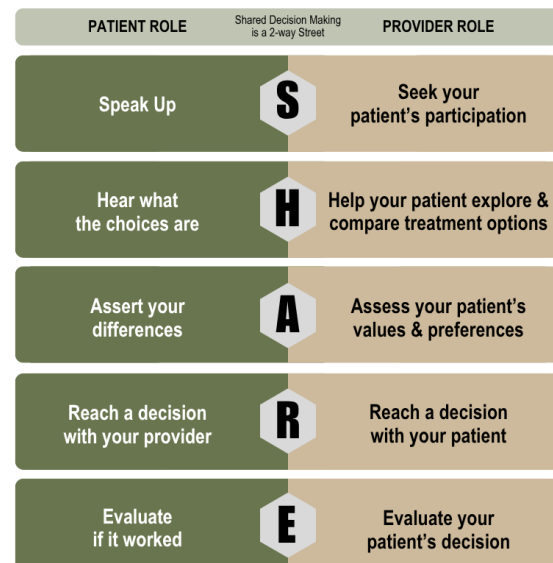
Problem Solving & Shared Decision Making

Compare the ‘problem solving’ steps with the ‘shared decision making’ steps when working with your health care team. They can provide more solutions for most problems. This allows options that may support goals and targets. If the solution is not working, you can still have other options to choose from.

PROBLEM SOLVING



SHARED DECISION MAKING





Tier 1 Resources: Confidential Non-Medical Support

Resource	Description & Access	Focus Areas
Military OneSource	24/7 confidential call center and website. Offers up to 12 free sessions per issue. https://Militaryonesource.mil	Stress management, relationship issues, deployment transition and lifestyle coaching.
Military & Family Life Counseling (MFLC)	Licensed counselors embedded within units or available at Fleet and Family Support Centers.	Brief, solution-focused "walk-up" counseling without a permanent medical record.
DoW Chaplains	Available within many commands/units.	100% confidential spiritual and emotional support regardless of religious affiliation.



Tier 2 Resources: Clinical Medical Services (TRICARE)

Service Type	Access Method	Function
Behavioral Health Clinic	Located at Military Treatment Facilities (MTFs) or clinics.	Provides evidence-based therapies and psychiatric evaluations.
Embedded Behavioral Health (EBH)	Providers may be located directly within unit footprints (common in Army/Marine units).	Minimizes barriers to care and ensures therapists understand the specific mission context.
TRICARE Mental Health Care	Referral via Primary Care Manager (PCM) for off-base civilian therapists.	Used when on-base capacity is reached or specialized care (like chronic illness-focused therapy) is needed.



Tier 3 Resources: Crisis Intervention/Specialized Programs

Program Name	Capability	Target Audience
Military/Veteran Crisis Line	Dial 988 then Press 1, or text 838255.	Immediate 24/7 support for personnel in acute emotional or suicidal crisis.
In Transition Program	A coaching program for those transitioning between care systems or moving locations. https://health.mil/Military-Health-Topics/Mental-Health/inTransition	Ensures no "gap" in mental health treatment during PCS or separation.
Real Warriors Campaign	Ensures no "gap" in mental health treatment during PCS or separation. https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-	Provides tools and "success stories" of service members who received care and stayed mission-ready.

App & Links (Resources)

App Name	Focus	Link
Breathe2Relax	A stress management tool which provides detailed information on the effects of stress on the body and instructions and practice exercises to help users learn diaphragmatic breathing.	https://www.militaryonesource.mil/resources/mobile-apps/breathe2relax/
Tactical Breathing	Tactical breathing is a method of using your breath to change how you feel physically and emotionally to focus your attention and improve your performance.	https://www.hprc-online.org/mental-fitness/stress/tactical-breathing-military
PTSD Coach	The PTSD Coach app was designed for Veterans experiencing symptoms of PTSD. The app can help you learn about and manage symptoms that often occur after trauma.	https://mobile.va.gov/app/ptsd-coach



What is something you will take from this class and act upon?

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 stress management.
- Shared decision making is a 2-way street. It involves **YOU** and your healthcare team or clinician.
- Keep working on SMART goals and tracking progress.
- Take advantage of the resources available.
- Continue to enjoy your “**why**”!



Before Next Class

- Review next session: Taking Medications.
- Write down your questions.
- Work on your health care 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