

Burnout and Diabetes

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Diabetes Burnout

- ▶ Definition

- ▶ Diabetes burnout is the physical and / or emotional exhaustion caused by the continuous distress of living with diabetes, the concomitant fear of complications, and the effort to self-manage the condition.

Manifestations of Diabetes Burnout

Most Common

- A disregard for the many aspects of a diabetes self-care regimen
- Fear about what they are doing to themselves
- Despair that they won't be able to change their behaviour
- Reflected in a high HbA1c

Less Common

- An intense focus on diabetes self-care at the expense of other aspects of life
- Fear of relaxing their self-care routine
- Gnawing sense that there has to be more to life than diabetes
- Reflected in an ideal HbA1c

Step One - Let's think about us

- You have an appointment with someone with an elevated HbA1c of 10%
- At their review appointment in one-month's time, the patient is pleased because they have got back on track with their self-care regimen
- The HbA1c in 3-months has decreased to 8.8%
- The patient is jubilant
- **How do you feel and what do you think?**



Do you...

- Feel pleased for the patient?
- Believe the patient is doing their best?
- Believe you are a competent health professional?
- Think you are blessed to be in a job where you can help others?

A Different Scenario - Same HP

- You have an appointment with someone with an elevated HbA1c of 10%
- At their review appointment in one-month's time, the patient complains they try their best but their efforts are not rewarded with lower blood glucose levels
- The HbA1c in 3-months has increased to 10.2%
- The patient is disheartened
- **How do you feel and what do you think?**



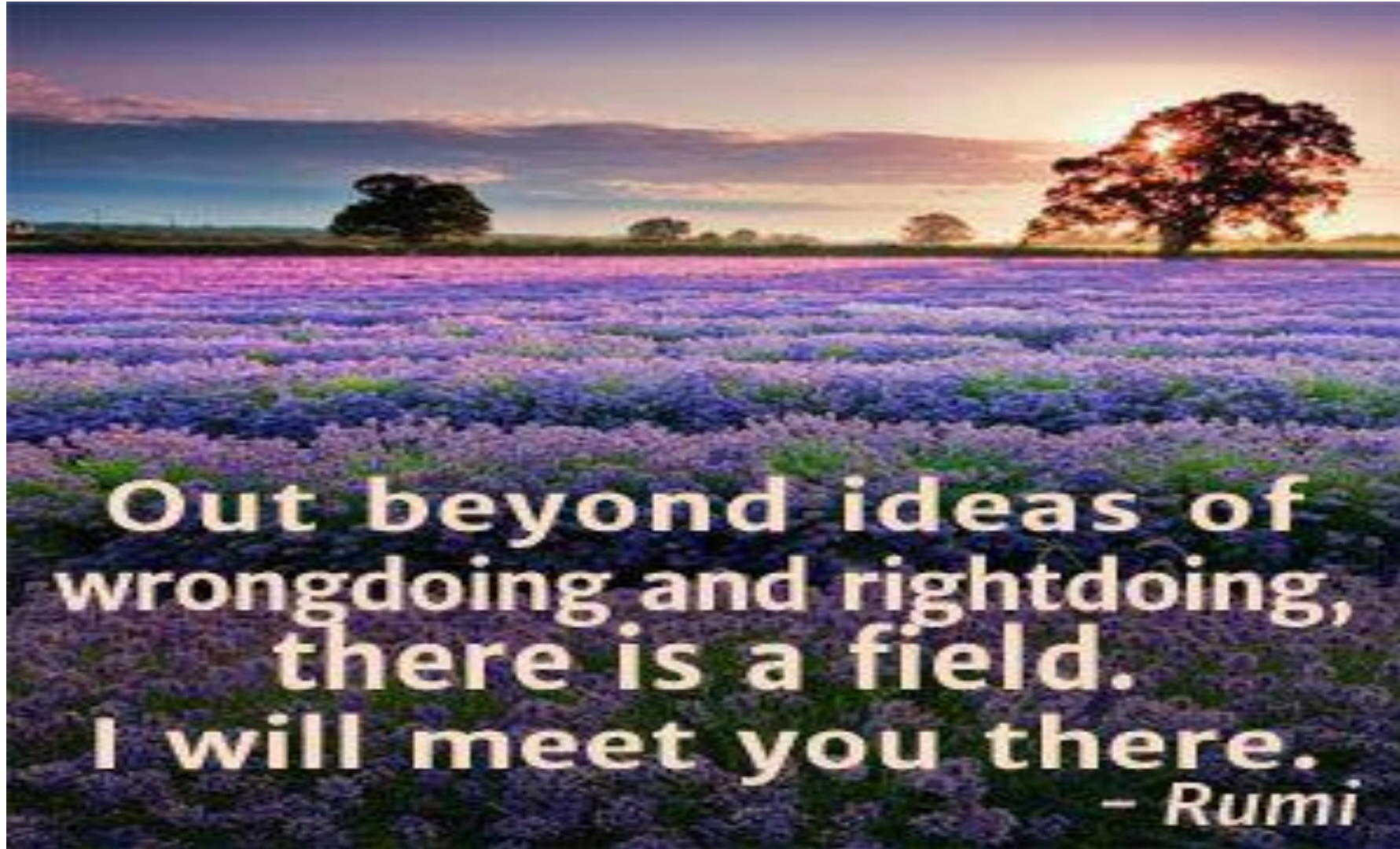
Do you...

- Feel sad for the patient?
- Believe the patient is not doing their best?
- Believe you are missing something that another health professional may be able to offer?
- Feel worried that you are in the wrong job?

Understand that all behaviour serves a purpose and meets a need and is emotionally fitting somehow. This fittingness of human behaviour rings true no matter how painful and destructive the behaviour and its consequences are.

It is NOT about us.





**Out beyond ideas of
wrongdoing and rightdoing,
there is a field.
I will meet you there.**
- Rumi

Stop

- ▶ Judging
- ▶ Coercing
- ▶ Threatening
- ▶ Invalidating
- ▶ Cheer leading

Inconvenient Truths

- ▶ Patients need to behave their way out of diabetes burnout
- ▶ A sustainable diabetes self-care routine will better serve the patient than putting diabetes on the 'back-burner'
- ▶ Reducing HbA1c will reduce the risk of long-term complications

So...

How can we help patients re-engage in activities that they don't want to do?

Do

- ▶ Validate living with diabetes day-in and day-out is hard
- ▶ Model the language you think it would be helpful for the patient to use
- ▶ When you hear self-criticism teach self-compassion
- ▶ Discuss diabetes in the context of what is important in the patient's life
- ▶ When you hear an over-emphasis on diabetes think about other important domains of life

How?

- ▶ 1. Honour losses associated with diabetes
- ▶ 2. Teach self-compassion. Ask patients what being their own best friend would look like. Explore barriers to offering oneself kindness
- ▶ 3. Stop using pejorative language. Blood glucose levels are too high / too low / in the normal range NOT good / bad
- ▶ 4. Encourage patients to ask for a copy of their blood results to be sent to their home address

How (Continued)

- ▶ 4. Motivational Interviewing Strategies
 - ▶ Decisional balance

	Good Things	Less Good Things
Changing	A	B
Staying the same	C	D

- ▶ Reflective listening
- ▶ Goal-setting using confidence and importance ruler

How (Continued)?

- ▶ 5. Values clarification using domains such as

Family member	Lifelong learning
Parent	Community Service
Partner	Health
Worker	Spirituality
Friend	Recreation

- ▶ At the choice point what decision will bring you closer to your values or take you further away?

Choice Point

Away from Values

Towards Values

CHOICE POINT

Awareness of difficult thoughts, feelings, sensations
Awareness of skills, strengths that will help you take
action aligned with your values

CHALLENGING SITUATION OR, PROBLEM, OR TASK YOU ARE FACING

How (Continued)

- ▶ 6. Focus on process
 - ▶ Outcome is the process by which process becomes outcome
- ▶ 7. For those with ideal HbA1c levels discuss how they can reactivate their lives

Transactional and Transformational

- ▶ Transactional way of working with patients involves “First Order Learning” and is based on the premise that learning comes from observing an action and assessing the result.
 - ▶ Titrating insulin to the amount of CHO and observing BGLs
- ▶ Transformational way of working with patients involves “Second Order Learning”, occurs as patients learn to develop and question from their observing self. They can ask the question, "What is it about my way of being in the world that I see the situation (e.g. my diabetes self-care) this way?"

Case Study - “Helen”

- ▶ 32 years
- ▶ Dx with T1D aged 9
- ▶ Lawyer
- ▶ CSII
- ▶ Complications - background retinopathy
- ▶ HbA1c = 9%
- ▶ Married no children
- ▶ Very busy with work, sport and social life

The Story

- ▶ **Precipitator** Helen wanted to reduce her HbA1c and was unable to sustain a diabetes self-care routine (Diabetes burnout)
- ▶ **Predisposing** factors that contributed to her being in this position were:
 - ▶ Never connecting to the emotional impact of diabetes
 - ▶ Family never discussing diabetes
 - ▶ Enabled Helen to 'deny' the existence of diabetes
 - ▶ Shame conditioned by being ridiculed in year 5
- ▶ **Perpetuating** factors related to Diabetes burnout
 - ▶ Unwillingness to disclose her diabetes
 - ▶ Overcompensating for 'failing' at diabetes by focussing on achieving other goals
- ▶ **Protective** factors
 - ▶ Helen's intelligence
 - ▶ Love of her partner

Six-Months Later...

- ▶ Reduced her socialising
- ▶ Reduced her alcohol intake
- ▶ Connected to wanting to have a baby
- ▶ Increased willingness to be vulnerable with her partner and close friends
- ▶ Disclosed to work colleagues her diabetes
- ▶ Affirmed to herself how much better she felt
- ▶ Diabetes self-care became part of a self-love project
- ▶ HbA1c = 8.2%

Case Study - “Leila”

- ▶ 42 years
- ▶ Dx with T2D aged 25 (10kg overweight at the time)
- ▶ Works in banking sector
- ▶ Basal bolus insulin regime - 60 units insulin / Day as well as oral antihypertensives, lipid lowering agents
- ▶ HbA1c = 7%
- ▶ Single
- ▶ Eating unhealthy food and sedentary lifestyle
- ▶ Self-loathing and intense shame
 - ▶ Freak show # 1 = coming to therapy
 - ▶ Freak show # 2 = developing diabetes at 25
 - ▶ Freak show # 3 = never having been in a relationship

“Leila”

▶ Precipitator

- ▶ Diabetes burnout

▶ Predisposing

- ▶ Trauma in childhood related to rupture in parents’ relationship that left her feeling out of control, helpless, despairing

▶ Perpetuating

- ▶ Shame about diabetes
- ▶ Self criticism
- ▶ Harsh inner critic

▶ Protective

- ▶ Good income, close friends

Connecting to values

- ▶ What was most important to Leila was wanting to live independently all her life
- ▶ Started Michael Mosley's diet for people with type 2 diabetes
- ▶ Found support with on-line chat groups
- ▶ Lost 20kg in 22-weeks
- ▶ Walking > 10,000 steps a day as measured by a Fitbit
- ▶ Ceased anti-hypertensive medication
- ▶ Ceased quick acting insulin
- ▶ Reduced long-acting before bed to < 7units
- ▶ Now enjoying her first relationship

The background is a textured painting. The upper portion is dominated by warm, golden-yellow and orange tones, suggesting a bright sun or sky. The lower portion is darker, with deep reds, browns, and blacks, representing a textured ground or water. The overall style is expressive and abstract, with visible brushstrokes and a rich, layered appearance.

“Some painters transform
the sun into a yellow spot, others
transform a yellow spot into the sun”

Pablo Picasso

*When we deny our stories, they define us.
When we run from struggle, we are never free.
So we turn toward truth and look it in the eye.
We will not be characters in our stories.
Not villains, not victims, not even heroes.
We are the authors of our lives.
We write our own daring endings.
We craft love from heartbreak,
Compassion from shame,
Grace from disappointment,
Courage from failure.
Showing up is our power.
Story is our way home. Truth is our song.
We are the brave and broken hearted.
We are rising strong.*

Manifesto for building resilience
adapted from Brené Brown, *Rising Strong*